

CAMA

WHITE PAPER

PATIENT EXPERIENCE

DESIGN PRINCIPLES THAT NUDGE HEALTHY BEHAVIORS

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CAMA FOCUSES ON TWO FUNDAMENTAL COMPONENTS OF ALL HEALTHCARE EXPERIENCES: TOUCH POINTS & THE TIME BETWEEN

TOUCH POINTS

Touch Points refer to those moments when caregivers or other hospital staff engage directly with patients and/or family. CAMA explores how specific design features can enhance these human interactions to improve communication, increase understanding, and reduce anxiety.

TIME BETWEEN

Time Between refers to the time patients and family spend on their own between these direct Touch Points. Drawing inspiration from other industries, CAMA explores how to empower patients and family when they have free time and how to create desirable destinations and amenities that improve the experience, addressing their emotional, physical, and social needs.



PATIENT EXPERIENCE WORKSHOPS & DEEP DIVES

WE REIMAGINE THE COLLECTION OF EXPERIENCES ACROSS THE CONTINUUM OF CARE. WE CAPTURE CREATIVE DESIGN IDEAS IN A VARIETY OF FORMATS TO HELP PROMOTE INNOVATION AND INFLUENCE FACILITY AND PROGRAM IMPROVEMENTS.

CAMA works with healthcare systems to redefine the patient and family experience through the design of the built environment. Often, this work includes the following consulting services:

- Team Orientation: Define Project's Leading Goals
- Literature Search: Establish Project's Questions
- Tour Best Practices: Explore Baseline Expectations
- Visioning with Content Experts: Set Pace for Innovation
- Design Charette: Guideline Handoffs





BRANDED EXPERIENCES & BEYOND

“WE’RE SHIFTING TO AN EXPERIENCE ECONOMY, WHERE EXPERIENCES ARE BECOMING THE PREDOMINANT ECONOMIC OFFERING.”

Nowadays, newlyweds create registry lists with hotels and airlines rather than with retailers such as Bed, Bath, and Beyond, opting to fill their passports rather than their cupboards.¹ Over 15 years ago, Joe Pine, a management advisor to Fortune 500 companies and start-ups, predicted this major shift in consumer attitudes. In his book, *The Experience Economy*, Pine explains how customers reward companies who design authentic experiences around their service offerings. In the TED Talk, *What Consumers Want*, Pine asks, “What happens when you design a service that is so appropriate for a particular person?...You can’t help but make them go ‘wow’...we’re shifting to an experience economy, where experiences are becoming the predominant economic offering.”²

Pine uses a \$4 cup of Starbucks coffee as the premier example for this growing trend. Starbucks is recognized as a leader in the branded experience business. The company has managed to differentiate itself in an extremely competitive market, an amazing feat considering that they don’t even advertise. Much of the company’s success can be attributed to the visionary leadership of CEO Howard Schutz, coupled with the branding genius of Stanley Hainsworth. In an interview with Debbie Millman for her book *Brand Thinking* and

Other Noble Pursuits, Hainsworth explains how he defines brand and the most important aspects to consider when creating a brand. Hainsworth explains, “Consumers emotionally connect with brands when the brands repeatedly provide something that the consumer wants, desires, or needs...it’s all about having a story to tell. This is what will enable you to create an experience around the brand...Examine every touchpoint and look at how you can tell one clear, consistent story.”³

Successful brands such as Starbucks, Nike, Apple, and Disney make you feel like part of an exclusive club, and gaining access is relatively easy. Ordering a Starbucks coffee may be awkward at first (one small coffee with skim milk, um, I mean one tall espresso, skinny. Wait, how much!?) but this attention to every detail including language, employee titles and uniforms, product design, packaging, store design, even how the toilet paper is folded in the bathroom, leads to brands with irresistible appeal.



PATIENTS - NOT YOUR TYPICAL CUSTOMER

"...IT'S VERY HARD FOR THE AVERAGE PATIENT TO JUDGE THE QUALITY OF THE 'PRODUCT' ON THE BASIS OF DIRECT EVIDENCE."

