

The Patient Experience



Karen Root

Global Leader of Customer Experience-
Medical Division
W. L. Gore & Associates
Newark, Delaware

Today, the experience of patients is front and center, with evaluations of the quality of care and assessments of every “touch point” in the delivery of care affecting financial incentives and/or reimbursement for health systems.^{1,2} This has led to a significant transition in health care. Now, an engaged patient, family, and extended care population is fundamental to the quality assessment process; as a result, the patient experience has become a top priority for health care leaders—in the C-suite and beyond.

This fundamental change is in keeping with the Institute for Healthcare Improvement’s “Triple Aim,” which calls for improving the patient experience (both quality of care and satisfaction with it), improving population health, and reducing per capita cost.³ However, questions remain as to what elements comprise the patient experience, how this new perspective changes the way hospitals measure quality and performance, and what hospitals need to do to implement this new approach. It is important that executives in the C-suites at health systems, as well as surgeons and nurses at the patient care level, engage suppliers and partner together in this process to ensure that the products and services purchased and, ultimately, delivered during the provision of patient care enhance the patient experience.

What Is the ‘Patient Experience?’

According to The Beryl Institute, the nonprofit arm of global health care communications firm Beryl Health, “the patient experience” is “the sum of all interactions, shaped by an organization’s culture, that influence patient perceptions, across the continuum of care.”⁴ Similarly, consulting firm Deloitte LLP’s Health Sciences Practice defines the concept as “the quality and value of all of the interactions—direct and indirect, clinical and nonclinical—spanning the entire duration of the patient/provider relationship.”⁵

In short, patient experience incorporates all of the interactions patients have with a health system,

which includes contacts and communications with insurance plans, physicians, nurses, other administrative staff in hospitals, physician practices and other facilities. According to the U.S. Department of Health and Human Services’ Agency for Healthcare Research and Quality (AHRQ), these are the engagements patients “value highly” when they seek and receive care, including receiving timely appointments, access to information, and positive communication with providers before, during, and after the delivery of care.¹ At the hospital or surgery center level, these engagements could entail wait times, the size and cleanliness of waiting rooms (and/or hospital rooms), and any follow-up care, such as physical therapy.

Of note, the patient experience moves beyond “satisfaction,” even though the terms often are used interchangeably—and incorrectly so. As AHRQ notes, assessment of satisfaction gauges “whether a patient’s expectations about a health encounter were met.”¹ As patients receiving the exact same care may have different expectations as to how that care should be delivered, their satisfaction with their care may similarly differ. Although patient satisfaction still is an important metric, the assessment of the patient experience requires health systems to first learn what are the patient’s expectations, then plan to meet those expectations, and then measuring the experience to determine whether the expectations were met.¹

Research has linked the patient experience with other key health care processes and outcomes, including patient treatment adherence, improved clinical outcomes, enhanced patient safety practices and reduced future hospital admissions. It has been suggested that there are 3 dimensions of patient experience: physiologic illness experience (e.g., rash, bleeding), customer service (i.e., satisfaction), and illness experience (i.e., coping with/managing the condition).⁶

“When we think about the Triple Aim, we see that patient experience is listed,” said Karen Root, Global Leader of Customer Experience-Medical Division, W. L. Gore & Associates. “However, most hospitals and their key executives are still thinking about the patient experience in terms of patient satisfaction. The value chain of health care is a very long and varied set of experiences for the patient. With patient experience, we’re moving toward that overall perspective.”

Why Engage Supplier Partners in the Patient Experience Equation?

The most commonly used tool in the assessment of the patient experience is the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Survey, which has been designed to measure patient perspectives on hospital care through patient responses to 21 factors organized into 9 topics: communication with physicians, communication with nurses, responsiveness of hospital staff, communication about medicines, pain management, discharge information, quietness of the hospital environment, cleanliness of the hospital environment and transition of care.⁷

Using the HCAHPS Survey, patients rate their experiences with everything from the quality of the food in the cafeteria to their interactions with staff at admission.⁷ Ultimately, Ms. Root noted, “Patients use their own experiences and word of mouth to make decisions about where to seek care.”

“When evaluating a health care system through the lens of patient experience, the goal is to look at every touch point the patient has, not just with their physician, but with the entire system,” she explained. “It’s really evaluating the patient journey all the way from admission to release, from the initial securing of an appointment (who scheduled the appointment, was it an easy process, did it have to be rescheduled for any reason) to the time spent in the waiting room, to the care experience, and, finally, to what happens after discharge.”

