NEWGROUND

—

NEWGROUND

December 5, 2017

Creating guest experiences in healthcare: the other component of healthcare leadership

Executive Summary

Dr. William Dean

Healthcare is entering the age of consumerism where healthcare providers must think differently about how they will lead and manage their organizations into the future.

Today's educated patient and caregiver expects a certain level of care when walking into a healthcare facility and presumes a certain level of care and experience based on each and every interaction they have within that facility.

Wolf (2017) stated that leaders need to address how their organizations will understand and engage in experiential efforts overall (p. 3). Leaders and managers embrace this consumerism by treating not only patients but patient's families or caregivers as customers who are purchasing goods or services from the provider (Torpie, 2014).

"Patients are purchasing a return to health (goods) and are placing large levels of trust in their "service provider" (Torpie, 2014, p. 6). This **patient experience** is defined by Beryl Institute's (2016) study as "the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across a continuum of care" (Wolf, 2017, p. 5).

Four factors proposed for achieving and sustaining a high level of patient experience are:

1. Making culture a top priority;

2. Engaging physicians;

3. Standardizing patient experience practices; and

4. Commitment to using meaningful data (Karam, 2017, p. 31).

Support Network—Families and Caregivers

With this strong commitment to patient experiences, where do families and caregivers fall in the experience approach? Families are the support networks that exist simultaneously in the care journey with their loved ones or friends (Wolf, 2017). Some healthcare providers currently are not considering this segment in their assessment of the overall patient experience.

The purpose of this paper is to suggest that family and support providers are as deserving of experiential amenities in healthcare facilities where these individuals are subject to the outside influences of the patient experience. Families—or caregivers—are engaged with the patient during extended periods when the patient is undergoing consultation sessions or provider services. **What provisions—from an experiential perspective—are provided by the healthcare service provider to this group?**

Hospital Consumer Assessment of Healthcare Providers (HCAHPS)

Data used to evaluate patient experience comes primarily from the **Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)** or **Centers for Medicare and Medicaid Services (CMS)**, to gauge how patients perceived their hospital stay or care (Carrus, Cordina, Gretz, and Nehar, 2015; CMS, 2016). The 11 measures of the HCAHPS assess how well nurses and physicians communicate with patients, how responsive staff are to patient needs, how well staff helped patients manage pain or communicated new medicines, how smooth the discharge process and post-hospital transition was made, cleanliness of rooms, an overall rating of the experience, and if the patient would recommend the hospital (Tefera, Lehrman, and Conway, 2016, p. 2167).

Other researchers have proposed that this survey may not accurately address the **patient's journey** from end-to-end or from pre-admission scheduling through follow-up care (Carrus et

al., 2015). A Consumer Insights Survey (2013) regarding a derived importance of patient satisfaction measures comparing the HCAHPS survey to key consumer measures not measured by HCAHPS indicated that several communications, administrative, design, and results correlated at, or near, HCAHPS survey satisfaction data (Carrus et al., 2015).

For example, the following are several HCAHPS and non-HCAHPS satisfaction criteria rankings.

Criteria	Ranking
Nurse empathy (HCAHPS)	0.62
Keeping patients informed (non-HCAHPS)	0.62
Doctor empathy (HCAHPS)	0.59
Outcome of procedure/care (non-HCAHPS)	0.58
Cleanliness of room (HCAHPS)	0.57
Room appearance (non-HCAHPS)	0.54
Quiet environment (HCAHPS)	0.53
Administrative simplicity (non-HCAHPS)	0.53
Facilities (non-HCAHPS)	0.53

*Source: Consumer Health Insight Survey, 2013 as cited in Carrus et al., 2015, p.6.

Quality Reporting Proving Experiences Provide Improved Results

Other satisfaction measures scoring higher in the survey were: single point-of-contact (0.53), value for money (0.52), and comfortable waiting area (0.48) (Carrus et al., 2015, p. 6). The Hospital Inpatient Quality Reporting program used since 2008—and incorporated into the Hospital Value-Based Purchasing (HVBP) programs since 2012—provides a wealth of information and insight by showing that **hospitals providing better experiences have higher adherence to guidelines, lower mortality rates, and lower readmissions** (Tefera et al., 2016, p. 2167).

Amed, Burt, and Roland (2014) discussed measuring patient experiences from the perspective of quality of care and interpretation of that data. The authors proposed that the patient experience might be conceptualized as both the patient's experience of care and as feedback about that experience (p. 236). One might conclude that the HCAHPS survey might not address the realms of experience as entirely in the minds of patients or families regarding that same experience.