The branded experience is fully entrenched in our culture and many people wonder why healthcare lags so far behind. All too often, a patient's personal experience fails to align with the healthcare experience promised in slick marketing campaigns. Pine cautions that this is one of the worst mistakes a company can make. He explains, "...The easiest mistake that companies make is that they advertise things that they are not...the number one thing to do when it comes to being what you say you are, is to provide places for people to experience who you are."⁴

Books such as *If Disney Ran Your Hospital*⁵ and articles like *Why Isn't Health Care More Like Starbucks?*⁶; *The Doctor's Office Of The Future: Coffeeshop, Apple Store, and Fitness Center*⁷; and *Is This a Hospital or a Hotel?*⁸ demonstrate the growing demand for better healthcare experiences and the higher expectations of consumers.

The products, services, and experiences offered by most retailers are easy for consumers to evaluate. You may not fully understand the underlying technology of an iPhone, but it is the retailer's responsibility to present options in a clear and convincing way. Consumers hold the purchasing power and determine if the need or desire for a particular product is worth the price.

Healthcare services on the other hand are very difficult for people to evaluate, and often healthcare providers seem to hold all the power, especially since the patient is in a compromised state due to illness or injury. As anxious patients try and gauge quality, they often focus on aspects of the experience that they can easily understand such as a compassionate nurse or a clean bathroom. In the article, *Clueing in Customers*, service expert, Leonard Berry, advises health organizations to more carefully consider all the environmental clues that factor into a customer experience especially since the product is so difficult to judge. He explains,

*"...It's very hard for the average patient to judge the quality of the 'product' on the basis of direct evidence. You can't try it on, you can't return it if you don't like it, and you need an advanced degree to understand it – yet it is vitally important. And so, when we're considering a doctor or a medical facility, most of us unconsciously turn detective, looking for competence, caring, and integrity – processing what we can see and understand to decipher what we cannot."*⁹

Often it is the most tangible aspects of the environment such as parking, nursing service, housekeeping, and food service that leave a lasting impression and influence a patron to recommend the facility to family and friends. In fact, studies suggest that many people choose a hospital based on the amenities provided rather than for its clinical reputation. A recent article in the *New England Journal of Medicine* found that "patients themselves said that the nonclinical experience is twice as important as the clinical reputation in making hospital choices."¹⁰

THERAPEUTIC RELATIONSHIPS

Psychologist, Kathy Torpie argues that the recent preoccupation with hospitals investing in hotel-like amenities stems from the misguided assumption that patients should be thought of as traditional customers. In the article, *Customer service vs. Patient care*, Torpie writes, “‘Customers’ are generally well people who enjoy elevated status by virtue of their potential to purchase goods or services. Patients, on the other hand, are (by current definition), not well. Their status is greatly reduced by illness or injury that renders them vulnerable, frightened, often in pain, medicated, exhausted and confused. In spite of these limiting factors, patients sometimes have to make important, often complex, decisions in a short time frame. The ‘goods’ they are purchasing are a return to health and the ‘services’ they seek often require an unspeakable level of trust in their ‘service provider.’”¹¹

Unlike retail experiences, even those from Apple and Starbucks, healthcare experiences are always memorable. Across the entire spectrum of care, from the routine blood draw all the way to the life-saving operation, the act of receiving medical care is incredibly personal. As we cope with our own vulnerability and entrust our health and wellbeing to our care team, we experience a range of emotions. Under such stressful circumstances, patients have very basic needs. According to Press Ganey, “patients want to feel as if they are the most important people on the staff’s mind. They want to be kept informed, talked to (not at) and to be active participants in their own treatment.”¹²

But all too often these fundamental needs are not met and patients are left “waiting for an unknown person, to do an unknown thing, at an unknown time,” says Mary Malone, President of Malone Advisory. Torpie believes that outstanding healthcare experiences, or therapeutic relationships, result when the emotional needs of the patient have been met. She explains,

