

A Journey to Mission Experience: *Measuring Mission Through the Eyes of the Patient*

Amy E. Trueblood, MS, RN, NE-BC, and Andrea C. Bonk

The mission of an organization details who an organization is and how they strive to serve. How often do organizations measure the impact of their mission through the eyes of those they serve? OSF HealthCare was focused on understanding what efforts would be most meaningful to fulfill their mission through the eyes their patients. OSF aligned its patient experience division within mission services and journeyed to understand how patients were experiencing the mission, whether or not this made an impact on overall experience, and used the patients' voice to understand listening to be critically important to experience.

An organization's mission is its compass. It clearly defines who the organization is and why it exists. As fundamentally important as that mission statement is, most organizations do not take the time to measure how well they fulfill their mission. At OSF HealthCare, a large Catholic health care system with entities in Illinois and Michigan, we found a way to measure our mission and what it means to those we serve.

THE INTERSECTION OF EMPLOYEE AND PATIENT EXPERIENCE

The patient experience is a growing science in the health care industry, and most organizations are undertaking efforts to enhance their performance. The patient experience is more than just patient satisfaction; the emphasis isn't on *satisfaction*, but on *frequency*.^{1,2} How often did your nurses listen carefully to you? How often did your nurse treat you with courtesy and respect?¹ Gathering feedback on the experiences of our patients through Consumer Assessment of Healthcare Providers & Systems (CAHPS) surveys is a regulatory requirement. But more than that, it's given us insight into the relationships between patient experience and safety and quality outcomes and the engagement of employees.³

At most organizations, efforts to enhance the patient experience and improve employee engagement are separate concepts and work streams. It is necessary to begin to put these concepts together. A close look at the organization's mission is a great starting point, because it likely addresses the ideals of service to those inside and outside the organization, including patients and employees. More than understanding what a mission means, the goal is to understand what that mission

looks like in action. Only then can an organization operationalize behaviors reflective of that mission to make improvements that are meaningful to employees and patients.

OSF HealthCare has undertaken significant efforts to understand the experience of all employees—who we call Mission Partners—as well as the patients we serve. OSF is on a journey to understand how each person experiences our mission so we intentionally fulfill it in the eyes of those we serve.

THE OSF JOURNEY

OSF HealthCare has a rich Catholic heritage and continues to be owned, governed, and led by The Sisters of the Third Order of St. Francis. In 2017, OSF created a Center of Excellence (COE), which is organizationally aligned through OSF Mission Services. The purpose of this COE is to align structural and operational support for our Mission to be experienced by all we serve.

KEY POINTS

- **An organizational mission can be used to develop strategies to enhance experiences of patients.**
- **Patients place high value on experiencing listening during their health care experiences.**
- **Nursing leaders can make a significant impact on patient experience through focus on therapeutic communication skills of those caring for patients.**

