

Healthcare Strategy **alert!**

2016 ISSUE 4

on patient experience



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forum FOR HEALTHCARE STRATEGISTS

This issue of *Healthcare Strategy Alert!* is produced in cooperation with Coffey Communications, Inc.

The Evolution of Patient Experience

Five years ago, in an issue dedicated to Patient Experience, we called on healthcare executives to transform the patient experience ... to embrace it as a strategic priority and move beyond focusing merely on service to attending to the human side of care.

Now, a growing number are doing just that. They are elevating patient experience to the C-suite and aligning the function across clinical and service excellence disciplines. Many are also recognizing that, to truly transform the patient experience, they must also address the staff experience and issues of burnout, resiliency, and well-being.

This issue features expert insights on humanizing the healthcare experience for patients and care teams, the role of communication in facilitating better care and a better experience, patient-centered design, and the marketer's essential role in representing and amplifying the voice of the customer in experience efforts.

Read on ... and plan to continue the conversation at the **Healthcare Marketing & Physician Strategies Summit**, May 8-10, 2017, in Austin, TX!



Judy Neiman,
President
Forum for Healthcare
Strategists



From Patient Experience to Human Experience

By **Debbie Reczynski**

Increasingly, hospitals and health systems are making patient experience a strategic priority, driven by increased transparency, consumerism, and performance-based incentives tied to HCAHPS. But how has the experience function grown and evolved? Where are experience efforts focused? And how can marketers meaningfully contribute to experience initiatives?

Bridget Duffy, MD, Chief Medical Officer for Vocera and co-founder of the Experience Innovation Network, recently shared her insights on those questions and more. As the first chief experience officer in healthcare, establishing that role at the Cleveland Clinic in 2006, Duffy helped start a national movement to humanize the healthcare experience for patients, families, and care teams.

Q During the years you've been involved in experience work, how has the patient experience function evolved? What are some of the biggest changes you've seen?

A. The greatest change I have seen in the last 10 years is coming from organizations that recognize that they cannot focus only on the patient experience; they also have to focus on the staff experience. Those organizations that are addressing the patient experience plus the staff experience and issues of burnout, resiliency, and well-being are the ones that are making the greatest improvements.

The staff experience has really been coming to the forefront because the level

of burnout among doctors and nurses is so high. A lot of that is because of the EMR ... even though the EMR is necessary for a centralized data base in healthcare, it has really taken doctors and nurses away from the bedside to the point where many of them are saying they have become "data entry clerks." And it's spilling over into their free time—according to a study from the AMA, the greatest amount of data entry into the EMR happens between 7 p.m. and 9 p.m. on Saturday nights across the country.

So we need to have concerted efforts to create care environments and invest in technologies that support healers. We need technology that restores human connections and is not a barrier to care. The right technology will make nurses' and physicians' jobs easier. It will connect them to each other and to information instantly, and it will allow them to spend more time with patients. Forward-thinking organizations are moving in that direction. They are using technology to help restore joy to the practice of medicine.

Q In our 2011 issue on patient experience, you talked about "healthcare being broken" and the



Bridget Duffy, MD
Chief Medical Officer
Vocera

need to transform the patient experience by restoring “the human side of healthcare” and addressing gaps and fragmentation that aren’t measured by HCAHPS scores. Do you think progress has been made in that regard?

A. There has been some movement to focus more on the human side, but there is still much more that can be done to address what patients need and want from the healthcare system. The Experience Innovation Network and its members, who are chief experience officers, hospital executives, and physician and nurse leaders, are very forward thinking, and they are actually looking at creating metrics for humanity. They are also vetting technology solutions that can help restore humanity and build trust between doctors and nurses or providers and patients.

One example might be a hands-free communication solution that allows doctors and nurses to talk to each other instead of typing into a chart and losing the human connection and patient story.

Additionally, some organizations are actually measuring well-being along with resiliency and burnout. These are much more powerful metrics than employee satisfaction and engagement, as burnout and fatigue are directly correlated with patient satisfaction.

To drive consumer loyalty, there is a need to connect with patients pre-arrival

and post-discharge from our clinics and hospitals. Understanding patients’ preferences, fears, and concerns will build trust and loyalty with patients and the community. In this digital health era, we are seeing more and more new consumer-focused technologies that empower and enable the healthcare consumer to be an active participant in his or her care. There are tools that improve patient compliance and enable patients to navigate the system more effectively and efficiently. Many organizations are using Uber to pick up patients and deliver their medications. There is a movement to adopting solutions and technologies that simplify healthcare for all.