*“A therapeutic relationship focuses on care for an individual more than on service to a customer. It requires connection, respect and compassion...The clinical, interpersonal and communication skills necessary to ensure that the patient is safe, comfortable, cared for and included in treatment planning are what generates not only patient satisfaction, but gratitude.”*¹³

The best brands tap into our emotions and build a loyal following of customers. Purchasing their products and services feels good. Rarely, though, do these experiences make us feel grateful. But ask anyone who has had a truly outstanding healthcare experience such as a successful surgery, the birth of a baby, and even under less desirable circumstances such as making a loved one comfortable at the end of their life, and people speak passionately about the people who cared for them and how indebted they feel to them. Healthcare organizations recognized for their compassionate, inclusive, and empowering patient-centered experiences rarely need any marketing campaigns at all.



TREATING PEOPLE

"IF YOU COULD STAND IN SOMEONE ELSE'S SHOES. FEEL WHAT THEY FEEL. WOULD YOU TREAT THEM DIFFERENTLY?"

Cleveland Clinic is recognized as a leader in the patient experience movement. Many institutions look to Cleveland Clinic for inspiration and their annual *Patient Experience: Empathy & Innovation Summit* grows larger each year. Since 1975, Dr. Toby Cosgrove has served as Cleveland Clinic's President and CEO and he has greatly influenced the patient experience movement. For his annual State of the Clinic address, Cosgrove shared the video *Empathy* with the Cleveland Clinic staff. The powerful video reveals the personal thoughts and feelings of people healing and working within the hospital. The video concludes by asking, "If you could stand in someone else's shoes. Hear what they hear. See what they see. Feel what they feel. Would you treat them differently?"¹⁵ Since published in 2013, the video has received over 2.5 million views on YouTube.

In an interview, Cosgrove admits that Cleveland Clinic was once an organization that provided exceptional clinical care, but too often failed to meet patients' emotional needs. He discusses candidly how his perspective on patient care has shifted over the course of his career. He describes a pivotal moment, when as a guest lecturer at Harvard Business School, a student asked him, "Dr. Cosgrove do you teach empathy?" The question left Cosgrove speechless and caused him to reflect, "...as a resident, we used to lose about 20% of

*our patients...Death was the enemy, and I spent all of my time concentrating on the technology that would reduce the mortality of cardiac surgery...It used to be that if a patient survived, they were incredibly thankful...Currently, people expect to survive, but they also expect someone who is going to be there with them to help them through a traumatic experience..."*¹⁶

Cosgrove is not the first doctor to be criticized for treating the disease, rather than the person. Western medicine fights illnesses first with state-of-the-art technology, and this influences medical training, treatment, and the design of hospitals. In the 1970s, healthcare design was called *institutional design*, and medical equipment and its required supportive infrastructure greatly influenced the planning and design of healthcare facilities. Technological and scientific advances had begun to overshadow the most basic needs of patients and many people began to voice their concerns.

A series of negative hospital experiences inspired Angelica Thieriot to imagine a more holistic model of care. In 1978, she founded the organization Planetree in an effort to humanize the healthcare experience. Other leaders in the patient-centered care movement included Harvey and Jean Picker. In 1986, they formed the Picker Institute to advocate for the concerns and comforts of patients. Today, the Institute for Patient and Family-centered Care continues to carry out the Picker's vision promoting the core concepts of dignity and respect, information sharing, participation, and collaboration.¹⁹



SATISFACTION VS. EXPERIENCE

In 1985, Dr. Irwin Press and Dr. Rod Ganey developed a survey to measure patient satisfaction as a means to improve performance. Today, Press-Ganey partners with more than 26,000 health care organizations in their efforts to measure and improve patient satisfaction.²⁰

In 2002, The Centers for Medicare & Medicaid Services (CMS) developed the first national, standardized, and publicly reported patient satisfaction survey. The resulting HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems or "H-caps") Survey collects feedback from recently discharged patients about aspects of their hospital experience including: Nurse Communication; Doctor Communication; Responsiveness of Hospital Staff; Pain Management; Communication About Medicines; Discharge Information; Cleanliness and Quietness of Hospital Environment; Overall Rating of Hospital; and Willingness to Recommend Hospital.²¹

Beginning in 2007, CMS reimbursements became contingent on the collection and publicly reporting of HCAHPS data. The Hospital Compare website allows the public to search for a hospital by name or location and compare satisfaction scores against competitors and the national average. Recently, CMS has added Star Ratings to the website to help consumers digest survey results more quickly and highlight facilities who demonstrate excellence.²² This greater transparency and the financial implications have greatly motivated healthcare systems to devote more time and resources to improving the patient experience.

