

Patient experience

Do interventions to improve patient experience increase quality of care, hospital efficiency and patient loyalty?

A summary of recent literature

A report by The Economist Intelligence Unit





Introduction

Measuring patient experience as an indicator of performance has become the norm. Hospital benchmarking traditionally used a range of standardised indicators—for example length of stay or death rates—to rank hospitals, with those performing well held up as exemplars for poorly performing organisations to follow. Using patient experience as a measure of excellence is however a more inclusive approach, and ensures that the best performing healthcare providers are not left to their own devices.¹

Patient experience is often conflated with patient satisfaction, but they are different. Satisfaction is seen as a judgement about whether *expectations were met*. A positive patient satisfaction score can mean that care is adequate; a low score that there are problems to solve. However, satisfaction surveys can't tell you what you need to do to remedy the situation. Rather, service improvement requires nuanced data about *what actually happened*—and that can be found through the evaluation of patient experience.² Patient experience captures and untangles the views and experiences of people who may have had a poor health outcome but a positive patient experience, or those who emerged with a clean bill of health but experienced poor care. Patient satisfaction asks “how did we do?”, while patient experience asks “what happened?”

Our rapid review asks whether there is evidence that interventions to improve patient experience also improve hospital efficiency, clinical outcomes and patient loyalty. We have focussed on identifying the most reliable, high-quality literature from the past five-years, with an emphasis on randomised controlled trials where they existed.* We expect that interventions focussing on patient experience will lead to more satisfied patients—but do they also impact on fundamental metrics such as costs, readmissions, mortality and morbidity? Below we present four key themes that emerged from the review.

The patient's experience starts and ends beyond the hospital's walls

A commonly used definition of patient experience is that from The Beryl Institute, who define it as “The sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care”.³ The temporal element is important; the term “continuum of care” refers to the delivery of healthcare over a period of time, maybe even a lifetime. Another definition introduces wording that explicitly captures this idea of an episode of care, “...from the first phone call to the patient's being discharged”,⁴ while a third describes patient experience through a series of six steps in an episode of care: “reputation, arrival, contract, stay, treatment and after stay”.⁵ Reputation is an interesting term here, and brings in the notion of “patient loyalty” (see below).

Good patient experience does not therefore just result from what happens within a hospital's walls, and it was notable that even though our evidence review focussed specifically on what hospitals can do to improve patient experience, many of the interventions occurred at the interfaces of care, including admission, discharge and the patient journey while inside the hospital (Table 1). These were also among the most effective interventions. When thinking about patient experience, service providers therefore need to take into account not only how the patient perceives their care within the organisation, but also factors from before admission and after discharge. It is easy for hospitals to mistakenly focus exclusively on interventions during admission.

* This is an executive summary of a longer EIU evidence review for Siemens Healthineers



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Table 1: examples of interventions in the evidence review used to improve patient experience 1) before admission, 2) during admission, and 3) post discharge.

Before admission	During admission	Post-discharge
<ul style="list-style-type: none"> ● Proactive outreach and education to engage patients in managing their health ● Referral templates to improve pre-appointment patient experience ● Disease management pathways to keep patients in primary care system where possible 	<ul style="list-style-type: none"> ● Within hospital patient centred care pathways, incorporating diagnosis and management ● Enhancing clinician well-being to improve “bedside manner” ● Visual communication aids that detail the roles of each healthcare professional 	<ul style="list-style-type: none"> ● Use of patient navigators to improve medical follow up, improve adherence to medical regimes, and provide meaningful social support. ● Post-discharge transitional care plans and post-discharge phone calls and support

Interventions to improve patient experience go to the heart of healthcare system design and delivery

We clustered our findings into the main *intervention targets* of the patient experience initiatives, these were: patients, staff, systems and interfaces of care. Outcomes were further grouped into those that would be of primary importance to the *patient*—for example satisfaction and doctor-patient relationships (improvements were commonly found in both), access to care or improvement in clinical outcomes, and those that would be of greatest interest to *payers or providers*—such as costs, length of stay or readmissions. Over 80% of the 28 included studies looked at patient outcomes, while less than a third looked at payer or provider outcomes.

