

The Rise of the Healthcare Chief Experience Officer

2016 RESEARCH REPORT

Research study by Vocera's Experience Innovation Network examining how senior leaders in healthcare organizations are building a more humanized healthcare experience

2016: From Patient Experience to Human Experience

Last year, Vocera's Experience Innovation Network published the first-ever study focused on the emerging cadre of executives charged with leading healthcare experience transformation, chief experience officers (CXOs). We profiled the priorities, resources, and responsibilities of these mavericks and change agents as they buck the status quo and redefine care. Eight years after the first public reporting of HCAHPS survey results in the United States, experience is reaching new heights. Leading organizations have recognized that delivering an exceptional experience of care goes beyond scripting and simple service standards. As more and more strategic leaders are called to this work, the field is evolving from a focus on traditional best practices to creation of next practices that enable humanized care delivery.

Our study uncovered several key areas of focus for 2016:

- Greater alignment and integration with quality/safety and process improvement efforts—sometimes with experience as the umbrella strategy.
- Broader vision across the continuum of care so that experience improvement ceases to be focused solely on the inpatient hospital environment.
- Deeper engagement of key stakeholders, including physicians, board members, patients, and families. Patients will increasingly be the architects of improvement.
- Concerted focus on physician, nurse, and staff well-being, joy, and resilience to combat initiative fatigue and drive sustainable change.

Overall, these changes will usher in an era of focus on the human experience of care that serves patients and families while simultaneously supporting care teams in achieving their highest healing potential.

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Methodology

Quantitative

Invitation-only online survey completed by 113 director-level and above experience leaders in the United States and Canada

Qualitative

In-depth interviews with more than 30 select vice president and above experience executives

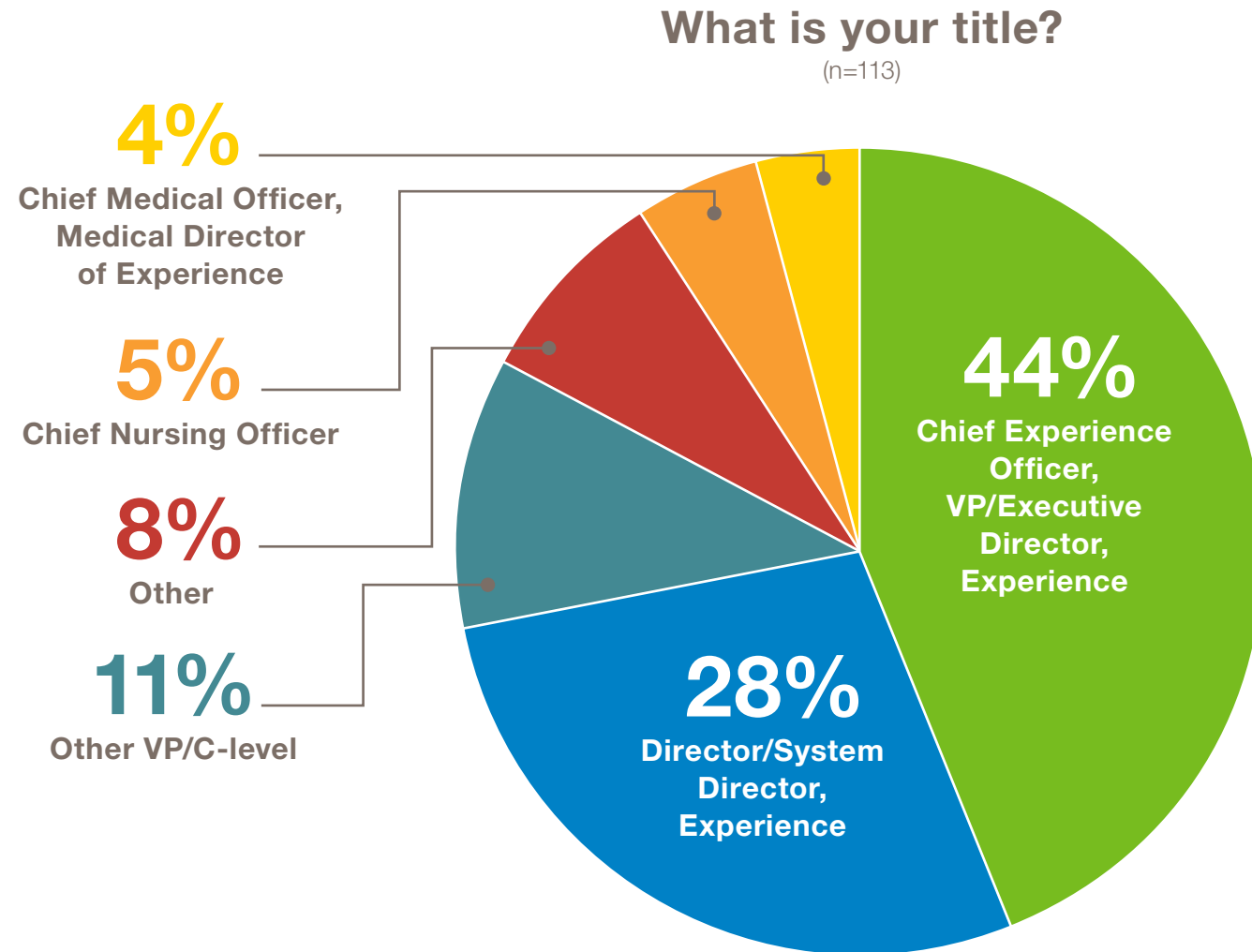


Table of Contents

6 Experience Gains Alignment as a Top Strategic Priority

13 Expansion Across the Continuum of Care

20 Aligning with Key Organizational Stakeholders

27 Patients and Families Get a Seat at the Table

31 Experience Starts to Address Well-Being and Joy

38 The Future of Experience

40 Appendix: The Experience Leadership Role

48 About the Experience Innovation Network

“ Chief executive officers must elevate experience improvement as the top strategic priority for their organizations and support CXOs as they tirelessly lead this work. Only by driving meaningful human-to-human connections across the entire continuum of care will healthcare systems succeed in long-term differentiation, loyalty, and growth. ”



M. Bridget Duffy, MD
Chief Medical Officer, Vocera Communications
Co-founder, Experience Innovation Network

Experience Gains Alignment as a Top Strategic Priority

39%

**of experience leaders
report directly to their
organization's CEO or
president.**

Experience Leaders Have the Ear of the C-suite

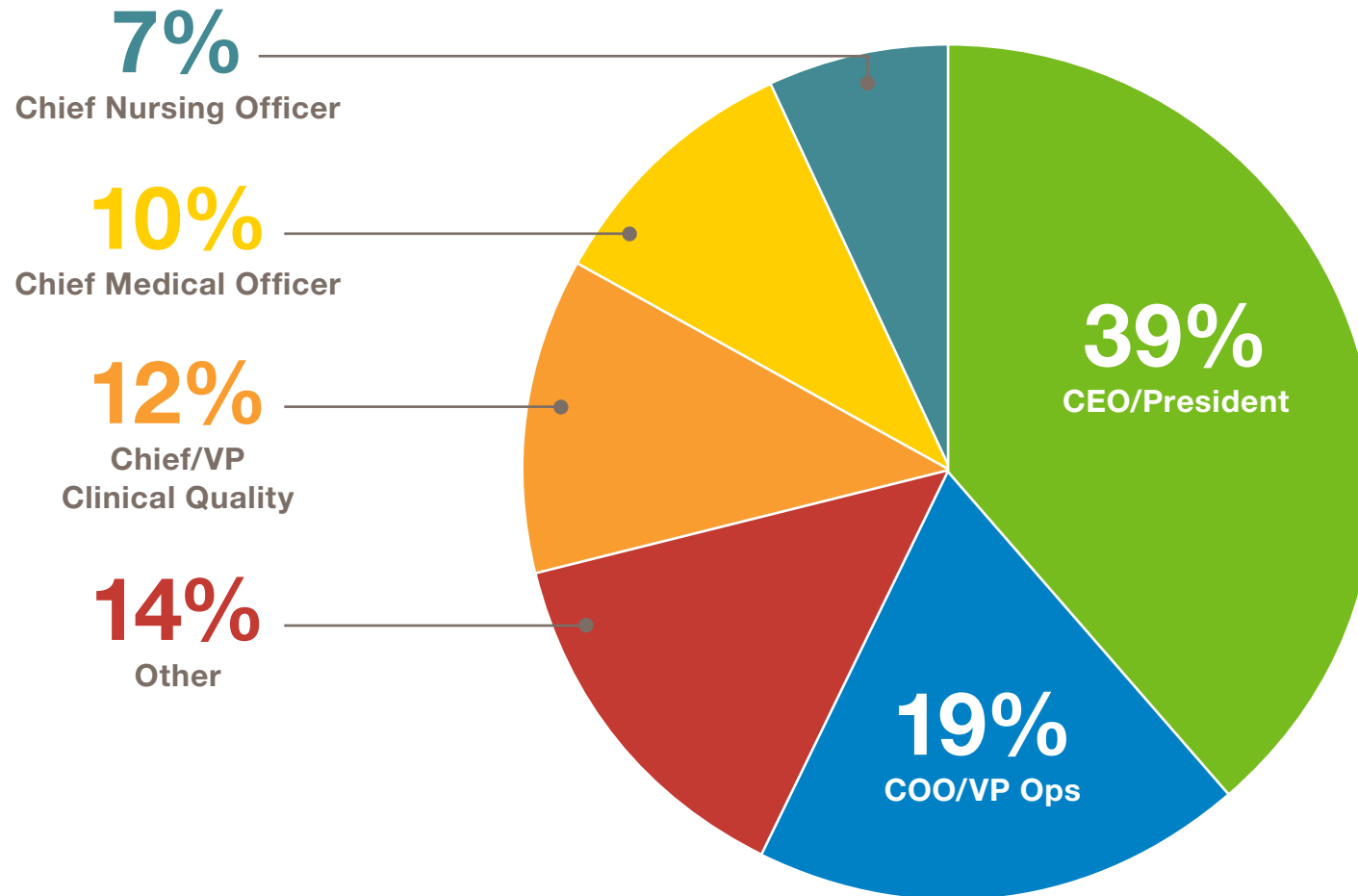
Experience is a top strategic priority.

Thirty-nine percent of experience leaders surveyed report to their organization's CEO or their system or hospital president, giving experience a seat at the executive table. Executive visibility and backing is essential to driving the kind of systemic improvement required to achieve differentiation and growth through experience innovation.

Further, organizations are recognizing the importance of alignment across clinical and experience excellence disciplines. Twenty-eight percent of experience leaders report to a clinical executive in quality, medicine, or nursing.

To whom do you report within your organization?

(n=113)



(Numbers may total 100 due to rounding)

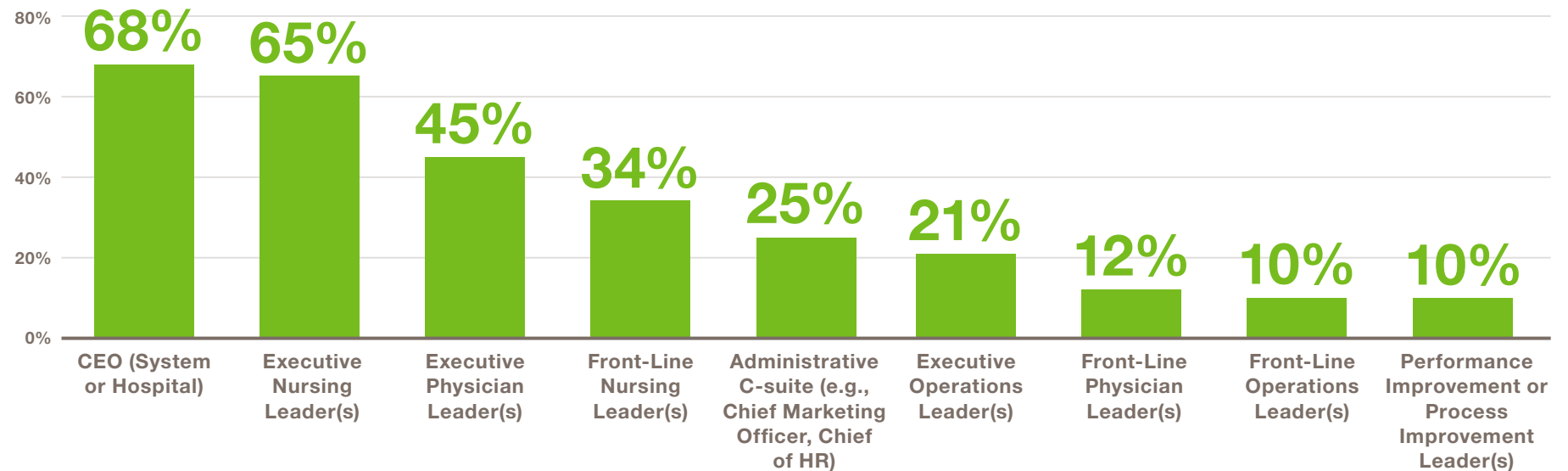
Engagement with the CEO Is Critical to Success

Leadership and experience excellence come from the top.

Experience leaders know that without visible and vocal leadership from their system's, hospital's, or clinic's top leadership, experience excellence is unachievable. True experience transformation requires the rethinking of everything from cultural norms to care coordination. Only with the CEO's and presidents commitment to leading, reinforcing, and celebrating experience as a top strategic priority is this level of transformation possible.

Which relationships are most critical to supporting you as an effective experience leader? (Top three responses accepted)

(n=105)



“ As the president, I establish the priorities for our organization. I have to demonstrate to our leaders that we are truly committed to delivering an exceptional experience by providing the vision and resources they need. And I have to be willing to walk the walk so frontline staff know this isn't just what we do, it's who we are. ”

Sharon O'Keefe

President

The University of Chicago Medicine

Experience Achieves Parity with Quality, Safety, and Performance Improvement

Experience is no longer “nice to have.”

Experience leaders have organizational parity with their quality/safety and performance improvement peers at 64% of respondents’ organizations. This arrangement, however, can still leave leaders struggling to find the synergies, connections, and alignment across various improvement functions. Eight percent of respondents are solving this by making experience the top strategic priority and aligning quality/safety and performance improvement under the experience umbrella, knowing that efficient delivery of high-quality healthcare service is a critical component of a humanized healthcare experience.