Since 2011, the Beryl Institute has published a biennial report on the state of the patient experience. The 2015 installment shares results from an on-line survey consisting of approximately 60 questions designed to gain a better understanding of what health care organizations are doing to "improve the Patient or Resident Experience across the continuum of care."²³ Over 1500 individuals responded to the survey, representing 48 states and 20 countries. The study found that although structures for addressing patient experience are now common, many health organizations have yet to clearly define it. For example, while 83% of U.S. hospitals have a formal structure for addressing patient experience, only 47% have a formal definition and 58% have a formal mandate or mission. The study found that 63% of U.S. Hospitals employ senior patient experience leaders, such as a Chief Experience Officer (CXO), but only 38% of leaders spend 100% of their time in that role. This means that "just shy of 4 in 10 U.S. healthcare organizations have leaders with full-time commitment to the patient experience." The study found a significant increase in the use of patient and family advisory committees, and respondents identified leadership and culture change as critical components to improving the patient experience. U.S. Hospitals identified the following primary areas for investment to advance patient experience over the next three years: Staff training and developments (59%); Broader culture change efforts (44%); Patient/Family engagement via advisory council (37%); Measurement to support performance improvement (33%); Patient portals/access to records (32%); and Facility upgrades (32%).



Designing Life Indoors is an ongoing series of white papers exploring how the built environment impacts health and wellbeing. Visit camainc.com to learn more.

REFERENCES

1. Rosenbloom, S. (2016, Apr. 5). Trips Not Toasters: Wedding Registries for Travel Lovers. *The New York Times*. Retrieved from <http://nyti.ms/25lJqGD>
2. Pine, J. (2004, Feb.). What consumers want. TED. Retrieved from https://www.ted.com/talks/joseph_pine_on_what_consumers_want?language=en
3. Millman, D. (2011, Sep. 27). How Starbucks Transformed Coffee From A Commodity Into A \$4 Splurge. *Fast Company*. Retrieved from <http://www.fastcompany.com/1777409/how-starbucks-transformed-coffee-commodity-4-splurge>
4. Pine, J. (2004, Feb.)
5. Lee, F. (2004). *If Disney Ran Your Hospital: 9 112 Things You Would Do Differently*. Bozeman: Second River Healthcare.
6. Volandes, A. (2015, Feb. 12). Why Isn't Health Care More Like Starbucks? *Forbes*. Retrieved from <http://www.forbes.com/sites/matthewherper/2015/02/12/the-un-starbucks-success-to-american-health-care/#3b9d35db6498>
7. Bader, S. (2013, Dec. 11). The Doctor's Office Of The Future: Coffeeshop, Apple Store, And Fitness Center. *Fast Company*. Retrieved from <http://www.fastcoexist.com/3023255/futurist-forum/the-doctors-office-of-the-future-coffeeshop-apple-store-and-fitness-center>
8. Rosenthal, E. (2013, Sept. 21). Is This a Hospital or a Hotel? *The New York Times*. Retrieved from http://www.nytimes.com/2013/09/22/sunday-review/is-this-a-hospital-or-a-hotel.html?_r=0
9. Berry, L., & Bendapudi, N. (2003). Clueing in customers. *Harvard Business Review*, 81 (2), 100-106.
10. Goldman, D.P., Romley, J.A. & Vaiana, M. (2010). The Emerging Importance of Patient Amenities in Hospital Care, *The New England Journal of Medicine*, 363:2185-2187. doi: 10.1056/NEJMp1009501
11. Torpie, K. (2014). Customer service vs. Patient care. *Patient Experience Journal*: Vol. 1: Iss. 2, Article 3. Available at: <http://pxjournal.org/journal/vol1/iss2/3>
12. Torpie, K. (2014)
13. Torpie, K. (2014)
14. Cleveland Clinic. About Office of Patient Experience. Retrieved from <http://my.clevelandclinic.org/patients-visitors/patient-experience/about.aspx>
15. Cleveland Clinic. Empathy: The Human Connection to Patient Care. Retrieved from https://youtu.be/cDDWvj_q-o8
16. Cleveland Clinic. Cleveland Clinic Culture. Retrieved from <https://youtu.be/NYnu0-PKjIM>
17. Planetree. Reputation. Retrieved from <http://planetree.org/reputation/>
18. Picker Institute. Principles of Patient-centered Care. Retrieved from http://cgp.pickerinstitute.org/?page_id=1319
19. Institute for Patient- and Family-centered Care. Retrieved from <http://www.ipfcc.org/faq.html>
20. Press Ganey. Retrieved from <http://www.pressganey.com/about>
21. Centers for Medicare & Medicaid Services. HCAHPS: Patients' Perspectives of Care Survey. Retrieved from <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/HospitalHCAHPS.html>
22. Centers for Medicare & Medicaid Services. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Star Ratings. Retrieved from <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Downloads/HCAHPSstarratingmethodology.pdf>
23. Wolf, J.A. (2015). State of Patient Experience 2015: A Global Perspective on the Patient Experience Movement. The Beryl Institute. Retrieved from <http://www.theberylinstitute.org/?page=PXBENCHMARKING2015>

