THE EVOLVING ROLE OF THE HEALTHCARE CHIEF EXPERIENCE OFFICER

2015 RESEARCH REPORT

A research study by the Experience Innovation Network, part of Vocera, examining how senior experience leaders in healthcare organizations are responding to the changing forces shaping the industry and driving a more humanized healthcare experience.
The healthcare industry faces enormous pressure to evolve from volume to value. As reimbursement, care models and organizational cultures undergo seismic shifts, healthcare’s true north remains constant: the quadruple aim.

To drive differentiation, loyalty and growth for their organizations, a new cadre of health executives, Chief Experience Officers (CXOs), are gaining prominence. These mavericks and change agents are tasked with creating sustainable system transformation that delivers optimal care to patients and families while empowering care teams and staff to achieve their highest healing potential.

While other studies have looked at system and c-suite priorities, none of them has delved into the complex and changing role of the CXO to understand the pressures, priorities, successes and challenges of this emerging healthcare leadership role.

In this study we sought to examine three key ideas:

1. **Resourcing, prioritizing and aligning experience improvement across organizations**
2. **Overcoming challenges to creating a system-wide infrastructure for experience improvement**
3. **Leading strategies that are crucial for success in the healthcare experience leadership role**

**Quadruple Aim:** Improve population health, elevate patient-and-family-centered care and reduce costs while restoring joy to the practice of medicine.
“The Chief Experience Officer is a critical leadership role in healthcare. This change agent is at the center of driving culture transformation and **unifying quality, safety and experience strategies to improve care delivery.** With a strong, respected CXO leading the charge, healthcare organizations can restore human-to-human connection and engage patients, families and clinicians as equal partners in improving the health of the population.”

M. Bridget Duffy, M.D.
Chief Medical Officer, Vocera Communications
Co-Founder, Experience Innovation Network
Methodology & Sample

Quantitative
Invitation-only online survey completed by 96 director-level and above experience leaders in the US and Canada.

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

Surveyed Senior-Level Executives (N=96)

- 22% CXO
- 5% CMO, CNO, Medical Director
- 15% Vice President
- 58% Exec. Director, Sr. Director, Director, Other
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THE EXPERIENCE LEADERSHIP ROLE
“The work of improving the experience in our hospitals and organizations can sometimes be viewed as ‘fluff’ and easy work. It is not. We’re changing a culture. While healthcare is obviously a caring profession, we don’t always do a good job of communicating that care to those we serve. We know how to care FOR people — that’s what we’re trained to do. But while we care FOR people, we also need to show that we care ABOUT them. That’s the game changer. It’s the difference between good care and great care. It takes special skill to be able to do both and that’s what we have to hardwire so that it happens for every patient, every time. This is one of the most challenging roles I’ve served in – but it’s also one of the most rewarding.”

Jacque Wilson, RN
Chief Experience Officer
Truman Medical Center
Experience is a C-Suite Priority
Experience leaders hold senior positions within their organizations, often reporting to the top executive leader within their system, hospital or medical group. To create alignment with quality and safety initiatives, about one-third of experience leaders report to a top clinical leader. Trend to Watch: Almost 10% of experience leaders report into HR.

“Who Do You Report to Within Your Organization?”

- **32%**
  - CEO/President

- **29%**
  - CMO, CNO, Chief/VP, Clinical Quality

- **14%**
  - COO/VP, Operations

- **9%**
  - Chief/VP, HR

- **4%**
  - Dual COO, Chief Quality/CMO/CNO

- **11%**
  - Other

(Percentages may not total 100 due to rounding)
MBAs and Non-Clinical Execs Outnumber RNs and MDs

Business backgrounds dominate in experience leadership, with fewer than one in three leaders holding a nursing or medical degree. Nursing backgrounds outnumber medical credentials by more than three to one, which makes building alliances and credibility with physicians a key task for experience executives.

“What is Your Background?”

