

PRESS GANEY SPECIAL REPORT

2018 STRATEGIC INSIGHTS

A STRATEGIC BLUEPRINT FOR TRANSFORMATIONAL CHANGE



EXECUTIVE SUMMARY



As our industry evolves during a dramatic period of change in health care, we have a tremendous opportunity to advance our mission through an integrated approach to performance improvement. Analyses clearly illustrate the interdependencies of safety, quality, experience and engagement, and today we are called upon to convene our organizations under shared goals to deliver excellence across these dimensions. Rising to this challenge requires a convergence of leadership around a core vision and a unified strategic approach.

This year's *Strategic Insights* report provides a transformational framework to guide your organization on the journey to achieving these goals.

This approach reflects a strategic shift in thinking that will position your organization to meet consumer needs and compete with the disruptive forces in health care.

We have a shared commitment to deliver on the patient promise of safe, high-quality and compassionate care. This requires understanding the interconnectedness of these dimensions and using that understanding to drive improvement, particularly in light of new research showing a “dose-response” relationship between improvement in multiple domains and overall organization performance. This tells us that the most effective and efficient path to delivering on the patient promise is one in which the improvement goals and strategies for each domain are fully integrated and aligned.

Achieving this ideal requires bringing together leadership across each of these domains and breaking down the barriers that keep improvement efforts in silos. This takes more than placing people together in the same room. It requires deliberate and consistent awareness of the multiple points of intersection between all of the domains and an inherent understanding that convergence is a constant process, not an end point.

Together, we face a tremendous opportunity to transform the way health care is delivered. I am proud to partner with you and your team as you move forward on this journey.

Sincerely,

A handwritten signature in black ink, appearing to read 'PTR', written in a cursive style.

Patrick T. Ryan,
CEO

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Executive Summary

Disruptive forces are exerting pressure on health care organizations to rethink their business models and operating strategies. In addition to prompting fundamental shifts in priorities, these forces—downward cost pressure, consumerism, the transition to value-based payment programs and increasing regulation, among others—have changed the definition of excellence in health care and the criteria for success.

Once primarily a clinical consideration, the definition of excellent health care has expanded far beyond technical quality to include safety, patient-reported outcomes, patients' perceptions of their care and cost-effectiveness. Together, these considerations reflect the totality of the care experience and constitute the fundamental elements of the “patient promise” of safe, high-quality, patient-centered care. They are also the building blocks for health care transformation, as evidenced by new research demonstrating the interdependency of these attributes and the collective influence they have on consumer engagement and trust.¹

To successfully deliver on the patient promise and build the brand value needed to remain competitive in the evolving marketplace, health care systems are being challenged to raise the performance bar across all of these attributes simultaneously. Not only does this require understanding and analyzing the interdependencies of safety, quality, experience and engagement, it also demands the convergence of leadership across each of these areas of influence toward common goals.

This report presents a framework for such transformation, based on the understanding that achieving this heightened level of performance requires

- Honoring the needs of the consumer and understanding that their experience begins before they enter your facility;
- Breaking through the barriers that separate safety, quality, experience and engagement operations;
- Promoting leadership and staff awareness of the multiple points of intersection between each domain;
- Defining improvement strategies around the interdependencies; and
- Integrating improvement efforts to achieve excellence in every aspect of the consumer experience, beginning with the initial point of contact with the organization and continuing across the care journey.

Organized around six principles, the framework enables the industry's shift in strategic thinking from silos to enterprise-wide transformation. These Transformational Principles™, which are intended to be reflective rather than prescriptive, provide the foundational elements of an integrated improvement approach that are adaptable to each individual organization's journey.

¹ “Achieving Excellence: The Convergence of Safety, Quality, Experience and Caregiver Engagement.” 2017 Strategic Insights white paper, Press Ganey Associates, Inc.

Introduction

In all industries, transformation happens when the changes designed to achieve specific performance objectives align with the overall mission of the organization, and when decision makers at all levels understand how performance in their own operational area influences other areas to achieve the unifying vision.

This is especially relevant in health care today, where the definition of excellence has expanded far beyond clinical outcomes to include safety, quality, patients' perception of their care experience, and the engagement of the care workforce. A burgeoning understanding of the influence that each of these areas has on health system performance has led to the creation of dedicated teams charged with improving outcomes in each domain and the adoption of best practices to achieve performance goals.

These targeted efforts are paying off. Patient care is becoming safer thanks to the commitment by many organizations to the pursuit of Zero Harm; patients' perceptions of many aspects of their care experience are improving as the industry shifts to patient-centered care models; and caregivers at risk of burnout are benefitting from strategies designed to increase their resilience and engagement.²

While the teams and processes supporting these areas tend to be operationally independent, the respective outcomes are not. A growing body of literature suggests that performance in each of these measures is highly interdependent with the others and with financial outcomes.

