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Kathleen G. Spangler

Bellarmine University, kspangler2@bellarmine.edu

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Improving Patient Satisfaction
by
Utilizing a Chief Experience Officer

Kathy G. Spangler

DNP Project

Bellarmino University

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Abstract

With the rapid changes in healthcare and rising costs, improving the patient experience has emerged as a vital healthcare priority among all nations. Many healthcare organizations have responded by creating positions such as the Chief Experience Officer (CXO). This person can play a crucial role as the system champion to lead initiatives to help hospital staff, administrators, and executive leaders focus on patient satisfaction, thus leading to improved patient outcomes/experiences. A descriptive nonexperimental survey design was used to evaluate this project, with the aim of validating the positive influence of the CXO in improving patient satisfaction and experience within the Emergency Department (ED) at Landstuhl Regional Medical Center (LRMC), Germany. Interactive Customer Evaluation (ICE) surveys were completed by patients who received care in the Emergency Department at LRMC in Germany from August 2020 to May 2021. The two critical questions that capture the nominal variables of interest were “were you satisfied with your overall experience” and “did the product or service meet your needs.” After the CXO onboarding in Dec 2020, the rating for these two variables increased significantly, by 50%, within 30 days. To date, there has been little empirical research to validate the CXO position; however, this project was able to show statistical significance with a moderate association between the implementation of the CXO position and improved patient satisfaction, within the LRMC ED setting. The CXO can be a key enabler within any healthcare setting to elevate the culture to the next level.

Introduction

In many healthcare settings, the goal is to create a highly reliable organization that results in an enhanced patient experience with improved quality, safety, and satisfaction of the patient. Hospitals and health plans now have incentives tied to the quality of their customer experience,

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and patient-centered care is viewed as fundamental to increasing the value of health care delivery by improving quality and lowering costs (Manary et al., 2015). The Hospital Value-Based Purchasing (VBP) Program rewards acute-care hospitals with incentive payments for their quality, versus the quantity of care they provide to patients with Medicare, and the patient experience reflects 30 percent of the total score (Carlson, 2015). Cleveland Clinic estimated that the hospital VBP incentive payments amount to 8 million dollars for the main Cleveland Clinic campus alone (Carlson, 2015). Therefore, to meet the competing healthcare demands in an increasingly competitive market, hospitals need to improve their healthcare delivery to optimize patients' satisfaction with their healthcare experience.

As a result, senior leadership at United States (U.S.) hospitals have increased efforts to improve the patient experience. One significant step has been introducing the Chief Experience Officer (CXO) position to help improve the patient experience, thus improving overall healthcare outcomes. (Carlson, 2015). In 2006, the Cleveland Clinic underwent a much-needed cultural and organizational makeover to answer this call. The first-ever "Chief Experience Officer" was developed to help enhance the patient experience; charged with raising the institution's commitment to ensuring a high-quality patient and family experience and humanizing healthcare delivery, which includes focusing on the caregivers as well (Carlson, 2015). Other senior leaders at many U.S. hospitals have also increased efforts to improve the patient experience by utilizing CXO-like positions (J. Blake, personal communication, Oct 29, 2019). In addition, the positive impact of the CXO has contributed to increased and effective communication among the employees that has led to improved patient satisfaction as well (Mitra et al., 2019).

Based on the evidence reviewed on the positive impact of the CXO, this project seeks to validate further how the CXO can positively influence overall patient satisfaction and the

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experience within the ED of a military medical treatment facility. An examination of several keys patient satisfaction scores within the Landstuhl Regional Medical Center (LRMC) Emergency Department (ED) demonstrated the need for improvement in overall patient satisfaction. Patient satisfaction data were collected from August 2020 to November 2020 and showed that only 13 of 23 (57%) patients were satisfied with their overall experience, and only 10 of 17 (59%) patients felt the product or service met their needs. Therefore, Landstuhl Regional Medical Center (LRMC) hired their first-ever Chief Experience Officer in November 2020 to address the patient's concerns.

