



Key factors to optimize the diagnostic experience

A thought leadership paper on “Improving patient experience”
with an introduction by Jason A. Wolf., Ph.D., CPXP

Preface

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Introduction by Jason A. Wolf, Ph.D., CPXP

As the global conversation on the patient experience continues to grow and a view for the more comprehensive human experience in healthcare emerges, the key elements of what comprise experience become more essential. Even over the last year we have seen the focus on and expectations of experience on the rise from healthcare professionals and patients, family members and care partners alike.

The pandemic revealed the essence of our humanity. It underlined our vulnerabilities and elevated the very things people believed important. The data revealed in this exploration reinforce this point. In studies conducted prior to the pandemic, people already reflected the importance of how they were communicated with, listened to and engaged in their care. This was only further elevated by the realities of the pandemic. The implications for this on the healthcare experience and specifically, as it relates here, the diagnostic experience, is one that should not go unheeded.

What this study reflects and the recommendations that follow as a result call on us to recognize the intricate and comprehensive nature of what it will take to ensure the best experience for those in our care. First, people say the diagnostic experience they have matters to their overall experience. This orchestra of equipment, environment and ultimately interactions with people must be carefully woven together.

With that in mind as revealed in the data shared below, it is crucial that healthcare organizations understand what drives excellence in the diagnostic experience overall. What we learned even in asking these questions in perhaps the most challenging year in a century for all the world, is that how we connect as human beings in healthcare continues to reign supreme for those who seek care. It is in our ability to provide efficiency and comfort as an expectation with clear communication and compassion as a practice that will ensure the best in experience and outcomes overall. That is what people expect from healthcare, that is what they deserve, and that is what we can and must deliver.

Jason A. Wolf, Ph.D., CPXP
President & CEO, The Beryl Institute
Founder & President, Patient Experience Institute
Founding Editor, Patient Experience Journal

Executive summary

Healthcare providers are increasingly recognizing that patient experience must be treated as a business priority. As patient behaviour becomes more consumer-like, providers are enhancing their efforts to give these “consumers” the types of experiences they have grown to expect in other areas of their lives.

Offering a positive patient experience enhances the hospital’s reputation. Research suggests that hospitals that score higher on patient experience also have better scores across a range of clinical outcomes including lower re-admission and mortality rates. During the pandemic we have also seen powerful examples of patients cancelling or delaying medical care, largely as a result of safety concerns, compromising their own health in the process. A more positive patient experience, even during the most challenging times, could help prevent this.

Delivering a positive patient experience is demanding, largely because of the lack of clear and accurate data on what exactly patients want and expect.

Siemens Healthineers, together with the Beryl Institute, set out to answer these questions, focusing on the area that has the greatest impact on a patient’s medical experience: the diagnostic pathway. A comprehensive survey of patients, their families, medical staff, and administrative personnel has provided some clear data on what impacts patients the most – and the least – within the three diagnostic pathway touchpoint areas: people & staff, processes, and technology & equipment.

In each of these areas our research has generated clear and objective data. Patient priorities include:

- Sharing results in a compassionate and understandable manner
- Active listening
- Engaging patients as part of care teams and in the development of care plans
- Clear and understandable communication
- Efficient and safe technology
- State-of-the-art equipment that enhances patient comfort

We have carefully reviewed and analyzed the full data, drawing actionable conclusions on where and how the patient experience can be improved, along the diagnostic pathway. This information can serve as a valuable resource to healthcare providers, large and small, as they take steps to improve and upgrade the complete diagnostic experience offered to their patients.

Background

A positive patient experience is increasingly being recognized by healthcare providers, not only as a desirable feature for maintaining customer satisfaction, but also, as an essential business priority.

The relationship between a positive patient experience and patient expectations is well known. If patients believe that their interaction with the healthcare system will be easy, informative, helpful and stress-free, they are significantly more likely to seek timely care. If they feel anxious, afraid, or uncertain, they are more likely to postpone treatment, avoid and even delay appointments.

