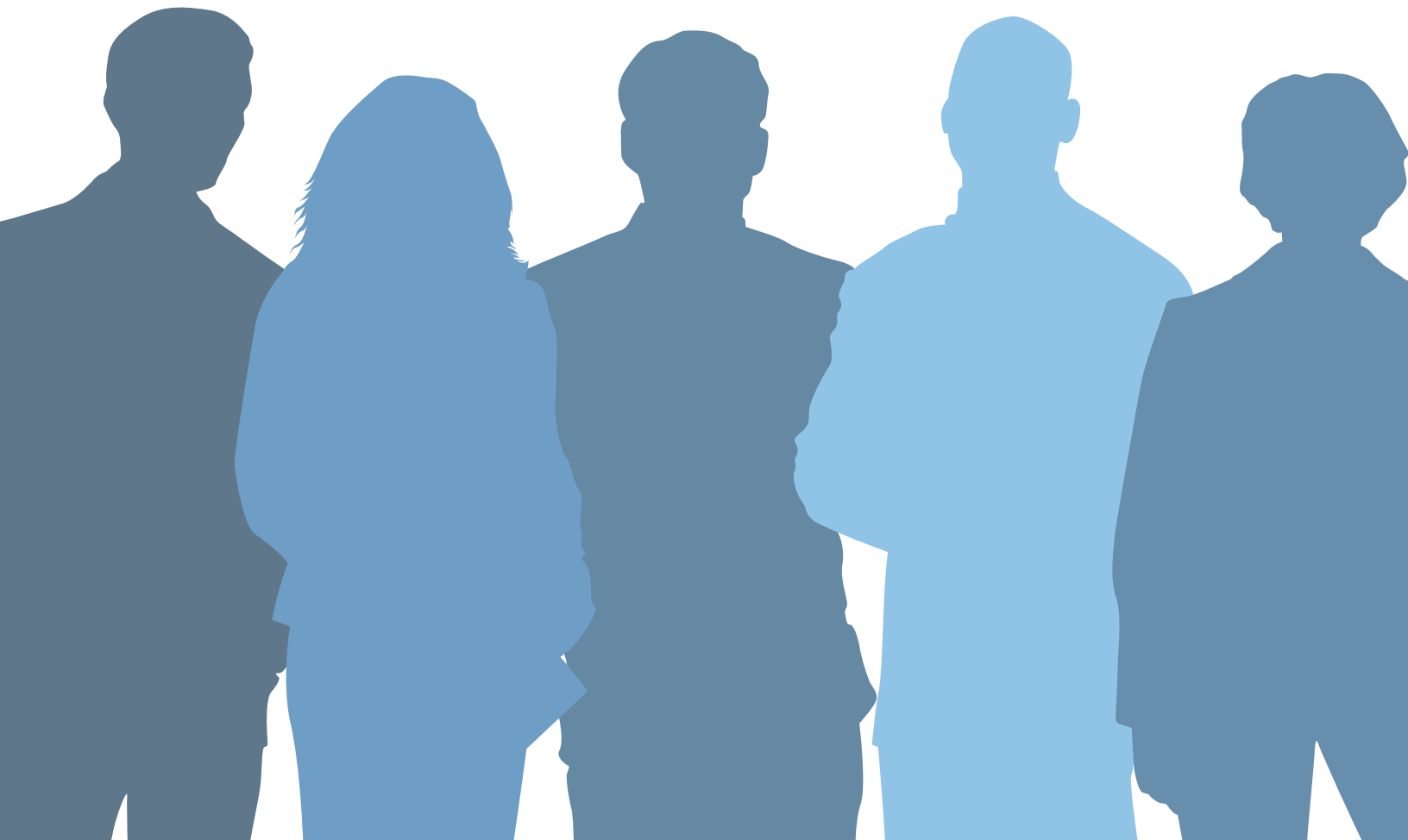


August 2012

## Patient Experience and HCAHPS: Little Consensus on a Top Priority

*By Michael Zeis*



[WWW.HEALTHLEADERSMEDIA.COM/INTELLIGENCE](http://WWW.HEALTHLEADERSMEDIA.COM/INTELLIGENCE)

*An independent HealthLeaders Media Survey supported by*

**MEDSEEK** 

Powered by **HEALTHLEADERS MEDIA**  
**Council**  
Access. Insight. Analysis.

**NOW AVAILABLE!**

*Intelligence Report Premium* from HealthLeaders Media

# Turning Data Into Decisions

## See what organizations like yours are doing

Our unique, interactive *Intelligence Report Premium* allows you to segment the data to fit your profile, so you can turn the data into decisions for your organization.

Each report contains:

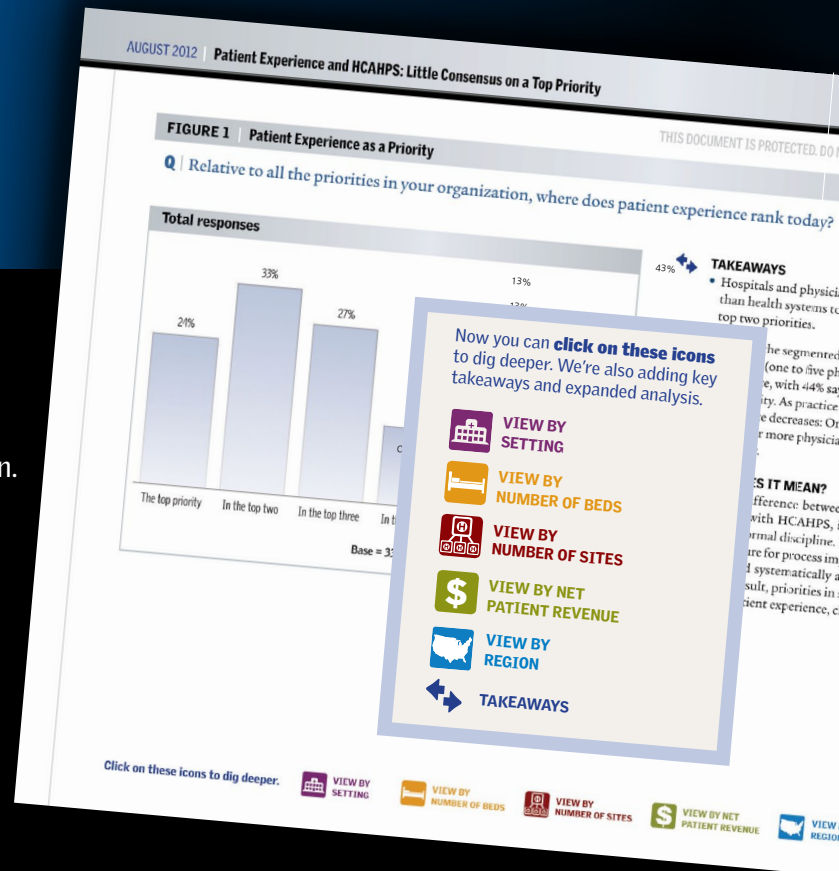
- » Segmentation data
- » Industry trends
- » Key takeaways
- » Case studies
- » Actionable strategies
- » Discussion questions for your organization