- **34%** MBA
- **32%** Non-Clinical Healthcare Experience
- **23%** Nursing Degree
- **19%** Marketing/Finance
- **16%** Out of Industry
- **7%** Medical Degree

(multiple responses accepted)
Experience Teams Cross a Range of Responsibilities

Most experience leaders oversee a small team of direct reports dedicated to understanding and solving gaps in the human experience of care. While 12% of respondents reported having no direct reports, 17% had teams of more than 50 when including direct reports and those reporting to them.

**Responsibilities**

“Which Experience Functions Report Directly to You?”

- **85%** Experience Improvement
- **75%** Experience Strategy
- **72%** Compliments & Complaints
- **71%** Experience Analysis
- **43%** Friends & Family/VIP
- **23%** Quality or Performance Improvement

**Additional Responsibilities:**
- Volunteer Services
- Interpreter Services
- Gift Shop
- Spiritual/ Pastoral Care

**How Many People Report to Experience Leaders?**
- Mean: 18.7
- Median: 8

(multiple responses accepted)
Experience Budget Tracks Organization Size
Not surprisingly, leaders at larger organizations command larger budgets. However, 17 of the 76 leaders (22%) who responded to this question report having no budget dedicated to experience improvement. They rely on department budgets and broader improvement and innovation funding to advance their experience agendas.

“What is Your Annual Budget For Experience Improvement?”

- Mean (those with budget >0, n=59): $1,335,000
- Mean (all reporting, n=76): $1,125,000
Salary is Dependent on Title
Experience leaders earn an average annual salary of $167,000, with more senior leaders such as CXOs and VPs earning an average of $221,000 and $216,000, respectively. While nursing degrees and MBAs did not strongly predict salary, experience leaders with physician credentials reported an average salary of $225,000.

“What is Your Annual Salary?”

- 601-1,000 Beds (n=18) - $217,000
- 1,001+ Beds (n=17) - $181,000
- 401-600 Beds (n=17) - $150,000
- 400 or Fewer Beds (n=15) - $153,000

Mean (n=73): $167,000
Experience Leaders Focus on Building a Culture of Excellence
When asked to share priorities for 2015, most experience leaders pointed to approaches that build cultural awareness and engagement among physicians and staff. To get there, leaders plan to build communication skills, create systems of accountability and enable physicians and staff to consistently deliver on experience expectations.

“What are Your Top Three Experience Priorities for 2015?”*

70% Relationship-Based Culture
52% Experience Improvement Initiatives
28% Strategy, Leadership, Governance
20% Measurement & Analytics
13% Patient & Family Voice

Staff/MD Awareness/Engagement- 28%
Access- 11%
Alignment- 10%
Real-Time Data/Better Data Sources- 11%
PFAC- 6%

MD Communication- 17%
Rounding- 6%
Systemness- 7%
Transparency- 7%
Patient/Family Engagement- 4%

*Note: Results are aggregated from open-ended responses.
Building the Infrastructure to Support Experience

The University of Chicago Medicine built a continuous improvement infrastructure that leverages patient, family, staff and physician voice to drive experience improvement and innovation. Aligned under CMO Stephen Weber, M.D., the team builds bridges with quality, safety and process improvement.

**Approach**

- Developed job descriptions and built organizational infrastructure
- Implemented a physician leadership model
- Created a project management office for experience improvement, performance improvement, and organizational development
IMPROVEMENT, ALIGNMENT & INNOVATION
“The continued challenge is to create ‘meaning’ with the work. Context is everything.

We have to respect the challenges faced by all caregivers and layer our improvement efforts in a way that makes rational and emotional sense.”

Sean Keyser
Vice President, Patient Experience
Novant Health System
Key Best Practices are Well Underway
Experience leaders are well down the path of implementing best practices such as proactive compliments and complaints management and bedside shift handoff. Key growth areas in 2015 include multi-disciplinary rounds and post-discharge phone call implementation.