The current pandemic has intensified this problem, not only because of 'lockdown' provisions and the closure of many medical facilities, but also because an increasing number of patients are choosing to avoid visits to any healthcare provider. A recent U.S study indicates that a majority of Americans have concerns about "feeling safe" in medical facilities. There was no consensus on when Americans are to return to medical facilities for elective procedures, with a third of the people setting the time frame at seven months or longer.¹ Research also indicates that 'no-shows' for emergency room procedures have climbed to 45%, hospital 'no-shows' to 30%, and walk-in clinic 'no-shows' now stand at 37%.¹

The U.K.-based research and care charity "Breast Cancer Now" estimates that more than one million British women have missed having their timely mammogram, increasing the risk that cancers without any noticeable signs or symptoms will not be identified early.²

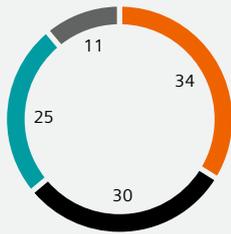
Developments such as these have a clear impact on patient well-being. They also have a strong financial impact on healthcare organizations, who depend on patient volumes to maintain the viability of their business operations.

Furthermore, patient behaviour is, in many ways, becoming more consumer-like. Patients evaluate options, demand a certain level of service, and seek out advice and other opinions before making medical decisions. It is essential that providers understand these emerging patient concerns. Only then can they offer care that leads to better outcomes as well as a more sustainable business. Understanding – and responding to – the elements that comprise patient experience are an essential part of this effort.

Survey participants

The 2020 survey was a collaborative study between Siemens Healthineers and The Beryl Institute. More than 500 participants were asked to identify themselves as one of four categories, as shown below.

Survey participants



- Staff
- Administrators
- Patients and family members
- Others

Patient experience is an essential component of high-value care. Yet, the link between a positive patient experience and positive outcomes is often overlooked. A 2017 analysis by Deloitte concludes that hospitals that score higher on patient experience also have better scores across a range of clinical outcomes including lower re-admission and mortality rates.³ A correlation between positive patient experience and higher measures of quality and safety within hospitals has also been identified.⁴

Patient loyalty is another area where high-quality patient experience has been shown to deliver identifiable benefits. A 10% increase in the number of patients giving a hospital a “top box” HCAHPS (Hospital Consumer Assessment of Healthcare Providers and Systems) score has been shown to result in an increase in net margin of 1.4% compared to hospitals receiving a “bottom box” score.⁵ Another benefit: as patient experience improves, staff turnover is reduced, resulting in savings of time and money, as well as enhanced stability and institutional continuity.⁶

“I think we have a responsibility as healthcare providers to take care for our patients [...], and see our patients holistically.”

Dwight McBee

Chief Experience Officer

Temple University Health System

For all of these reasons, patient experience should be treated as a strategic priority. Keeping in mind, the vastness of this priority, we found it useful to temporarily focus our attention on distinct parts of the patient experience. This led to a specification of the diagnostic aspect as a particularly actionable segment of the patient’s pathway.

But what exactly contributes to a positive patient experience? What factors are most important to patients? About what are they flexible? And what about hospital medical and administrative staff – what do they feel is most important? In order to get accurate, factual answers to questions like these, we collaborated with The Beryl Institute, the global authority on patient experience, in 2020 to conduct a far-reaching survey of more than 500 patients and caregivers.

The results provide a clear and focused picture of what matters most, during the diagnostic experience. More importantly, a careful review of this data can generate insights and recommendations that can be helpful to all caregivers and medical organizations: a roadmap of what truly matters to patients – and how to deliver this.⁷

Our analysis looks at people, processes, and issues related to technology and equipment. In all three areas there are specific and clearly formulated ideas, often remarkably consistent among respondents. Steps to minimize anxiety and uncertainty – based on data and evidence – can help to provide better medical care to patients as well as restore the stability and confidence that our healthcare system depends on, as we emerge from the current pandemic and prepare for the future.

The challenge

The “diagnostic experience” is generally described as the sum of interactions the patient experiences, while on the diagnostic pathway. The diagnostic experience is only one element of a patient’s interaction with a care provider or with the healthcare system. Yet, it is one of the most crucial. According to the research conducted by Siemens Healthineers and The Beryl Institute, almost two thirds of respondents believe that the diagnostic experience has the greatest impact on their overall healthcare experience. An almost equal number believe that their own diagnostic experience would influence their choice of a healthcare organization or system in the future. Less than 1% of respondents felt it had no impact. Simply put, a bad experience, particularly during the diagnostic process, discourages patients from returning to their medical facility.⁷

A patient’s diagnostic experience and its various elements can be either positive or negative – and the quality of this experience can also have a profound and lasting impact on the patient’s wellbeing as, well as the hospital’s success. A negative experience can have a harmful impact on a hospital’s financial results, it can compromise an organization’s reputation, it can have a detrimental effect on staff morale, and it can hinder recruitment efforts and staff retention. Equally important, a negative experience can also compromise patient outcomes as patients either delay or avoid necessary care.