Q Getting back to the patient experience function in hospitals, who are today’s Chief Experience Officers (CXOs)? How has the role evolved?

A. A recent study conducted by Liz Boehm, Director of Research for Vocera’s Experience Innovation Network, found that many organizations have elevated this role to the C-suite, with 58 percent reporting directly to the CEO or COO of the healthcare organization, giving experience improvement a seat at the executive table (see figures 1 and 2 on page 4). Further, organizations are recognizing the importance of alignment across clinical and experience excellence disciplines. The CXO role is more impactful when aligned with C-suite and clinical teams versus stand alone in customer service or recovery.

There has also been some evolution in titles. In many organizations, the title is no longer Chief Patient Experience Officer, but Chief Experience Officer. That means the scope of the role has been broadened to include employee experience or well-being—and addressing turnover and burnout—as well as patient experience. In other organizations, the Chief of Innovation owns experience. We’ve also seen such titles as Chief of Innovation and Wellness, Chief Reliability Officer, Chief Resiliency Officer, Chief Morale Officer, and Chief of Human Kindness.

Q What role should marketing play in the patient or human experience?

A. This is a really great question, because when this movement first started, a lot of marketing people ended up with responsibility for customer service. The most effective organizations have aligned this role with the top clinical leaders and those leading innovation. This work is much more than marketing and customer service training. It is about human-centered design, co-architecting with patients, and hardwiring new clinical solutions and technologies that become new standards of care.

I think the opportunity for marketing is to feature and showcase what the organization’s doctors and nurses are doing to innovate and improve humanity. It’s an opportunity for marketing professionals to partner more closely with clinical leaders and shine a spotlight on human-centered design by sharing the stories of how the organization is finding ways to improve care, touch patients’ hearts, ease the burden of illness, and facilitate access to the system. These stories are incredibly powerful, and getting them in the press and out into the community will do a lot to drive loyalty.

If a hospital or health system can engage an actual patient in the experience improvement work and innovation design process, that’s the only way to transform care, and it is a great story to tell the local community as well. It shows that the organization is truly building a system that listens to the voice and needs of its patients in the community.

Q What advice do you have for marketers who may be having trouble getting their ideas around experience heard?

A. Physicians and nursing leaders don’t want to be followers; they want to set the trend or the pace. So I think if marketing leaders approach clinicians and tap into their innovative and entrepreneurial spirit by saying, “We’d like to showcase you as an innovator in the nation for the work you’re doing on humanizing

(Continued on page 4)

(Continued from page 3)

the patient experience or improving the staff experience,” clinicians will appreciate the collaboration. If marketers approach it that way, they’ll get a foot in the door, and they’ll have a seat at the table around this work.

Or another idea is to create a video documenting the journey of restoring humanity, like an “Extreme Makeover: Home Edition” for healthcare. If marketers sat down with clinical leaders and talked about how together they might create a documentary or a series of articles to showcase what the organization is doing, that would be an innovative and powerful way to bring attention to the work. For example, at Mission Health in Asheville, North Carolina, clinical and executive leaders worked with marketing and external relations to bring in community leaders and journalists for “Immersion Days.” They put them in scrubs and had them walk in the shoes of clinicians for a full day, immersed in care, so they could see what it is really like to be in this healthcare center.

This storytelling is the role marketers should have rather than leading customer service: figuring out how to share the voice of patients, doctors, and nurses and amplify the healthcare experience narrative.

Q Any thoughts on what lies ahead?