*Intelligence Report Premium* is produced by the HealthLeaders Media Intelligence Unit, a team of reporters, researchers, and analysts. The Unit is powered by the HealthLeaders Media Council, composed of more than 5,000 healthcare executives nationwide.

## Dig deeper into the data

Check out the charts on the last page of this report, and experience it for yourself.

For more information on *Intelligence Report Premium* subscriptions, contact us at [premiumresearch@healthleadersmedia.com](mailto:premiumresearch@healthleadersmedia.com).



—HealthLeaders<sup>Media</sup> | Intelligence

Access. Insight. Analysis.

## Perspective

### PATIENTS ARE LOSING PATIENCE WITH HEALTHCARE; HOW DO ORGANIZATIONS MEET THEIR DEMANDS?

The 2012 *HealthLeaders Media Patient Experience Survey* demonstrates that the digital transformation of healthcare continues apace, but that pace is slow. Other recent surveys report overwhelming numbers of consumers using the Internet to bank, shop, or book travel, and trends indicate a significant majority of patients would consider switching to a provider that offered access to medical records online. Yet in this year's *Patient Experience Survey*, only one in five hospitals or health systems offers patients an online portal with advanced functionality such as access to family accounts, appointment reminders, and patient-specific educational information. Forty percent of organizations surveyed were little more than indifferent, indicating that providing patients with access to their health information is only "somewhat important."

Given that most patients would consider changing physicians in order to access their medical records online, it is evident that what is clearly growing in importance for patients is still an afterthought to many hospitals. Patients are losing patience with hospitals and health systems that fail to meet their expectations.

More organizations report that they plan to use social media to engage patients, provide patients an online experience, regularly update the information on public-facing websites, and offer interactive patient portals. Notably, this year's survey found only one in five organizations has no strategy to communicate with patients online, down from almost two in five in 2010—slight progress. Yet the way society communicates has undergone radical and rapid changes, shifting from faxes and letters to instant messages, tweets, and Facebook updates—even email is becoming outmoded—so is healthcare finally catching up, just barely keeping up, or falling even more behind?

Whether the driver is patient demand, meaningful use, or a realization among hospital leaders that healthcare lags behind other industries is hard to say, but the responses to this year's *HealthLeaders Media Patient Experience Survey* at least begin to show a growing awareness of the need for digital transformation. But the pace is far behind patient expectations and is being surpassed by growing regulatory requirements. For example, in 2011, 33% of healthcare organizations with patient portals indicated that their advanced features would meet meaningful use requirements. When asked the same question this year, after the latest meaningful use proposals, the number dropped to just 19%.

While health systems and hospitals rely on the latest scientific advancements available to treat patients, cure diseases, and manage conditions within the hospital facility, when it comes to treating patients outside the four

walls, the technology is sorely lacking. The absence of technological sophistication may once have been regarded as a missed opportunity to treat patients before conditions become chronic or acute—before the patient occupies a hospital bed—but with healthcare shifting toward shared risk and results-based payments, patient engagement becomes an imperative for survival.

We have found that most hospitals want to offer more online services, but many don't know where to start. They are also under pressure to deliver on ICD-10, meaningful use Stage 1, CPOE, and quality measures, to name just a few. This year's HealthLeaders Media survey illustrates the continued struggle to prioritize in the face of ever-changing regulatory, consumer, budgetary, and competitive demands. However, in the patient acquisition race, decision-makers must understand that those organizations content simply to keep pace with regulations will lose out to hospitals and health systems looking far ahead to deliver on the expectations of an online patient population. Thankfully, hospitals have the support of healthcare technology specialists focused on the business of engaging patients—before, during, and after an inpatient experience—enabling them to manage their own health, and improving outcomes and reducing costs. This allows healthcare providers to concentrate on what they do best: treating patients and saving lives.



**Peter Kühn**  
CEO  
MEDSEEK, Birmingham, Ala.

# Foreword

## THEIR EXPERIENCE ... OUR IMAGE

Interestingly enough, the *2012 HealthLeaders Media Patient Experience Survey* shows only 46% of respondents saying HCAHPS is an effective measure of patient experience. As I ask my colleagues around the country, "What is the best device for measuring patient experience?" I get the same kind of multiple answers that I used to get when I asked which EMR was the best to use.

I think we all agree that while there is no perfect device for measuring something so subjective as patient experience, the HCAHPS dimensions encompass a good bit of what would be important to us as patients and family members. While we continue to search for perfection in measurement relativity, healthcare leaders are using combinations of tried-and-true methods as well as new methods for learning more about the residual brand image we leave on the populations we serve.

An encouraging movement in the 2012 survey compared to the 2011 edition is the number of respondents reporting that the CEO holds the primary responsibility for the patient experience in their respective organizations (21% in 2012 vs. 14% in the 2011 survey). Leadership engagement seems to be at the heart of successful patient experience cultures. If the threat of value-based purchasing holdbacks were the only issue, I don't think the C-suite involvement would have moved so much. Engaged executive teams appear to be tending to matters that improve their standing and value in the community by working diligently to improve every encounter that occurs in their institutions.