“Please Indicate the Degree to Which Your Organization Has Implemented the Following Process Best Practices:”

- Multi-Disciplinary Rounding
- Post-Discharge Calls
- Hourly Rounding
- Leadership Rounding
- Pre-Arrival Communication
- Bedside Shift Handoff
- Proactive Compliments & Complaints Management

Fully Implemented | In Process | Planning in 2015 | No Plans
“Which of the Following Best Describes the Degree of Alignment Across Experience Improvement, Quality/Safety Improvement, and Process Improvement Initiatives?”

Alignment Across Improvement Initiatives is Encouraged
Fifty-eight percent of respondents reported that quality/safety and process improvement leaders are their direct peers in the organizational structure. Five percent of experience leaders have both quality and safety reporting to them, while 6% and 2% own performance improvement or quality/safety improvement, respectively.

Remaining 9% indicated “other.”
Experience Innovation is Becoming a Core Competency

Almost half of respondents said their organization does a good job with innovation, though they could still do more. Fourteen percent said they have specific people, processes and budget devoted to sourcing and spreading experience innovation. Almost 40% of respondents said culture was their biggest innovation hindrance.

“How Would You Rate Your Organization’s Ability to Embrace and Execute on Experience Innovation?”

“Our organization does well with innovation and not as well with sustaining gains and refinement.”

-Vice President, Patient Experience
Muti-hospital system
(anonymous survey respondent)

(responses may not total 100 due to rounding)
Experience Technology is Reaching the Tipping Point
Fifty-nine percent of respondents’ organizations have or are in the process of integrating experience data into enterprise data warehouses. On the frontlines, leadership rounding, post-discharge call platforms and bedside patient engagement systems will see strong growth in 2015.

**Technology Implementation**

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<thead>
<tr>
<th>Technology</th>
<th>Fully Implemented</th>
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<tr>
<td>Bedside Patient Engagement</td>
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<td>Post-Discharge Call Platform</td>
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<td>Enterprise Data Warehouse with Experience Data</td>
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<td>Alarms Management System</td>
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<td>Compliments &amp; Complaints Management</td>
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"Please Indicate the Degree to Which Your Organization Has Implemented the Following Experience-Related Technologies:"
Experience Technology Helps Hardwire Human Connection

Experience, which focuses on building human connection and communication, can be supported with the right technology. Experience leaders increasingly find that technology is essential to hardwire change and to provide patients and families with the information, access and education that drive a better care experience.

"Technology is for sustaining and hardwiring best practices. We did a study with 6,000 patients on whether leaders rounded on them using data from our patient satisfaction survey. Every question result was significantly higher for patients who were rounded on by a leader. We are now in process of implementing a more robust leader rounding platform."

Sean Rodriguez, Director of Patient Experience
Barnes-Jewish Hospital

"We spent a lot of time upfront with patient rounding, including education and role playing. Now we are two years in, and managers will look me in the face and tell me they do not do it every day. They get called by their director if the finance report is not in but not if they do not round. I underestimated the importance of a technology tool to create accountability."

Missy Talmadge, Director of Patient Experience
Premier Health Partners

“A significant part of my time is spent looking at technology. It is really important. We are very close to putting in an iPad-based video remote interpretation service for 24/7 access to language support. I want a bedside system to provide feedback and education, plus provide education post discharge. That is huge.”

Cathy Harmer, System Director of Experience
Main Line Health
Human Experience Marries Efficiency with Empathy

Healthcare leaders have turned to Lean and other process improvement tools to create a streamlined experience. But where Lean strips out waste, an optimal human experience requires that organizations map emotional and communication gaps and create processes that reinforce connection—with technology to support both efficiency and empathy.
BUILDING AN EXPERIENCE CULTURE
“CI-CARE is our standard across all care settings and in administrative areas. CI-CARE and the associated behaviors, are the foundation and common thread for all of our efforts at Stanford Health Care. The simplicity is that CI-CARE is applicable across the enterprise and embedded in every job description, role and performance evaluation. We have a robust training program for all levels of staff and roles. It has made an enormous impact on our culture and our patient experience measures.”