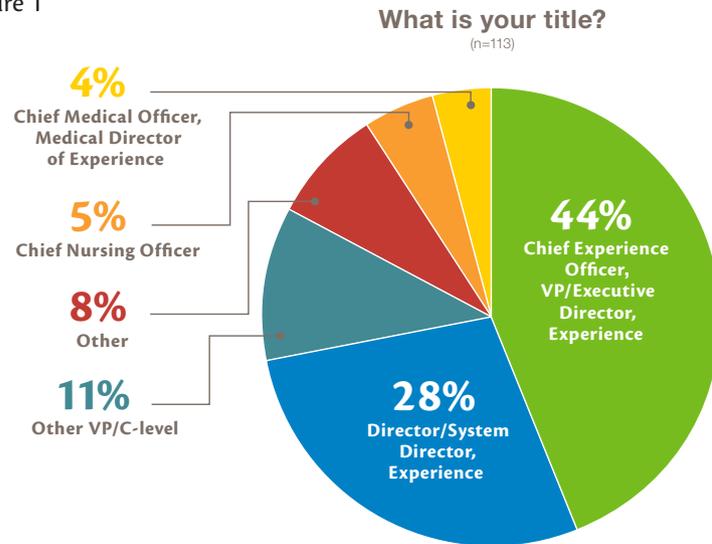
A. I think what’s next on the horizon are new metrics for measuring well-being and peak performance in addition to HCAHPS and efficiency measures. Patient satisfaction and efficiency metrics are important, but what is needed are metrics to assess and optimize peak performance and well-being of the staff.

A second area of change will involve leadership or accountability. Some roles need to evolve into Chief of Human Innovation or Chief of Human Centered Design, where the focus will be innovations co-created with patients.

We’ll also see a growing movement around technologies that improve

Who’s Leading Experience in Healthcare?

Figure 1



Who Do Experience Improvement Leaders Report To?

Figure 2



Source: *The Rise of the Healthcare Chief Experience Officer: 2016 Research Report.* ©Vocera Communications, Inc. and the Experience Innovation Network.

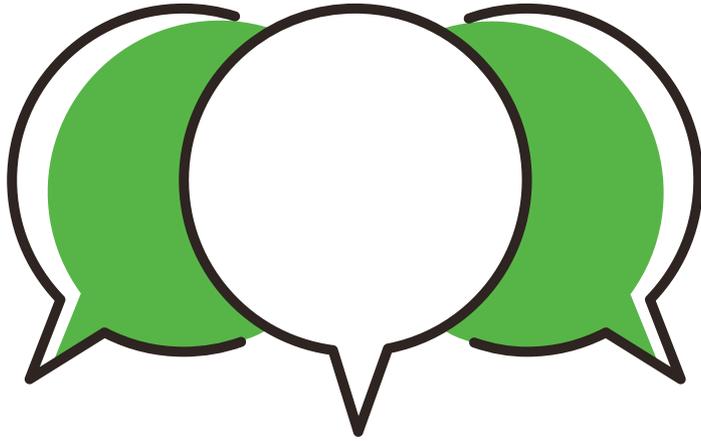
communication and build trusted relationships.

Finally, since we’ve burnt out a generation of doctors and nurses, we will see dedicated work across entire systems on addressing burnout and resiliency so that we can improve physician and nurse well-being. That’s really the critical piece to humanizing healthcare and

transforming the care experience for patients, as well as to ensuring that we have an adequate workforce to serve our patients and communities well into the future.

Source:

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Communication FIRST At the Center of Patient Experience

Today, healthcare organizations are transitioning from a fee-for-service system to a value-based system. For many, the challenges may seem daunting. But, while the issues are considerable and complex, one thing is central to a successful transition—a culture that is patient-centered.

Although changes in infrastructure and payment can augment the journey to a patient-centered culture, at the core of this transformation are effective patient-centered communication skills. The reason is straightforward: Effective communication skills enable providers to close the gaps in what patients want in a healthcare visit and what they have received during the past 20 years—and ultimately improve the healthcare experience. The most significant gaps include:

- ◆ Treating patients with dignity and respect
- ◆ Listening carefully to healthcare concerns
- ◆ Being easy to talk to
- ◆ Taking concerns seriously
- ◆ Being willing to spend enough time with patients
- ◆ Truly caring about the patient's health



By William Maples, MD

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All of these things are rooted in communication skills that focus on presence/mindfulness, reflective listening, effectively and efficiently gathering information, and then jointly setting an agenda (see sidebar). Physicians who focus on these skills have been better able to connect with patients and colleagues, and this focus has helped close these gaps at multiple institutions.

(Continued on page 6)

The 6 Core Elements of Effective Communications

1. Presence/Mindfulness: Learning to be in the moment and learning how to “put away” what isn’t required for the moment

2. Reflective Listening: Demonstrating to the patient, coworker, leader that you have heard what they said and understand

3. Information Gathering: Inviting more input and efficiently obtaining all of the information

4. Joint Agenda Setting: Before the discussion even begins, jointly set the agenda with patients and colleagues for your time together. Agree to the what and why, then agree to stay on topic.