For example, a 2016 analysis of risk-adjusted data for more than 3,000 U.S. hospitals from the Centers for Medicare & Medicaid Services' Hospital Compare website demonstrated a positive and statistically significant association between patient experience measures and favorable clinical outcomes, including lower rates of many hospital-acquired conditions and fewer readmissions.³ More recently, the findings from cross-domain analyses by Press Ganey indicate that the safety and quality of care influence patients' perceptions of their care experience; that both the patient experience of care and the safety and quality of that care are associated with the engagement level of the health care workforce; and that workforce engagement and patient experience of care influence health care organizations' financial performance.⁴

Based on these data, it is clear that performance in each domain does not take place in a silo, but rather, drives and is driven by performance in the others. This means that in order to achieve true health care excellence, health systems have to move the needle on all of them.

New evidence supports this argument. In a series of cross-domain analyses, Press Ganey researchers looked at the impact that improvement in one versus multiple domains had on health systems' overall rating of care. The data consistently show an aggregating "dose-response" effect. For example, the cumulative effect of improvement in key patient experience drivers and workforce engagement on Hospital Overall Rating is greater than the effect of patient experience improvement or engagement improvement alone. And the greater the combined improvement, the greater the influence on Hospital Overall Rating (Figure 1). A similar pattern can be seen in analyses of the cumulative effect of improvement in key patient experience drivers and National Database of Nursing Quality Indicators® (NDNQI®) Practice Environment Survey Scores (Figure 2).

² "Improving Health Care." 2017, Press Ganey Associates, Inc.

³ S. Trzeciak, J. Gaughan, and A.J. Mazzealli. "Association Between Medicare Summary Star Ratings and Clinical Outcomes in US Hospitals." *Journal of Patient Experience* 3, no. 1 (2016), <http://journals.sagepub.com/doi/10.1177/2374373516636681>.

⁴ Press Ganey, "Achieving Excellence" *Strategic Insights* white paper.

Figure 1

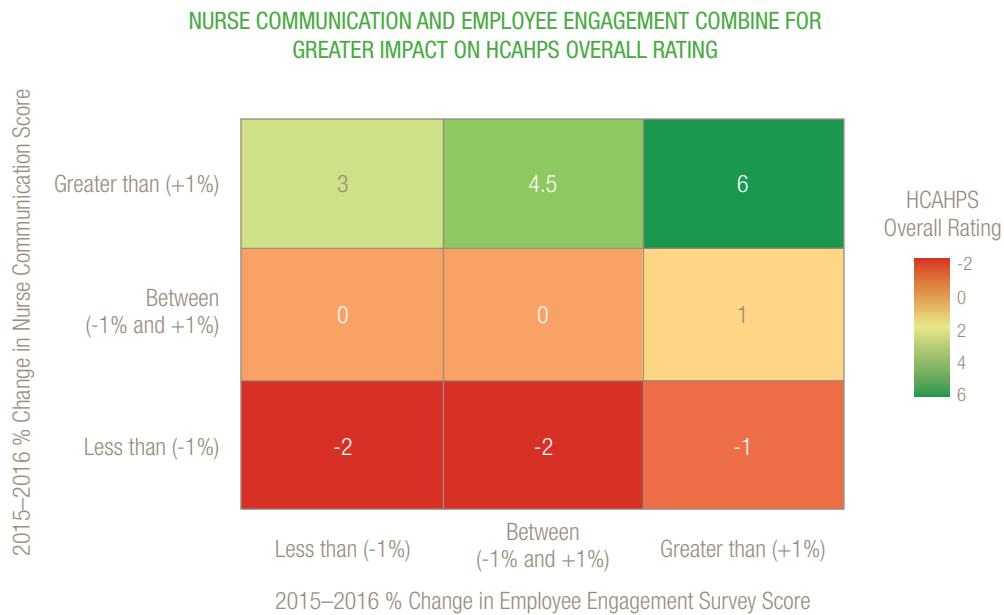
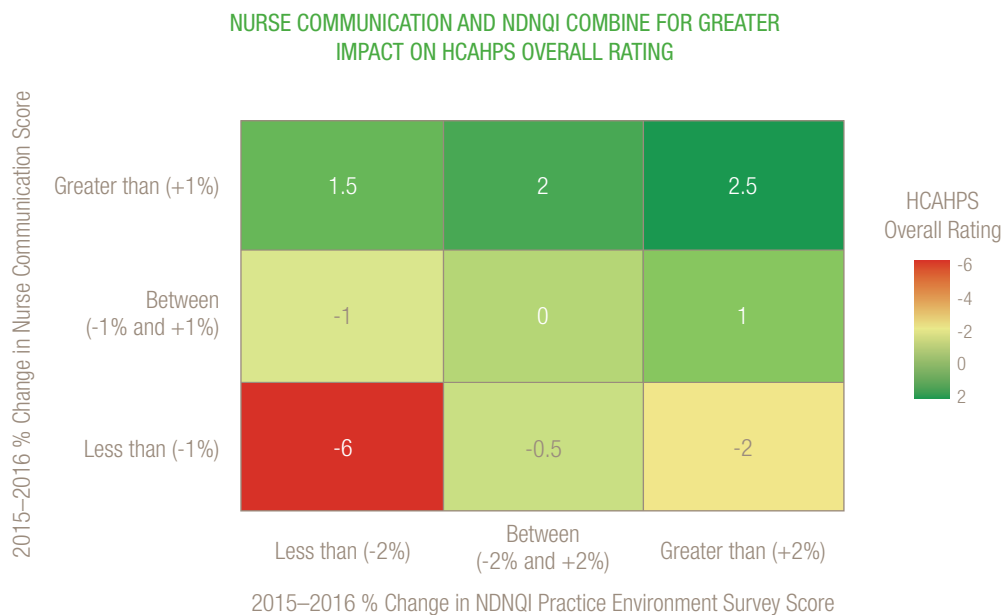
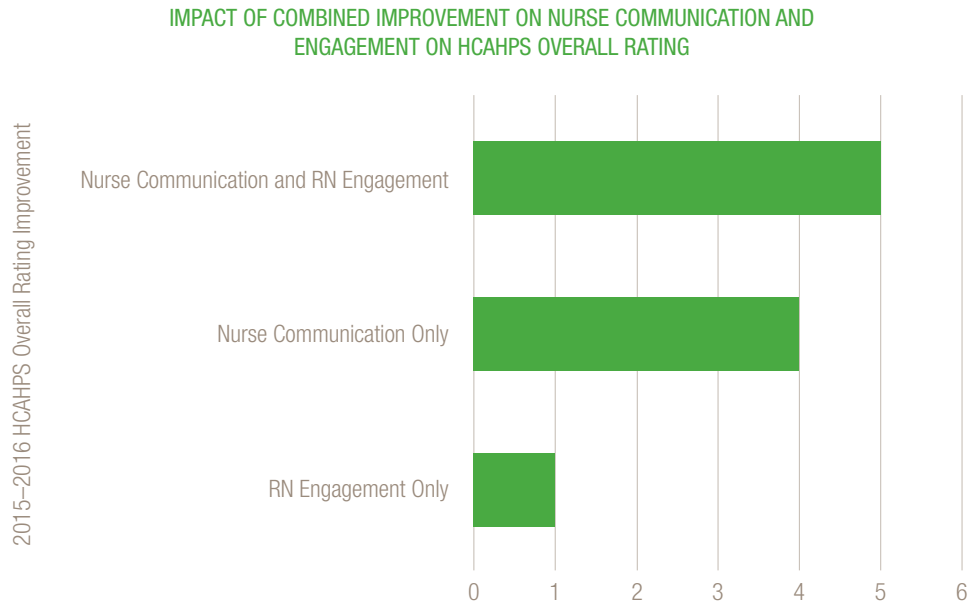