Christina St. Martin
Vice President, Patient Experience
Stanford Health Care
COMMUNICATION TRAINING is the Leading 2015 Engagement Initiative

Forty-five percent of respondents have communication training underway, and another 30% plan to implement programs in 2015. Only 10% have resiliency or other support programs in place for physicians and staff. While one-third are adding programs and another 23% have 2015 plans to do so, this remains a largely untapped opportunity.

**Physician and Staff Engagement**

“Please Indicate the Degree to Which Your Organization has Implemented the Following Physician and Staff Engagement Best Practices:”
Creating an Experience-Focused Culture is Top Priority

Experience leaders place a premium on building staff awareness and engagement in experience improvement. While they focus on building communication skills, leaders are also seeking ways to drive accountability and consistency, both within and across care settings.

More than two-thirds of respondents named culture or culture-related activities as a top priority for experience improvement in 2015.

Almost 40 percent of respondents named culture or culture-related challenges as key hindrances to experience innovation.

(Note: Results are aggregated from open-ended responses.)
Changing Culture Goes Beyond Initiatives

Driving culture change requires experience leaders not only to champion a strategy and vision but also to create the infrastructure that drives alignment, builds skills and competencies, enables consistency and accountability and wins the hearts and minds of physicians and staff from the bedside to the boardroom.

**FRONTLINE OWNERSHIP**

“This is about helping staff connect to mission, vision and value within the context of their own day-to-day work. We must involve them in decision making. We have to look at how to better utilize their strengths.”

James Alves  
System Director of Patient Experience  
Care New England

**CHANGE MANAGEMENT**

“If you look at historic data, then being successful means performing a radical change in how we relate to each other and our patients. I might have to stop doing something that I am comfortable with to do something I am not comfortable with.”

Spyros Smith, M.D.  
Medical Director of Experience  
Danbury Hospital

**HIRE FOR FIT**

“Sixty percent of people are great, twenty percent are malleable and can reach goal, and ten to twenty percent don’t belong in healthcare and will gradually leave as the organization develops a healthy patient-centered culture.”

**COMMON METRICS**

“We are following a highly successful model set in patient safety where we reduced preventable harm by 80% in three years. Nursing leaders were asked to develop patient experience goals which were tied to performance appraisals. We sent a message that every leader and manager needed to have an experience goal and in the future every employee will have clearly defined patient experience goals.”

Spyros Smith, M.D.  
Medical Director of Experience  
Danbury Hospital

Raven Carter  
Director of Patient and Family Experience  
New York City Health and Hospitals Corporation

Cathy Harmer  
Director of System Experience  
Main Line Health
How to Build an Experience Culture

Most industries focus culture activities on hiring, training, and rewards. However, hospitals and health systems must recognize the emotional burden that caring for vulnerable patients and families can have on the workforce and invest in programs that provide emotional support and healing for physicians, nurses and other staff.

**Keys to Culture**

1. **Leadership Expectations**
   - Experience-focused vision and values
   - Promotion based on leadership competency and demonstrated experience skills
   - Skill- and interest-based initiative assignment
   - Leader rounds
   - Formal and informal mentoring programs
   - Role model desired behaviors

2. **Behavior Standards**
   - Co-create behavior standards with frontline staff, physicians, and leaders
   - Clearly defined behavior standards for all job roles
   - Job descriptions, hiring criteria, onboarding and promotion based on behavior standards
   - Training in empathy and communication

3. **Performance Management**
   - Clearly defined daily work
   - Visual management resources
   - Engagement processes (e.g. rounding, huddles)
   - Formal and informal recognition and rewards programs aligned with experience values
   - Inspiration through storytelling

4. **Restore Joy**
   - Resiliency programming
   - Mindfulness training
   - Code Lavender™
   - Access to Healing Services resources
   - Burnout prevention
   - Team-building activities
   - Collective celebrations

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ENGAGING PHYSICIANS TO LEAD
“We knew we needed high-performing, interdisciplinary improvement teams at the frontlines, so we created a physician-nurse-administrator human experience leadership team model. Then we equipped them to succeed by creating a structured skills development curriculum including change management, adaptive leadership, and healthcare transformation.