5. Connecting with PEARLS:

Partnership—Let’s do this together

Empathy—Understand and recognize the feelings

Apology—I am sorry you had to wait ...

Respect—Appreciate what’s gone into where you are

Legitimization—Anyone would be (upset, afraid, concerned, sad ...) by this ...

Support—I’ll be here if you need me; you can count on me

6. Appreciation: In every exchange, good happens. When closing an exchange, spend a minute appreciating something specific about what transpired. For example, a doctor might say to a patient: I really appreciate that you came so prepared for today’s appointment with your medication list and question list. It allowed us to spend more time on those things that you are most concerned about.

Source: William Maples, MD

(Continued from page 5)

Effective communication not only creates an excellent experience for patients, it is also at the heart of effective teamwork, which in turn is at the heart of driving safety. The work of Michael Leonard, MD, has demonstrated the link between teamwork and safety for patients and caregivers (see figure 1). Mindfulness has also been shown to decrease preventable errors.

Outcomes, Efficiency, and a Sense of Purpose

Additionally, improved communication enhances clinical outcomes, efficiency, and caregiver relationships with patients and colleagues—all of which are critical to an optimal patient experience.

Outcomes are enhanced through several mechanisms, including understanding all of the reasons that led the patient to seek care, partnering and connecting with the patient in developing the clinical plan, and creating an effective team with the patient at the center to drive the overall plan of care.

Efficiency is fostered through meaningful connections and partnerships with patients and families, thereby increasing compliance with the plan of care and eliminating rework from lack of compliance. Preventing safety events also leads to financial stability.

Finally, effectively connecting with patients re-establishes the sense of purpose for caregivers. Having patients who are the center of the team and are engaged in their care provides incredible satisfaction for the physician and the entire caregiver team. Creating meaningful relationships with patients and colleagues in conjunction with giving and receiving appreciation for the complex work that occurs daily restores joy in the practice of medicine, resulting in a more engaged physician and an improved and positive patient experience.

Culture Analytics Predict and Prevent Harm and Unfavorable Outcomes

Figure 1

TEAMWORK CLIMATE SCORES ACROSS FACILITY



PATIENT AND EMPLOYEE OUTCOMES

Metric	Current Score	Target Score	Category
HCAHPS	50	92	Patient outcome
Medication errors per month	6.1	2.0	
Days between C. diff infections	40	121	
Days between stage III pressure ulcers	18	52	
Employee satisfaction	55	91	Employee outcome
Employee injury per 1,000 days	16	.1	
Employee absenteeism per 1,000 days	15	10	
RN vacancy rate	9	1	

Illustrative Data: Extracted from blinded client data

Source: Michael Leonard, MD, *Safe and Reliable Healthcare*

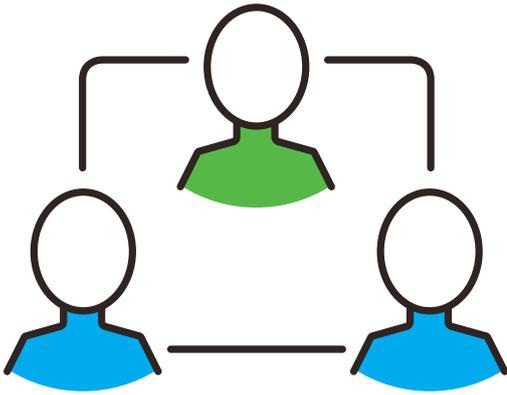
Real-World Results

But how does this strategy of focusing on effective communication skills for caregivers work in the real world? The experience of Mission Health, Asheville, NC, provides an example.

Following the implementation of a range of solutions to build a culture of

excellence and maintain improvement, Mission Health reached top 10 percent performance in patient experience, achieved top-tier performance in multiple HCAHPS domains, and received a Truven Top 15 Health System award based on validated outcome, safety, efficiency, and experience metrics for four consecutive years. No other health

Creating meaningful relationships restores joy, resulting in a more engaged physician and positive patient experience.



system has achieved this award for three consecutive years.