This year's survey shows some new information arising to help diagnose barriers to an effective patient experience strategy. While not offered as a distinct choice in last year's survey, the difficulty in obtaining physician buy-in was included this year and was ranked the second-highest barrier. Successful hospitals are working diligently to help their hospitalists gain ground in the patient experience, realizing the relationship-disconnect issues normally inherent in their work.

This year's survey also shows a big increase in respondents' use of an outside patient experience measurement/benchmarking service (62%, up from 52% last year) in addition to the HCAHPS survey (75%, up from 70% last year) to track and measure their successes and failures. Alan Mulally, president and CEO of Ford Motor Company, said in an initial meeting with his executive team shortly after taking control of the company, "You can't manage secrets." I believe hospital executives are now being more transparent with their patient experience data and using the true utility to deliver a more satisfying experience to their customers.



**Douglas Lockett, FACHE**  
Chief Operating Officer  
CaroMont Health  
Gastonia, N.C.

**Lead Advisor for this Intelligence Report**

# Table of Contents

<b>Perspective</b>	<b>3</b>
<b>Foreword</b>	<b>5</b>
<b>Methodology</b>	<b>7</b>
<b>Respondent Profile</b>	<b>8</b>
<b>Analysis</b>	<b>9</b>
<b>Survey Results</b>	<b>13</b>
<b>Figure 1:</b> Patient Experience as a Priority .....	13
<b>Figure 2:</b> Organization's Structural Response to Patient Experience ..	13
<b>Figure 3:</b> Primary Responsibility for Patient Experience.....	14
<b>Figure 4:</b> Patient Portal Advanced Features .....	14
<b>Figure 5:</b> Online Communication Strategy With Patients.....	15
<b>Figure 6:</b> CMS' Value-Based Purchasing Rules .....	15
<b>Figure 7:</b> HCAHPS as an Effective Measure of Patient Experience ..	16
<b>Figure 8:</b> Importance of Staff-Oriented Tactics to Patient Experience Strategy .....	16
<b>Figure 9:</b> Percentage of Employed Physician Compensation Tied to Patient Experience .....	17
<b>Figure 10:</b> Percentage of Nonemployed Physician Compensation Tied to Patient Experience.....	17
<b>Figure 11:</b> Importance of Patient-Oriented Tactics to Patient Experience Strategy .....	18
<b>Figure 12:</b> Percentage of Operating Budget Dedicated to Patient Experience .....	18
<b>Figure 13:</b> Motivations for Investing Time/Resources to Improve Patient Experience Scores .....	19
<b>Figure 14:</b> Additional Time/Resources Invested to Improve Patient Experience Scores.....	19
<b>Figure 15:</b> Stumbling Blocks to Adopting Patient Experience Strategy .....	20
<b>Figure 16:</b> Tracking and Measuring the Success of Patient Experience Strategy .....	20
<b>Figure 17:</b> Effect of Reporting Patient Experience Through HCAHPS ..	21

See the last page of this document for a preview of our new Premium report, available now at [www.healthleadersmedia.com/intelligence/](http://www.healthleadersmedia.com/intelligence/).

# Methodology

The *Patient Experience Survey* was conducted by the HealthLeaders Media Intelligence Unit, powered by the HealthLeaders Media Council. It is part of a series of monthly Thought Leadership Studies. In May 2012, an online survey was sent to the HealthLeaders Media Council. A total of 332 completed surveys are included in the analysis. The margin of error for a sample size of 332 is +/- 5.4% at the 95% confidence interval.

## ADVISORS FOR THIS INTELLIGENCE REPORT

The following healthcare leaders graciously provided guidance and insight in the creation of this report.

**Douglas Lockett**  
Chief Operating Officer  
CaroMont Health  
Gastonia, N.C.

**Robert Permut, MD**  
Chief Medical Officer  
Provena Health  
Mokena, Ill.

**Jeffrey Thompson, MD**  
CEO  
Gundersen Lutheran  
Health System  
La Crosse, Wis.



## ABOUT THE HEALTHLEADERS MEDIA INTELLIGENCE UNIT

The HealthLeaders Media Intelligence Unit, a division of HealthLeaders Media, is the premier source for executive healthcare business research. It provides analysis and forecasts through digital platforms, printed publications, custom reports, white papers, conferences, roundtables, peer networking opportunities, and presentations for senior management.

### Upcoming Intelligence Report Topics

*Physician-Hospital  
Alignment*

*Cost Containment*

*Executive  
Compensation*

## HealthLeaders<sup>Media</sup>

A Division of HCPRO

*Intelligence Report Research Analyst*  
**MICHAEL ZEIS**  
mzeis@healthleadersmedia.com

*Publisher*  
**MATTHEW CANN**  
mcann@healthleadersmedia.com

*Editorial Director*  
**EDWARD PREWITT**  
eprewitt@healthleadersmedia.com

*Managing Editor*  
**BOB WERTZ**  
bwertz@healthleadersmedia.com

*Intelligence Unit Director*  
**ANN MACKAY**  
amackay@healthleadersmedia.com

*Senior Director of Sales  
Northeast/Western Regional Sales Manager*  
**PAUL MATTIOLI**  
pmattioli@healthleadersmedia.com

*Media Sales Operations Manager*  
**ALEX MULLEN**  
amullen@healthleadersmedia.com

*Intelligence Report Contributing Editor*  
**PHILIP BETBEZE**  
pbetbeze@healthleadersmedia.com