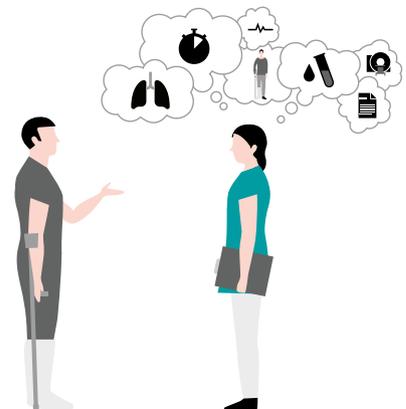
1. People & Staff

Most patients arrive for medical exams or tests without a detailed understanding of what is about to take place. As in other areas of their lives where they require professional help, they are depending on other people’s assistance, not only with the actual services or problems they have come for, but also to help them gain an understanding and a level of comfort with the entire experience.

Medical staff, however, are often hard-pressed to provide this level of personal service, lacking time and training to engage on a personal level with every patient. When dealing with the pressures of their day-to-day work, particularly during stressful situations like the pandemic, it is often difficult for healthcare staff to consider each patient’s unique fears or concerns. Inexperienced staff can be less familiar with the equipment they are working with, leading them to focus their attention on the technical responsibilities rather than the patient. More senior staff can be stretched thin, juggling multiple tasks, leaving them little time to interact with patients. In most instances, it is not a lack of empathy for patients, but simply a lack of capacity.

1

Stressed staff is unable to focus on patient needs



2. Processes

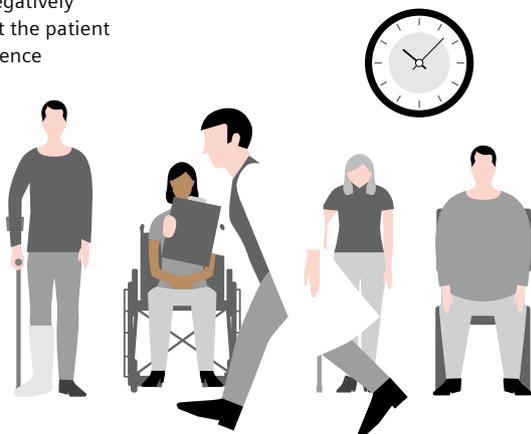
In addition to encountering busy people who may appear inattentive, patients visiting a clinic or hospital are likely to be met with processes they find confusing or unpleasant.

One of the factors patients find particularly unpleasant is waiting times. For many patients, these can be perceived as tedious or unnecessary, particularly if they are not informed of the reasons for the long waits or delays. Issues such as anxieties, insecurities and over-thinking can be deepened when they are unaware of the proceedings and of the status of their own tests or scans.

Processes that healthcare workers are very familiar with, for example, preparatory work before scans, can seem confusing or intimidating to patients. Safety practices – particularly important during the pandemic – need clear communication to patients.

2

Prolonged waiting can negatively impact the patient experience



3. Equipment & Technology

The third crucial touchpoint for patients along the diagnostic process is their interaction with technology and medical equipment. This step can be particularly unnerving as the equipment a patient encounters will almost certainly be unfamiliar to them. Sounds, for example, could be disorienting, positioning requirements can be uncomfortable, and for patients with even mild claustrophobia, the thought of being confined within a large device can be frightening. Concerns about physical pain, breathing restrictions, or exposure to radiation can further intensify this fear.

An additional complicating factor is often the wider clinical environment. Many clinical settings are not known for their warm, inviting atmosphere; often the lighting is stark, the surroundings sterile, and the equipment itself somewhat intimidating. In sum, the encounter with medical technology and equipment has the potential to be daunting for even the most sturdy patients.

3

Unfamiliar technology can lead to patient anxiety



The solution

Improving the diagnostic experience is an essential step in providing a positive patient experience. Yet, doing this effectively demands a thorough and accurate understanding of what exactly patients' concerns, priorities and fears are. Only then can hospitals and caregivers focus their attention on impactful improvements.