Background

A study conducted by Gierlinger and team was the most insightful regarding the effectiveness of the Chief Experience Officers (2019). The Culture Leaders in the study transformed the organizational culture from a focus on service excellence to a focus on patient experience (Gierlinger et al., 2019). Their work described how the implementation of a Culture Leader (CL) structure aided in improving patient experience performance in one U.S. healthcare system in New York. This concept is similar to use of CXOs within the healthcare setting. The intention was for the CLs to engage key stakeholders within the strategic pillars of culture, care delivery, hospitality, and accountability. The researchers concluded that the CLs helped improve overall patient and team member satisfaction and were force enablers of improving the patient experience (Gierlinger et al., 2019).

In an interview with the Chief Medical Officer (CMO) at Andrew Rader Army Health Clinic, the CMO noted marked improved patient satisfaction in the facility after the addition of the CXO. Additionally, some new duties of the CXO were to facilitate monthly Patient Advisory Council meetings and meet daily/weekly with the hospital team (employee) members

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to discuss concerns/issues (J. Blake, personal communication, Oct 29, 2019). She attributed the new CXO role to improving the overall patient satisfaction scores, and because these metrics are linked to a Military Health System incentive program, the clinic earned an additional \$173,000 for their much-improved patient satisfaction scores.

Other evidence showed how the CXO role was also instrumental in non-healthcare settings, such as IBM. At IBM, the Chief Resource Officer realized the value of having the CXO and commented on how “great employee experience (EX) leads to great customer experience (CX).” Independently, each function leads to valuable relationships — with customers and employees — but when CX and EX are managed together, they create a unique, sustainable, competitive advantage” (Lee Yohn, 2019, p. 2). IBM further reported that 76% of executives said improving customer experience (CX) was a high or critical priority, and many companies have established a C-level position, like the CXO, to oversee it (Lee Yohn, 2019).

Mitra and colleagues (2019) explored the United Kingdom (UK) healthcare system and the organizational and individual characteristics that lead to effective collaboration among senior healthcare leadership. These attributes have been shown to contribute to effective communication and the overall patient experience (satisfaction). It was acknowledged that the changing healthcare system depended on the presence of strong organizational leadership in efforts to enhance the overall patient experience. Study findings indicated that the fundamental keys to improving communication among healthcare team members are to understand the roles and responsibilities of co-workers and ensure effective communication tools are utilized daily throughout the organization (Mitra et al., 2019). Positions such as the CXO could be a force multiplier within the National Health Service (NHS) setting to improve the organizational leadership and thus enhance the patient experience.

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Boamah (2018) found that the critical attributes that highlighted and contributed to increased team member satisfaction were competence, caring, and effective communication. It was also noted that satisfied employees led to increased patient satisfaction and overall improved patient experience. This study emphasized the requirement for team member and patient satisfaction, and the need for effective communication, and that these qualities can lead to better health outcomes and thus an improved patient experience. This illustrates another example where the CXO can be the change agent to help facilitate positive communication among employees, fostering a good patient experience.

The establishment of CXOs can play a crucial role as the system champion to lead initiatives that can help focus on patient satisfaction, thus leading to improved patient outcomes/experience. An added advantage of the CXO role is the positive impact the CXO can also have on employee experience. In addition, this pivotal role can be a force multiplier on the delivery of care, especially within the military healthcare system.

Methods

A descriptive nonexperimental survey design was used to evaluate patient satisfaction within the LRMC Emergency Department before and after the onboarding of a Chief Experience Officer (CXO). Landstuhl Regional Medical Center (LRMC) is the only forward-stationed medical center for U.S. & Coalition forces, Department of State personnel, and repatriated U.S. citizens. It is the largest U.S. hospital outside the United States, where it serves as the only military medical center for more than 205,000 beneficiaries throughout Europe, the Middle East, and Africa (LRMC, n.d.). Patient satisfaction and experience data was compiled over 9 months from the Interactive Customer Evaluation (ICE) surveys obtained from patients who received care in the Emergency Department at LRMC in Germany from August 2020 to May 2021. This

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survey is comprised of two “yes or no” questions that allow patients to provide feedback on services, to include the patient experience. Data were de-identified of any patient or employee information and were provided by the Quality Improvement department. Institutional review board (IRB) approval was also obtained from the LRMC Human Research Protection Program.

The two critical questions that capture the nominal variables of interest are “were you satisfied with your overall experience” and “did the product or service meet your needs.” The variables of interest were examined for anomalies and for meeting the assumptions of our analyses. Based on the review of the evidence, analysis of the ICE survey scores is important to determine if there is an association of the CXO on the overall patient satisfaction and experience within the ED setting and then to further determine the magnitude and the direction of the relationship. Inferential statistics were used to evaluate the impact of the CXO on the overall patient satisfaction within the LRMC ED. The ICE survey scores were considered nominal level data. Therefore, a Chi-Square test was used to evaluate the relationship between survey scores and onboarding of the CXO.