Patient experience relies on the smooth co-operation of the many layers found both within and between healthcare organisations. As noted above, studies that looked at improving patient experience at the *interface of care* were most numerous, and among those most likely to offer improvements to outcomes that would be of interest to patients, providers and payers; these interventions focussed on improving care-coordination, which in turn helped patients make sense and benefit from increasingly complex healthcare systems.

In addition to looking at the intervention targets, we also sorted patient experience initiatives according to *intervention components*. Many were complex interventions, built up of multiple components (Table 2). The most commonly used intervention component was individual coaching—witnessed in 18 interventions—this includes patient education, communication training, self-management tools and information booklets. Care-coordinators were the second most common component, found in 12 interventions—this includes patient navigators, case management and wider care-coordination activities. Institutional or facility design was found in nine interventions; group training in eight, and patient pathways and IT systems in seven interventions each. The use of patient experience measurements tools as an explicit part of the intervention (as opposed to an outcome) was found in three interventions. Most patient experience interventions by hospitals focussed on the patient during admission, and to a lesser extent post-discharge; few incorporated before-admission interventions.



Table 2: the number and percentage of *intervention target* initiatives which incorporated certain *intervention components*. For example, of the 11 “interface of care” interventions we included in the review, 6 of them (56%) incorporated elements of individual coaching, 10 of them (91%) incorporated a care co-ordinator, 3 of them (27%) incorporated institutional design, and so on.

Intervention targets	Intervention components						
	Individual coaching	Care-coordinators	Institutional design	Group training	Patient pathways	IT systems	Measurement tools
Interface of care (n=11)	6 (56%)	10 (91%)	3 (27%)	0 (0%)	5 (45%)	3 (27%)	0 (0%)
Staff (n=9)	9 (100%)	1 (11%)	1 (11%)	8 (89%)	0 (0%)	1 (11%)	0 (0%)
System (n=3)	0 (0%)	1 (33%)	3 (100%)	0 (0%)	0 (0%)	3 (11%)	3 (100%)
Patient (n=5)	3 (60%)	0 (0%)	2 (40%)	0 (0%)	2 (40%)	0 (0%)	0 (0%)

Institutional or facility design was found in some degree in patient experience initiatives across all intervention targets. What form this took varied by intervention, but the fact that it was ubiquitous shows how interventions to improve patient experience go to the heart of how healthcare is organised and managed.

Improving patient experience means improving staff experience

Predicting *what works* when looking to improve patient experience is a challenging task. For example, the Veterans Health Administration piloted a diverse range of complex patient-centred care innovations in two sites (and matched comparator sites).⁶ Although the manner of implementation was similar in each, the two sites told very different stories. One site showed improvements in clinical and system outcomes—such as improved glucose control and reduced emergency room attendance—while the other site showed no change or worsening of some outcomes. Each site had “its own history, organizational culture, staffing patterns and management strategies”. Context, as with all complex interventions, is crucial.

Complex interventions often produce unexpected outcomes. A trial of patient navigators in the US provides an example of the challenges involved in improving patient experience.⁷ The navigators provided assistance to high-risk patients following their transition from hospital to home; they helped with self-care, medication, appointments and communication with primary care. The navigators reduced the use of hospital services by older people; for every five patients assigned to them, one hospital-based encounter was prevented over 180 days. However, they did not reduce hospital use for younger patients; in fact, the navigators sometimes revealed unmet health needs, requiring extra treatment.

Staff are at the heart of most successful patient experience interventions. The workforce is literally the face of any healthcare organisation, and they will have a strong impact on patient experience. A recent trial looked at real-time feedback—via daily surveys—to physicians on their bedside manner, followed by five-minute micro-coaching sessions on “communication in practice.”⁸ This simple intervention resulted not only in improved patient satisfaction but also better clinical outcomes.