Figure 2



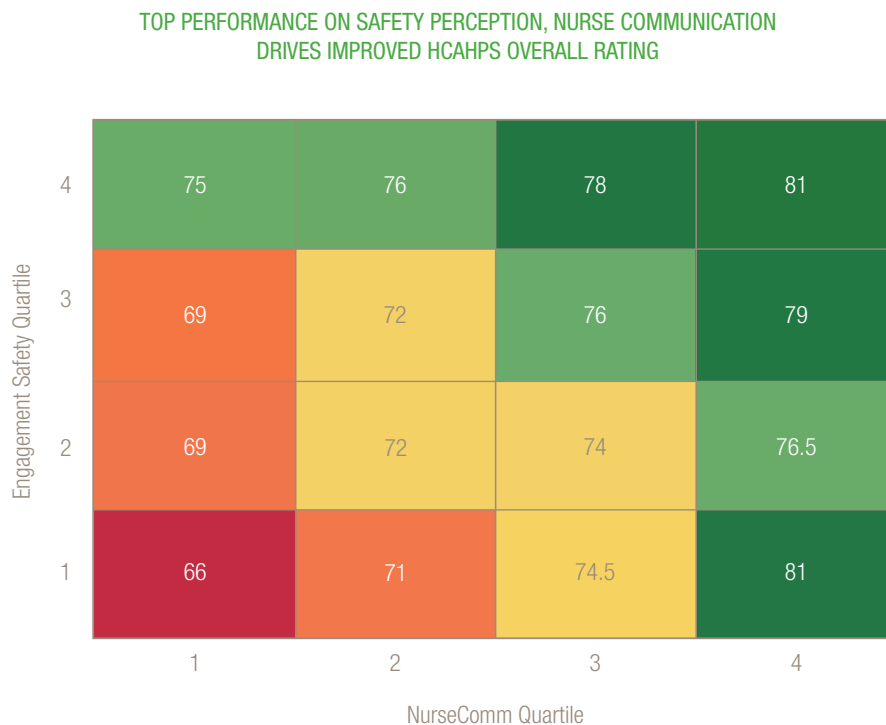
When considering improvement in particular outcomes measuring safety, quality, patient experience and workforce engagement, such as Overall Rating, fall rate and intent to stay, from one year to the next, organizations that are able to improve in multiple domains see a greater overall improvement than those that improve in a single domain. For example, in an analysis of multidomain improvement data for 2015 to 2016 focusing on registered nurses, health care systems that improved in both registered nurse workforce engagement and patient experience outcomes during the year saw substantially greater increases in Overall Rating performance than those that improved in either one domain or the other (Figure 3).