Typically, the suppliers providing health systems with everything from surgical devices to disposables and the administrators making the purchasing decisions have minimal direct interaction with patients. However, decisions on which products to purchase and which suppliers to use actually play a vital role in the patient experience because they directly affect clinical care.⁸

A recent survey by *Becker’s Hospital Review* indicates that health-system executives consider the supply chain to be an essential element in ensuring quality patient care.⁸ Of note, the survey found that “physicians and nurses spend up to 20% of their time on supply chain tasks, [such as] finding needed supplies, instead of caring for patients.” Moreover, approximately 25% of respondents reported seeing or hearing about a recalled or expired product being used on a patient, and more than half of the respondents recalled situations in which a surgeon did not

have a needed product for a procedure.⁸ Obviously, these are safety as well as quality-of-care issues.

“The most important thing to do when seeking to improve the patient experience at a health care system is to make the entire staff aware of how their role contributes to the patient experience,” Ms. Root said. “On the supply chain, this could mean making sure the hospital uses the best products, and that they are available when they are needed. And suppliers have a role to play here, too.”

How to Engage Supplier Partners?

How health systems analyze the patient experience within their facilities is an individual decision. However, because each engage the services of outside suppliers, involving these companies in the process is crucial.

For starters, health systems must work to close the gaps between the supply chain and clinicians, effectively connecting and engaging all stakeholders in the supply process. It’s vital that supply decisions not be made solely based on cost, but also on how products and suppliers can improve care quality and outcomes.⁸

Decision makers should ask existing and potential suppliers about ways in which they can assist customer health systems in reducing risk for human error. This may include the provision of automated solutions that can assist in:

- Time-consuming inventory management tasks and improve efficiencies, enabling clinicians to spend more time on patient care;
- Analytics software that assesses the level of value, if any, that specific supplies add to the patient experience; and
- Assisting in the establishment of protocols that, over time, improve predictability, consistency, and enhancement of desired outcomes.⁸

Suppliers also may have useful data on outcomes related to their products or access to print or online content that assist in patient education.

Suppliers working with health systems also may have unique insights into “process problems” within various departments in the facility, whether they supply products for service lines or administrative departments, such as scheduling and billing.

“If we think about it, suppliers and health care systems ultimately have the same end goal, and that is providing the best care to patients,” Ms. Root said. “If we look at the relationship through that lens, it

becomes a partnership, and that should change the conversation between suppliers and administrators. In general, the OR [operating room] manager and supply chain can be provided with so much more information and resources, for things like patient education, inventory management, and predictive analytics. Understanding the resources and information

that your suppliers have, and making use of them, can be tremendously influential to the patient experience. But suppliers also need to take on part of that ownership, understanding that their products have an impact on patient experience, and that means sharing some of the responsibility for treatment outcomes and risk.”

References

1. Agency for Healthcare Research and Quality. What is patient experience? www.ahrq.gov/cahps/about-cahps/patient-experience/index.html. Accessed August 14, 2018.
2. Medical Learning Network. Hospital value-based purchasing. 2017. www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Hospital_VBPurchasing_Fact_Sheet_ICN907664.pdf. Accessed August 14, 2018.
3. Institute for Healthcare Improvement. The IHI Triple Aim. www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx. Accessed August 14, 2018.
4. The Beryl Institute. Patient experience defined. www.theberylinstitute.org/page/DefiningPatientExp. Accessed August 14, 2018.
5. Coughlin S, Korenda L. The quest for value in health care: a place for consumers. Deloitte LLP's Health Sciences Practice white paper. www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/us-chs-quest-for-value-in-the-health-care-102414.pdf. Accessed August 14, 2018.
6. Shale S. Patient experience as an indicator of clinical quality in emergency care. *Clin Governance*. 2013;18(4):285-292.
7. Hospital Consumer Assessment of Healthcare Providers and Systems. www.hcahpsonline.org. Accessed 9, 2018.
8. Bean M. Why the supply chain is a health system's most untapped resource and how to unlock its value. *Becker's Hospital Review*. www.beckershospitalreview.com/supply-chain/why-the-supply-chain-is-a-health-system-s-most-untapped-resource-and-how-to-unlock-its-value.html. March 2, 2017. Accessed August 14, 2018.

DISCLAIMER This article was developed in conjunction with and sponsored by W. L. Gore & Associates, Inc., based on interviews with the quoted faculty members.

This monograph is designed to be a summary of information. While it is detailed, it is not an exhaustive clinical review. McMahon Publishing, W. L. Gore & Associates, Inc., and the author neither affirm nor deny the accuracy of the information contained herein. No liability will be assumed for the use of this monograph, and the absence of typographical errors is not guaranteed. Readers are strongly urged to consult any relevant primary literature.