Baseline scores (August 2020 –November 2020) were determined before the CXO onboarding in December of 2020. From December 2020 to May 2021, the CXO implemented the following initiatives:

1. Met with ED leadership/staff to discuss patient experience trends
2. Visited various daily huddles at the ED
3. Conducted patient mapping with ED staff (see Figure 2)
4. Observed patients in the ED environment and discussed observations and lessons learned to leadership.

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The same two scores from the ICE surveys were examined and compared to the baseline data January through May, 2021 to assess the CXO's influence on the ED environment.

Unfortunately, the CXO was unable to stay until the completion of the project and departed in early April 2021.

Results

Data were analyzed using Statistical Package for Social Sciences Software (version 27) (IBM Corp, 2020). A total of 93 respondents completed the survey question related to patient satisfaction, and 81 answered the question related to patient needs being met, from August 2020 to May 2021 (Table 1). Data were plotted on a bar graph monthly and shared with leadership team members and ED employees to monitor outcomes (Figure 1). The "overall patient satisfaction" rate increased from 50% in December 2020 to an average of 93% January through March 2021. The Chi-Square test revealed a statistically significant [$X^2(1, N = 93) = 11.76, p = .001$] positive, moderate relationship (Phi = .356) between onboarding of the CXO and overall patient satisfaction (Table 2). However, statistical significance was not found [$X^2(1, N = 81) = .604, p = .437$] between the CXO and the "overall needs met" question (Table 3), although scores were at or above 90% during the time the CXO was at the facility (Table 1).

Discussion

Due to the growing changes within healthcare, ensuring a good patient experience is crucial as organizations strive to be highly reliable. With financial incentives tied to the quality of their customer experience and patient-centered care, hospitals must increase the value of health care delivery by improving quality and lowering costs (Manary et al., 2015). Therefore, positions such as the Chief Experience Officer can help hospitals focus on the overall patient experience, thus improving overall healthcare outcomes.

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This project showed statistical significance with a moderate association between the use of the CXO in the ED setting and improved scores for patient satisfaction. To date, there has been little research to validate the CXO position. The correlation between improved patient satisfaction and the CXO in the ED setting, is only a small sample of how CXOs can positively impact the entire hospital. Although there were no significant findings discovered between the CXO and the “overall needs met,” scores improved and with collection of more data over an extended time, it could positively impact all aspects of the ICE survey.

Although this project showed a correlation between the CXO and improved “patient satisfaction” within the LRMC ED, it did have some limitations. The small sample size of 93 participants may have reduced statistical power, as a result of increased variability. In addition, there may have been some “selection bias” due to the area where the project took place. By only considering the ED setting, the results may not accurately indicate the overall patient experience within the entire hospital.

These findings demonstrate to healthcare administrators and leaders how the Chief Experience Officer may be a value-added position, within any healthcare setting. The project saw not only the positive effect the CXO has on patient satisfaction, but also employee satisfaction. Roles and responsibilities of the CXO are summarized in Figure 2, which illustrates how this position can become a system champion for the patient experience and, in turn, is the key enabler for staff to help improve communication, professionalism, empathy, processes/procedures, coordination of care, and overall safety.

Conclusion

Changes to the patient experience approach need to be adopted to meet the competing healthcare demands. There is a recognized correlation between the patient experience and health

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outcomes, if both the patient (customer) and employee needs are met. Positions, such as the Chief Experience Officer, have been created in order to address those needs. This project's findings highlight the potential positive impact of the CXO within any healthcare setting, thus improving patient outcomes/experience.