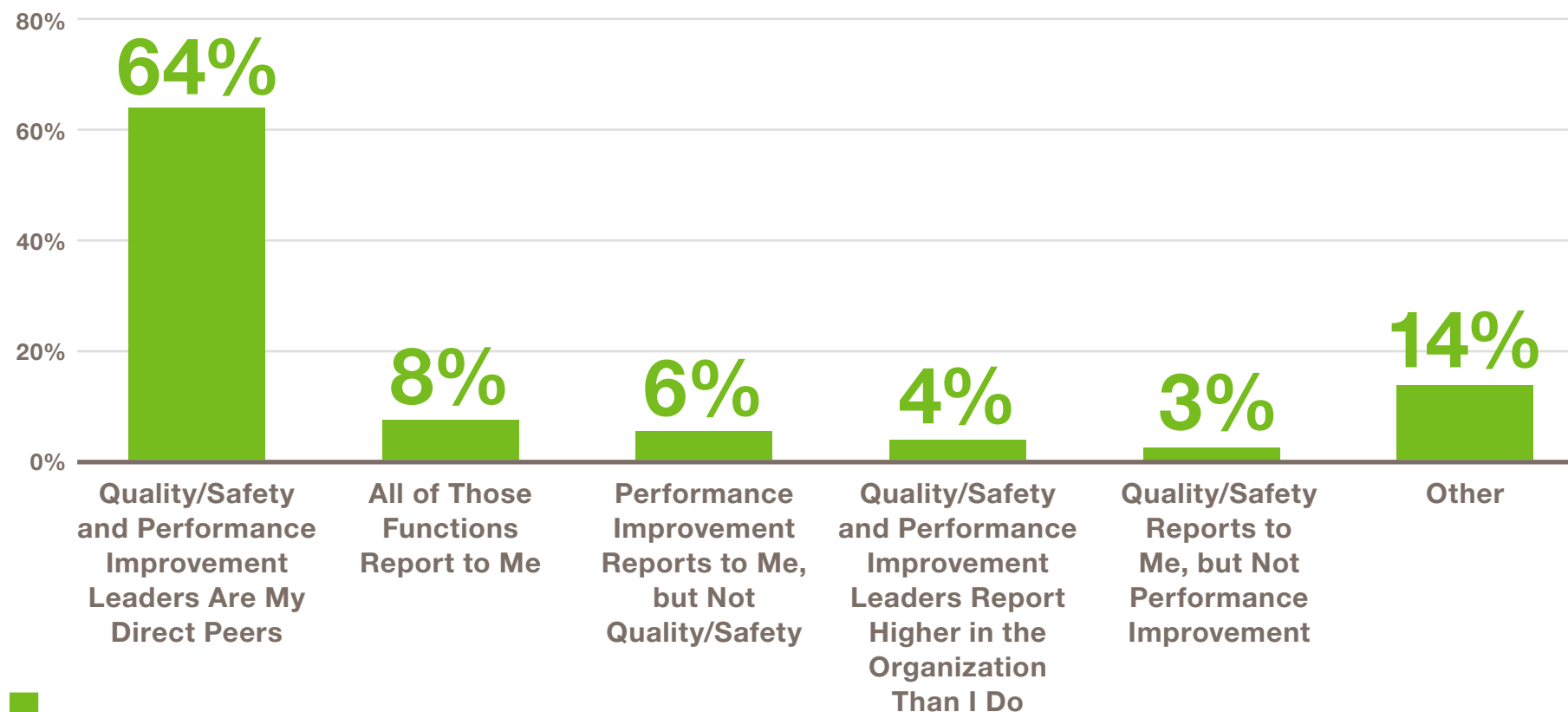
“Our process improvement team is a key partner in driving our experience improvement.”

Tom Malasto

ASVP, Chief Patient Experience Officer
Community Health Network

Operationally, how does your organization align experience improvement with quality/safety and performance improvement?

(n=113)



Boards Frequently Monitor Experience Improvement

Board engagement in experience varies widely.

When asked to report how they are engaging their boards to understand the importance of experience, responses were decidedly mixed. Nearly half of respondents described some sort of structure wherein boards reviewed experience data and sometimes set targets for improvement. But the frequency of these engagements ranged from monthly to annually. Almost a third of respondents described working to educate the board through expert speakers and presentations and by inviting patients and families to present their stories.

Encouragingly, 10% of respondents said that their board members actively participate on committees, round on staff and patients to see how experience really works, or get involved in improvement projects to understand the hard work of change.

How, if at all, are you engaging your board to understand the importance of experience excellence for both patients/families and physicians/staff?

(n=90)



(Results aggregated from open-ended responses)

Sutter Health Puts Experience at the Top



At Sutter Health, experience tops all.

In 2015, Sutter Health reorganized to enhance its focus on a consistently excellent patient experience including quality, safety, and many other aspects of patient care.

“We realized that focusing on patient experience as a top priority and aligning all clinical teams under that umbrella gives us a unique opportunity to break down silos and redesign care in a more patient-centric way. We’re able to interact and be creative, collectively solving issues we couldn’t independently.”



Don Wreden, MD
SVP Patient Experience

The Sutter Health Office of Patient Experience works through bridging partnerships with teams across the network of care to meet the needs and preferences of patients and families. Because patients are its purpose, the Office of Patient Experience relies on input from the patients and families they serve in every decision they make.



Responsibilities and Accountabilities

- Create easy, patient-friendly access across our system of care.
- Deliver innovative and coordinated models of care.
- Engage patients in their care through programs responsive to individual patient needs and values.
- Promote quality care and safety throughout the system.

Mission Health's Immersion Day Transforms Governance and Policy



Board members don scrubs to get the real care experience.

Board members, policymakers, even journalists need to go beyond spreadsheets, PowerPoints, and graphs to better understand the real needs of physicians, staff, and patients. Nothing better demonstrates for Mission Health's key leaders the links between, say, an electronic health records (EHR) purchase and the real-world workflow implications for doctors and nurses—and subsequent experience outcomes for patients and families—as immersing for a day with the men and women who make healthcare work. Mission's program has already brought swift construction funding, legislative buy-in, EHR improvements, and more.

NEJM article: www.nejm.org/doi/full/10.1056/NEJMp1600068

Sample Immersion Day Itinerary	
7 am	Orientation and Confidentiality Agreements
8 am	Pre-op
9 am	Surgery
10 am	
11 am	ICUs
12 pm	Innovations
	Lunch and Finance/Revenue Cycle
1 pm	
2 pm	Subspecialty Rounds
3 pm	Behavioral Health
4 pm	Emergency Room
5 pm	Debrief
6 pm	



Ronald A. Paulus, MD, MBA
President and CEO



Richard Bock, MD
Vascular Surgeon



Rowena Buffett Timms
SVP, Government and
Community Relations

“ I learned more about how hospitals actually operate from my 10 Immersion hours than from six years sitting on our board. ”

Mission Health Board Member

Expansion Across the Continuum of Care

40%

of experience leaders aren't responsible for primary care experience.

Experience Work Is Catching up with Accountable Care

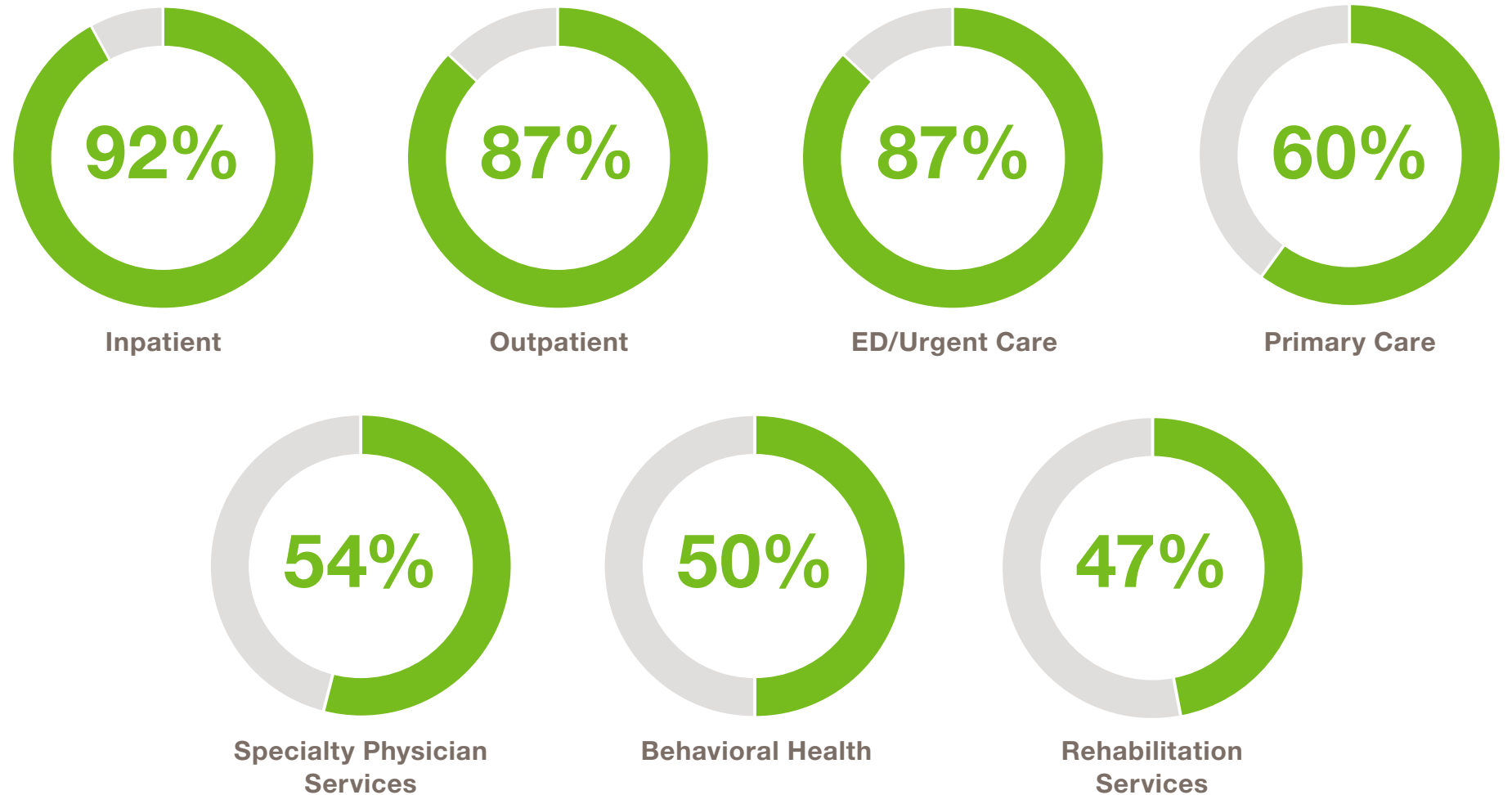
Sixty percent of experience leaders own primary care.

Patient experience got jump-started after the 2010 Patient Protection and Affordable Care Act introduced value-based purchasing—a practice that kicked in in 2013. With a portion of Medicare payments dependent on clinical and experience measures in the inpatient hospital setting, systems began investing in infrastructure to improve patient experience scores. However, while models designed to reward quality of care across the continuum have expanded, our data suggests that experience responsibilities are still concentrated in the hospital setting.

While 60% and 54% of experience leaders are responsible for primary care and specialty services respectively, we expect these numbers to grow as accountable care continues its march.

What is the scope of your experience improvement responsibilities? (Select all that apply)

(n=113)

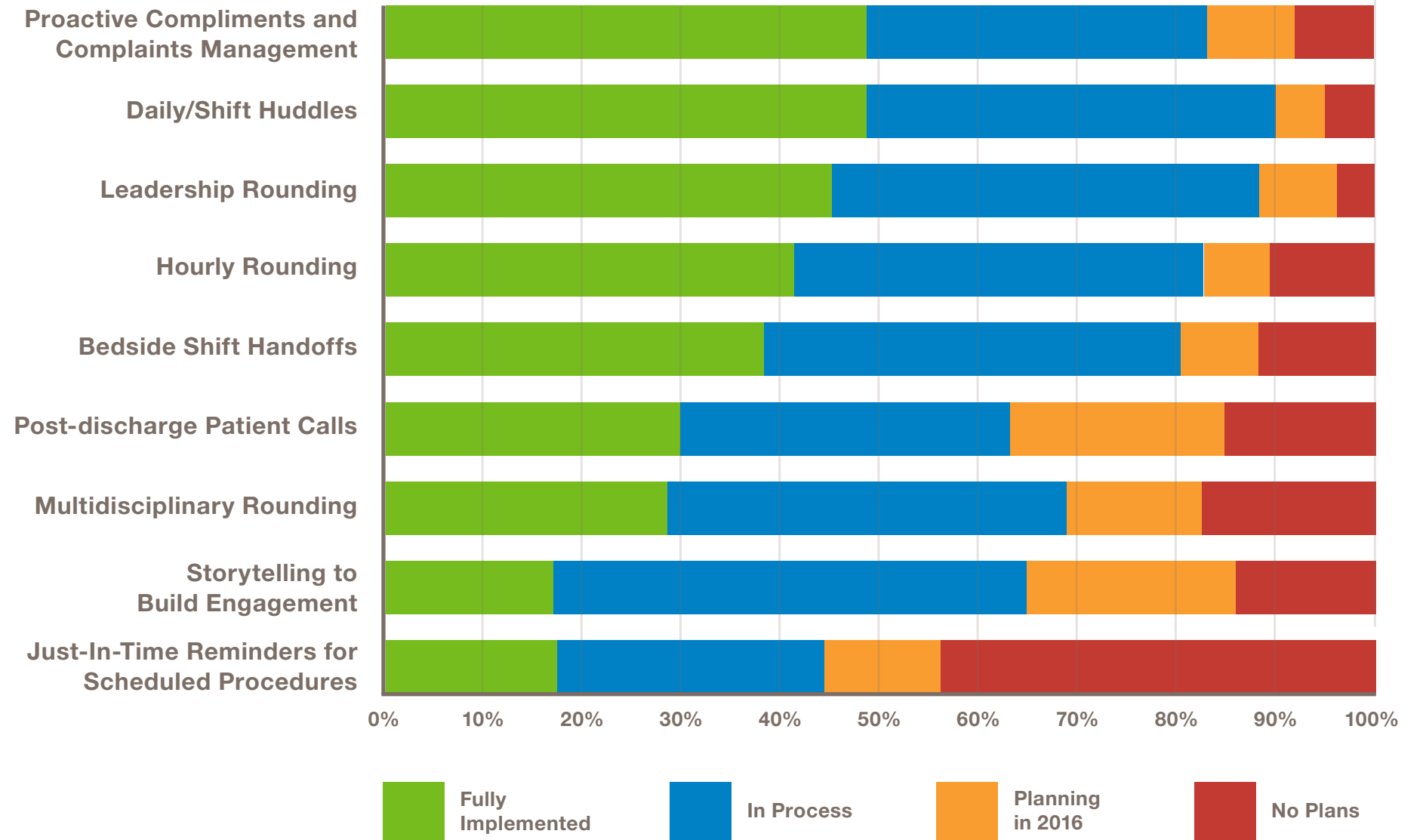


Inpatient Best Practice Implementation Is Nearly Maxed Out

Most organizations have adopted known best practices.