As we continue to promote innovation around healthcare delivery, what has become clear is that strengthening communication and human relationships among interdisciplinary leaders at every level is critical to setting a cultural foundation to support meaningful change. Without deliberately enhancing those relationships, our ability to roll out an improvement ‘system’ or toolkit would be impossible.”

Patrick Kneeland, M.D.
Medical Director for Patient and Provider Experience
University of Colorado Health
Physicians are Largely Not Leading Experience Transformation

Almost half (46%) of all experience leaders reported that the physicians at their institutions do not deter experience efforts, but that their energy is focused elsewhere. While 21% said that physicians participate willingly as full partners in experience improvement, only 13% cited physicians as the leaders of experience efforts.

“How Would You Rate Physician Engagement in Experience Improvement at Your Organization?”

“We fall somewhere between obstructive and enthusiastic. Physicians are willing to get on board, but it really requires providing quality results in the industry and convincing them of the benefits and gains as providers and patients.”

-Patient Experience Officer
Not-for-profit health system (anonymous survey respondent)
Visible Physician Experience Leaders Can Influence Their Peers

When asked what makes for stronger physician leadership in experience improvement, respondents said that a visible, respected physician leader is critical. They also said that physicians need to know both that focusing on experience is valuable to broader care goals, and that their efforts are making an impact.

“What Does it Take to Gain Stronger Physician Leadership in Experience Improvement?”*

- **29%** Visible Physician Leaders
- **19%** Feedback & Data
- **13%** Aligned Incentives
- **12%** Training & Tools
- **12%** A Burning Platform
- **11%** Accountability

*Note: Results are aggregated from open-ended responses.*
Physician Engagement Takes Effort

Leader interviews and survey comments revealed that physician engagement takes a concerted effort. Leaders spoke of skills training, partnering for success and ensuring that incentives are aligned across the system. It also takes empathy—recognition that physicians may struggle with building a new skill set.

“It takes protected time, system leadership, competency development, support for improvement work, exceptional quantitative and qualitative data reporting and positive recognition for success.”

Peggy Kurusz
Vice President, Mission Initiatives
Ascension Health System

“We started by sharing a lot of empathy for the doctors. We know this is hard and we know that no one taught us this. We know there is already a lot of pressure around getting the clinical right. Then we clarified what we were talking about and messaged it in a way that was irrefutable. We are not just trying to make people happy. We’re trying to improve care.”

Mark Rudolph, M.D.
Vice President, Physician Development and Patient Experience
Sound Physicians

“Incentives, partnerships, shared responsibilities and risks for system-wide goals, which has moved dramatically forward in the past five years and continues to bridge the gap.”

Director of Experience
Academic Medical Center
(anonymous survey respondent)
Physician Leadership Drives Staff Engagement and Culture Change

Physician leaders at Twin Rivers Regional Medical Center held town-hall meetings and team-building events, then created a No Excuses team and a Sacred Moment to connect with patients in a human-centered way upon admission. The result was a huge boost in patient experience scores and skyrocketing levels of physician engagement.

**Process**

- Conducted staff and physician Pulse Surveys
- Created a town hall communication series
- Held physician-sponsored, team-based social events
- Executed experience mapping and design

**Output**

1. Team lightning rounds ensure ongoing communication.
2. A “No Excuses” team tackles problems to create a continuous process improvement mechanism.
3. The “Sacred Moment” at admission builds connection between patients and staff by focusing on immediate emotional and comfort needs instead of paperwork.

![Graph showing likelihood of recommending “Definitely Yes”]

- Nov 2011: 33.3%
- Dec 2011: 47.1%
- Feb 2012: 54.4%
- Apr 2013: 72.4%

2013 Press Ganey™ Guardian of Excellence℠ Award

95th Percentile Physician Satisfaction
THE FUTURE OF EXPERIENCE
LEADERSHIP
“Across the country, we’re making progress toward the triple aim by better aligning patient centered philosophies, Lean methodology, and fostering service cultures through training. 