Figure 3



Looking at a cross section of improvement, organizations with top-quartile performance in two domains have better outcomes than those with top-quartile performance in one domain and not the other. For example, Figure 4 illustrates that being a top performer in both the Nurse Communication patient experience item and the “This organization makes every effort to deliver safe, error-free care to patients” item leads to better Overall Rating performance than being a top performer in only one of the two items.

Figure 4



With the growing awareness that these highly interdependent attributes influence organizational performance and brand perceptions, health care leaders are investing substantial time, energy and resources to improve performance across all of them. Their current approach is to leverage this information to measure the relevant outcomes in each domain, mine the data to identify targeted improvement opportunities, adopt best practices to drive improvement and nurture a culture to support it.

In today's increasingly competitive, consumer-driven health care marketplace, however, these tactical efforts, while important, are not enough. Long-term success requires more than a series of discrete changes within different areas of operation. It requires true transformation fueled by the convergence of the system, its leadership and caregivers around shared goals and an integrated plan.

In a series of strategic discussions with hospital and health system leaders from across the country, Press Ganey consultants identified multiple barriers that are standing in the way of transformation and preventing many organizations from achieving the greatest value from performance synergies among safety, quality, experience and engagement. Some of the most common roadblocks include

- The lack of a consistent, systemwide definition of what the organization as a whole and teams within the organization are doing to advance the experience of care for patients;
- An incomplete understanding of the interconnectivity of various critical initiatives and strategy, such as safety and engagement;
- Siloed structures and processes for safety, quality, experience and engagement operations;
- A lack of sharing among the leaders of various teams about best practices of the other teams;
- The absence of a comprehensive messaging strategy for regularly communicating the improvement efforts of each team to the entire organization and specific tactics for delivering the messages to front-line caregivers;
- The absence of a strategy or definitive plan for linking workforce behaviors (how individuals and teams act, interact and make decisions) to the values and mission of the organization;
- Insufficient involvement of human resources leaders in strategy discussions around safety, quality or patient experience given the relationship of workforce alignment and engagement to performance;
- The reporting of inconsistent, nonintegrated metrics to health system board members, executives, directors, managers and the workforce as a whole; and
- Inconsistent participation of health system CEOs in patient experience strategy sessions, leading to a lack of clear direction about how to proceed on strategy and a lack of incentive or guidance for transcending silos.

Transformational Principles

To stay competitive in the face of continued industry disruption, health care organizations have to aggressively remove these barriers and align people, processes and strategies to the mission of the organization. The six Transformational Principles described below offer an adaptable framework for doing so. They provide context around the standards of excellence that health systems should aspire to, and offer guidance for advancing a comprehensive strategy for safety, quality, experience and engagement.

The principles are based on the underlying understanding that organizational performance is a reflection of culture—specifically, the degree to which the culture of an organization nurtures behaviors that align with the values and mission of the organization. The principles are divided into strategic and operational considerations.

Strategic Principles

1. Commit to a goal of Zero Harm.
2. Put patients at the center of the planning, delivery and assessment of care.
3. Recognize and define safety, quality and patient centricity as the primary elements of the patient experience and understand the critical interdependencies between them.

Operational Principles

4. Drive change using data and transparency.
5. Transform culture and leadership.
6. Focus on accountability and execution.

The following guidance provides direction for developing a strategic approach to transform care around these principles, including tools for organizational self-assessment—an essential first step for determining how much effort will be required and in which areas. These self-assessments should be systemwide and transparent, and the improvement strategies that follow should consistently reflect the guiding principles and align with organizational goals.

1. Commit to a goal of Zero Harm

Performance on clinical, experiential, engagement and financial measures—all of the drivers of health care excellence—is directly influenced by the ability of health systems to consistently protect their patients and caregivers from errors, injuries, accidents and hospital-acquired infections.

Although it is widely known that the value, quality and experience of health care hinges on the safety of that care, national statistics suggest this general understanding has not translated into significant reductions in harm. As many as 440,000 people die every year from preventable errors in hospitals, making medical errors the third leading cause of death in the United States.^{5,6} In addition to the human cost, the economics of unsafe health care are staggering.

⁵ J.T. James. "A New, Evidence-based Estimate of Patient Harms Associated with Hospital Care." *Journal of Patient Safety* 9, Issue 3 (Sept. 2013): 122–128.