Approaches known to build teamwork and enhance communication in inpatient environments are well entrenched in today's healthcare organizations. Processes such as daily or shift huddles, leadership rounding, proactive compliment and complaint management, and bedside shift handoffs are above 80% penetration, looking at organizations that have either fully implemented or are in process of implementing them. These values changed only slightly from 2015. Even the more challenging practices such as post-discharge calls, multidisciplinary rounding, and storytelling are present at more than 60% of respondents' systems.

True differentiation in the future will come from those who redesign end-to-end care delivery processes and teams—regardless of care venue—to put human connection at the center.



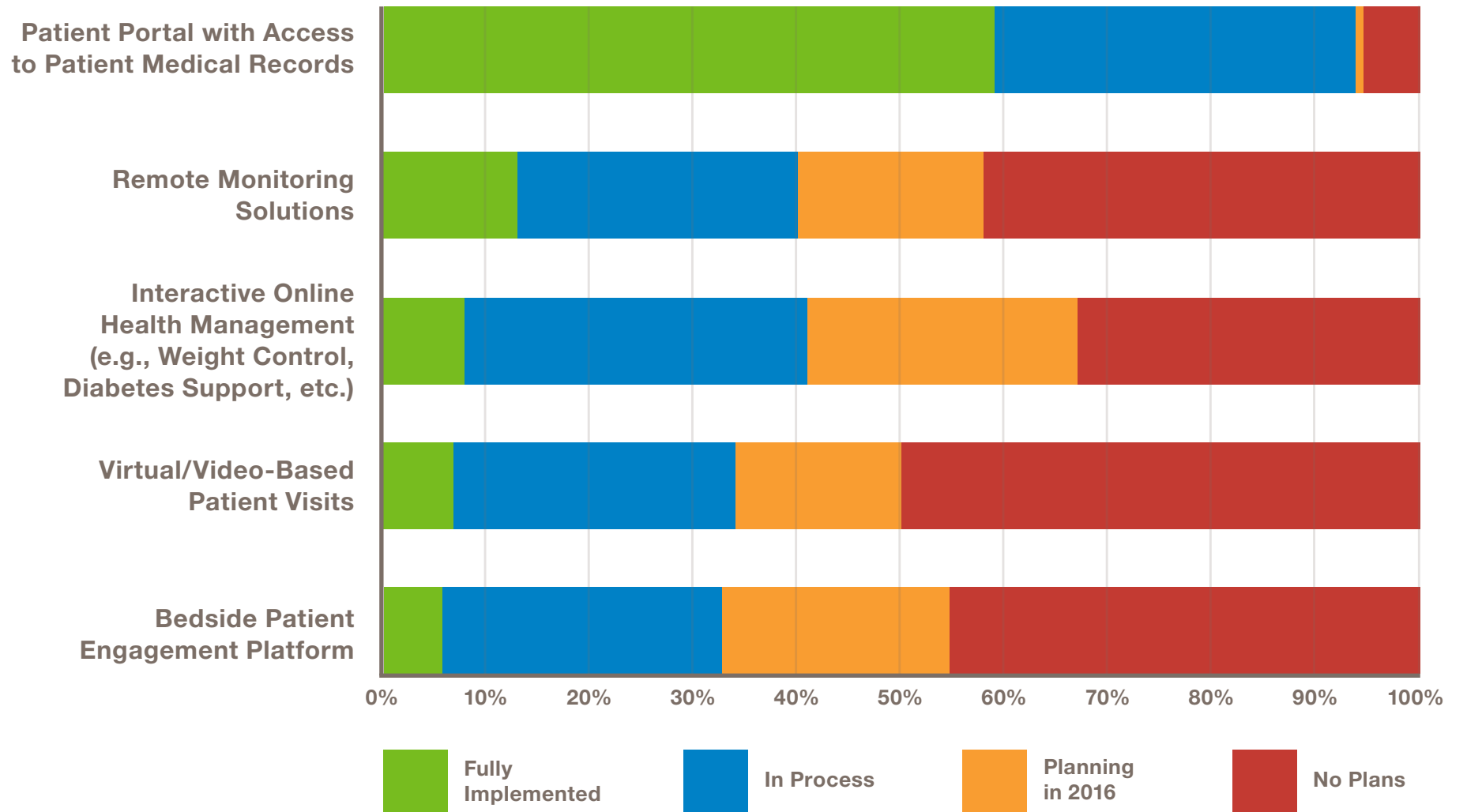
Technology Investment Is Starting to Break Down Care Venue Silos

Patient portals are the only “standard” patient-facing technologies.

Today, patient portals are one of the few mainstream technologies that help patients navigate different sites of care. These early investments are driven largely by Meaningful Use incentives, but health systems are starting to branch out to solutions such as remote monitoring, online health support tools, and virtual visits that extend care team productivity, provide support to patients and families in between face-to-face visits, and help to ease some of the access woes that plague today’s health system. Technology will never replace the human touch in healthcare, but as markets shift from volume- to value-driven payment models, experience leaders will need to embrace new technology-based forms of patient and family involvement and engagement.

Please indicate the degree to which your organization has implemented the following patient-facing experience support technologies.

(n=91)



Experience Leaders Put a Big Emphasis on Scores— Not on Cross-Continuum Innovation

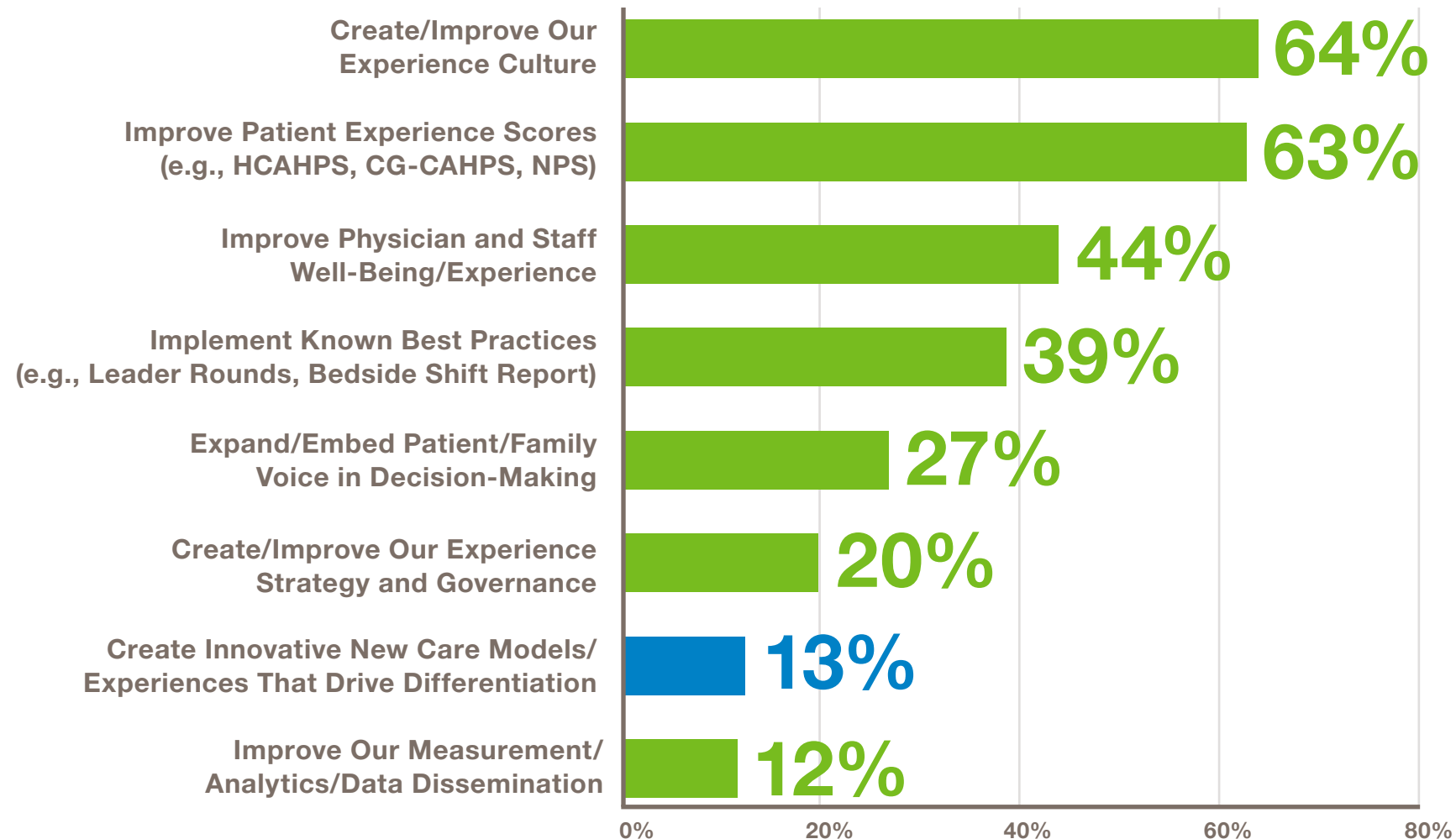
Culture and scores top the 2016 agenda.

We asked experience leaders to name their top three experience improvement priorities for 2016. Experience culture and experience scores topped the list. This clearly demonstrates the dual—and sometimes conflicting—nature of the work experience leaders are tasked with doing. They are looking to change the culture and attitudes of physicians and staff to make empathy and respect an innate part of their organizational culture. At the same time, they are tasked with moving scores on a short-term basis.

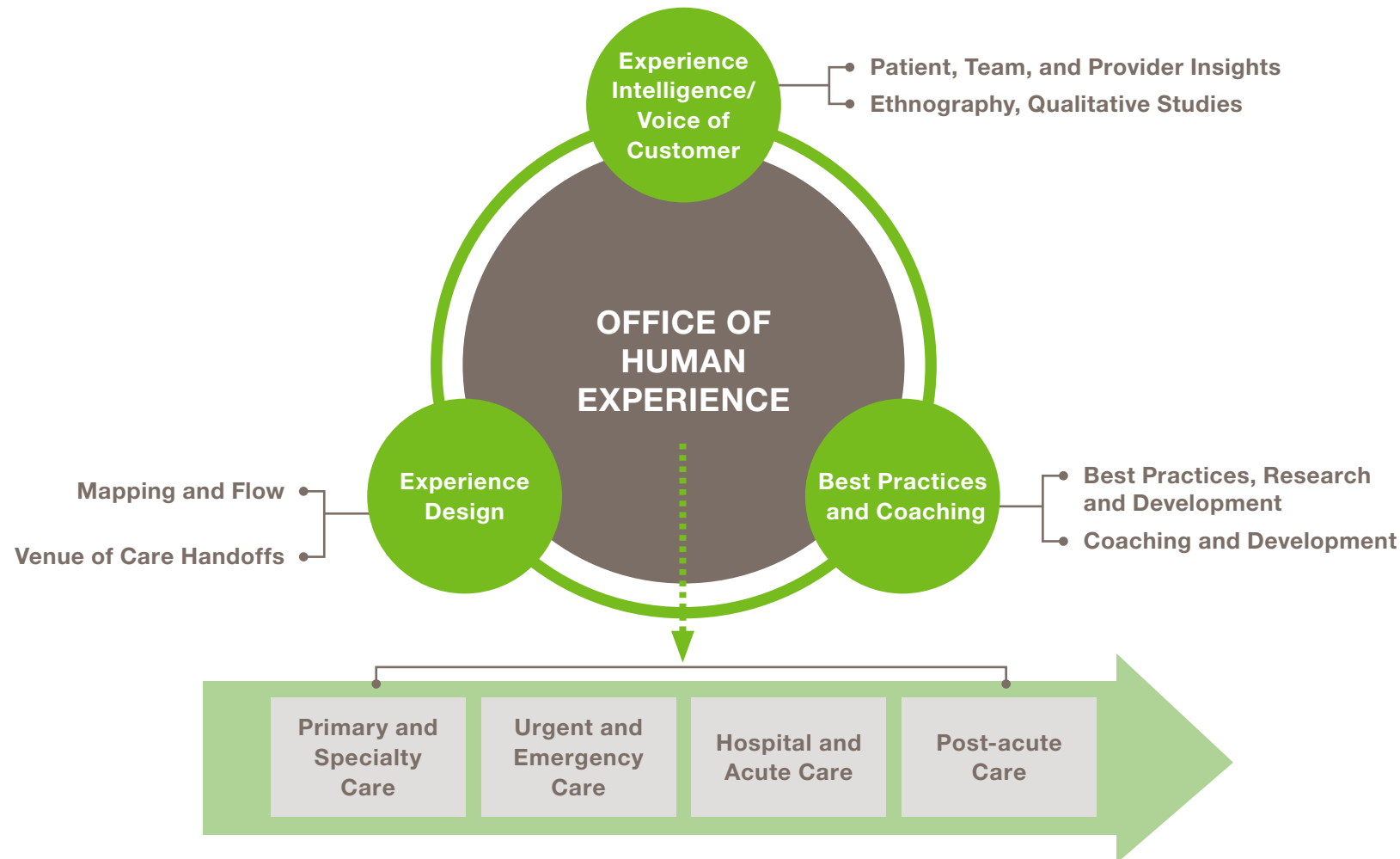
The focus on this baseline engagement and chasing scores distracts from the ultimate value of experience: creating innovative new care models and relationships that drive differentiation—a goal that only 13% of respondents named in their top three priorities.

What are your top three priorities for experience improvement in 2016?

(n=104)



Novant Health Addresses Experience Across the Care Continuum



Experience crosses care venues and patient pathways.

Novant Health designed its Office of Human Experience to understand the needs of the patients and families it serves and of the physicians and staff who serve them. The team focuses its intelligence gathering, experience design, and ongoing improvement and support across the care continuum—and on the transitions between the traditional silos of care.