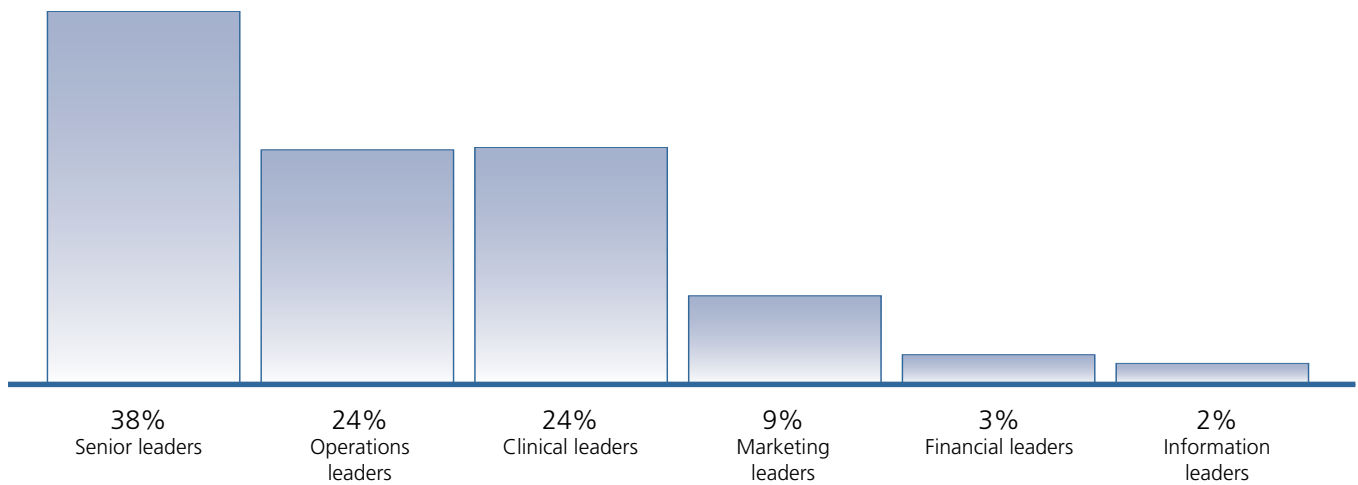
Copyright ©2012 HealthLeaders Media, 5115 Maryland Way, Brentwood, TN 37027 • Opinions expressed are not necessarily those of HealthLeaders Media. Mention of products and services does not constitute endorsement. Advice given is general, and readers should consult professional counsel for specific legal, ethical, or clinical questions.

# Respondent Profile

Respondents represent titles from across the various functional areas, including senior leaders, operations leaders, clinical leaders, financial leaders, information leaders, and marketing leaders. They are from a variety of healthcare provider organizations, including hospitals, health systems, and physician organizations.

## Title

Base = 332



**Senior Leaders** | CEO, Administrator, Chief Operations Officer, Chief Medical Officer, Chief Financial Officer, Executive Dir., Partner, Board Member, Principal Owner, President, Chief of Staff, Chief Information Officer

**Clinical Leaders** | Chief of Orthopedics, Chief of Radiology, Chief Nursing Officer, Dir. of Ambulatory Services, Dir. of Clinical Services, Dir. of Emergency Services, Dir. of Nursing, Dir. of Rehabilitation Services, Service Line Director, Dir. of Surgical/ Perioperative Services, Medical Director, VP Clinical Informatics, VP Clinical Quality, VP Clinical Services, VP Medical Affairs (Physician Mgmt/MD)

**Operations Leaders** | Chief Compliance Officer, Asst. Administrator, Dir. of Patient Safety, Dir. of Quality, Dir. of Safety, VP/Dir. Compliance, VP/Dir. Human Resources, VP/Dir. Operations/Administration, Other VP

**Marketing Leaders** | VP/Dir. Marketing/Sales, VP/Dir. Media Relations

**Finance Leaders** | VP/Dir. Finance, HIM Director, Director of Case Management, Director of Revenue Cycle

**Information Leaders** | Chief Medical Information Officer, Chief Technology Officer, VP/Dir. Technology/MIS/IT

## Type of organization

Base = 332

Hospital	53%
Health system (IDN/IDS)	32%
Physician org	15%

## Number of beds

Base = 175 (Hospitals)

1-199	40%
200-499	33%
500+	27%

## Number of sites

Base = 107 (Health systems)

1-5	25%
6-20	35%
21+	40%



## ANALYSIS

# No Defined Direction on the Patient Experience Journey

By Michael Zeis

“We’re on a journey here,” says Robert Permut, MD, chief medical officer for Provena Health, a health system that operates six hospitals, 16 long-term care/residential facilities, and other health facilities in Illinois and Indiana. “It’s constant gardening,” says Douglas Lockett, chief operating officer for CaroMont Health, a health system based in Gastonia, N.C. “It is learning

and putting what you learn into practice.” Providing positive patient experiences involves doing a lot of little things right.

## What Healthcare Leaders Are Saying

*“Patient experience is a dynamic process that involves the complex interaction between patient, provider, and the environment, but is influenced by external factors that are not always recognized by providers. Our weakest link is not fully understanding what is important to a patient. We can strengthen it through thoughtful inquiry and full engagement between patient-provider.”*

—Principal owner of a small physician organization

*“A hospital is a place where people come to get medical treatment. Spending limited resources on a five-star restaurant menu in order to outdo the competition and affect a patient’s experience may be an unwise use of resources.”*

—Medical director at a large health system

*“We need more consistency in how we communicate with patients and in rounding. We will strengthen through ongoing education and a disciplined process for rounding.”*

—Director of operations for a large hospital

*“How do you make the most devastating time in someone’s life a positive experience? We need more focus on outcomes data and saving lives and less on how the food is presented.”*

—Chief medical information officer at a medium-sized hospital

*“Here, there is a lack of administrative commitment to true change. Discussing it is one thing, but changing the culture is something else.”*

—Chief of staff at a small hospital

*“We need executable tactics that can be implemented up and down the organization, with both inpatients and outpatients. These must be clear, simple steps people can take that really improve the patient experience.”*

—Vice president at a large hospital

## Who’s in charge?

All told, 84% place patient experience among their top three priorities.