To make the kind of improvements Mission Health has sustained, leaders first committed to training every physician, every staff member, and every leader through comprehensive four-hour Communication in Healthcare skills-based workshops of 25 to 30 people at a time. Over the course of two years, the entire organization learned the six core elements of effective communications and how to put them into practice (see sidebars on page 5 and at right).

Physicians and allied health trainers were then trained to teach their peers, so it became Mission's work, not the work of consultants. Colleague-to-colleague skill training and open and honest sharing along with the opportunity to practice in a safe environment has sustained Mission's gains by creating team-based care built on respect and trust. In addition, this training is a part of the onboarding process for every new staff member and physician.

Investing in nurturing the patient-centered communication skills of the entire caregiver team is indeed the one common pathway to create value, provide financial success, and restore joy to the practice of medicine. This, in conjunction with infrastructure and payment reform, will provide an effective strategy for healthcare leaders to navigate the transformation upon us.

Delivering and Nurturing Communication Skills to Drive Culture Change: 7 Key Steps

1. Senior leadership demonstrating a deep understanding of the link between effective communication and the delivery of quality and efficiency to patients and caregivers. With this is an understanding of the positive return on investment and full support of the program.
2. Engage medical staff to lead this work in partnership with nursing and administration. Providing knowledge and creating an understanding of the link between effective communication and the delivery of high-quality care and the restoration of joy to the practice of medicine is achieved through serial conversations /interactions with medical staff leadership.
3. Identify key physician stakeholders representing the breadth of the organization to become facilitators of the Communication in Healthcare curriculum. They become the trainers whereby they learn the curriculum content and facilitation skills and ultimately become a highly efficient and resilient team.
4. Provide the necessary administrative support to coordinate Communication in Healthcare sessions engaging approximately 25 physicians per session facilitated by four faculty members to ensure skills-based practice.
5. Conduct sessions one to two times per month to continuously and slowly diffuse the skills across the entire medical staff over one to two years. Each skills-based session introduces the curriculum's core skills of presence/mindfulness, reflective listening, information gathering, joint agenda setting, connecting by recognizing emotions and responding appropriately, and appreciation.
6. Engage allied health staff in the Communication in Healthcare program, teaching the same skills with exercises adjusted to provide a meaningful experience for the attendees. Key allied health stakeholders need to be identified and participate in the train-the-trainer program as outlined for the physicians above.
7. Develop an incentive program to reward high performers in patient and employee experience and couple to publicly reported metrics as appropriate.

Source: William Maples, MD

Nurturing patient-centered communication skills is the one common pathway to create value.



Ambulatory Strategy

Patient-Centered by Design

Sweeping changes in the healthcare industry—including the trend toward consumer-driven healthcare, changing reimbursement criteria, and innovations in delivery models themselves—are driving healthcare organizations to re-think what it takes to lead in competitive markets. Increasingly, patient experience is the differentiator.

University of Minnesota Health (M Health) had the opportunity to put patient experience at the heart of its ambulatory strategy when it designed and built its on-campus clinics and ambulatory surgery center. The Clinics and Surgery Center (CSC), which opened in February 2016, presented the opportunity to move away from dated historical precedents and truly rethink how care is delivered. Goals included:

- ◆ Focusing on patients as consumers
- ◆ Transforming care and experience for the future
- ◆ Attracting new patients who are looking for convenience
- ◆ Increasing access to multispecialty practice and clinical research capabilities
- ◆ Redesigning operations to reduce costs; consolidating services in a smaller footprint for better use of a fixed asset
- ◆ Increasing access by extending hours and increasing patient capacity

The strategy is part of M Health's ongoing efforts to elevate care and increase volumes while reducing cost. Operationally, the CSC met efficiency and value criteria by:

With financial and operations discipline at its foundation, M Health focused on developing and delivering a patient experience unparalleled anywhere in the region. Bringing the patient-centered vision to life required a new way of thinking—reimagining everything from technology and facility design to care models and workflows.



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Warm Technology

Drawing inspiration from the retail, travel, and hospitality industries, M Health embraced consumer technology to deliver a patient experience that promotes personalization and convenience.

Understanding that the experience begins before patients even arrive on site, M Health adopted a pre-appointment management and e-check-in model that uses MyChart to allow patients to check in from home and complete questionnaires up to two weeks before scheduled appointments. Patients can also use MyChart to view test results and request or cancel appointments. MyChart is even available in a free, secure mobile app for iPhone and Android users. Initial data shows that patients who use e-check from home spend less time in the waiting room and more time with their care providers compared with those who don't.