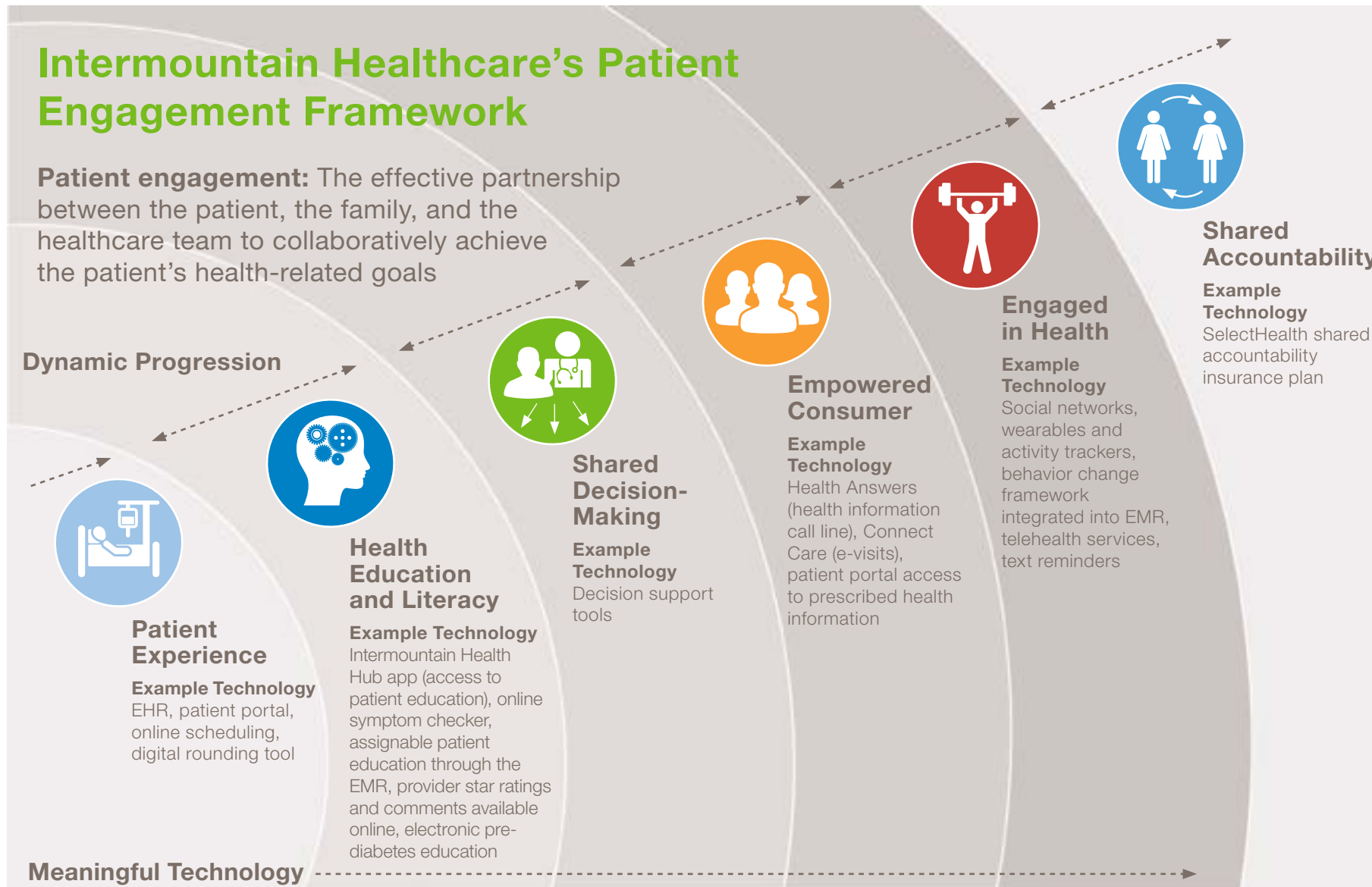
“ Our experience team researches, designs, and supports deployment of best practices in process, behavior, and cultural development. We build our studies, designs, and practices at the enterprise level, with specific attention to Novant Health medical group (clinics), emergency departments, and acute care. We understand that continuum of care is more than a tag; it is a journey. Experience is venue-agnostic.



Sean L. Keyser
Vice President,
Patient Experience



Intermountain Builds Cross-Continuum Engagement Through Technology



Patient engagement is supported by technology.

In 2012, Intermountain Healthcare shifted its organizational strategy from a focus on patient experience to patient engagement. Its goal is to work toward a future where patients take greater control of their own health and a greater role in decision-making. Its patient engagement framework hinges on collaboration and education—supported all along the continuum with meaningful technology.



Kim Henrichsen, RN, MSNVP
 Clinical Operations and Chief Nursing Officer



Tammy Richards, RN
 Operations Director for Patient and Clinical Engagement

Aligning with Key Organizational Stakeholders

69%

**of executives have
compensation tied to
experience.**

Accountability at All Levels Creates Barriers to Success

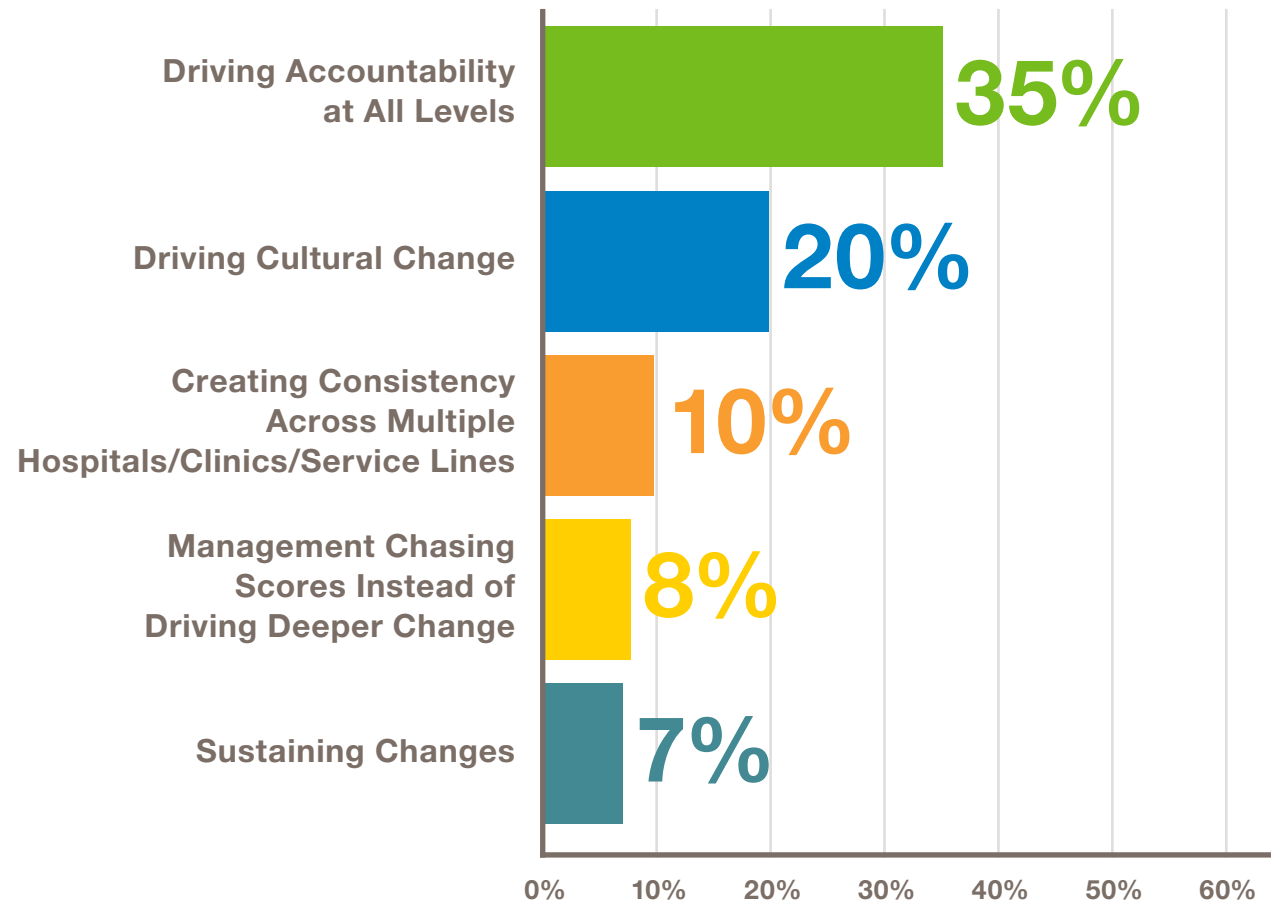
Thirty-five percent of respondents say accountability is their biggest challenge.

When we asked experience leaders to name their biggest challenge with experience, driving accountability at all levels rose easily to the top with 35% of responses. At 20%, driving culture change, arguably related to accountability, took second.

When we further asked respondents how they are working to overcome these challenges, a few pointed to metrics and measurement approaches, but most talked about relationship-building, empowerment of local leaders, and alignment with other programs to reduce initiative fatigue.

What is your biggest challenge with leading experience improvement?

(n=104)



Other responses: Lack of staff/resources (6%), Making experience a top strategic priority (6%), Leadership engagement (5%), Initiative fatigue (4%)

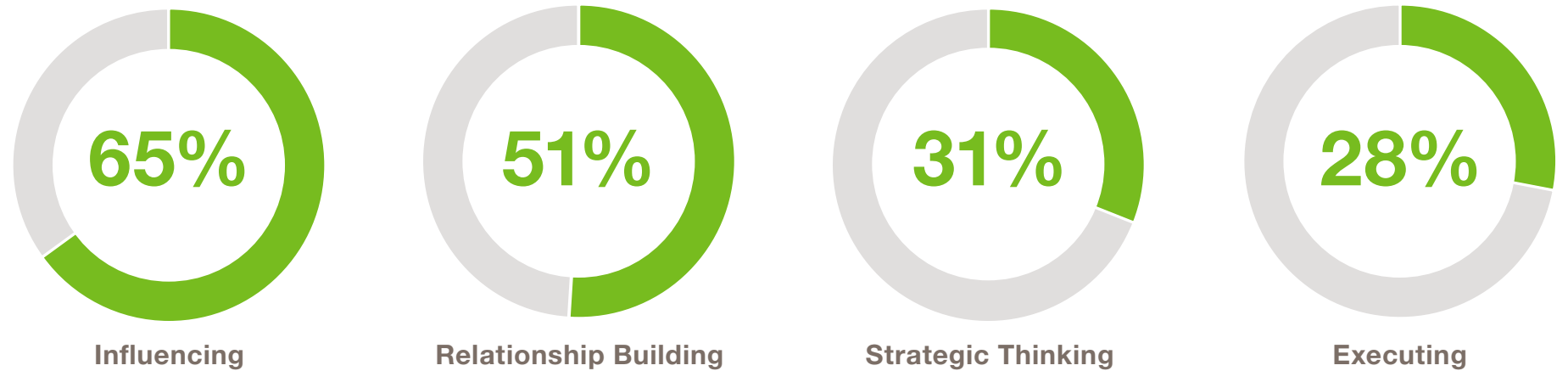
(Numbers may total 100 due to rounding)

Experience Leaders Stress the Need to Influence Others to Action—with a High Dose of Empathy

Leading experience is head work and heart work.

When we asked experience leaders to describe the skills most critical to their work, they shared concepts ranging from communication and change-management skills to the ability to listen with an open mind and the passion and tenacity to see change through even in the face of resistance. We categorized the responses according to the Gallup StrengthsFinder domains and found that influencing others and building relationships were the most common skill sets experience leaders cited as critical. As experience moves from nice-to-have to an essential consideration in the delivery of quality care, we'd like to see strategic thinking move up the priority list for experience leaders.

What skills are most critical to being an effective experience leader?*



*Open-ended responses aggregated according to Gallup StrengthsFinder domains

“ You need to have built emotional capital within your organization. You need to be able to engage your employees before you can effectively engage patients. ”

Medical Director of Experience,
Multi-hospital System

“ Relationships with other leaders and front-line staff are the most critical. Second would be true compassion and the ability to ‘walk the walk.’ ”

Chief Experience Officer,
Multi-hospital Academic Medical System

Physicians Still Lack Leadership Roles in Experience

Only 12% of experience leaders have a medical degree.

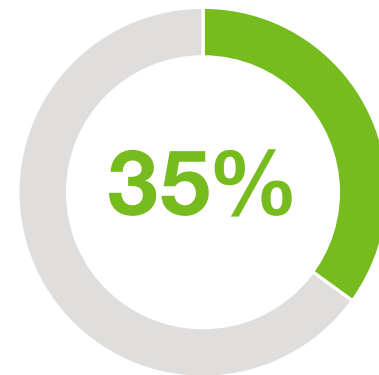
The deepest work of experience improvement centers around the clinical moment—the interactions that patients and families have with doctors, nurses, and other care team members that give them confidence that they are receiving the best possible clinical care from practitioners who care deeply about their well-being. Despite this, physicians are far less commonly leading experience work than nurses and those with healthcare administration backgrounds.

“Physicians appreciate sharing experiences with each other. One of our keys to success is integration of all team members with a culture of respect and empathy.”

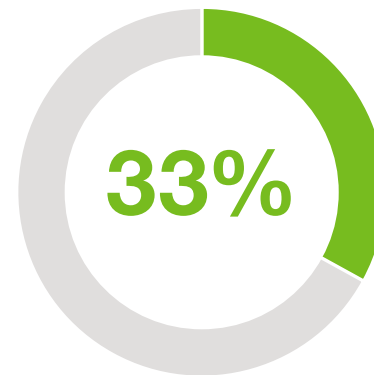
Aggie Barden
AVP, Office of Patient and Customer Experience
Northwell

What is your background?
(Multiple responses accepted)

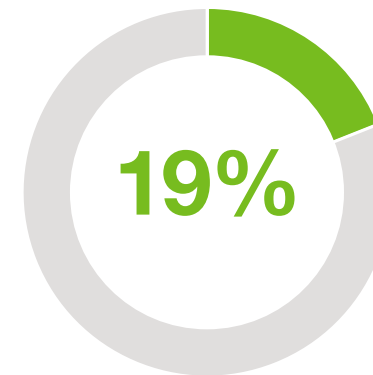
(n=113)



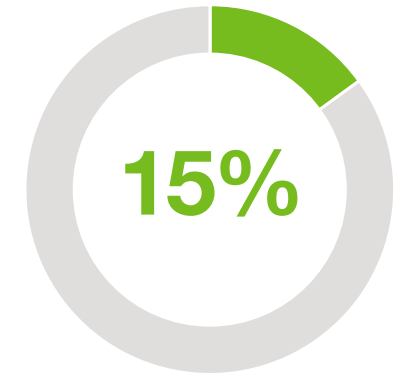
Healthcare Administration



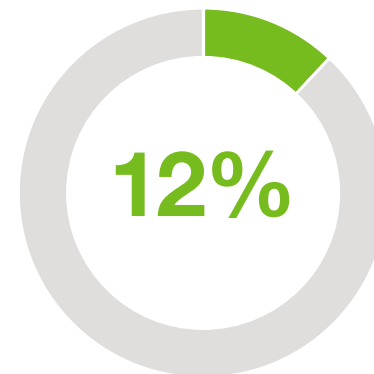
Nursing Degree (NP, PhD, RN, etc.)