The best organizations are differentiating themselves by engaging patients, physicians and staff to improve clinical processes; and, as a result, improving quality, experience and cost outcomes.”

Tony Padilla, MBA
Chief Experience Officer
UCLA Health
Consumerism Shapes Future Experience Priorities

With more people having insurance coverage under the Affordable Care Act and new entrants providing convenient care through home visits, telehealth and retail health clinics, patients have more choice than ever about where they seek care. Experience leaders know they need to respond and differentiate with consumer-focused service.

“Consumerism is progressing so fast. There are a lot of entrepreneurial players and competitors entering the market. We need to focus on our physicians’ strengths and what they can leverage. Layering consumerism into physician quality and driving to scale are the keys to winning. We are figuring out how to leverage our brand to create a compelling differentiation and are building features like direct scheduling for greater convenience.”

Sven Gierlinger, Chief Experience Officer
Henry Ford Health System

“Academic Medicine is challenged as being highly complex and costly, and Stanford is no exception. As payment systems change, we owe it to our patients to critically look at how we can lower the cost of healthcare and continue to exceed their expectations for an exceptional experience.”

Christina St. Martin, Vice President, Patient Experience
Stanford Health Care

“Some folks are interested in how we become the next Apple…in other words, how do we deliver what the customer doesn’t know they want. First and foremost, I believe we have to deliver our core service exceptionally well with unforgettable customer service before we can innovate like an Apple. That being said, our core services need to rapidly expand to counter the effects of new market entrants like CVS, Walgreens, American Well and others.”

Tom Malasto, Chief Experience Officer
Community Health Network
Data Transparency is the New Normal

With the advent of the Affordable Care Act and the rise of high-deductible health plans, experience leaders know that data transparency is the wave of the future. Patients want to know what care will cost, and what kind of quality and experience they are getting for their health dollars.

“We are putting physician comments on the website for transparency. Whether they like it or not, the information is out there already. We might as well try to guide it the best way we can. A very large proportion of the comments are overwhelmingly positive, but this changes the dynamic of the physician-patient encounter. And every encounter matters.”

Sven Gierlinger, Chief Experience Officer
Henry Ford Health System

“We’ve opened a central pricing office to provide personalized and accurate price estimates. We can provide estimates, including out of pocket expense, within 1 business day. Our motivation is to educate the community-at-large while providing a valuable service that differentiates us in the marketplace.”

Tom Malasto, Chief Experience Officer
Community Health Network

“Our goal is to continue to push transparency. We are already posting all physician data results and comments online. Our mid-level data is next. In addition, several of our physician offices are up live with online appointments. We would like to expand this to our entire physician enterprise. In the near future we would like to post our wait times in the Emergency Room and eventually post our ED patient comments as well.”

Susan Osborne, Vice President of Service Excellence
Piedmont Health

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2015 CXO Insight Series
Leaders Tie Experiences Together to Create a Sense of “Systemness”

In our interviews with experience leaders, we learned that although today’s patients face organizational silos and experience disjointed care, leaders are looking to a future in which there is consistency and continuity across care settings. This focus on systemness will require new organizational structures, skillsets, infrastructure and tools.

“Systemness”

“Achieving a consistent, excellent patient experience across the continuum of care is a formidable challenge, particularly in complex academic medical centers. A key to success for CXOs is the ability to support and facilitate alignment, or ‘systemness’ between the hospital and physician practice settings.”

Tony Padilla, Chief Experience Officer
UCLA Health

“I am in the process of building a three-year plan. By year three, I want to look at experience from an ecosystem perspective – giving as much predictability and control over the environment as we can back to the patient and their family, and empowering dialogue regarding their preferences.”