The pre-appointment management approach also allowed M Health to upgrade its check-in process. Upon arrival, patients are greeted by a patient concierge who uses a hand-held tablet to confirm check-in and help patients complete any necessary records updates. The system allows CSC staff to approach patients in a welcoming and confidential manner and eliminates the need for a standard check-in desk.

Concierges also introduce patients to Care Connect, a real-time location system that connects patients, providers, and staff to improve patient flow and reduce wait times. Patients receive a Care Connect badge upon arrival and keep it with them throughout their visit. The badge is connected to a system that provides up-to-the-minute data, including room status, wait times, alone time alerts, and physician assistance requests. The system helps improve communication and coordination among providers, staff, and operations management. Reports can also be produced to evaluate patient experience trends and opportunities for improvement.

The CSC also features a Discovery Experience to incorporate research and innovation into the patient experience. Video monitors promote clinical trials and other research opportunities, and patients can use kiosks throughout the building to access StudyFinder, a website that will help them find relevant health research opportunities.

These warm technologies were selected specifically to enhance patient convenience and support human interaction in a more meaningful way, help patients feel more in control of their appointments, and create a more personal care experience.

Operational and Architectural Design

By redesigning operations to reduce costs, M Health was able to retain and enhance its service offerings into a smaller footprint and make better use of a fixed asset, including savings of more than

\$67 million in capital costs. The five-story, 342,000-square-foot CSC focuses on ease, access, and value for patients. The facility combines more than 30 clinics and support services—including lab, imaging, and pharmacy—under one roof, bringing together patients, providers, and staff who previously were spread across 3 million square feet at five locations across campus.

One of the most significant operational and architectural design elements is the use of flexible, adaptable clinic modules that can accommodate changes in program development, best practices, and care innovation. Clinic spaces can be configured on a day-to-day basis to adjust for the number of patients who need a specific service. The flexible design and expanded hours allow twice as many patients to be seen as compared with previously dispersed locations with fewer exam rooms.

The CSC also houses an ambulatory surgery center with 10 operating rooms and six procedure rooms featuring state-of-the-art equipment, natural light, and close proximity to support services. Among those services is the Preoperative Assessment Center (PAC), where patients receive their pre-surgical health evaluations, allowing for more efficient scheduling, avoidance of surgical cancellations, and quicker turnaround times for completion of surgical procedures.

In addition to offering high efficiency, the CSC's facility design creates a welcoming environment for patients, using color and light to enhance a sense of calm and well-being. Brick and terra-cotta on the exterior complement the local landscape. Inside, patterns of stone and glass bring visual cohesion to balance the level of activity taking place. Color is used strategically in the space and the furniture to facilitate wayfinding, with different colors identifying different clinics and care neighborhoods.

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High priority was also placed on bringing medical, research, and education professionals together for seamless collaboration. The building is equipped with collaboration spaces where care teams and providers from one or more specialties or disciplines can meet to discuss patient care.

Contemporary workspace strategies further enhance collaboration and the in-clinic experience. Research showed private offices were empty 90 percent of the time, so the CSC features touchdown spaces and enclosed offices that can be reserved for periods of time, but are not designated for one individual. The touchdown spaces wrap around the clinic modules to support out-of-clinic work so that underutilized space can be reallocated for patient, provider, and staff amenities that take advantage of abundant daylight and views of the campus.

Engaging Multidisciplinary Teams

Engaged employees are the single most valuable point of difference between average performance and excellence. So M Health partnered closely with internal communications, change management, and human resources to develop a

communications strategy that supported its business and operational goals for the CSC. The strategy focused on physician and staff engagement at all levels and at every point in the planning, design, and building process.

Physicians and staff were engaged early on to ensure cultural cohesion in the new facility. More than 250 providers and staff in cross-functional, interprofessional teams participated in workshops to design new workflows and processes, including:

- ◆ Pre-appointment management
- ◆ Patient arrival and check-in
- ◆ In-clinic experience
- ◆ Patient departure and checkout

The goal of the workshops was to totally reimagine the patient experience and create an environment that enhanced efficiency and convenience for both the patient and the care teams. Early results gathered through patient comment cards indicate that many patients love the new facility and the new workflows. The most common themes that have emerged

from more than 500 comment cards include friendly and helpful staff, beautiful facility, and great experience. Some frequently used phrases include “slick,” “easy,” “convenient,” “friendly,” and “better than before.”