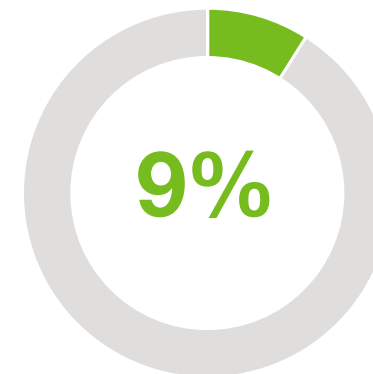
Masters of Business Administration (MBA)



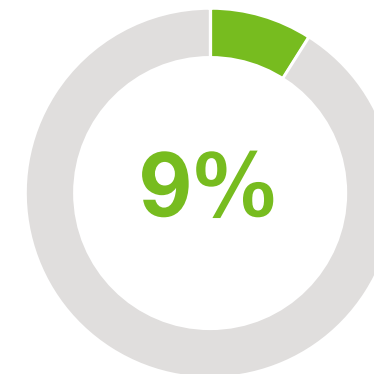
Other Clinical (Behavioral Health, OT, RT, etc.)



Medical Degree (MD, DO, etc.)



Marketing/Finance

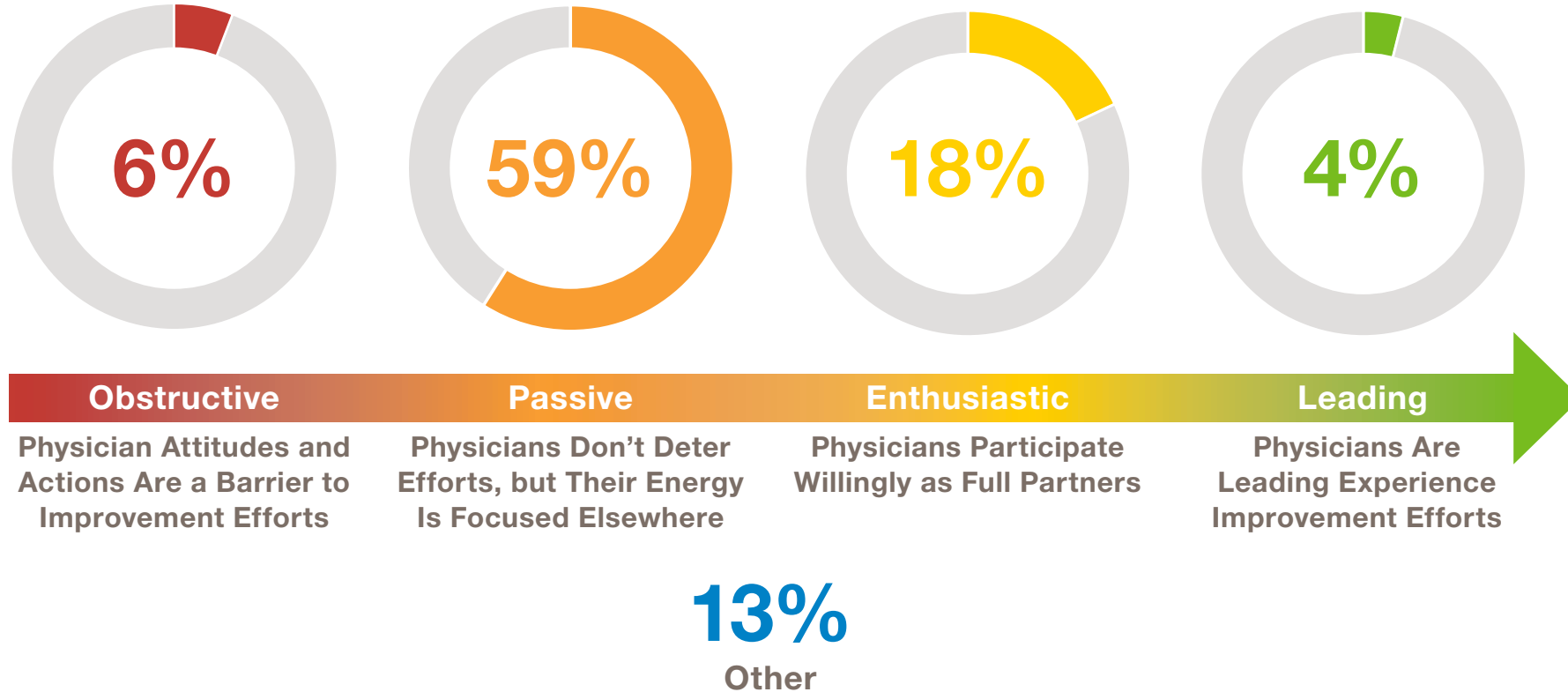


Non-healthcare Industry Experience

Physicians Need a Greater Role in Driving the Experience Agenda

How would you rate physician engagement in experience improvement at your organization?

(n=97)



Almost two-thirds of leaders view physicians as passive or obstructive.

Only 4% of respondents told us the physicians at their organizations are active leaders of experience improvement efforts. Given the leadership role that physicians play in the care team, physicians who understand the critical role of human connection in the care experience will need to reach out and work to sway their more skeptical peers.

“It’s really a mixed bag. We have a number of incredibly engaged physicians who champion patient experience and celebrate successes with their teams. In other areas, we struggle to gain their acceptance. Reporting to the CMO is making a positive difference in the level of physician engagement overall.”

Director, Patient Experience and Service Excellence, Standalone Community Hospital

Experience Incentives Are Making Their Way to the Front Lines

Seventy-six percent of C-suite leaders have incentives tied to experience.

We asked respondents which team members—from the C-suite to the bedside—have their compensation tied to patient experience, staff experience, or physician experience. Not surprisingly, given its link to value-based purchasing, patient experience is most commonly tied to incentive structures. Nonemployed physicians are the least likely to have their compensation tied to experience outcomes.

Which stakeholders have their compensation tied to experience?

(n=105)

	Patient Experience	Staff Experience/Engagement	Physician Experience/Engagement	None
C-suite	73%	56%	34%	24%
Other Executive Leaders	69%	49%	24%	28%
Service Line Leaders	60%	40%	15%	37%
Clinic or Unit Leaders	59%	39%	11%	38%
Employed Physicians	50%	6%	20%	47%
Non-employed Physicians	10%	2%	2%	91%
Front-Line Staff	37%	11%	1%	61%

(Numbers may total 100 due to rounding)

Meridian Health Physician and Nurse Leaders Drive Engagement



Meridian Health is unifying experience and quality/safety through high reliability human experience.

At its core, the high reliability approach advocates for taking a moment of mindfulness prior to entering a high-risk situation, drawing on tools to minimize risk, and relying on team members to speak up and reinforce safety practices. The same holds true for situations where there's risk of poor patient and staff experience. Meridian's High Reliability rollout is aimed squarely at safety, quality, empathy, and respect. Led by a respected physician quality/safety veteran and the organization's chief nursing officer, the unified rollout helps minimize initiative fatigue and lends clinical credibility to the team's experience work.

High Reliability Organization

Safety • Quality • Empathy • Respect

Unified Training

- Individual
- Team
- Leadership
- Peer coaches

Reinforcement Through Rounding

- Rounding to influence
- Find and fix rounds
- Gratitude rounds
- Patient care rounds

“ We haven't delivered on our promise of exceptional care until we've given the patient and their family safe, high-quality care with the respect and empathy they deserve. We're doing the work to turn behaviors into habits—we want those aimed at all aspects of care experience. ”

Marty Scott, MD, MBA
Chief Quality Officer, Meridian Health



Marty Scott, MD, MBA
SVP, Chief Quality Officer



Maureen Sintich, RN, MSN, MBA, WHNP-BC, NEA-BC
SVP, Chief Nursing Officer

Patients and Families Get a Seat at the Table

28%

**have patient/family
partners dedicated to
every improvement
project.**

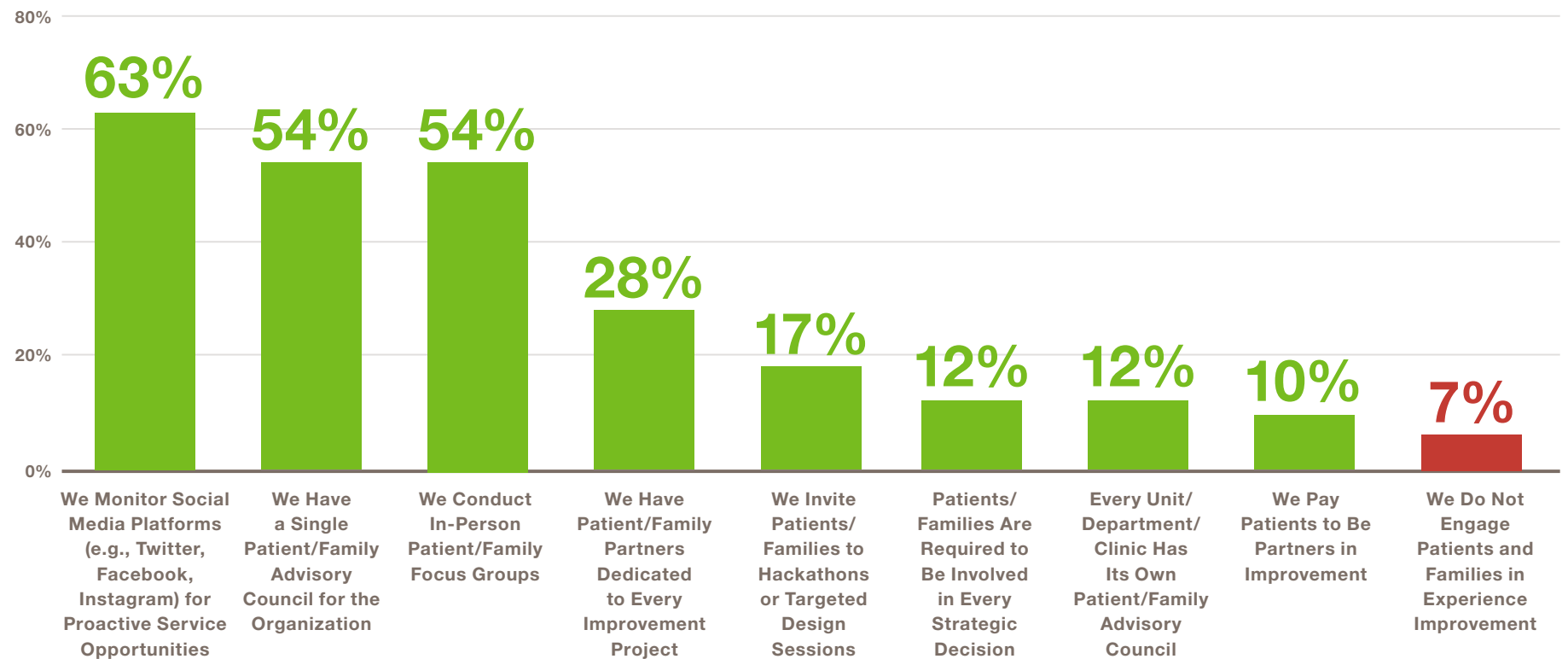
Patient and Family Involvement Is Expanding

Twenty-eight percent of respondents have patient/family partners dedicated to every improvement project.

It's easy to assume that because care teams interact with patients and families on a daily basis, they know what their needs, preferences, and priorities are. But patients and families surprise us every day with their insights and capacities. Monitoring social media for unsolicited feedback and assembling a patient/family advisory council to provide ready feedback on improvement ideas is a start, but experience leaders need to take patient voice further. Patient and family partners should be dedicated to every major improvement project and involved in even the minor ones. Patients should be viewed not as reviewers who vet ideas that are already mostly baked but as architects of change, who identify gaps, devise solutions, and have a strong say in the what and how of transformational design.

What approaches are you using to infuse patient/family voice into your experience improvement efforts? (Multiple responses accepted)

(n=90)



Patient Voices Change the Conversation

No one knows patient-family experience like patients and families.

In a recent survey of patients and families, we asked if there is any part of healthcare that patients and families should not be part of improving. One respondent answered, "Isn't healthcare about patients?" In today's world of open access to technology, industry disruption, and increasing patient choice, patients can and should be a part of all transformation. As Dana Lewis, a patient activist who created her own artificial exogenous pancreas using basic coding and technology she bought through Amazon told healthcare leaders at our May 2015 CXO Roundtable, "We are begging to partner with you. But until you're ready, we are not waiting. We are out there doing different things."

**“ Why are we talking about pain?
We should be talking about comfort. ”**

Patient Partner at design event for postoperative pain management

**“ I'm not looking for sympathy;
I'm looking for solutions. ”**

Britt Johnson, Patient Activist and MedicineX ePatient at November 2015 CXO Roundtable

“ When we were diagnosed . . . ”

Patient with prostate cancer expressing how diagnosis affects both partners in a marriage at design event for pre-arrival communication

“ It's the worst feeling in the world to sit there and not get your results. Waiting 5 days to hear how your life is going to change because you happened to get diagnosed on a Friday doesn't make sense to me. ”

-Danny Zollars, Patient Partner at May 2015 CXO Roundtable

University of Colorado Health Puts Patient Voice at the Center of Design



UNIVERSITY
of COLORADO HEALTH

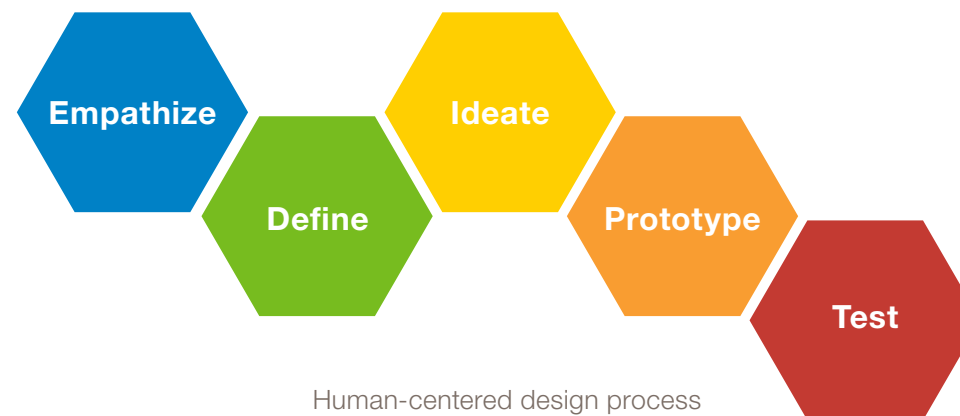
Patient-led design yields dividends.

University of Colorado Health's Institute for Healthcare Quality, Safety, and Efficiency (IHQSE) is teaching front-line leaders to start all care and process redesign efforts with a strong focus on patient voice. The insights often show them that their well-intentioned assumptions—as experts about how care workflow occurs—don't always align with patient needs and preferences.

“ I value every minute outside of the treatment center—I'd gladly sit with a new nurse if it means I can go home sooner. ”

UCH Cancer Patient

Infusion Center Process Redesign



Assumption: Cancer patients' top priority is coordination and consistency of care relationships. Good experience means working with a familiar person, even if one has to wait.