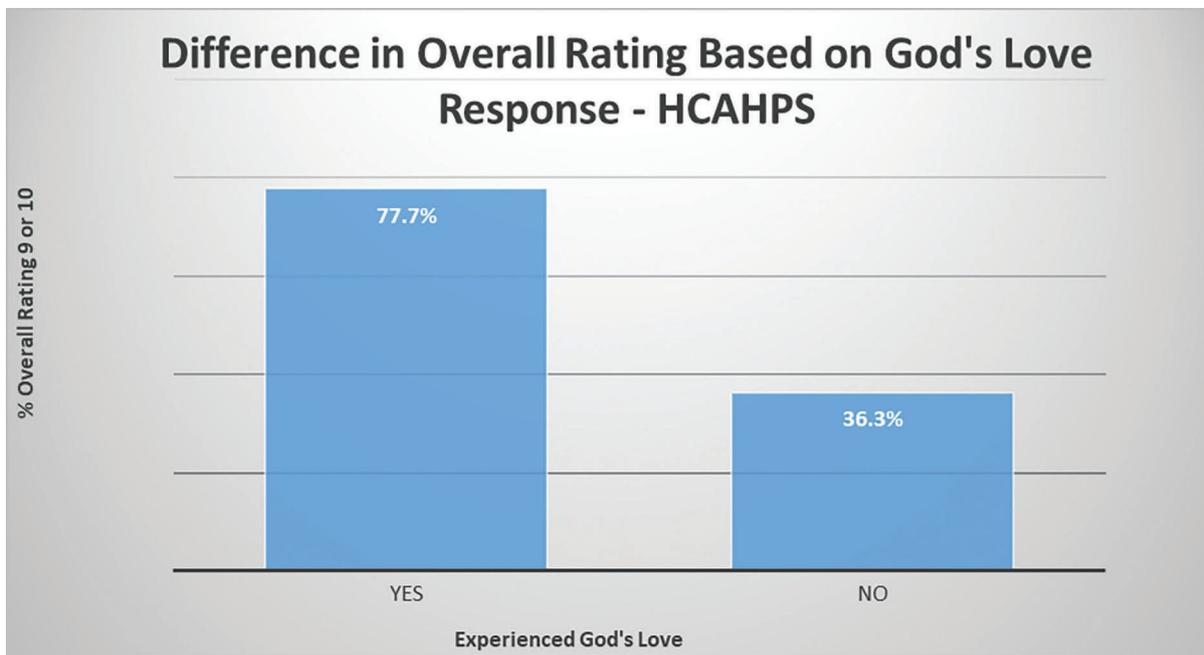


Figure 1. Overall rating and God's love.

The OSF mission:

In the spirit of Christ and the example of Francis of Assisi, the Mission of OSF HealthCare is to serve persons with the greatest care and love in a community that celebrates the Gift of Life.

The sponsorship of our Sisters provides great opportunity to explore the experience of our mission and through that, to understand what our key performance indicators need to be to ensure we are fulfilling our mission in the eyes of all we serve.

DO OUR PATIENTS EXPERIENCE OUR MISSION?

Our first step was to assess whether our patients were experiencing our mission. In order to do that, we added a custom question to our Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey. Our mission leaders, led by our Sisters, collaborated with the patient experience team to develop a question that would capture the essence of our mission, and allow us to understand whether we were fulfilling our mission with our patients. The question, “Did you experience God’s love during your stay with OSF?” was added to all inpatient HCAHPS surveys in February of 2018.

This question had significant participation from patients. To date, we have received over 7700 responses, with 96% of respondents saying, “Yes, they did experience God’s love.”

MISSION IMPACT ON OVERALL RATING

As we sought to further understand whether the experience of the mission makes an impact on the overall rating of care, as measured in HCAHPS, we filtered the data by how patients responded to the “God’s love”

question. We found that if a patient did experience God’s love, they gave a rating of “9 or 10” on the overall rating of care 77.7% of the time. Those who stated they had not experienced God’s love only gave a top box score 36% of the time (*Figure 1*).

The fact that the experience of our mission was correlated to the overall rating gave us reason to believe the pursuit of a mission experience would have an impact on our overall patient experience. Now, we needed to further understand what experiencing God’s love looks and feels like.

In order to clarify what our mission means to those we serve, we sought other feedback from people who have experienced OSF as a patient. We partnered with our marketing and communications division to gain the patient perspective on the OSF mission through the OSF Listens platform.

OSF LISTENS

OSF Listens is a free, online community of volunteers providing insight on a variety of topics. OSF HealthCare seeks feedback on topics such as patient experience, marketing messaging, online experience and consumer perspective. OSF Listens has more than 3300 members from across primary and secondary service areas of the OSF HealthCare. Membership includes patients of a variety of ages, occupations, and engagement with health care. About 19% of the panel are OSF Mission Partners.

OSF HealthCare has made significant changes to marketing messaging, online web layout, patient portal updates, and internal training models based on feedback from OSF Listens members. A typical engagement with

Table 1. OSF Listens Responses

10 Most Frequently Mentioned Words	Mentioned of 1050 Responses, n
<i>Kindness</i>	208
<i>Listening</i>	164
<i>Compassion</i>	143
<i>Love</i>	116
<i>Time</i>	107
<i>Feel</i>	105
<i>Smile</i>	98
<i>Concern</i>	93
<i>Respect</i>	79
<i>Treated</i>	72

an OSF Listens project is 3 to 4 weeks, with the ability to react faster when necessary. OSF Listens community members provide significant, measurable insight from engaged patients, consumers, Mission Partners, or other stakeholders. Members have helped us improve business objectives such as increasing speed to market, accelerating innovative products and services, and gathering patient experiences and beliefs. OSF Listens has launched more than 70 surveys since June 2015, with an average 41% participation rate.