Teams also were engaged to help plan and implement extended hours, making M Health the first health system in greater Minnesota to offer evening and weekend access to highly specialized medical care. The CSC is open from 7 a.m. to 7 p.m. on weekdays and from 8 a.m. to noon on Saturdays. Access is convenient for patients, opening up the opportunity to serve a more diverse patient population as well as a more profitable payor mix. Results to date demonstrate that the expanded hours have captured more new patients than daytime hours and a higher percentage of commercial pay.

Continuous Learning

M Health’s efforts to build an ambulatory strategy around patient experience have met with success on multiple levels, as well as some challenges.

Early success markers include lower costs for payers and patients because of the freestanding reimbursement model, lower staffing costs due to efficient design and workflows, and the attraction of new patients.

The breadth and depth of the changes also present an opportunity for continuous learning and improvement. Leaders, staff, and providers will continue to work together to manage the challenges of new workflows and technology and to engage in the kind of ongoing communication that connects and energizes teams. Patients also must continue to be part of the communication and feedback loop, and adjustments must be made to ensure the new experience meets their needs in a meaningful way.

The CSC’s facility design uses color and light to enhance a sense of calm and well-being for patients.



Patient Experience Comes of Age: What It Means for Marketers and Strategists

As healthcare organizations focus growing attention on the patient experience, marketers and strategists can help guide the journey. To be successful, they must set the vision, stay the course, and insist on consistency in the brand experience. Six elements are needed to achieve this feat.

1 Be the unwavering champion for the consumer. Bring the consumer's voice to the table during all key decisions because without it, the organization will not be customer-focused. Continually seek methods for listening to the consumer through qualitative research methods. Use the stories gathered to engage all levels of the organization. While quantitative data shows how patients are scoring the organization or its physicians, it's the qualitative data that reveals the stories that engage the heart. Consciously seek to move information from the head to the heart.

2 Know the numbers. Monitor patient satisfaction scores and pay particular attention to service lines you are trying to grow. Know what it costs to attract a new patient so you can quantify the cost of a poor experience. Use the numbers to engage stakeholders in problem solving. Keep an eye on HCAHPS star ratings for your organization as well as your closest competitors. This is what the consumer sees when making comparisons.

3 Partner with stakeholders. Don't be intimidated by clinical

leaders and staff who balk at the idea of a non-clinician spearheading the patient experience. You don't need to be a clinician to set clear strategy, engage people at all levels, and hold everyone to a specific standard. You do, however, need to be part of a willing team. This takes collaboration and partnership. Know your stakeholders and work to engage their support. The patient experience leader may not be in direct patient care but must partner with those who are.

4 Create a compelling vision for the culture of the future. A compelling vision coupled with a clear action plan inspires a dedicated and enthusiastic following. Help everyone understand the end game; then give them a path to get there.

5 Leverage strategy and communication to connect the dots. One of the biggest impediments to customer service efforts is the belief that it is another "task." Help everyone within the organization understand how customer service and patient experience connect to the mission, vision, values, and brand. Each customer interaction is the brand promise during moments of truth. Set a clear strategy, and help people understand their role.

Communication is essential in building a culture of excellence. While it's important to communicate scores, it's even more important to engage

the heart and help staff connect to purpose. Share stories from patients and family members about how people made a difference. This will move data from the head to the heart.

6 Provide real leadership. When it comes to improving the patient experience, there is no shortage of tactics or tasks. But there is a shortage of real leadership. Many well-meaning patient experience enthusiasts have introduced best practices that never took hold. Often, the problem was that practices were dropped on staff as isolated tactics rather than part of a core strategy with leadership buy-in.

Remember that reporting data is not leading change. Beating people up over scores does not inspire or motivate. While the data provides important metrics, it doesn't answer the questions, "Why did the patients rate us this way?" or "Now what?" By drilling down with qualitative research, marketers and strategists can help to understand more about the patient experience and then set the course of action to make necessary improvements.

Patient experience has evolved from a nicety to a focused way of delivering healthcare in a consumer-driven world. This coming of age presents a unique opportunity for healthcare marketers and strategists to take the reins and lead the industry into the next generation. Are you ready to rise to the challenge?

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