Results: Improvement ideas designed around matching patients with the same nurse led to waiting.

Patient insight: Top priority when getting chemotherapy is avoiding waiting.

Results: “Fast track” process redesign resulting in

- Matching appropriate patients to first-available chair
- ~50-minute reduction in average patient time per visit
- Increased capacity at infusion center by ~20%/mo. for these patients
- Improved staff engagement and patient willingness to recommend the infusion center



Read Pierce, MD
Associate Director, IHQSE



Patrick Kneeland, MD
Medical Director of Experience

Experience Starts to Address Well-Being and Joy

51%

of organizations
have no measures of
physician and staff
well-being and joy.

Experience Leaders Haven't Fully Embraced the Quadruple Aim

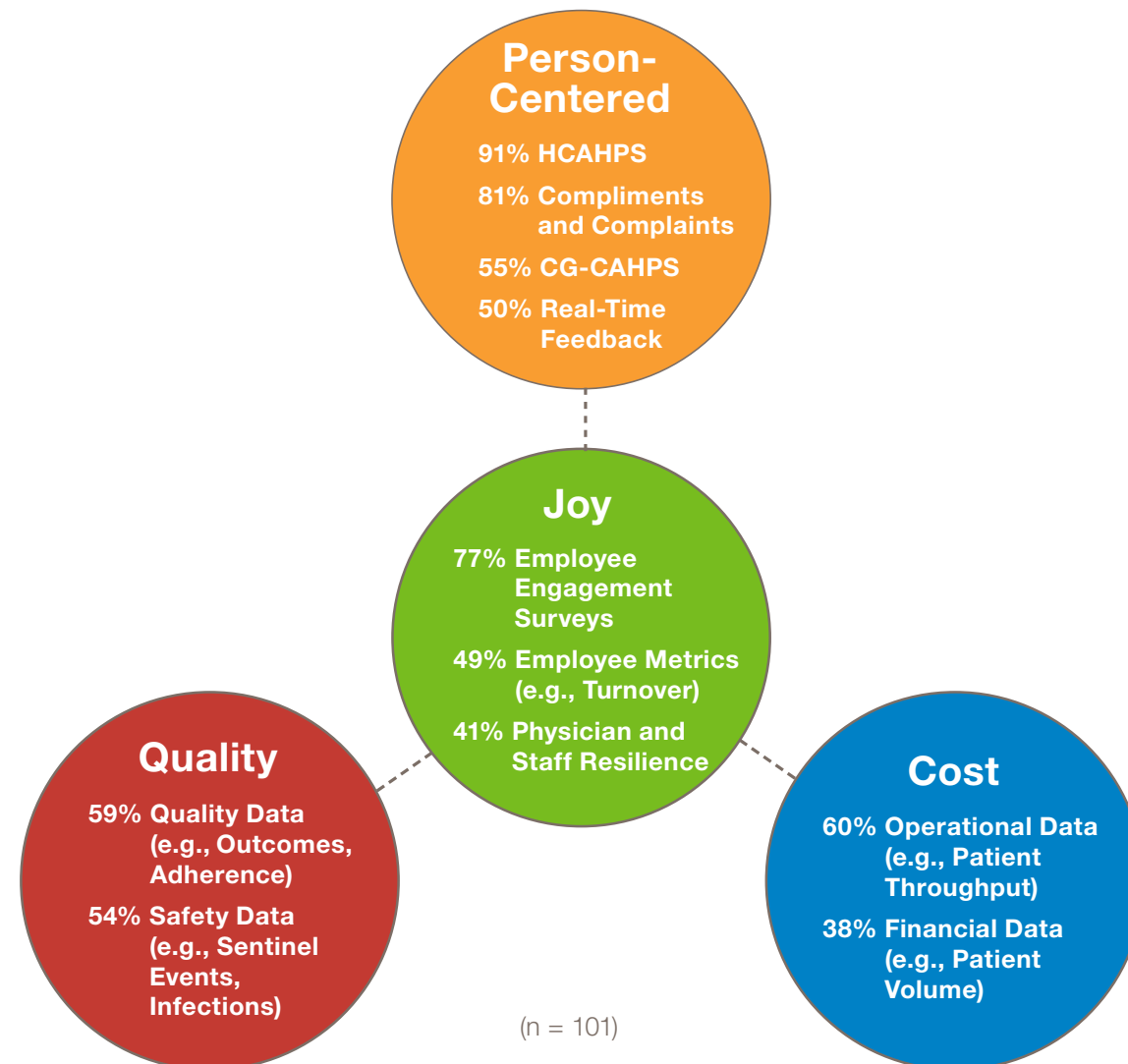
Experience success is primarily measured by HCAHPS scores.

Ninety-nine percent of respondents cited some type of patient experience metric (e.g., HCAHPS, compliments and complaints data) as part of their experience success metrics. But only 62% and 61% pair experience measures with some type of financial/cost metric (e.g., throughput, volume) or quality/outcomes metric (e.g., outcomes, infections) respectively. And while it's encouraging that 84% are tracking some type of employee metric, the vast majority use employee engagement surveys, which often aren't very timely and don't tie to specific improvement efforts.

Long-term, sustainable healthcare experience improvement approaches need to address all aspects of the Quadruple Aim, delivering a person-centered care experience with exceptional quality and safety at an affordable cost, while also restoring joy to the practice of medicine.

What measures are you using to refine and gauge the success of your experience improvement efforts?

(Multiple responses accepted)



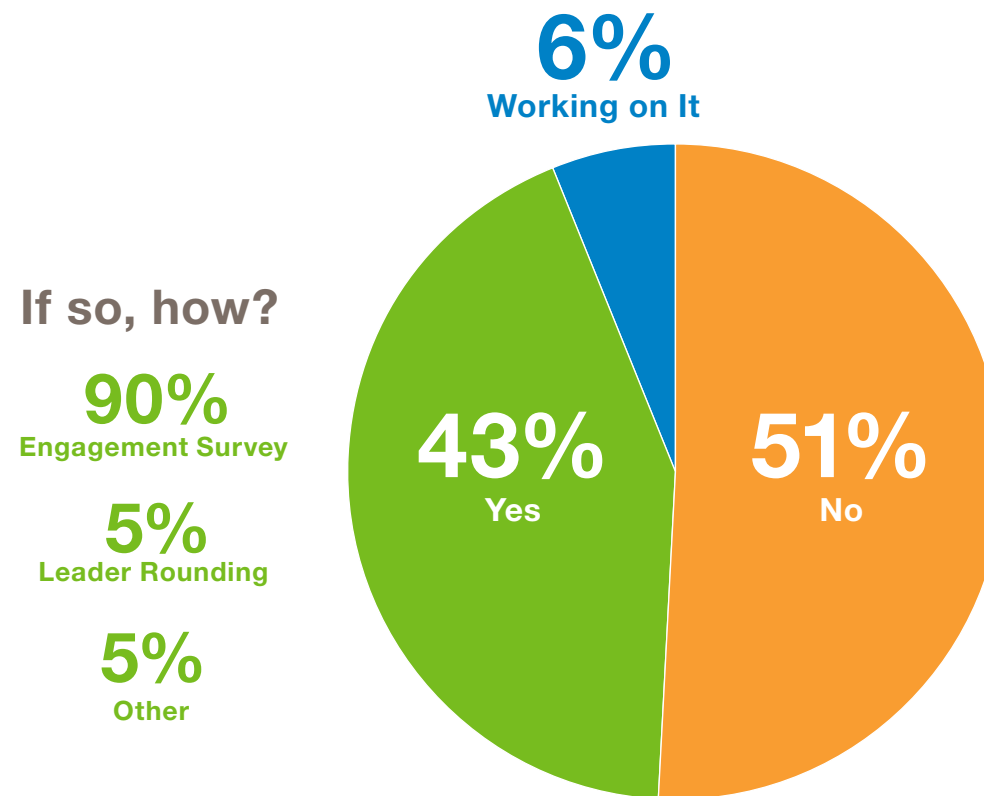
Assessing Physician and Staff Well-Being and Joy Remains a Challenge

Are we measuring the right things?

To truly differentiate the human experience, health systems need to address not just the patient and family experience but also the components of physician, nurse, and staff experience that lead to well-being and engagement. Today, most experience leaders admit that they're not capturing data that reflects well-being and joy—and those who do are mostly relying on engagement surveys that are often cumbersome to administer and analyze and tend to focus more on productivity and resources than on the kinds of emotional connection and community that reinforce joy in practice and keep care teams connected to purpose.

Does your organization assess physician and staff well-being and joy?

(n=90)



(Results aggregated from open-ended responses)

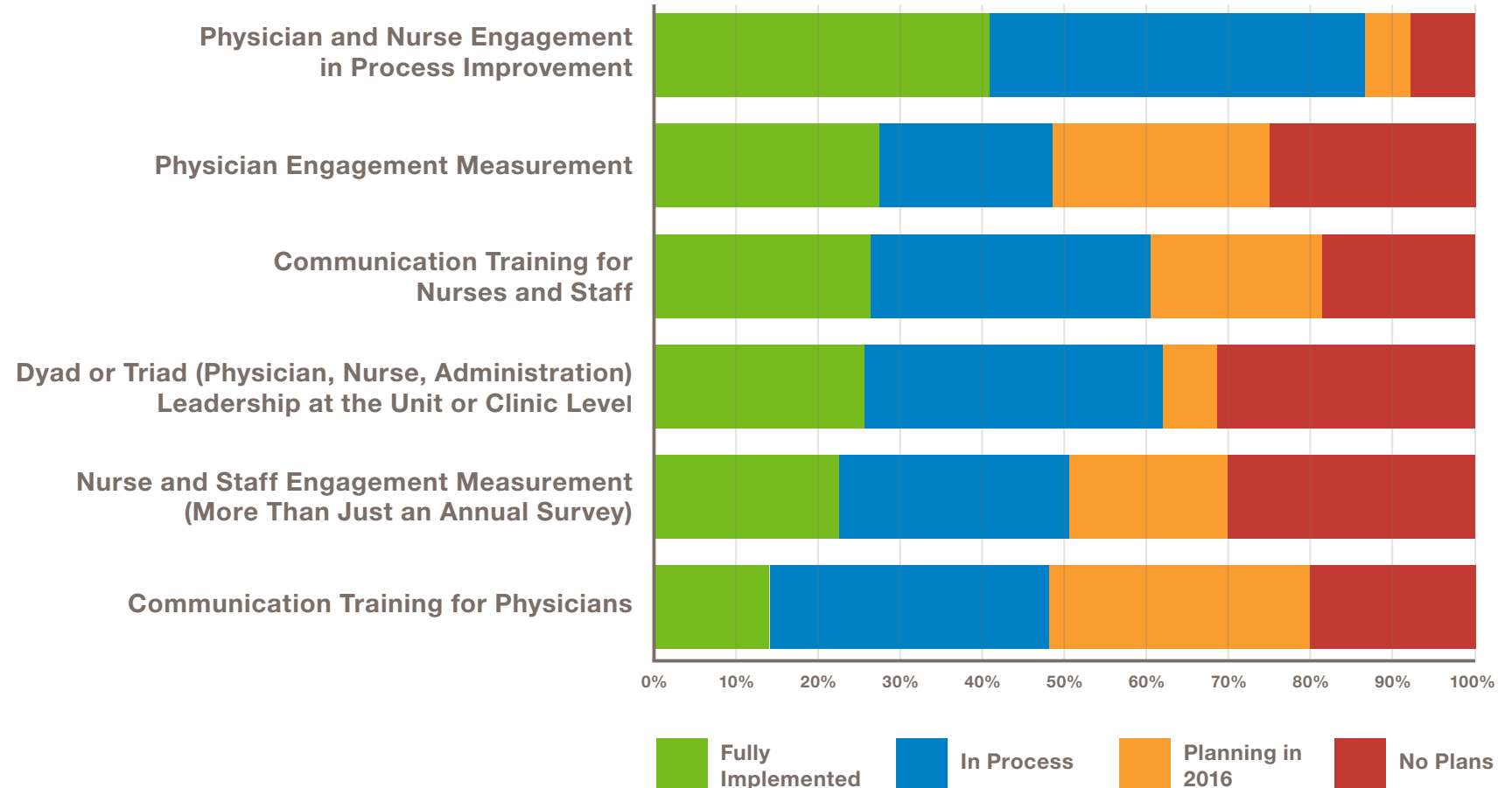
Physician and Staff Engagement Approaches Show Room for Growth

Process improvement involvement tops the list of engagement options.

In contrast with practices such as hourly rounding, multidisciplinary rounding, and bedside shift report that nurses and physicians are asked to do, practices that give them ownership over transformation, help them gain skills, or offer support for the emotional toll of caregiving are relatively underadopted. More than a third of organizations are investing in building out dyad/triad leadership models and providing communication training to help boost engagement.

Please indicate the degree to which your organization has implemented the following physician and staff engagement best practices.

(n=90)



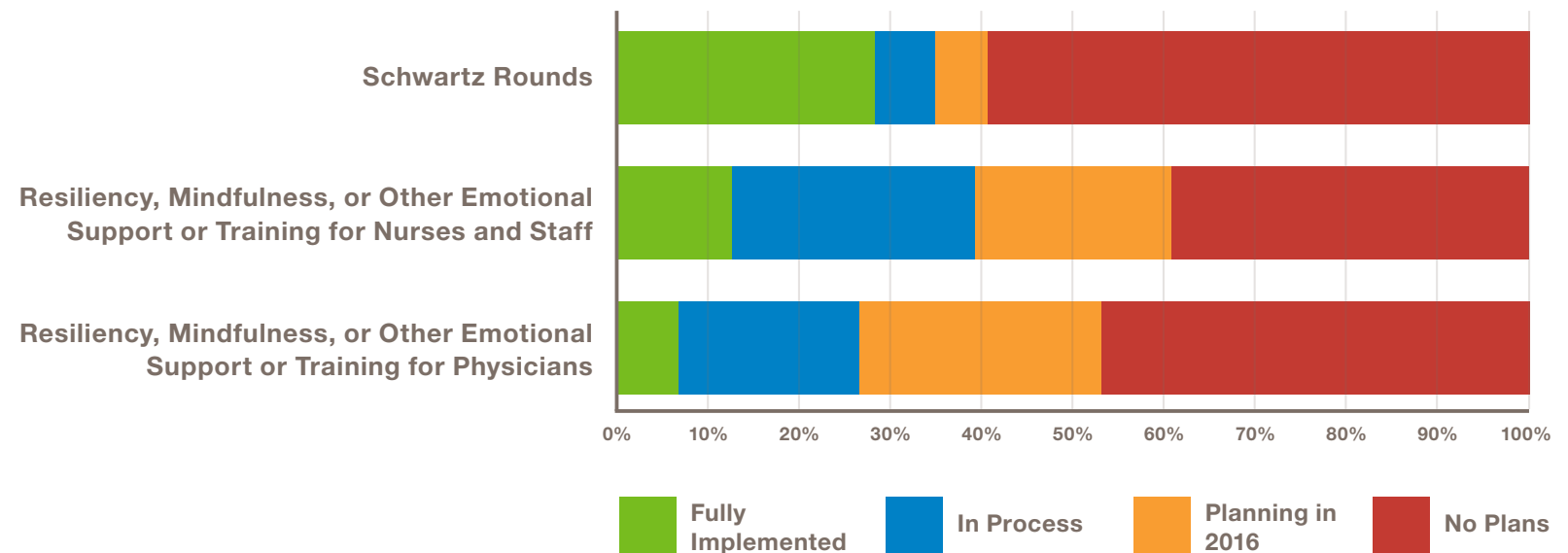
Physician and Staff Support Approaches Are Emerging

Support options are emerging, but physicians get less focus than nurses and staff.