IN PRACTICE



Learn more about the healing power of touch and watch the CAMA Bed Chair video at www.camainc.com/blog/2016/2/12/healing-touch

CAMA HEALING TOUCH COLLECTION WITH IOA HEALTHCARE FURNITURE

Inspired by the universal need of mothers to cuddle their hospitalized children, CAMA and IOA have collaborated on a furniture collection that harnesses the healing power of touch. In 2015, IOA launched the Healing Touch Collection with the introduction of the CAMA Bed Chair. The CAMA Chaise Sleeper became available this year, and design is underway for additional pieces. The Healing Touch Collection has received numerous awards and recognition. The CAMA Bed Chair won a 2015 Best of Year (BoY) award from Interior Design Magazine, and the CAMA Chaise Sleeper was honored as a 2016 finalist. The Collection collectively won 3 Nightingale Awards at the 2016 Healthcare Design Conference with the CAMA Bed Chair winning the prestigious "Best of Competition" award.

Project: CAMA Healing Touch Collection with IOA Healthcare Furniture
CAMA Scope: Design and Research
Status: In Progress



BRIGHAM AND WOMEN'S HOSPITAL CAMPUS FOOD MASTER PLAN

70% of Americans are overweight or obese. Guided by research, best-practices, and collaboration, CAMA's process inspires innovative design solutions that nudge healthier behaviors. For Brigham & Women's Hospital, CAMA led a multi-disciplinary team through a design thinking process that explored the role of food retail, health, and Time Between clinical experiences. The new Campus Food Master Plan nudges staff, patients, and families toward healthier food choices while additionally guiding a number of projects executed by: Brunar Cott, NBBJ, Cloud Gehshan, & Kloper Martin.

Project: Brigham and Women's Hospital, Campus Food Master Plan
CAMA Scope: Evidence-Based Design, Interior Design Consulting
Status: Completed 2015