⁶ M.A. Makary and M. Daniel. "Medical error—the third leading cause of death in the US." *BMJ* (2016): 353.

The Society of Actuaries estimated that medical errors cost the United States \$19.5 billion in 2008, with nonreimbursable medical costs per error ranging from \$810 to \$47,099. Total costs, which include in-hospital mortality and short-term disability costs, reached more than \$93,000 per error.⁷ This cost was later adjusted to 2016 terms, estimating an impact on the U.S. economy of \$20.8 billion from medical errors.⁸

Unsafe care also takes its toll on care providers. In a Mayo Clinic study with the American College of Surgeons, 8.9% of participating U.S. surgeons believed they had made a major medical error within the previous three months, including 1.5% who believed their error resulted in a patient's death. The researchers also determined that suicidal ideation, distress, depression and burnout were significantly higher among the surgeons who believed they had made a mistake.⁹

Further, research has shown that nurses who are confident about the safety of the care being delivered and their own workplace safety are more satisfied in their jobs and more likely to report high levels of engagement in improvement efforts, which in turn improves quality, patient experience and financial outcomes.¹⁰

Considering the cost and consequence of medical errors, safety has to be embedded into every aspect of the way an organization operates, and the drive to Zero Harm must be a core and enduring pursuit to eliminate avoidable harm to patients and the care workforce.

Most health systems include goals for improving safety on their strategic agendas and regularly adopt safety-related tactics and best practices. In the absence of a true safety culture, however, the effectiveness of these activities will be limited and improvements will not be sustainable. Organizations that are serious about safety must commit to Zero Harm as a top initiative by making it a core organizational value and communicating that value across the entire system.

Health system leaders should consider the following questions to assess their organization's safety cultures and identify ways to nurture and strengthen them.

1. Do you know what your harm rate is?
2. Do you have a strategy to cascade safety data from the board to the front lines?
3. Does your balanced scorecard include safety?
4. Does your C-suite regularly review safety statistics?
5. Do caregivers across your workforce believe the organization is focused on safety?
6. How does the organization perform on its safety culture survey?
7. What is your comprehensive strategic approach to reduce patient and employee harm?

⁷ J. Shreve, et al. "The Economic Measurement of Medical Errors." The Society of Actuaries (Schaumburg, IL), 2010.

⁸ K. Perez. "The Human and Economic Costs of Medical Errors." Healthcare Financial Management Association, posted June 21, 2016, <https://www.hfma.org/Content.aspx?id=48695>.

⁹ T.D. Shanafelt, et al. "Suicidal Ideation among American Surgeons." *Archives of Surgery* 146, no. 1 (2011): 54–62, doi:10.1001/archsurg.2010.292.

¹⁰ "Nursing Special Report: The Influence of Nurse Work Environment on Patient, Payment and Nurse Outcomes." 2015 white paper, Press Ganey Associates, Inc.

To fill gaps identified in this safety self-assessment, systems must declare Zero Harm as a top initiative of the organization and commit to the following high-value tactics.

- Measure the system's overall serious safety event (SSE) rate. Keeping track of SSEs allows organizations to mobilize resources to understand how and why each event happened and how to prevent similar events from occurring in the future.
- Collect information on employee harm (falls, strains from lifting, needlesticks, violence) and conduct regular assessments of the causes to inform prevention strategies.
- Conduct regular culture-of-safety surveys to gauge employees' perceptions about the safety of the organization and to determine whether employees feel empowered to "speak up for safety."
- Adopt and promote a Just Culture—a values-supportive model in which organizations are accountable for the systems they design and for how they respond to staff behaviors fairly and justly.
- Create a balanced scorecard that starts at the board level and includes safety as a core metric.
- Adopt full internal transparency with safety data by ensuring that leaders and managers have regular and clear visibility on the balanced scorecard and providing them with background information on all root cause investigations to inform process and behavior change.
- Engage clinicians in the safety journey by providing widespread nurse and physician education programs, developing clinician champions and gaining formal adoption from physician and nurse leaders.

2. Put patients at the center of the planning, delivery and assessment of care

The term "patient-centered care" has become so familiar that its true meaning as it applies to the overall care experience can get lost. Often, patient-centered care becomes a "lapel-pin campaign," without significant depth in the organization to drive meaningful cultural alignment. The only way to fully deliver on the promise of patient-centered care is to define, communicate and integrate it in such a way that it is mirrored in every action, interaction and reaction across the organization. When such a culture prevails, all of the interdependent performance measures reflect it.

For example, Press Ganey research has shown consistently that when organizations truly embrace patient centricity, caregivers are more engaged. This relationship can best be understood by considering the alignment between patient centricity and the reason people choose health care as a career. Care that is truly patient-centered meets patients' need for high-quality care that is delivered with compassion and reduces their suffering. An organization that aligns around a "patients first" vision is also meeting caregivers' needs. When physicians and nurses feel they are able to effectively meet patients' needs and reduce their suffering, they are achieving the caring mission to which they were called.