R.J. Salus, Director of Experience
El Camino Hospital

“Most of our physicians are solid clinicians but have lost the drive to communicate and coordinate care with their colleagues in large part because of productivity models that have been imposed on them over the last decade or so”

Spyros Smith, M.D., Medical Director of Experience
Danbury Hospital

“Care coordination and continuum of care are huge. Having someone help you navigate through the whole thing is important.”

Medical Director of Experience
Community Hospital
(anonymous survey respondent)
Experience Leaders Take It to the Next Level

Now that responsibility for human experience is embedded in the healthcare ethos, experience leaders can solidify the strategy, infrastructure and organizational capacity to take healthcare into its next iteration—new care models and system-based approaches that deliver efficiency and empathy to every patient, every time.

Experience 2.0

**Strategy & Governance**
Develop a clear course and align the organization around human experience differentiation as the key to clinical outcomes and growth.

**Operating Model**
Create the organizational and technological infrastructure, communications processes, daily management system and decision-making processes to turn strategy into results.

**Culture & Performance Management**
Clearly define behavioral standards and expectations within the culture, supporting hire for fit, performance management and creation of leadership coaching tools.

**Mapping & Workflow**
Map the gaps in both efficiency and empathy across the patient journey to define differentiating moments of truth that improve experience and outcomes.
ACKNOWLEDGMENTS

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System Director, Patient Experience
Care New England

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Director of Exceptional Patient Experience
University of Utah Health Care

Anne Campbell, MSN
Vice President of Patient Experience
Huron Perth Health Alliance

Raven Carter, MBA, FACHE
Director, Patient & Family Experience
New York City Health and Hospitals Corporation

Amy Cotton, MSN, FNP, GNP, FAAN
Chief Experience Officer and Vice President for Patient Engagement
Eastern Maine Health System

Jeff Critchfield, MD
Chief, Division of Hospital Medicine, Medical Director, Experience and Risk Management
San Francisco General Hospital

Maureen D’Agostino
Senior Vice President of Quality, Service and Performance Excellence
Oakwood Healthcare

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Director of Education & Patient Experience
Grand View Hospital

Sue Ehinger, PhD
Chief Experience Officer
Parkview Health

Sven Gierlinger
Chief Experience Officer
Henry Ford Health System

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System Director of Experience
Main Line Health

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HCA Mountainstar

Amy Jacquemard
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Colorado Children’s Hospital

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Director, Patient Experience
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Piedmont Healthcare

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Chief Nursing Executive and Chief, Interprofessional Practice and Organizational Development
Bluewater Health

Tony Padilla, MBA
Chief Experience Officer
UCLA Health

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Director of Patient Experience
Great Plains Health

Meghan Pry
Director of Patient Experience
Medical Center Health System, Texas

Sara Pry
Director of Patient Experience
Daytona Memorial Hospital

Sean Rodriguez
Director of Patient Experience
Barnes-Jewish Hospital

Mark Rudolph, MD
Vice President, Physician Development and Patient Experience
Sound Physicians

RJ Salus
Director, Patient Experience
El Camino Hospital

Spyros Smith, MD
Medical Director of Experience
Danbury Hospital

Kevin Spera
Director of Patient Experience
St. Dominic-Jackson Memorial Hospital

Christina St. Martin
Vice President, Patient Experience
Stanford Health Care

Missy Talmadge, MSN, MHA
Director of Patient Experience
Premier Health Partners

Elizabeth Weber
Vice President of Patient Experience
Mills-Peninsula Health Services, part of Sutter Health

Jacque Wilson, RN
Chief Experience Officer
Truman Medical Center
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!

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**LEARN FROM SEASONED EXPERIENCE LEADERS**

Watch the webinar with perspectives from experience leaders Jeff Critchfield, M.D.; Sean Keyser; and Jacque Wilson, RN.

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**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.

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**HELP SHAPE NEXT YEAR’S SURVEY**

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Vocera’s Experience Innovation Network works in partnership with Stanford Clinical Excellence Research Center to foster adoption of solutions that revolutionize healthcare experience and outcomes. 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.

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