“Eighty-four percent is a massive number,” says Jeffrey Thompson, MD, CEO of Gundersen Lutheran, a not-for profit healthcare system serving patients in 19 counties in Wisconsin, Iowa, and Minnesota.

“Most will say you can only have several top priorities. The topic is really out there.”

With the *2012 HealthLeaders Media Patient Experience Survey*, we show a shift from group assignment to corner-office assignment. Now, more than one-quarter (28%) have assigned responsibility to a multidisciplinary team, down from 35% last year. At

## Analysis (continued)

"It's constant gardening. It is learning and putting what you learn into practice."

—Douglas Luckett, chief operating officer, CaroMont Health, Gastonia, N.C.

the same time, the CEO is responsible at one-fifth (21%) of the healthcare institutions surveyed, compared to 14% last year.

### Are investments adequate?

Having a high position on the priority list does not necessarily qualify patient experience as a budget-worthy activity, though. More than half (58%) say they have not made specific patient-experience investments, or cannot specify what the investment was. Gundersen's Thompson, an advisor for this report, says, "People are saying it is a high

priority, yet so many have no investment." At Gundersen Lutheran, patient experience has its own line item. "Ten years ago it was in the same pool as quality," says Thompson, "but we split it out to get people to focus on it." That patient experience line item represents about 3% to 4% of the operating budget.

Whether they can count it or not, 85% say they have invested additional time and resources in the past 12 months to improve patient experience scores. Training and other staff-awareness activities were mentioned frequently. Some have contracted with third-party consultants to help the staff become more patient-centric. Others have added staff with specific patient-experience responsibilities. Several mentioned that they are investing in staff incentives for good performance.

### Are we motivated by money?

While 40% of respondents consider it somewhat important to tie compensation to patient experience measurements, only one-third of respondents (33%) say it is very important to do so, which looks like a low number given the number of respondents who place patient experience among their top three priorities. Says Permut, an advisor for this report, "When you look at how important patient experience is going forward, I would have expected a higher percentage. At Provena Health, we have made patient experience a bonus opportunity for physicians. People

## Analysis (continued)

are tracking both clinical quality and service quality, and it's intuitive to tie compensation to both." Permut also reminds physicians that soon patients will be rating them the way they rate hospitals now. "In January 2013, there will be Physician Compare. This will be the first publicly reported data on physicians, which I expect to be somewhat similar to Hospital Compare."

CaroMont's Lockett, the lead advisor for this report, credits a change in incentives to a single-year turnaround of hospitalist alignment toward the patient experience goal. There are two levels in bonus compensation, he says: One level is meeting the goal, one level is exceeding the goal. At CaroMont, the patient-experience performance bonus is based on group performance rather than individual performance. This year, the group-based tie-in is being tested with leadership in several additional departments.

Thompson says Gundersen Lutheran has several tactics beyond compensation to help physicians improve their patient experience skills, including goal setting, transparency in sharing performance results, and coaching. "People from our service excellence department accompany physicians on rounds. They observe the visit from start to finish, trying to figure out what could be done to improve the patient's view of the interaction."

### Complaining about HCAHPS

More than half (54%) who say they do not consider HCAHPS to be an effective measure of patient experience. Quite a few respondents do not like having "always" as a response choice. Says one, "The word 'always' sets the organization up for failure. Patients rarely mark anything as 'always' occurring." According to another, "Studies have demonstrated higher morbidity and mortality data with increasing patient/consumer satisfaction. That suggests that higher patient

"People are saying [patient experience] is a high priority, yet so many have no investment. Ten years ago it was in the same pool as quality [at Gundersen Lutheran], but we split it out to get people to focus on it."

—Jeffrey Thompson, MD, CEO,  
Gundersen Lutheran Health  
System, La Crosse, Wis.

## Analysis (continued)

satisfaction does not necessarily translate to better care.”

One respondent recognizes that being hospitalized is stressful: “Because patients and families that are asked to participate in the survey at that time are stressed, sometimes their responses are driven by the stress associated with their situation.”

On the other hand, nearly half (46%) say that HCAHPS is an effective measure of patient experience. “It is an effective measure of patient perceptions but should be only one of several listening tools employed by the hospital,” says one. Another offers, “HCAHPS scores help care-givers to prioritize and reach goals for patient experience.”

“We have made patient experience a bonus opportunity for physicians. People are tracking both clinical quality and service quality, and it’s intuitive to tie compensation to both.”

—Robert Permut, MD, chief medical officer, Provena Health, Mokena, Ill.

### Communication and consistency

Every single patient/staff interaction is a patient-experience opportunity. The team responsible for patient experience should identify interactions that are predictable, such as patient arrivals, rounds, meal delivery, medication, preparation for procedures and so on, and decide which training and education activities are appropriate for which staff groups. It may be easy to underestimate the complexity of training for patient experience, since the domain for patient experience is so large and the responsibility is widely distributed. Synergies with other priorities such as clinical quality, safety, and patient care must be found, and can be found.

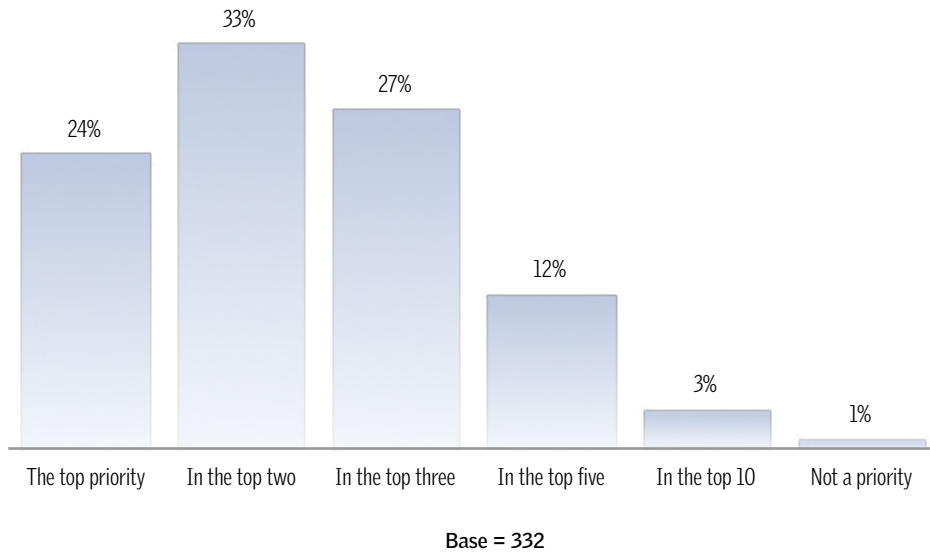
*Michael Zeis is research analyst for HealthLeaders Media. He may be contacted at [mzeis@healthleadersmedia.com](mailto:mzeis@healthleadersmedia.com).*