Similarly, committing to Zero Harm is, by definition, a patient-centered behavior. If you are keeping patient safety top of mind, you are prioritizing patients' well-being and adopting practices and processes that protect them from harm. As noted, a large body of research supports the link between patient safety and patients' perception of their care experience—a marker for patient centeredness.

Most employees will agree that their organization is patient-centric. It's not until they are asked questions about execution that the difference between patient centricity as a foundational operating philosophy versus a campaign becomes clear. Following are some of the key questions for assessing patient centricity.

1. Do you have a clear goal hierarchy that puts the needs of patients above all else?
2. Is the patient's perspective specifically considered in every aspect of the organization?
3. When designing a new process, do stakeholders ask how it will affect patients?
4. When remodeling or building infrastructure, have patients' perspectives been taken into account?
5. Do leaders, managers and other employees understand what it means to “walk in the shoes” of patients?
6. Is patient centricity reinforced at every meeting, and if so, how?
7. Is the patient voice an agenda item?
8. Does every meeting open with a patient story—either positive or negative?

The answers to these questions should drive strategy discussions and the adoption of high-value tactics, such as those listed below, to promote and support patient experience as a strategic priority.

- Define the patient experience for your organization. Considering the critical performance interdependencies listed above, this definition must reflect the totality of the care experience: its safety, quality and patient centeredness.
- Once the definition of patient experience is fully established and has gained leadership alignment, make it a clear and visible priority in the strategic plan.
- Develop the narrative and ensure that executive leaders are communicating it with confidence and clarity to build the drumbeat behind it and promote a clear and unifying purpose.
- Open all meetings with a patient story—good or bad—and make sure the importance of patient centricity is the message communicated at all leadership meetings.
- Develop patient experience goals and communicate them clearly across the organization.
- Integrate the patient-centricity messaging into all aspects of the strategic talent life cycle—hiring, onboarding, development, performance management, etc.
- Build a robust, integrated data strategy to ensure that the voice of every patient is heard and to optimize interdependencies across performance areas.

3. Recognize and define safety, quality and patient centricity as the primary elements of the patient experience and understand the critical interdependencies between them

Most health care systems that are committed to delivering safe, high-quality care also understand the importance of providing a care experience that reduces patient suffering. Many also know, to some degree, that these pursuits are complementary—that safe, high-quality care contributes to a positive patient experience and that the drivers of a positive experience (empathy, compassion, coordination, communication) also contribute to safe, high-quality care.

Even so, the organizational structures and processes designed to drive performance in each of these domains, as well as in workforce engagement and financial outcomes, are often not aligned and are rarely integrated. Instead, they primarily function as vertical operations, where one team often does not know what the other team is doing. And while they may all be moving as quickly as they can toward their own performance goals, the lack of awareness about the performance intersections can impede progress.

To drive optimal performance across all domains, health care leadership must address this disconnect by transcending the vertical operations and aligning and integrating efforts to gain the most value from the interdependencies.

Moving in this direction requires understanding, adopting and communicating the more expansive definition of the patient experience. More broadly defined, the patient experience is about delivering safe, high-quality care in a patient-centric environment. Together, these three elements make up a unifying vision of “the patient promise,” which both advances the patient-centered goals of value-based health care and reflects the caring mission that resonates with providers and fulfills their role as clinicians.

Pursuing strategic alignment of these three elements also allows leaders across the organization to consider and optimize operational synergies. For example, an executive rounding program that may have initially been designed as a patient experience improvement effort should broaden its scope to include rounding for safety and quality as well. Patient safety measurement reporting should include narratives about how patients were—or perhaps were not—protected from harm. Quality indicators, such as readmission and pressure injury rates, should be discussed in the context of the impact that improvement has on patients’ overall experience of care.

To create and sustain an environment in which teams across vertical areas of influence work and perform together toward the shared goal of delivering on the patient promise, health system leadership should first assess the level of interconnectivity that currently exists within their organizations.

1. Does your organization strongly link safety, quality and experience together?
2. How are the linkages made?
3. How are safety, quality and experience reported? Is there a balanced scorecard?
4. What would front-line employees say about the linkages?
5. Do employees, nurses and physicians identify HCAHPS surveys as satisfaction surveys, or do they appreciate the applicability to safety and quality as well?

6. Do you have joint tactics that integrate all three areas?
7. Have you conducted an organizational assessment and inventory of strategies and tactics and linked safety, quality and experience to each tactic?

As with the previous assessments, the answers to these questions should inform strategic planning and the implementation of tactics to attain the most value from the interrelationships between the safety, quality and experience of care.

- Create a narrative that incorporates the interconnectedness of these considerations and celebrates the critical importance of synergy.
- Ensure that leaders across the organization, particularly those driving operations in the vertical areas of influence, embrace the narrative and message it consistently to their teams.
- Leverage the performance data demonstrating directional relationships across areas of influence to make the messaging more effective.
- Form a multifunctional team comprising safety, quality and patient experience stakeholders that meets regularly to promote and manage alignment and integration.
- Inventory every tactic that touches patient care and consider how the unifying vision of the patient promise reflects and is reflected by each effort.