Research by Pine and Gilmore

Bujisic, Bilgihan, and Smith (2015) suggested that **guest experiences were extensions of research by Pine and Gilmore** (1998) where dimensions of experience might be classified as entertainment, educational, esthetic, and escapist (p. 25). Entertainment is the oldest form of experience-level business and has a low level of participation, but high absorption. Education is the notion of learning something new and requires high levels of participation and absorption. Esthetic requires immersion of the guest into the experience through the guest remains a passive observer. Escapism is diverging into a new self (Hosany and Witham, 2010), where the guest has full participation and immersion into the experience (Bujisic et al., 2015, p. 27).

Guests can engage the experience at any of these levels of participation and immersion from the standpoint of how the experience relationship mediates performance of the experience through environment, satisfaction, and revisit intention (Cole and Scott, 2004). The level of passive or active participation relates to the extent of guest connection with their environment or surroundings (Mehmetoglu and Engen, 2011). Concepts of "**servicescapes**" were proposed related to factors in guest surroundings that affected the guest's experiences through items like space, design, symbols, and artefacts (Bitner, 1992; Mehmetoglu and Engen, 2011).

Guests who are immersed into this **person-environment relationship** might argue that experiences may be unstable, inconsistent, and disconnected because the environment (e.g., the experience of a destination) is not a routine part of one's daily life (Oh, Fiore, and Jeoung, 2007, p. 122). Further, negative destination experiences such as critical service or product failures, tend to lead towards a vivid memory instilling negative attitudes about the destination (Oh et al., 2007). The ability to offer transformative experiences at the destination offers a chance of a "customer-changing" aspiration at a particular moment in time (Pine and Gilmore, 2016).

Wolf (2017) discussed three concepts of experience provision in healthcare as, patient satisfaction, patient- and family-centered care, and family engagement (p. 7). The Institute for Patient- and Family-Centered Care (2016) defined patient- and family-centered care as "an approach to the planning, delivery, and evaluation of healthcare that is grounded in mutually beneficial partnerships among healthcare providers, patients, and families" (Wolf, 2017, p. 7). Simply put, everyone is the patient experience, and the patient experience is everywhere (Wolf, 2017, p. 13).

Investing in the Patient and Guest Experience Can Increase Value

A Deloitte study by Betts, Balan-Cohen, Shukla, and Kumar (2016) indicated that "while investments in patient experience increase costs, they increase revenue even more" (p. 9). Could one assume that investment in guest experiences might have a similar impact on the healthcare provider's revenues and satisfaction ratings? Karam (2017) stated that "today's patients and their families expect not only safe, high-quality medical treatment, but also courtesy, short wait times, and amenities such as comfortable waiting lobbies and convenient patient care areas" (p. 33).

One can surmise that **guest experiences** must be given the same consideration and focus on the healthcare environment. Kenny and Martin (2016) cited Bassett Healthcare's creation of flexible inpatient discharge spaces in patient lounges and conference rooms for use when other areas were at capacity (p. 9). Similarly, can guests or caregivers be given spaces that are accommodatable to their needs?

Guests or caregivers may be situated at the healthcare facility for extended periods of time while the patient undergoes the facility's patient experience protocol. **What experiential features are provided to these individuals to make the wait times and environment more palatable?** Often, guests or caregivers may be "responsible parties" who must remain as the patient's advocate. These individuals may require spaces or experiences that allow them to maximize their time or actions contiguous with the patient's experience.

Quiet rooms (e.g., quiet pods, meditation space), gaming rooms, Internet pods or hotels, conferencing space, or comfortable "living room" environments might be designed into the current sterile waiting environments. Business people may feel more compelled to use communication devices and work spaces to conduct business activities, rather than being forced to work in a "bullpen-like" environment. Families may cherish living room spaces where they can be more private and conduct affairs. Gaming rooms might attract and calm younger generations who may not be capable of sitting for extended periods of boredom or need to escape from this patient- and family-situation.

It's important to note that considering the guest or caregiver journey and experience is as critical as the patient's journey within the healthcare space.

Organizations that can strategically program and design experiential space for guests and caregivers will provide great insight to healthcare providers who want to offer a holistic and

total patient- and family-centered experience. As stated previously by Kenny and Martin (2016), "over 600 studies linked hospital-built environments to factors such as patient satisfaction, stress, health outcomes, and overall health care quality through "evidence-based" design" (p. 5).