# Survey Results

LEARN MORE: CASE STUDIES, RECOMMENDATIONS, FURTHER SEGMENTATION

**FIGURE 1 | Patient Experience as a Priority**

**Q |** Relative to all the priorities in your organization, where does patient experience rank today?



**FIGURE 2 | Organization's Structural Response to Patient Experience**

**Q |** Which most closely describes your organization's structural response regarding patient experience initiatives?

	2012	2011	2010
We have an organized management approach and our executive team drives patient experience	50%	52%	52%
Patient experience is handled through existing patient satisfaction functions or initiatives	36%	29%	31%
We are assessing the need to reorganize certain functions around a patient experience strategy	13%	17%	17%
Base	332	270	295

## Survey Results (continued)

LEARN MORE: CASE STUDIES, RECOMMENDATIONS, FURTHER SEGMENTATION

**FIGURE 3 | Primary Responsibility for Patient Experience**

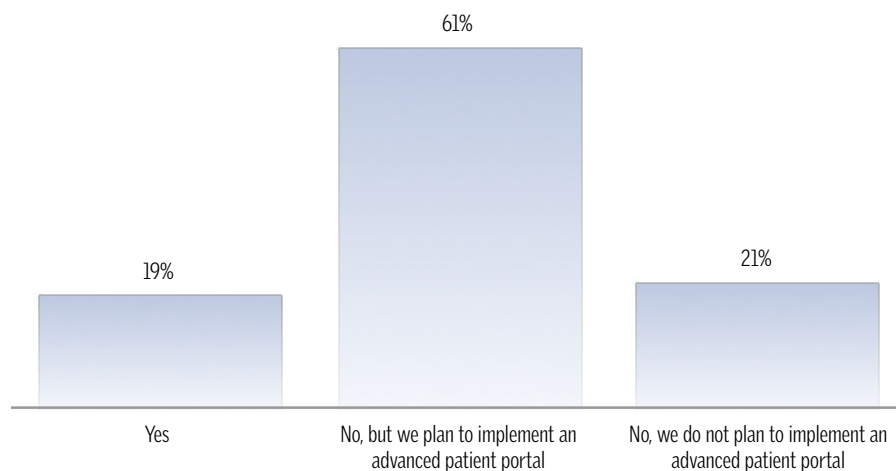
**Q | Who has the primary responsibility for patient experience in your organization?**



Base = 332

**FIGURE 4 | Patient Portal Advanced Features**

**Q | Does your patient portal offer advanced features such as online access to family accounts, patient-specific educational information, and appointment reminders, as proposed by meaningful use Stage 2 in order to reach the 10% patient utilization target?**



Base = 332

## Survey Results (continued)

LEARN MORE: CASE STUDIES, RECOMMENDATIONS, FURTHER SEGMENTATION

**FIGURE 5 | Online Communication Strategy With Patients**

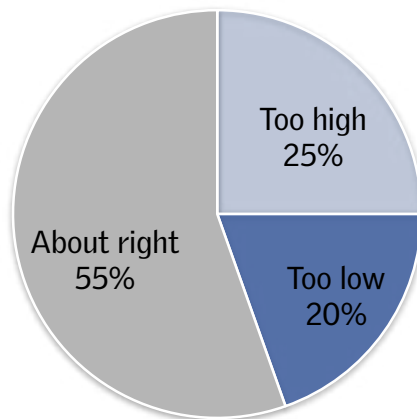
**Q | What is your strategy for online communication and interaction with patients to enhance the patient experience?**

	Percent
We will update our existing website to assist and attract new patients	56%
We will provide patients with an online experience that includes information from hospitals, physician practices, and other services	47%
We will use social media and networking sites such as Twitter and Facebook	45%
We will retain existing patients by offering a patient portal for interactive features such as scheduling appointments	44%
We will use mobile technology to facilitate patient care and communication	30%
We will use customer relationship management software for targeted marketing campaigns	20%
We do not yet have a strategy in place	21%

Base = 332  
Multi Response

**FIGURE 6 | CMS' Value-Based Purchasing Rules**

**Q | Under CMS' value-based purchasing rules, hospitals will be assessed on quality performance, with clinical measures weighted at 70% and patient experience measures weighted at 30%. What do you think of that 30% figure?**



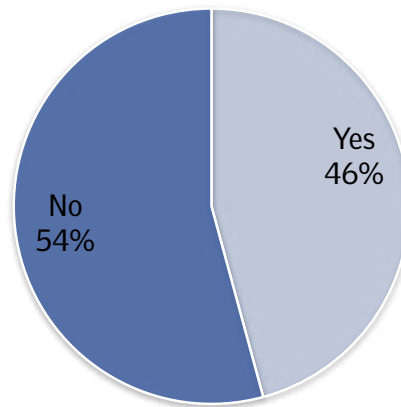
Base = 332

## Survey Results (continued)

LEARN MORE: CASE STUDIES, RECOMMENDATIONS, FURTHER SEGMENTATION

**FIGURE 7 | HCAHPS as an Effective Measure of Patient Experience**

**Q | Is HCAHPS an effective measure of patient experience?**



Base = 332

**FIGURE 8 | Importance of Staff-Oriented Tactics to Patient Experience Strategy**

**Q | How important are the following staff-oriented tactics to your organization's patient experience strategy?**

	Net Percentage Very Important/Somewhat Important
Target clinical quality to reduce patient dissatisfiers such as length of stay, complications, and readmissions	97%
Provide staff training in relation to patient experience	96%
Tie compensation to patient experience measurements	73%

