

Understanding Patient Experience: Best Practices and Lessons from HCAHPS Successes



Boost patient experience with proven, cost-effective best practices from top HCAHPS hospitals. Use communication boards, discharge folders & more to enhance satisfaction and outcomes.

Patient experience has become a major factor in health care — and for good reason. Not only is patient experience (aka patient satisfaction) now directly tied to reimbursement, but as the healthcare marketplace becomes more competitive via partnerships, mergers and new entrants, patients — many of whom are paying higher deductibles — are increasingly noting the value and service they receive in their health care delivery. As a result, health care, like other industries, is becoming more consumer-centric. Providers must respond accordingly.

Some healthcare organizations are basing their patient experience efforts on staff communications training, ensuring that all clinical staff address and treat each patient warmly and professionally. Others believe patient experience must include an array of community-based outreach programs on subjects like heart health, dieting, and diabetes prevention. Indeed, all of these efforts fall under the “patient experience” category.

Wherever your organization stands on defining patient experience, it should not keep you from learning from and, if appropriate, adopting best practices in patient experience gleaned from other organizations, particularly those that can be implemented with a minimum of cost or change.

Defining Patient Experience

The term “patient experience” has now been used in healthcare for enough years to be a part of the everyday vocabulary of most organizations. Yet ask a group of disparate healthcare administrators for their individual definitions of “patient experience” and you might get a set of responses as varied as the answers supplied in the traditional Indian parable of the blind men and the elephant:

Depending on which part of the elephant they touched, the blind men described the elephant differently. For example, the elephant’s tail was thought to be a rope; the elephant’s trunk was like the thick branch of a tree. And so on.

In other words, despite the 2006 advent of the first national, standardized, publicly reported survey of patients’ perspectives of hospital care — Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) —there’s still not complete consensus on what patient experience is or could be.

For purposes of this article, we’ll use the definition of patient experience advanced by the patient experience consultancy [The Beryl Institute](#): “The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care.” It’s a purposefully broad definition of patient experience intended to cover the gamut of efforts to create positive patient interactions.

As for best practices in patient experience, the Association for Patient Experience defines a “best practice” inpatient experience as a technique or methodology that has reliably proven to lead to a desired result. At a minimum, according to the Association for Patient Experience, it should:

- Demonstrate evidence of success
- Affect something important (i.e. HCAHPS, safety, wait time)
- Have the potential to be replicated or adapted to other settings

Lessons from HCAHPS Successes

Though initial HCAHPS results are based on inpatient experiences, we can already glean tremendous insights about patient experience from them. The Armstrong Institute analyzed the comparative database of HCAHPS, representing more than 3,000 hospitals and identified 176 facilities of various sizes that had achieved top ranking or made major improvements in their HCAHPS domains of communication, staff responsiveness, discharge planning, and pain management. In addition, leaders from 52 of these hospitals completed an anonymous survey

about their organizations' practices.

From this information, Armstrong identified the following most common best practices in patient experience:

- **Hourly rounds** – nurses and other clinical staff members make hourly rounds in patients' rooms to address pain, positioning, and bathroom needs and make sure that personal items are within reach
- **Communication/care boards in patient rooms** – white boards in patient rooms list important information such as new and existing medications, discharge goal, tests and procedures, and the names and contact information for care providers
- **Bedside shift reports** – nurses conduct reports at shift change in the presence of patients and family members, giving them a chance to ask questions, understand care plans, and correct any inaccurate information
- **Discharge folders** – before discharge, patients receive a folder with a checklist for information they will need when they get home, such as the purpose of their medications and symptoms to look out for
- **Post-discharge phone calls** – nurses call patients within two to three days to check on their status and answer questions about instructions and self-care
- **Multidisciplinary rounds** – all members of the care team (as well as patients and their families), are involved in rounds
- **Performance standards** – the healthcare organization creates standards for all employees to follow, such as timing for responding to patients and addressing patient concerns or complaints

Often, patient experience-related improvements provide long-term benefits to both patients and their healthcare providers. That's what occurred with a Freed client, a major health care system, that implemented a "transitions of care" pilot program to provide post-discharge telephonic support for high-risk patients age 65 and older discharging home without any home care. The program's goal, which was successfully met, was to reduce the risk of avoidable hospital readmissions. The program ultimately benefitted patients and their loved ones, as well as the health care system.

Additional Best Practices

In addition to the HCAHPS-defined best practices listed above, the following may also benefit your organization's patient experience practices, which in turn may ultimately benefit your HCAHPS scores:

- **Physical environment improvement** – From the modernity and accessibility of your facilities to their ongoing care and upkeep, research has shown that the physical environment of healthcare facilities affects how patients, families, and even staff perceive your organization. Bottom-line: the quality, attractiveness, and functionality of your physical plant impacts your patient safety, quality of care, and patient

satisfaction/experience. When you update your facilities, you should also now be thinking about workflow, as it relates to patient experience.

- **Systemic changes** – “Patient experience” is about far more than simply greeting each patient by name and with a friendly smile. It particularly shows in aggregate patient experiences. Thus, if your organization is experiencing, for example, habitual emergency room overcrowding, you may need to implement significant systemic changes to your physical plant, staffing, policies, and processes to alleviate this situation.
- **Cues from the hospitality industry** – The healthcare industry would be well-served to take best practice client satisfaction cues from the hospitality industry, given its much longer and greater experience in customer satisfaction. Depending on your facility, these best practices might include such basics as warmly making eye contact with every patient who enters your doors; ensuring that everyone — from the clinical staff to the parking lot attendants — understands that their primary job is patient satisfaction; and discouraging inappropriate staff behavior, such as playing personal music too loudly or discussing inappropriate clinical topics in a public setting.
- **Patient perspective** – Take a look at your facility from your patients’ eyes and perspective. Get in a wheelchair, if needed, and have someone push you around. Is your facility easily accessible in all areas? Is your signage up-to-date, well-lit, easy-to-read, and well-placed? Is your patient check-in process not only fast and efficient, but friendly as well? If necessary, take your own poll of patients based on standards like these. You may be amazed at the number of frustrating items in your facility that you habitually overlook because you’ve grown so accustomed to them.
- **Expectation-setting** – Frequently, patient experience scores reflect not only experiences but also expectations. Problems can arise when patients’ experiences do not match their expectations. Healthcare organizations should strive not only to address any gaps in patient expectations, but also correct any misperceptions. For example, a major health care organization (and Freed client) needed to correct patient perceptions about its specialty care services. Thus, the organization planned and executed a large-scale internal and external communications campaign to successfully shift patient perceptions, and made patients better aware of the organization’s market-leading specialty care.

A Team Effort

Most of all, understand that “patient experience” improvements are not a top-directed, bottom-implemented effort, but rather a complete, enterprise-wide endeavor that must be led and reinforced regularly by your organization’s leaders, publicly rewarded as appropriate and quickly fixed if lacking. While no organization can achieve complete patient experience perfection, patients will notice (and mentally record) the efforts you make on their behalf. Don’t hesitate to communicate to patients the patient experience improvements you have made.