The Patient- and Family-Centered Journey

Within the healthcare experience, statistics show that employing patient- and family-centered journey mapping—to uncover and incorporate strategic touchpoints and experiential elements within the guest and caregiver environment—should contribute to less stress while providing overall family satisfaction by both patients and guests.

Thus, providing that designing **guest experience zones** should position transformative healthcare providers as a top choice for both patients and guests related to best practices and experiential delivery. Focusing on both parties for the overall patient experience while providing transformative delivery should create a competitive advantage to those organizations willing to incorporate a holistic approach to patient- and family-centered care delivery.

Healthcare providers have focused on patient experiences for both financial and cultural gains due to increased pressures from regulatory and public input related to providing the patient with an optimum experience. The forgotten party is the guest or caregiver who is integrally involved in this same experience, yet has to engage that experience from an "outsider" perspective. **Organizations who can masterfully design experiential spaces for both patients and families will create dynamic environments that should attract more healthcare consumers and in turn generate more revenue. The experience must be everywhere and for everyone.**

Let's Talk.

Through over 100 years of innovation, NewGround has driven the conversation on facility design for financial institutions. We believe that structures without strategic purpose are just windows and walls, and that in order to uncover the ideal solution you must start with your brand and your culture.

When considering a project as complex as a new building or major renovation, it's never too early to begin strategizing. We can help.

To learn more, visit our website or contact us:

NewGround
636.898.8100
888.613.0001
www.newground.com

Media Contact:
Melissa S. Myrick
Director of Business Initiatives
636.898.8434

Appendix
Works Cited

Amed, E., Burt, J., & Roland, M. (2014). Measuring patient experience: Concepts and methods. *Patient*, *7*, 235-241. doi: 10.1017/s40271-014-0060-5

Betts, D., Belan-Cohen, A., Shukla, M., & Kumar, N. (2016). The value of patient experience: Hospitals with better patient-related experience perform better financially. *Deloitte Center for Health Solutions*, 1-20.

Bittner, M. J. (1992). Servicescapes: The impact of physical surroundings on customers and employees. *The Journal of Marketing, 56*(2), 57-71.

Bujisic, M., Bilgihan, A., & Smith, S. (2015). Relationship between guest experience, personality characteristics, and satisfaction: Moderating effect on extraversion and openness to experience. *Tourism Analysis, 20*, 25-38.

Carrus, B., Cordina, J., Gretz, J., & Nehar, K. (2015). Measuring the patient experience: Lessons from other industries. *McKinsey & Company*, 1-8.

Centers for Medicare and Medicaid Services (CMS). (2016). "HCAHPS Hospital Survey". Assessed from www.hcahpsonline.org

Cole, S. T., & Scott, D. (2004). Examining the mediating role of experience quality in a

model of tourist experiences. *Journal of Travel & Tourism Marketing, 16*(1), 77-78.

Hosany, S., & Witham, M. (2010). Dimensions of cruisers' experiences, satisfaction, and intention to recommend. *Journal of Travel Research, 49*(3), 351-364.

Karam, C. (2017). The evolution of patient satisfaction to patient experience. *Frontiers of Health Services Management, 33*(3), 30-34. doi: 10.1097/HAP.0000000000000005

Kenny, L., & Martin, D. (2016). Improving the patient experience through the health care physical environment. *Health Research & Education Trust*, 1-23. Accessed at www.hpoe.org.

Mehmetoglu, M., & Engen, M. (2011). Pine and Gilmore's concept of experience economy and its dimensions: An empirical examination in tourism. Journal of Quality Assurance in Hospitality and Tourism, 12, 237-255. doi: 10.1080/1528008X.2011.541847.

Oh, H., Fiore, A. M., & Jeoung, M. (2007). Measuring experience economy concepts: Tourism application. *Journal of Travel Research, 46*, 119-132. doi:10.1177/0047287507304039.

Pine, B. J., & Gilmore, J. H. (2016). Integrating experiences into your business model: Five approaches. *Strategy and Leadership, 44*(1), 3-10. doi: 10.1108/SL-11-2015-0080.

Tefera, L., Lehrman, W. G., & Conway, P. (2016). Measurement of the patient experience: Clarifying facts, myths, and approaches. *JAMA, 315*(20), 2167-2168. doi: 10.1001/jama.2016.1652.

Torpie, K. (2014). Customer service vs. patient care. *Patient Experience Journal, 1*(2), 5-8.

Wolf, J. A. (2017). Patient experience: The new heart of healthcare leadership. *Foundation of the American College of Healthcare Executives, 33*(3), 3-16. doi: 10.1097/HAP.0000000000002.