The emotional burden of caregiving can take its toll. Physicians, nurses, and other care team members have to absorb and hold space for their patients' and their families' discomfort, uncertainty, and even loss. Add to that the challenges of working within a system that is constantly demanding that healthcare workers do more with less and reshaping the roles and parameters for professional success and you have a recipe for burnout and fatigue. Still, only 13% of respondents' organizations have implemented resiliency, mindfulness, or other emotional support training to nurses and staff—and that number drops to 7% for physicians.

Please indicate the degree to which your organization has implemented the following physician and staff support best practices.

(n=90)



Experience Leaders Are Finding Ways to Build Community and Connection

Joy, purpose, and connection to community are central to experience work.

Research shows that connecting to a sense of purpose and community are critical to driving engagement, well-being, and joy among physicians and staff. We asked experience leaders how they are working to build a sense of community across key stakeholders. Many admitted that this is a struggle, among all of the many priorities and initiatives they pursue. But quite a few also pointed to ways that they are structuring work, ownership, and celebrations to foster connections and value the contributions of all members of the care community.

What, if anything, is your organization doing to build a sense of community between physicians, nurses, staff, leadership, patients, and families?

“ Physicians are becoming leaders on our units and working with nursing managers to develop patient care strategies. ”

System Director, Experience,
Multi-hospital system

“ Our institute brings together interdisciplinary teams from across the clinical spectrum into the same leadership/change management year-long course. One of the outcomes has been a tremendous amount of ‘cross-pollination’ that is atypical in a previously siloed world. ”

Medical Director for Patient and Provider
Experience, Standalone Academic Medical Center

“ For our lean work, there is a nurse and physician lead—always. ”

Chief Experience Officer,
Multi-hospital Academic Medical Center

“ Burnout and fatigue are rampant among physicians, nurses, and other healthcare professionals. Executives can strengthen care team well-being by creating environments and investing in technologies that support these healers and restore joy to the practice of medicine. ”



M. Bridget Duffy, MD
Chief Medical Officer, Vocera Communications
Co-founder, Experience Innovation Network

The background features a repeating geometric pattern of green and white triangles and diamonds. The green shapes are solid, while the white shapes are negative space. The pattern is composed of large, interlocking triangles and diamonds that create a sense of movement and depth.

The Future of Experience

The Future of Human Experience Is Bright

We see big things when we look ahead to the future of human experience. While the challenges will not abate, experience leaders will have new opportunities to hardwire humanity at every turn. Over the next few years, experience transformation will expand to include

- **New measures for humanity in healthcare.** Today's HCAHPS and employee engagement surveys don't capture key elements of the human experience, including well-being and joy. Experience leaders, academics, and entrepreneurs will join forces to define new measures for experience that will help guide improvement to accelerate innovation.
- **Patient architects setting the course for experience improvement.** To transform the human experience of care, patients need to not just take a seat at the table but to be in the driver's seat. Driven by patient activists demanding access to data and pushing the industry to move faster, patients and families will redefine the parameters of human experience transformation—and will be compensated for doing it (#WeAreNotWaiting, #MedX).
- **Seamless patient journeys across the care continuum.** As health systems evolve to embrace population health and accountable care models, experience responsibility will stretch to include all facets of patient care, including expanding to address social determinants of health and lifestyle improvement. This will require experience leaders to shift from a focus on isolated practices to care delivery redesign.
- **Advanced technology to hardwire humanity.** Today, experience leaders focus on behavior standards and culture change. While these will always be central to experience work, we believe that technology will move from the periphery to the center of care transformation as experience leaders think outside the four walls of their institutions to embrace exceptional care experiences everywhere.

Appendix: The Experience Leadership Role

75%

of experience leaders are female—but males own 40% of senior-most roles.

Experience Team Headcount Is Up from 2015

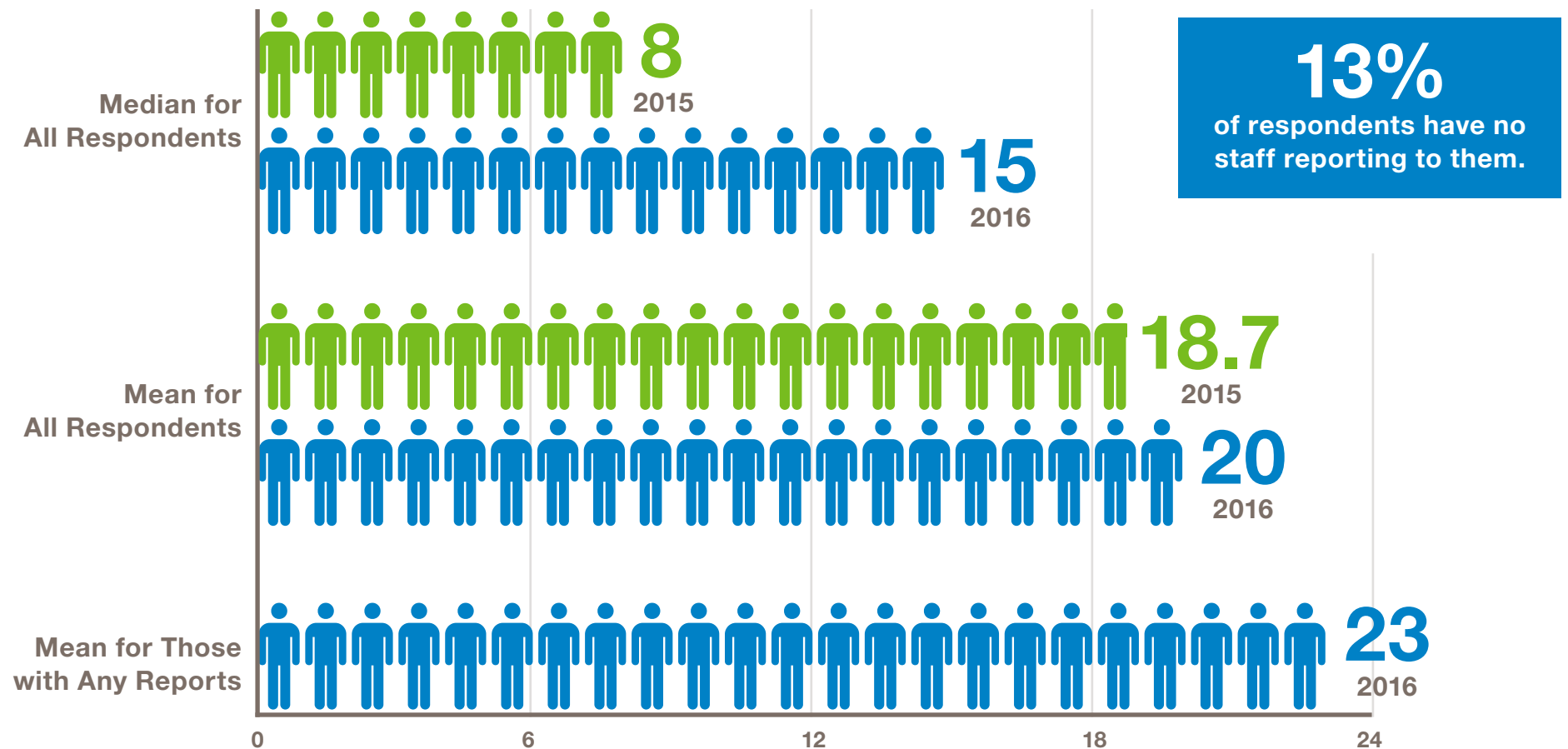
Experience is gaining resources.

The median number of staff members reporting to experience leaders has nearly doubled to 15, up from eight in last year's survey. On average, experience leaders have 20 people reporting to them (including direct reports and those who report to them).

Still, 13% said they have no direct reports, leaving them dependent on other leaders and other teams' resources to accomplish their goals. Respondents with no reports include several with the title chief experience officer.

How many people report to you (direct reports and those who report to them)?

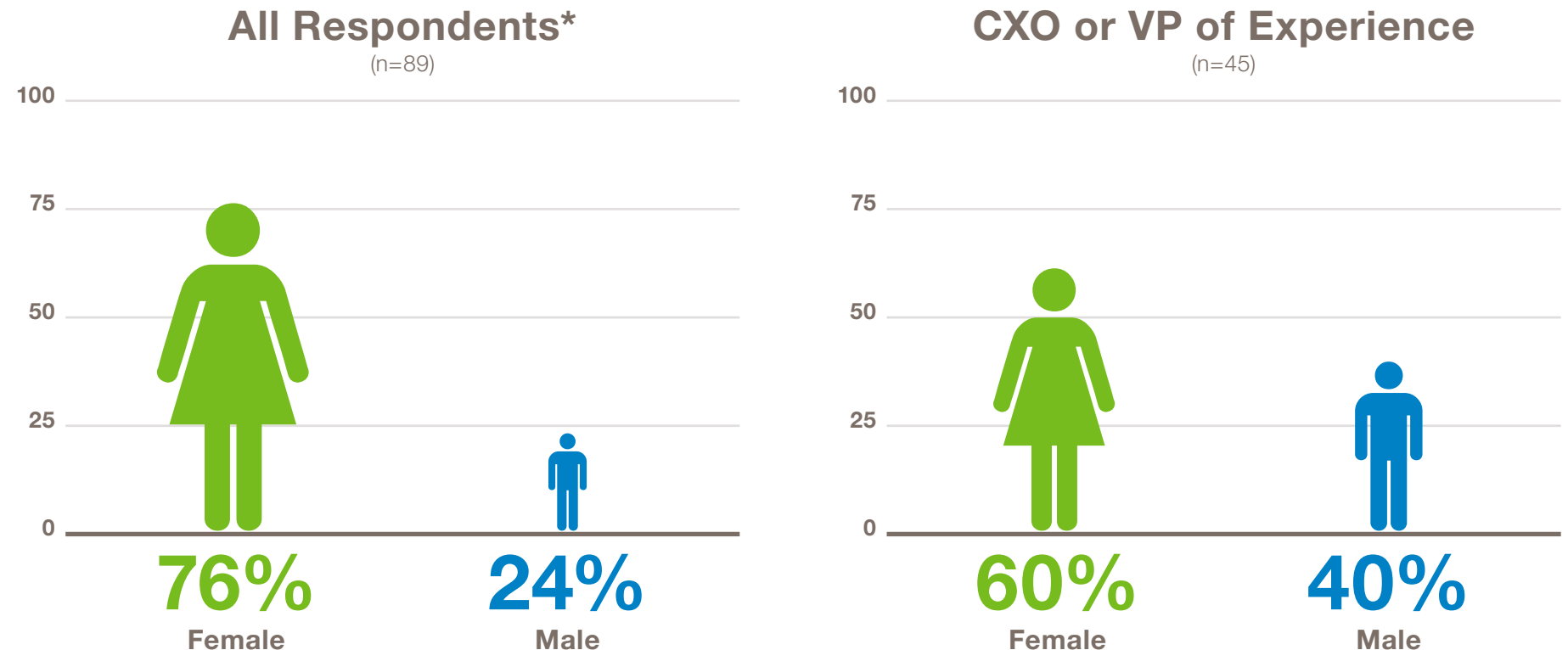
(n=113)



Women Dominate Experience Roles, but Men Take Executive Seats

Seventy-six percent of experience leaders are women.

More than three-quarters of our respondents are women. But when we zero in on the senior-most roles (chief experience officer or vice president of experience), the number falls to 60%. This disparity represents a common trend at hospitals, where the majority of workforce is female, but women make up only 34% of the leadership teams at Thompson Reuters 100 top hospitals, according to Rock Health's "The State of Women in Healthcare: 2015."



Average Age: 51; Median Age: 55

*Not all respondents shared demographic information.

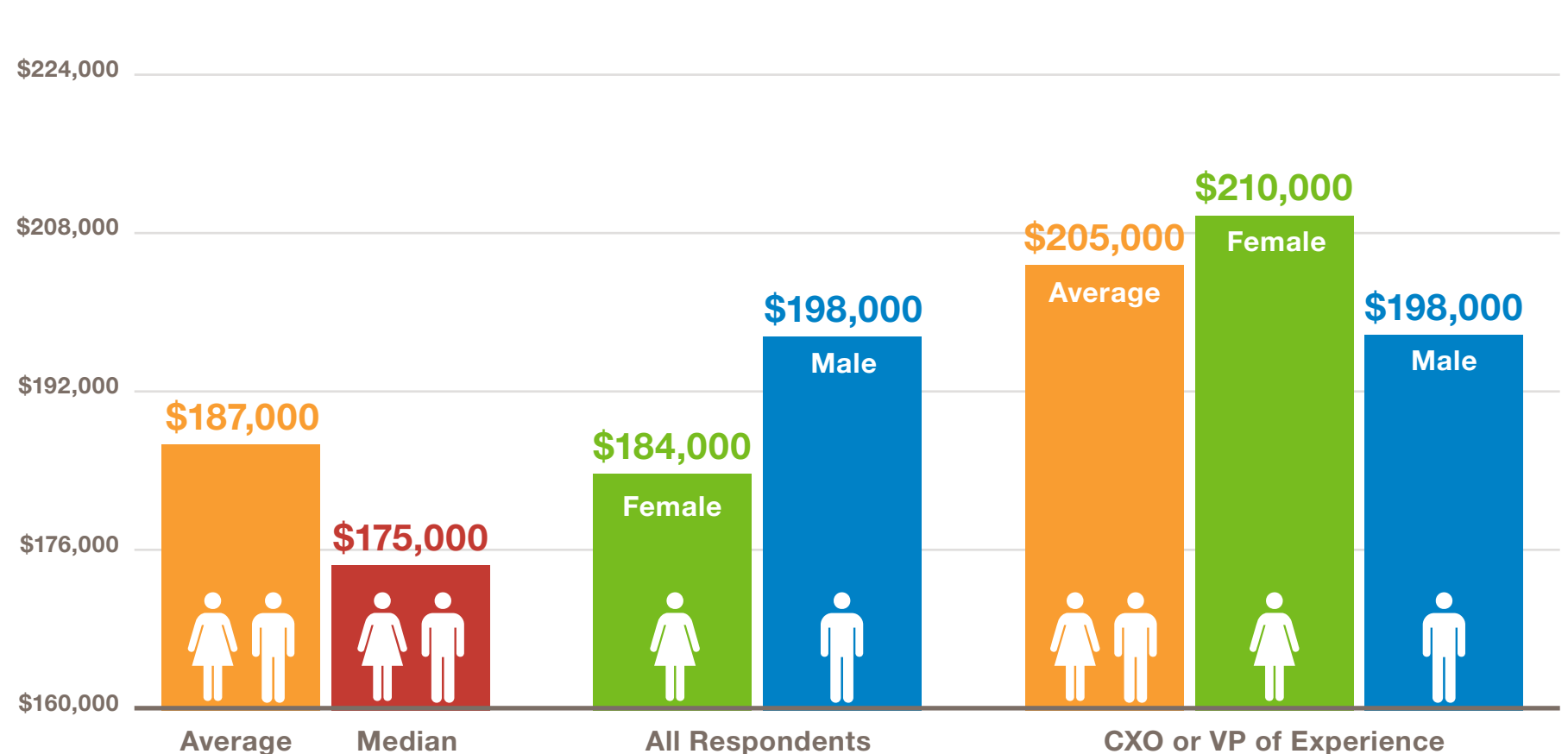
Top Female Experience Leaders Close the Pay Gap on Their Male Counterparts

Men earn more, but not at top experience levels.