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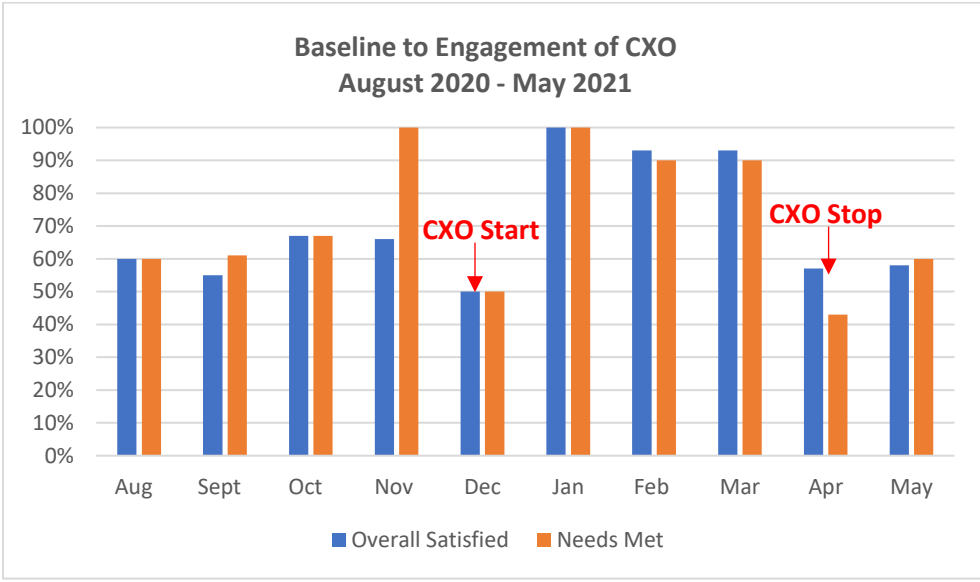
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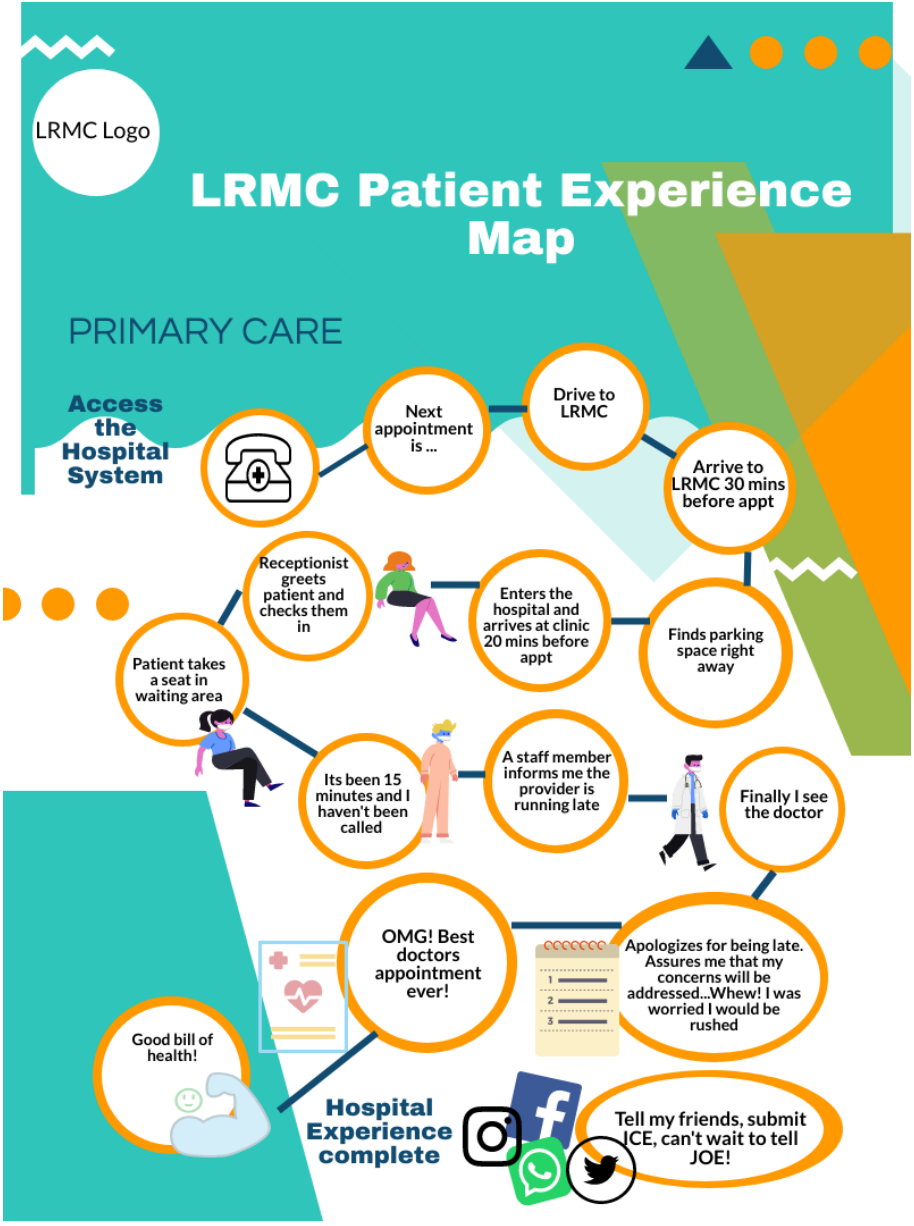
Figure 1