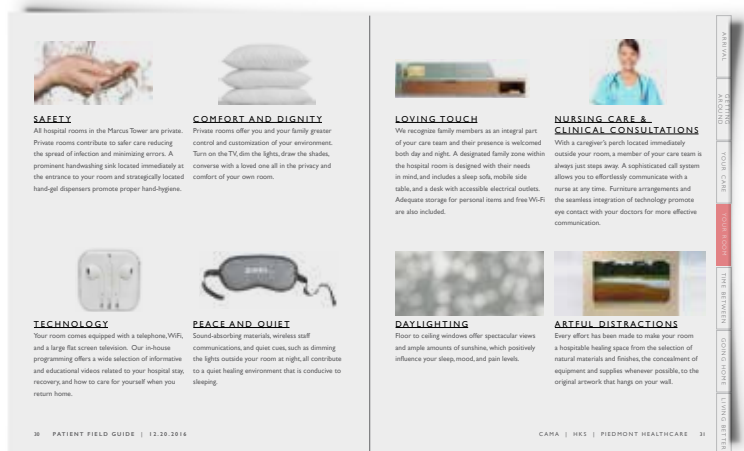
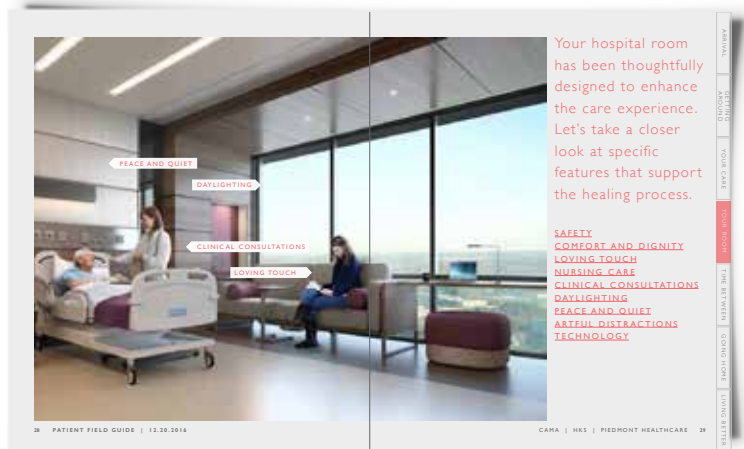
IN PRACTICE

MARCUS HEART AND VASCULAR CENTER AT PIEDMONT ATLANTA HOSPITAL

CAMA Inc., HKS Architects, and 30 other professional consulting firms have collaborated with Piedmont Atlanta Hospital to redefine the patient and family experience for a new surgical bed-tower. Construction for the Marcus Heart and Vascular Center is scheduled to begin in 2017. The first phase of this expansion will include 10 new operating rooms, 8 cardiac catheterization labs, 4 cardiac electrophysiology labs, 84 critical care beds, and 48 acute care beds.

As the experience design consultancy for the project, CAMA facilitated a series of visioning workshops with Piedmont staff and patient advisors. CAMA captured the creative design ideas generated from visioning sessions in a report, which has been updated and refined throughout the planning and design phases. The report included an exploration and enumeration of the driving forces behind the patient experience movement, highlighted industry best practices, and analyzed existing conditions at Piedmont Atlanta Hospital. The report also included several tools to aid the design team as they shaped the new Marcus Heart Tower, including a set of experiential room data sheets and maps. Currently, CAMA is working with Piedmont Atlanta Hospital's marketing team to generate the first in a series of three electronic surveys exploring how specific design features within the built environment influence experience. The surveys will be distributed to Piedmont's large network of patient and family advisors.

This body of work will culminate in the creation of a Patient Field Guide. The intention of the Field Guide is to introduce the Marcus Heart and Vascular Center to patients and their families, highlighting the Center's many thoughtfully designed and desirable design features while also situating the building contextually within Piedmont Atlanta Hospital's health campus and the surrounding community.