THE MISSION IN OUR PATIENTS' WORDS: OSF LISTENS

Through OSF Listens, we asked the open-ended question: "In the health care setting, whether a doctor's office, hospital stay or anything in between, what would experiencing God's Love look like to you?"

We received more than 1000 responses and found the top 3 responses to this question were "kindness, listening, and compassion" (*Table 1*). Additionally, when the responses were filtered by Mission Partners, the top responses were consistent with "kindness, listening, and compassion."

This helped us to understand that the mission experience is very similar to our employees and our patients.

As we continued to look at various data sources to identify a key performance indicator to focus on for 2019, we also sought the data from our CAHPS partners in order to better understand correlations of questions from the HCAHPS survey.

PATIENT EXPERIENCE SURVEYS

The HCAHPS survey does not ask specific questions about kindness, though there are questions about courtesy and respect. However, there are questions related to listen-

ing regarding doctors and nurses. As we looked at OSF priority indices, we learned the questions related to "listening" on HCAHPS surveys were 2 of the top 4 correlated questions with Overall Rating of Care (*Table 2*).

The combination of the various data presents a strong case that listening is a key driver to our patient experience. We shared the information with our executive leaders and gained their support to focus on listening across OSF as a key performance indicator to our key result of "Patient Experience." About the same time, the Beryl Institute released the results of an international consumer study that also highlighted "listening" as the most important factor in the health care experience,⁴ thus providing us with even more support to move forward with a focus on listening and relationship-based communication at OSF. We knew that as we asked our leaders, physicians, and Mission Partners to focus on listening, we would need to provide a resource to help them understand what listening needed to look like and what was expected of them to ensure our patients experience our mission through listening.

THE JOURNEY CONTINUES: OSF ACTIVELY LISTENS

OSF created a resource to define what listening is at OSF and enculturate the communication model's behaviors. Although it is not the focus of this article, we wanted to provide an introduction to the OSF Actively Listens model (*Figure 2*) as an output of the work described.

OSF wanted to provide a highly reliable listening experience for all of those we serve, and we embarked on a collaborative effort with multiple disciplines represented, including human resources, organizational development, leadership, and various clinical and nonclinical specialties. We developed the OSF Actively Listens model through detailed review of the current

Table 2. OSF HCAHPS Correlations to Overall Rating

Question	Correlation	Significance	Question	Correlation	Significance
<i>Recommend the hospital</i>	0.7382	Yes	<i>Tell you what new medicine was for</i>	0.5034	Yes
<i>Doctors explain in way you understand</i>	0.6216	Yes	<i>Help toileting as soon as you wanted</i>	0.4856	Yes
<i>Doctors listen carefully to you</i>	0.6135	Yes	<i>Nurses explain in way you understand</i>	0.4758	Yes
<i>Nurses listen carefully to you</i>	0.5841	Yes	<i>Hospital staff took preference into account</i>	0.3474	Yes
<i>Nurses treat with courtesy/respect</i>	0.5593	Yes	<i>Staff do everything to help with pain</i>	0.3031	Yes
<i>Call button help as soon as wanted it</i>	0.5546	Yes	<i>Quietness of hospital environment</i>	0.2564	No
<i>Staff describe medicine side effect</i>	0.5450	Yes	<i>Pain well controlled</i>	0.2321	No
<i>Doctors treat with courtesy/respect</i>	0.5129	Yes	<i>Cleanliness of hospital environment</i>	0.2217	No
<i>Good understanding managing health</i>	0.5067	Yes	<i>Info about symptoms/problems to look for</i>	0.1868	No
<i>Understood purpose of taking meds</i>	0.5038	Yes	<i>Staff talk about help when you left</i>	0.0122	No

literature on listening and therapeutic communication. More than a clinical model, our model also incorporates virtues such as humility and kindness that reflect our mission. It is applicable to all encounters, whether caregiver to patient, colleague to colleague, leader to Mission Partner, leader to leader, or physician to physician. Our model calls for us to create an environment where the listener is present and engaged in the encounter and the person they are listening to is comforted and able to communicate truthfully.

As the journey continues for OSF, we plan to fully embed the communication model across the organization through work of a multidisciplinary team. We are developing various levels of curriculum and activities, including simulation and reflective learning, to allow for formational learning. All at OSF must create the climate that allows for active listening to occur, as well as understand the importance of person-centered, relationship-based communication.