NOTE: CXO Engagement shows ICE data trending above 90% Satisfaction from Jan '21 - March '21. CXO was not able to continue after March. Satisfaction rates began to decline.

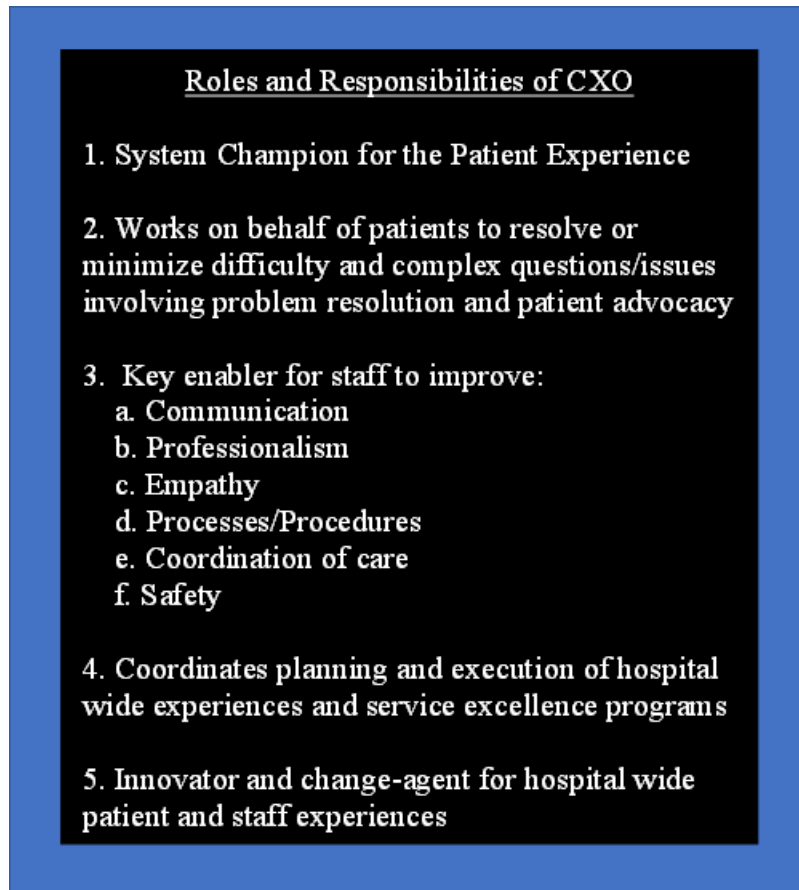
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Figure 2



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Figure 3



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Table 1*Baseline to Engagement of CXO*

Month	Overall Satisfied%	# Respondents	Service Met Needs	# Respondents
August	60%	5	60%	5
September	55%	18	61%	18
October	67%	3	67%	3
November	66%	5	100%	5
December	50%	6	50%	6
January	100%	8	100%	7
February	93%	15	90%	10
March	93%	14	90%	10
April	57%	7	43%	7
May	58%	12	60%	10
Total		93		81

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Table 2*Chi-Square Tests*

	Value	df	Asymptotic Significance (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	11.759 ^a	1	.001		
Continuity Correction	10.240	1	.001		
Likelihood Ratio	12.549	1	.000		
Fisher's Exact Test				.001	.001
Linear-by-Linear Association	11.632	1	.001		
N of Valid Cases	93				

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 12.48.

b. Computed only for a 2x2 table

Symmetric Measures

		Value	Approximate Significance
Nominal by	Phi	.356	.001
Nominal	Cramer's V	.356	.001
N of Valid Cases		93	