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Similarly, staff satisfaction was the driving force behind improvements in patient experience at NorthCrest Medical Centre, a hospital in Tennessee.⁹ To improve their poor patient satisfaction scores the hospital started with the assumption that patient experience tracks employee experience, and so made adjustments to their workforce strategy. They re-structured their team, appointed a non-clinical manager, reduced external staffing and allocated shift-rostering to internal staff themselves—meaning front line staff were more engaged with the needs of the organisation. Transition coaches (similar to patient navigators) were introduced to support patients and their families when leaving hospital, and an IT system was used to collect and utilise real-time data, allowing more strategic staffing decisions. This approach fostered a positive working environment for employees, leading to improvements in both patient experience and quality of care, and lowered operating costs.

Patient experience is associated with lower costs, higher quality of care and improved patient loyalty, but what is cause and effect, and does it matter?

A systematic review found evidence for an association between healthcare costs and quality, although most studies only showed a “small to moderate” association.¹⁰ While the strength of the association is weak, correlations between cost and patient experience have been observed across a range of indicators. For example, for every 10% increase in the number of patients giving a hospital a “top box” HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) score, there is an increase in net margin of 1.4% compared to hospitals receiving a “bottom box score.”¹¹ Stronger positive associations have been reported between patient experience and clinical outcomes, such as adherence to medications, hospitalisations, length of stay, and primary-care visits.¹² The well-respected US Agency for Healthcare Research and Quality suggests that improvements to patient experience are associated with other important systems indicators, such as delays to test results, and gaps in communication.¹³ Another study found that an initiative to improve patient experience in one hospital resulted in a 4.7% reduction in employee turnover.¹⁴

The concept of patient loyalty has become a major focus area for healthcare systems, particularly in countries that do not have state-provided healthcare. Patients are increasingly shopping around for the right provider. For example, in the USA patients frequently change providers based on experience, with relationship quality being a major predictor of patient loyalty.¹⁵ Also, patients reporting the poorest-quality relationships with their physicians are three times more likely to voluntarily leave the physicians’ practice than patients who had the highest quality relationships.¹⁵ In these scenarios, enhancing patient experience is regarded as a potential driver of hospital financial performance. A 2015 survey of health care consumers found brand and reputation were an important patient consideration when choosing a hospital.¹⁶ Avoidable adverse effects also play a role; for example, patients treated at hospitals with higher rates of serious pressure ulcers were less likely to recommend the hospital to others.¹⁷

Because these are association studies they cannot show the arrow of causality. However, the associations bring us full circle—the use of patient experience as a measure of quality of care. The



evidence suggests that you don't choose to improve patient experience or quality of care; the two are inseparable.

Conclusions

Patient experience is an important outcome in its own right, and as patients wield progressively more clout in terms of recommendations, referrals and measures of patient loyalty, all providers need to ensure they deliver an excellent patient experience across the continuum of care.

Organisational challenges, or the gap between senior management and staff involved in the delivery of care, are commonly cited as barriers to implementation of interventions to improve patient experience. These include problems with communication and differing relationships, sometimes between senior and less senior staff, sometimes between hospitals and organisations, which may affect both the implementation and effectiveness of interventions. Those looking to implement patient experience interventions need to ensure they have a strong implementation platform, within which the strength and consistency of coordination between different contact points is addressed.

Patient experience is not something that can be solved with a one size fits all solution, but by thinking about intervention targets it is possible to build a complementary package of interventions that will benefit patients and staff, and improve financial performance. However, as with all systems thinking, implementation is critical. To facilitate this we recommend the following as good starting points:

1. Hospitals should not only focus on improving patient experience during admission, but throughout the continuum of care, including by engaging patients and families before admission and post-discharge. Such an approach is likely to improve both outcomes and sustain patient loyalty
2. Keep in mind the influence beyond the patient. Positive patient experience has been associated with improved outcomes across the board, including financial performance, clinical outcomes and care delivery, as well as higher staff morale and increased workforce productivity
3. There is no single best approach to improving patient experience; instead, efforts should be made across a range of implementation targets. These include patients, staff, system and interfaces of care, both inside and outside the hospital walls
4. Thinking about institutional or facility design will help ensure that patient experience interventions are embedded in the workplace, and improvements are sustainable
5. Alongside the implementation of patient experience interventions themselves, it is critical to put in place mechanisms to measure impact, and regularly review progress
6. When implementing patient experience interventions ensure alignment of values and objectives between management and staff delivering care



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