LESSONS LEARNED

Despite being a strong faith-based organization, the addition of the “God’s love” question to our CAHPS surveys was unique; no other question was rooted in faith or God. We had no idea what kind of responses we would get. Though 4% answer the question in the negative—meaning they did not experience God’s love

in our care—<1% of all respondents write a negative open comment about the inclusion of the question. And the majority of those still give an overall top box response. The question gave us more information and feedback than we anticipated. It was the right question for OSF HealthCare, which has a strong mission that is well known among those we serve.

As other organizations try to measure mission experience, care should be taken to ensure the specific question is relevant to both the patient population served and the mission of the organization. Perhaps starting with a small sample would be helpful. OSF started by adding the “God’s love” question to our HCAHPS surveys. The results were both positive and enlightening, so in the fall of 2018, we expanded it to be included in all CAHPS surveys. Though the other CAHPS surveys provide a much smaller total sample size, we are seeing the same responses.

IMPLICATIONS

There are many implications of this work for health care leaders who are striving to make a sustainable impact on the experiences of those served.

One implication is simply that it is possible to engage the patient and understand what the mission of your organization means to them. The utilization of consumer insight communities is on the rise, and users

include organizations such as Cleveland Clinic and Kaiser Permanente. Having unfiltered, direct, and quick feedback helps challenge the internal status quo and helps move to a person-centered health care experience.

There are also significant implications related to the patient voice, what they truly value in an experience, on nursing operations. Historically, we have looked at many tactics to improve patient experience scores, or focused on things that we might seem easier to control, such as noise level or food quality. Although these are important, they do not generally prove to be statistically relevant in improvement nor are patients voicing them as the most important aspects of an experience. The typical patient experience tactics and best practices are important. But we have learned that demonstration of care for a person as well as focus on reducing the various sources of suffering they encounter during their times with us is far more advantageous than any one tactic in providing a high quality experience.³⁻⁶ Patients do expect high quality, competent care. The overall experience they tell us they want is inclusive of all of those things in an environment where listening occurs. Patient feedback is demonstrating that patients have a need for skills we often consider “soft,” including listening, compassion, and empathy.⁴⁻⁶

These are skills that are often thought to be inherent to those practicing nursing, and yet, nursing leaders need to be open to the possibility of a gap in our perceived skills in relational communication and the patient experience.⁶ Nursing leaders need to continue to challenge our beliefs on this and understand that our nurses are not always taught nor practicing therapeutic communication,⁵ and most are practicing in an environment with several things working against them, including acuity of patients and ever-increasing levels of incivility in the workplace. Therefore, the work environment is perceived as a barrier to listening to patients and this conversation needs to be elevated from all perspectives.⁷ Further, nurses may see empathic or connected communication around them and struggle to understand what it truly looks like. Nursing leaders are poised to lead the way in not just setting expectations related to communication of nurses, but in keeping abreast of the growing body of literature intended to help us recognize our own potential challenges. We need to study the theoretical underpinnings necessary to create a framework for practice within an organization so we might make meaningful and sustainable cultural changes that transform the experience of those we serve.^{5,6} Nursing leaders also must ensure ongoing development of their own skills at listening and relational communication in order to serve as role models of the behaviors so the nurses and others working with us can see what genuine therapeutic relationship looks like, whether in a patient room, a staff meeting, a board room, or anywhere in between. Nursing leaders are best to ensure we again balance the status of the nurse as a scientist and an artist, one possessing critically important



Figure 2. OSF actively listens.

clinical skills, and also the ability to communicate in a way that allows the patient be listened to and have the best individualized care along their journey.

The journey at OSF continues as we embed the communication model we have developed in order to enhance the experience of our patients through listening, because we have found this to be a key driver of our patient experience. Our efforts may be more time-consuming than implementing another simple tactic, and we are confident results will be yielded because we started with seeking and hearing the voice of our patients in order to know what efforts we should pursue as we focus on the experience those we serve have with our organization and ultimately allowing us to fulfill our mission through the eyes of our patients.

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Amy E. Trueblood, MS, RN, NE-BC, is Director, Patient Experience, at OSF HealthCare in Peoria, Illinois. She can be reached at Amy.E.Trueblood@osfhealthcare.org. Andrea C. Bonk is marketing research and operations program manager at OSF HealthCare.

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