4. Drive change using data and transparency

Without exception, high-performing health care organizations use data strategically to achieve and sustain their performance goals. While their practices and processes may vary, their reliance on robust, reliable data to drive a culture of continuous improvement is steadfast. They understand the value of consistent measurement to monitor performance, ongoing comparison against appropriate benchmarks to assess progress, and internal and external transparency to promote accountability across stakeholders. The emergence of cross-domain analytics makes the use of data much more powerful as it validates the true interconnectivity of not just the analysis of various areas, but also how health care operations are intrinsically connected to drive those results.

As the concept of the patient experience expands to include safety and quality, a robust data strategy that incorporates all three domains, as well as organizational stewardship data such as workforce engagement and financial outcomes, becomes an invaluable competitive differentiator. By providing an accurate picture of performance across all of these areas, a balanced scorecard driven by advanced, integrated measurement capabilities and statistically valid samples offers an enterprise-wide view of strengths and weaknesses that serves as a launching pad for more focused analyses at the business unit level. Further, internal and external transparency of these key performance indicators drives awareness of their relevance to the patient promise and support for improvement efforts.

⁹ S.J. Weaver, S.M. Dy, and M.A. Rosen. "Team-training in healthcare: a narrative synthesis of the literature." *BMJ Quality & Safety* 23, no. 5 (May 2014): 359–372. doi: 10.1136/bmjqs-2013-001848.

¹⁰ "Rules of Engagement: Assessing and Addressing Employee Engagement and Readiness for Change." 2017, Press Ganey Associates, Inc.

To self-assess progress on the data and transparency journey, health system leadership should consider the following questions.

1. Can you identify the key areas and the associated data points that leaders are required to follow? For example, from the board to the front lines, what safety, quality, experience, engagement and financial metrics are followed?
2. Do you have a balanced scorecard that includes these key areas?
3. Do all leaders follow the same enterprise scorecard?
4. Is the organization internally transparent with its data? For instance, do front-line managers see all safety, quality and experience data?
5. Is the organization externally transparent with its data, and if so, which metrics are shared publicly?

The answers to these questions should be used to inform the development of a strategy that guides how the organization engages with, executes on and leverages data every day across all business functions to deliver on the patient promise. Although it plays a critical role in driving organizations forward on their patient experience journeys, the power of data can only be realized when leadership sets a clear and concise strategy for using it to identify opportunities for improvement and implement solutions. Insights without action cannot drive change.

Developing a data strategy requires identifying which metrics will be followed and how they will be reported and cascaded through the organization; defining a follow-up loop to ensure that data points are regularly used and results are tracked; and establishing guidelines to determine when further analysis is required.

Following are some of the critical elements of a successful data strategy.

- Define which metrics will be the focus of the organization's attention and include these on the balanced scorecard.
- Link each enterprise goal to appropriate associate metrics, and make sure they are reflected on the balanced scorecard.
- Select key metrics for each critical strategic focus area at the enterprise and business levels.
- Standardize the look and feel of the metrics displayed on the scorecard, and standardize reporting across the enterprise.
- Support and encourage universal and transparent access to the data.
- Teach leaders and managers how to use data and metrics to set and achieve organizational goals, and provide coaching to help leaders and managers message the data strategy in the context of the patient promise narrative.
- Establish a regular schedule for reviewing the data with leaders to help inform decisions to drive culture change.

5. Transform culture and leadership

Workforce alignment with the mission and vision of an organization has been identified as a key driver of organizational performance in measures of safety, quality, experience and financial stewardship. It follows, then, that organizational culture—the values and behaviors that contribute to the environment of an organization—is the breeding ground for transformation. In order for integrated improvement efforts to take root and thrive, the culture must be ready to accept them. A supportive culture doesn't just happen. Rather, it requires active and continuous cultivation to support the confluence of purpose, people and processes that rely on its foundation. The degree to which strategy, systems, processes and leadership will influence an organization's ability to deliver on the patient promise rests on the health of its culture.

A healthy, supportive organizational culture is one in which every member believes they have a role in the organization's ability to achieve its objectives. Toward this end, all the people of the organization—from the board to the front-line caregiver, and every clinical and nonclinical employee—must be aligned around the mission, vision and values of the organization. Attaining this level of alignment requires a robust human resources infrastructure that takes into account the entire talent management life cycle of hiring, onboarding, development, performance management, rewards and recognition, and engagement.

Health system leaders seeking to determine whether their organization's culture is prepared to support the transformational change needed to deliver on the patient promise should ask these questions.