Across our full sample of experience leaders, men earn an average of 8% more than women. But when we look at the senior-most experience leaders (chief experience officer or vice president of experience), female executives not only close the pay gap, they earn an average of 6% more than their male counterparts.

What range does your salary fall into?

(n=84)



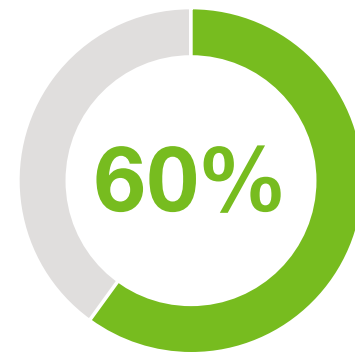
Experience Leaders Own an Array of Service Functions

Patient/family voice is a key experience responsibility.

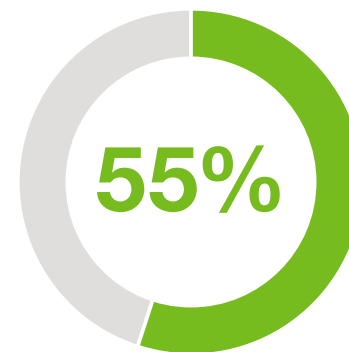
In addition to being responsible for experience strategy, improvement, and measurement, experience leaders own a fairly broad set of service functions. Of note, 60% are responsible for managing their organization's patient/family advisory council, and 55% own compliments and complaints management—both key sources of patient/family voice. Perhaps more surprising, 27% are responsible for volunteer services, and a quarter own spiritual or pastoral care.

What functions/responsibilities are yours or report directly to you? (Multiple responses accepted)

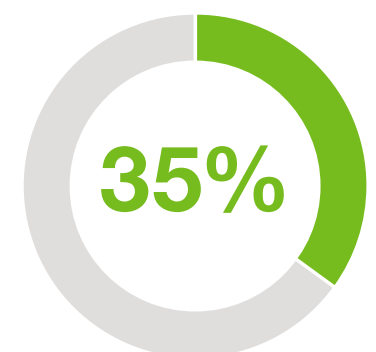
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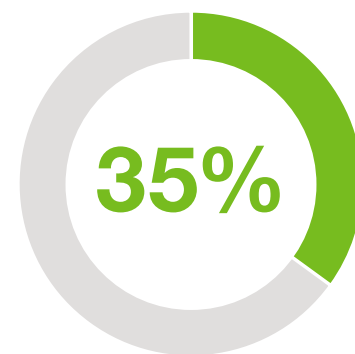
**Patient/Family
Advisory Council**



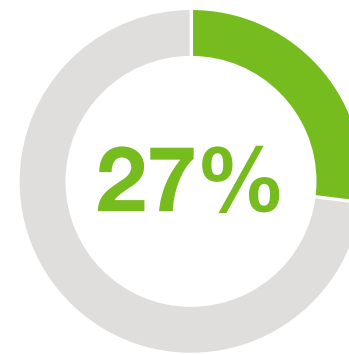
**Compliments/Complaints
Management**



**Friends and Family Program,
VIP, or Concierge Services
(or Equivalent)**



**Patient/Family
Communication/Education**



Volunteer Services



Spiritual/Pastoral Care

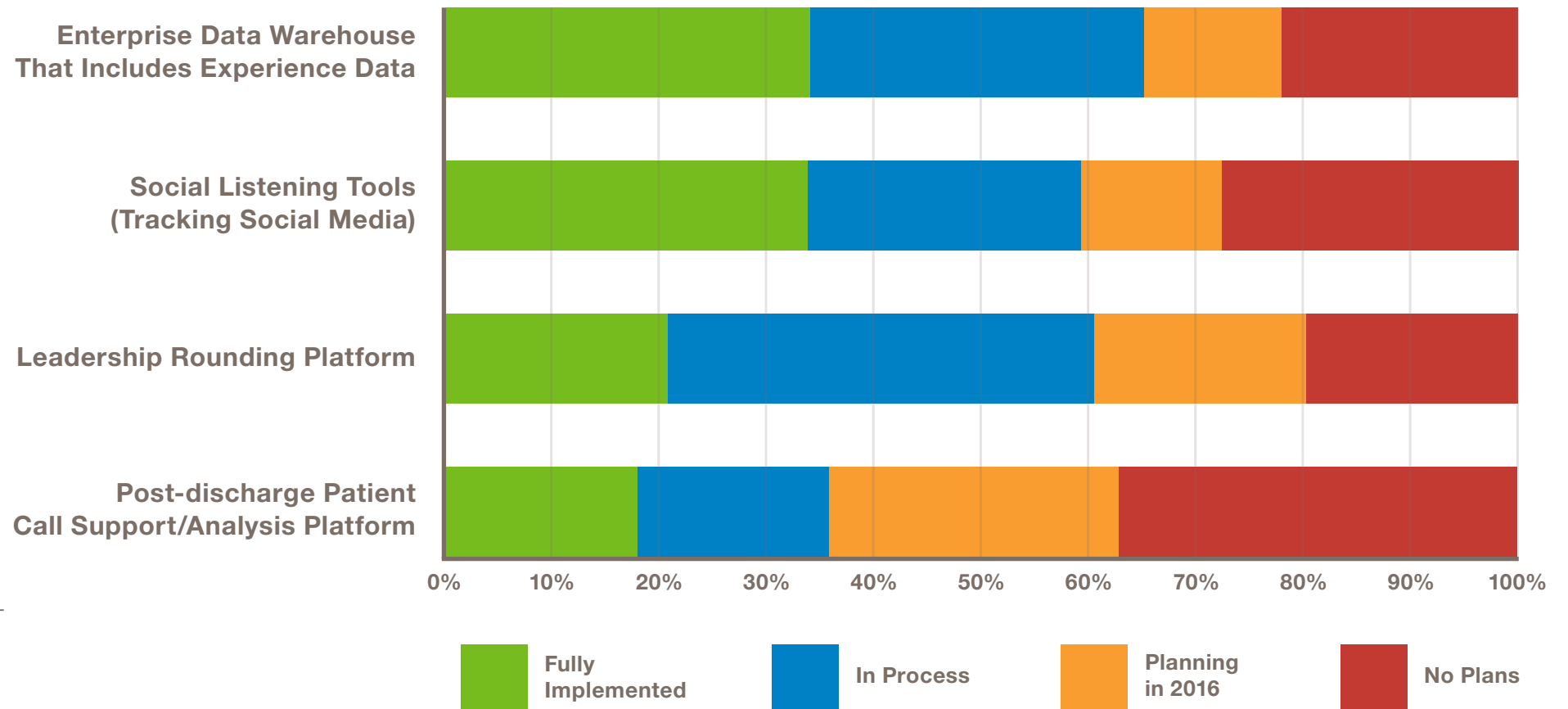
Technology Is Underused to Support Experience

Experience leaders haven't fully embraced technology.

While experience is fundamentally about relationships and communication, technology should still play a key role in driving intelligence, consistency, and communication and helping to hardwire change. As the “new kid on the block,” experience as a discipline doesn't have as much sway over IT considerations as quality, safety, or clinical workflow, but experience leaders still need to tap into technology to support their work. The good news? More than half of experience leaders report that centralized data warehouses, social listening tools, and leadership rounding platforms are either already or in the process of becoming part of their arsenals. The bad news? Capturing and management of day-to-day interactions with patients through tools such as a post-discharge call support/analysis platform is still the exception rather than the rule.

Please indicate the degree to which your organization has implemented the following internal experience support technologies.

(n=91)



Organizations Are Embracing Healing Practices

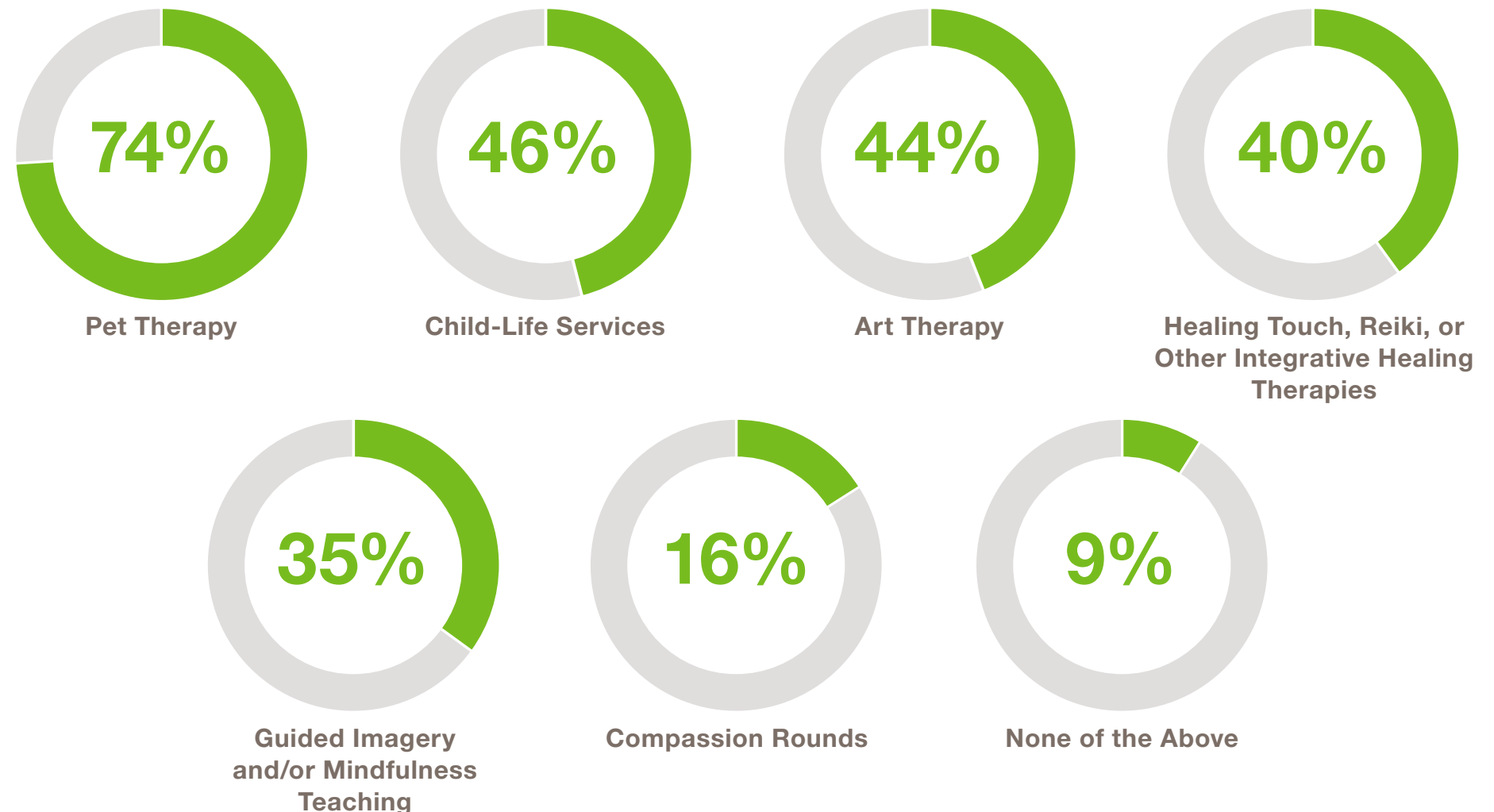
Seventy-four percent of organizations offer pet therapy.

Ninety-one percent of respondents told us their organization is offering at least one type of patient-centric, compassion-focused healing practice. The most common by far is pet therapy at 74%. Options drop off pretty precipitously from there, with child-life services offered by only 46% of respondents, art therapy by 44%, and integrative healing therapies such as healing touch or reiki at 40%. Interestingly, guided imagery and mindfulness teaching, arguably one of the less resource-intensive approaches, is offered by only 35% of respondents' organizations.

Which, if any, of the following patient-centric, compassion-focused healing practices does your organization offer?

(Multiple responses accepted)

(n=91)



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Sutter Health

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Chief Executive Officer
Alberta Health Services

Rebecca Zuccarelli

Senior Vice President, Patient Experience Officer
Tampa General Hospital

About the Experience Innovation Network

Vocera's Experience Innovation Network works to foster adoption of solutions that revolutionize healthcare experience and outcomes. Co-founded by Bridget Duffy, MD, the first chief experience officer in healthcare, this network of industry pioneers is accelerating the discovery and adoption of innovations that meet the Quadruple Aim of improving population health, elevating patient-centered care, and reducing costs while restoring joy to the practice of medicine.

For more information, visit www.vocera.com/EIN and follow us on Twitter at [@EINHealth](https://twitter.com/EINHealth).

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Gratitude

The Experience Innovation Network team is grateful to all who shared their time and insights to make this study possible. We are humbled and honored to work with so many of the industry's best, brightest, and most empathetic.

KEEP THE DIALOG GOING

Join fellow leaders in the Accelerating Healthcare Experience Excellence LinkedIn group. Ask questions, get answers, and network in the only group exclusively for experience leaders.

<http://linkd.in/1EA3Rcd>

HELP SHAPE FUTURE STUDIES

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