Project: Marcus Heart And Vascular Center, Piedmont Atlanta Hospital, Atlanta, GA
CAMA Scope: Experience Design
Architect: HKS
Size: 720,000 SF
Estimated Cost: \$465 million
Status: In Progress



IN PRACTICE

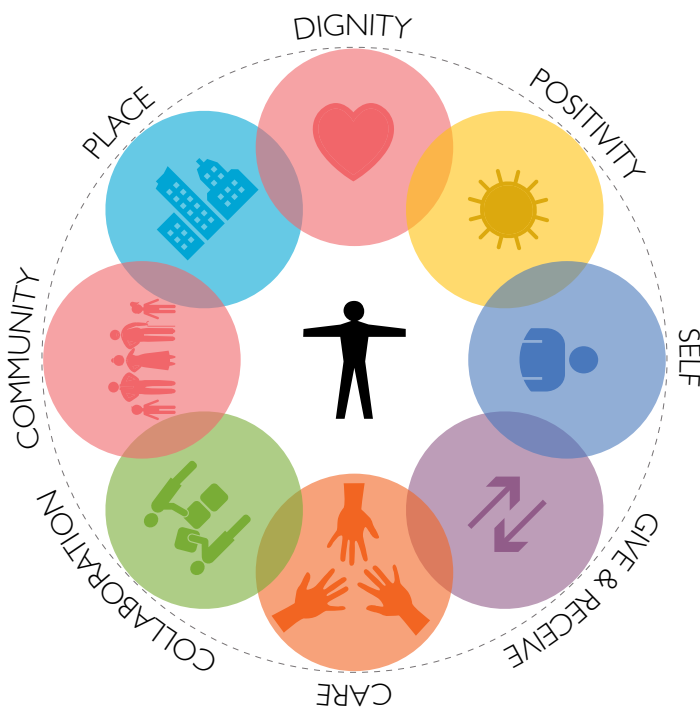


LEEWAY - COMMUNITY LIVING MODEL

Leeway and multiple stakeholders are working together to co-create a Community Living Model that will provide wrap around services and supports in the community to individuals living with multiple chronic illnesses. Leeway is respected as a pioneer in the city, and the nursing home is spoken of in high regards for its accomplished history of serving people with multiple chronic illnesses through multiple phases of care including skilled nursing facilities, residential care housing, supportive housing, and independent living. Because of these strengths, Leeway has been awarded a grant funded by the Connecticut Department of Social Services (DSS) to diversify its services.

The purpose of this project is to support personalized positive change for individuals living with multiple chronic diseases by transforming the way care management services are delivered and how health and wellness services are integrated in the community. This project aligns with existing city efforts—such as the City Transformation Plan, Healthier Greater New Haven Partnership, and CARE—and state efforts—including Money Follows the Person, Community First Choice, and No Wrong Door—to support an individual's capacity to thrive and flourish within the City of New Haven. The project emphasizes personal empowerment, through health literacy and coaching, to prepare individuals to successfully return to the community by extending multidisciplinary care management services.

Project: Leway, New Haven, CT
CAMA Scope: Evidence-Based Design Consulting; Strategy and Experience Consulting
Healthcare Consultant: HoodenPyleGil
Status: In Progress



IN PRACTICE

RONALD MCDONALD HOUSE

Schematic design is currently underway for this 42,400 SF, 37-bed facility, providing temporary housing for the families of severely ill children receiving treatment at local hospitals. Amenities will include a kitchen and dining room, family common room, library, toddler playroom, teen game room, laundry room, fitness room, and computer room.

Project: Ronald McDonald House, New Haven, CT
CAMA Scope: Evidence-Based Design, Interior Design
Architect: Svigals + Partners
Size: 42,400 SF
Estimated Cost: \$8 million
Status: In Progress



EMERSON RESORT & SPA

CAMA is working closely with the Emerson Resort and Spa to update and unify the design of interiors across the resort's campus in an effort to rebrand the Emerson as a restorative destination for wellbeing where one can replenish mind, body, and soul. Drawing inspiration from biophilic design principles as well as from the beauty of the surrounding natural landscape, this new approach to interiors utilizes materials, textures, patterns, lighting, and artwork that references nature, but also strikes the right balance between casual comfort and sophistication. This new approach is being realized in the complete renovation of a restaurant, inn rooms, spa, key public spaces, and interior and exterior signage packages.

Project: The Emerson Resort and Spa, Mt Tremper, NY
CAMA Scope: Interior Design, Art Consulting
Project Architect: Alfandre Architecture
Size: 26,470 SF
Status: In Progress