1. Does HR leadership coordinate with the leaders of quality, safety and experience?
2. Is the approach to HR transactional or strategic?
3. Is the goal of workforce alignment and engagement reflected in all steps of the strategic talent management life cycle?
4. Does the organization measure workforce engagement, and if so, how is that information leveraged to nurture a healthy and supportive culture?
5. Does the organization measure burnout?
6. What specific policies and procedures are in place to support employee wellness?
7. How are the mission, vision and values of the organization linked to behavior?
8. Would employees say that leadership and the organization care about them?
9. Does the organization offer leader and manager development opportunities?
10. Are there regular efforts to ensure that employees have access to a career ladder?

Regardless of where an individual system or organization falls on the alignment spectrum, the following tactics can help establish, enhance and sustain a robust organizational culture.

- Involve HR leadership in the transformational patient experience strategy, and ensure that the chief human resources executive partners with safety, quality and experience leaders to understand and communicate the role that each plays in delivering on the patient promise.
- Set clear expectations for managers and leaders on their roles and responsibilities, and also understand how their performance will be monitored, evaluated and recognized.
- Clearly articulate the mission, vision and values of the organization, and ensure that everyone understands their role in supporting them.
- Build a strategic talent management infrastructure to reflect and support all key components of the talent management life cycle, including critical elements such as hiring for fit, onboarding, performance management, rewards and recognition, engagement and individual development.
- Conduct engagement surveys and use the results to inform engagement strategies based on workforce readiness for change, leadership development opportunities, and coaching and readiness planning for leaders and teams with low engagement.
- Make sure each step of the talent management life cycle incorporates the organization's themes around safety, quality, experience, engagement and financial stewardship.
- Provide employees, managers and leaders with continuous development opportunities to strengthen individual and team competencies that contribute to a healthy culture.
- Develop clear career ladders for every employee so that they have and understand the opportunities for growth and progress in their careers.
- Develop a program to measure, monitor and act on burnout, and to build resiliency.
- Develop an employee health committee to provide support for employees in need.

6. Focus on accountability and execution

Leaders of successful organizations leverage accountability to ensure execution of strategy. In practice, this means translating vision and strategic direction into clear and specific goals, objectives and actions; utilizing performance metrics to assess progress; and establishing systems of accountability so that each individual and team knows what is expected of them and how those expectations fit into the overall performance picture.

Execution and accountability are not intuitive tasks. They have to be taught and continuously reinforced by setting and articulating expectations; attaining input and agreement on measures of successful performance; explicitly defining the opportunities, rewards and consequences of strategic execution; actively motivating and coaching leaders and managers; and regularly reviewing progress.

Further, a robust clinical and operational process improvement framework must be part of an organization's overall strategy. Process improvement must be applied to all elements of operations, and all leaders and managers should have a working knowledge of continuous improvement principles.

The following questions can be used to gauge the readiness of an organization to execute on transformational strategy.

1. Does the organization have an operating model to help drive organization and execution of the work?
2. Does the organization set clear goals and objectives for the enterprise?
3. How does the organization cascade goals?
4. Are goals and performance measures linked to performance evaluations?
5. Does the organization continuously develop leaders and managers with critical competencies to help them be successful?
6. Does the organization have a balanced scorecard and business intelligence infrastructure to keep key information in front of leaders?
7. Does the organization have a performance team or access to process performance improvement experts?
8. Has the organization nurtured an organizational culture that empowers every member of the workforce to be a problem solver?
9. Have managers and leaders been taught the skills to improve?

To increase the likelihood that transformational strategies will be successfully deployed, health system leadership should actively focus on improving execution by ensuring that managers have a clear sense of their respective roles and responsibilities, strengthening the link between performance and rewards, and empowering individuals to make decisions that relate to the performance areas for which they're accountable.

Implementing the following high-value tactics can help achieve these outcomes.

- Take inventory of current tactics, retain those that work, fix those that don't and adopt new best practices.
- Develop enterprise and business unit accountability forums, such as quarterly scorecard meetings, to reinforce accountability.
- Embed performance goals in every leader's and manager's performance evaluation.
- Develop a robust process and performance improvement team.
- Create an enterprise operating model that incorporates key goals and objectives aligned with performance metrics.

Conclusion

Health care organizations have a tremendous opportunity to advance the industry through a more integrated approach that contemplates and acts upon the interdependencies of safety, quality, experience and workforce engagement. Achieving convergence around these dimensions in both strategy and tactics provides health care leaders with the opportunity to drive greater improvement within their organization and across the continuum of care for their patients.

The Transformational Principles, assessment tools and high-value tactics described in this report provide leaders with a robust strategic framework to achieve these objectives by analyzing the interdependencies of safety, quality, experience and workforce engagement; facilitating the convergence of leaders across these areas to act on the resultant insights; and nurturing an environment in which teams work together toward the shared goal of delivering on the patient promise.

By breaking down the barriers that impede communication and collaboration across teams and aligning the health care workforce with the organization's mission to optimize all aspects of the care experience, health care leaders can chart a course toward sustainable transformation.

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