Base = 332



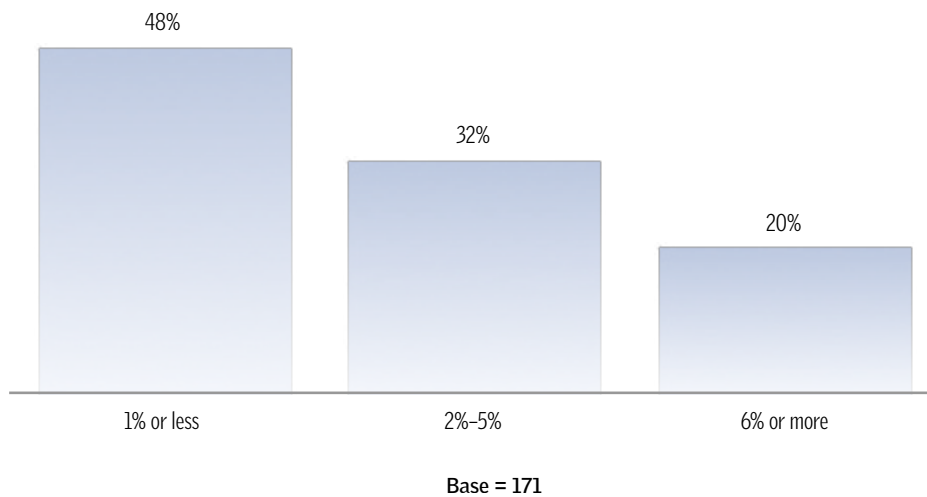
## Survey Results (continued)

LEARN MORE: CASE STUDIES, RECOMMENDATIONS, FURTHER SEGMENTATION

**FIGURE 9 | Percentage of Employed Physician Compensation Tied to Patient Experience**

**Q | How much of your employed physicians' compensation is tied to patient experience measurements?**

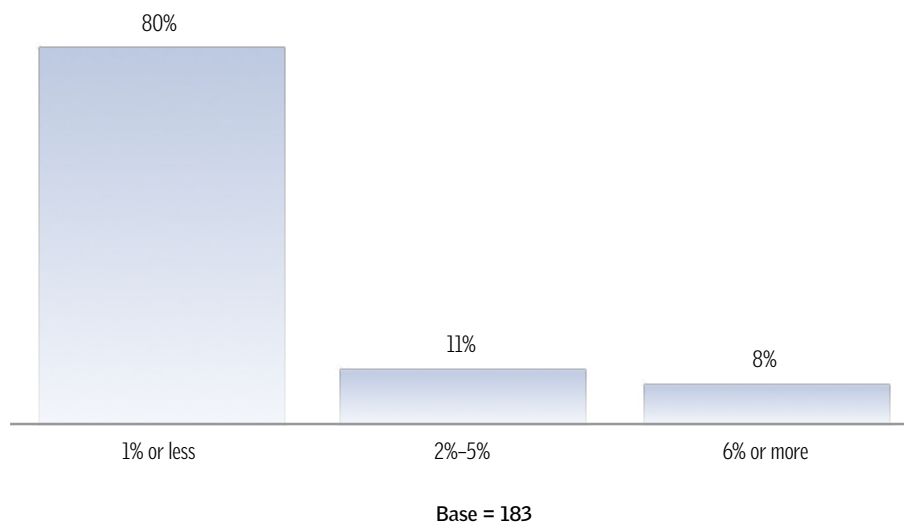
Among those organizations where physicians' compensation tied to patient experience measures is applicable



**FIGURE 10 | Percentage of Nonemployed Physician Compensation Tied to Patient Experience**

**Q | How much of your independent or nonemployed physicians' compensation is tied to patient experience measurements?**

Among those organizations where Independent or Nonemployed physicians' compensation tied to patient experience measures is applicable



## Survey Results (continued)

LEARN MORE: CASE STUDIES, RECOMMENDATIONS, FURTHER SEGMENTATION

**FIGURE 11 | Importance of Patient-Oriented Tactics to Patient Experience Strategy**

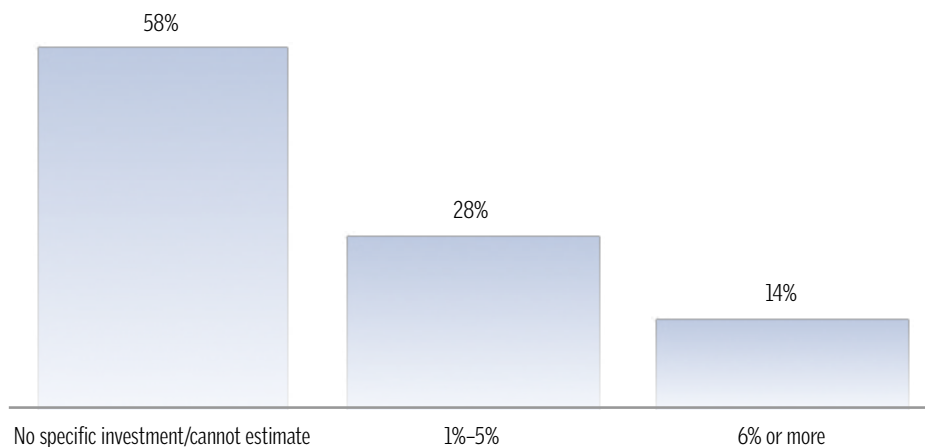
**Q | How important are the following patient-oriented tactics to your organization’s patient experience strategy?**

	Net Percentage Very Important/ Somewhat Important
Expand or renovate facilities	82%
Implement quiet-time regulations to ensure effective patient rest	82%
Give patients access to their records via patient portals, electronic health records, and other IT solutions	81%
Invest in all-private patient room structure	74%
Allow patients to order food on demand, and from an expanded menu	74%
Deploy new technologies such as wayfinding kiosks or interactive bedside computers	73%
Give patients the option to communicate with physicians by email	68%
Do away with visiting hours restrictions	61%

Base = 332

**FIGURE 12 | Percentage of Operating Budget Dedicated to Patient Experience**

**Q | How much of your operating budget is dedicated to patient experience initiatives?**



Base = 332

## Survey Results (continued)

LEARN MORE: CASE STUDIES, RECOMMENDATIONS, FURTHER SEGMENTATION

**FIGURE 13 | Motivations for Investing Time/Resources to Improve Patient Experience Scores**

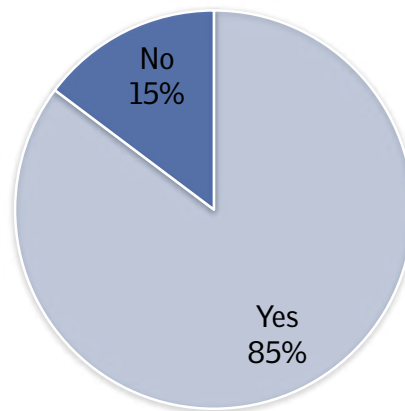
**Q** | Please rank your motivations for investing time or resources to improve patient experience scores.

	1 <sup>st</sup> Rank
<b>Analytical:</b> High patient experience scores help us determine whether we are doing what's right for the patient	41%
<b>Competitive:</b> Patient experience scores are a market differentiator	31%
<b>Financial:</b> Patient experience scores are a component of the value-based purchasing formula	28%

Base = 332

**FIGURE 14 | Additional Time/Resources Invested to Improve Patient Experience Scores**

**Q** | Within the past 12 months, have you invested additional time or resources in an effort to improve patient experience scores?



Base = 332

## Survey Results (continued)

LEARN MORE: CASE STUDIES, RECOMMENDATIONS, FURTHER SEGMENTATION

**FIGURE 15 | Stumbling Blocks to Adopting Patient Experience Strategy**

**Q | What is the biggest stumbling block to creating an effective patient experience strategy at your organization?**

	Percent
Abundance of higher priorities	20%
Difficulty obtaining physician buy-in	14%
Lack of funding or budgeting priority	11%
Lack of overall game plan or actionable ideas	11%
Difficulty providing a consistent approach to patient inclusion	9%
Difficulty obtaining employee buy-in	9%
Patient behavior is difficult to predict	8%
Lack of management commitment	5%
None, we have no stumbling blocks	8%
Other	5%

Base = 332

**FIGURE 16 | Tracking and Measuring the Success of Patient Experience Strategy**

**Q | How do you track and measure the success or failure of your patient experience strategy?**

	Percent
HCAHPS survey	75%
Outside patient experience measurement/benchmarking service	62%
Distribute patient satisfaction data to all staff	61%
Make post-discharge phone calls	59%
Track quality outcomes	58%
Track anecdotal evidence such as positive letters or social media mentions	41%
Track word-of-mouth referrals and reputation	23%
Sponsor community opinion surveys	18%

Base = 332  
Multi Response

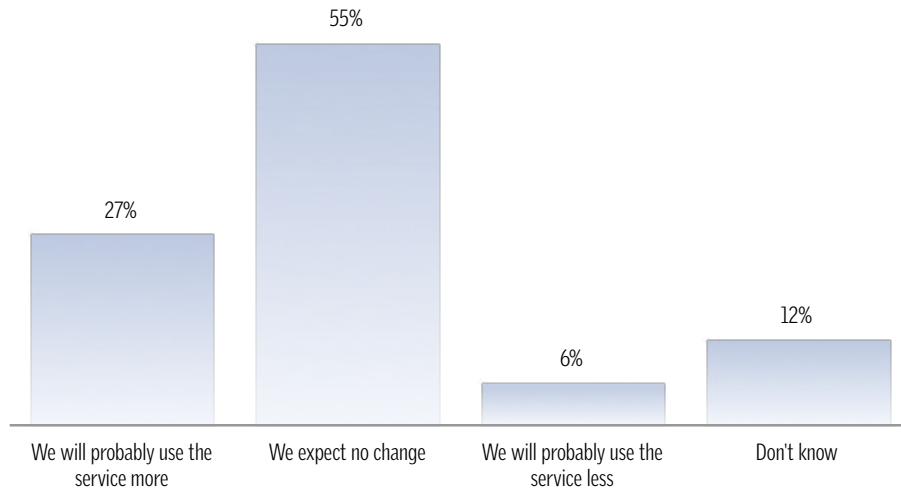
## Survey Results (continued)

LEARN MORE: CASE STUDIES, RECOMMENDATIONS, FURTHER SEGMENTATION

**FIGURE 17 | Effect of Reporting Patient Experience Through HCAHPS**

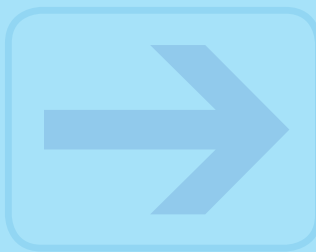
**Q | How do you expect that reporting patient experience through HCAHPS will change your relationship with your third-party measurement service?**

Among those who track and measure using outside patient experience measurement/benchmarking service



Base = 206

# Access. Insight. Analysis.



Be a voice

Gain insight from your peers

Shape the direction of the industry



HEALTHLEADERS MEDIA  
**Council**

The nation's most exclusive  
healthcare intelligence community

Join today at [www.healthleadersmediacouncil.com](http://www.healthleadersmediacouncil.com)

THIS DOCUMENT IS PROTECTED. DO NOT COPY, SHARE, FORWARD, OR REPRODUCE.

**FIGURE 15 | Stumbling Blocks to Adopting Patient Experience Strategy**

**Q** | What is the biggest stumbling block to creating an effective patient experience strategy at your organization?

Click on these icons to dig deeper.