To evaluate precisely how an optimal diagnostic experience can be achieved, we elected to define the diagnostic pathway and identified the subsequent segments. For the patient, the following steps usually apply:

- Referral and scheduling
- Laboratory tests (e.g., blood tests)
- Arrival and registration at the hospital or imaging center
- Waiting
- Preparation
- Scanning/Imaging
- Waiting
- Diagnosis

Each of these steps can be confusing, time-consuming, even frightening for patients. And almost all of these

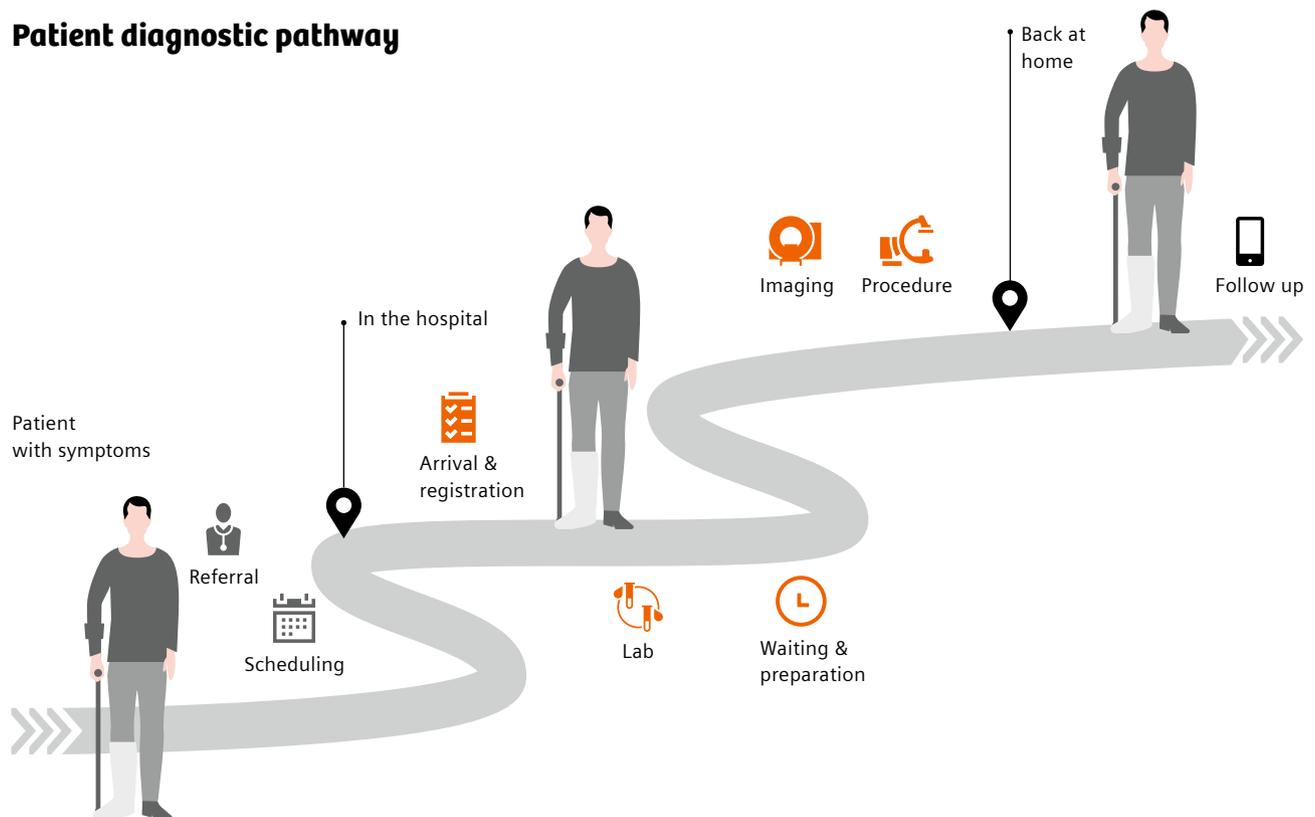
steps have a corresponding role played by hospital staff. In addition, there are processes in place that govern how and when patients and staff move through these stages. Finally, equipment and technology play a vital role, particularly in the laboratory environment but even more so in the areas of scanning and imaging.

These three patient touchpoints – people & staff, processes, equipment & technology – are the crucial building blocks that offer the most potential for improving a patient's experience during the diagnostic process.

“What we’re finding is that many of our patients are not showing up for diagnostic treatment because they’re afraid. Trigger words such as ‘nuclear radiation’ coupled with the signage, the sounds, and the process create a very scary environment for our patients.”

Jennifer Carron
Executive Director, Patient Experience
Barnes-Jewish Hospital

Patient diagnostic pathway



Steps to improve the diagnostic experience

Improving the patient diagnostic experience requires accurate information on the influence factors that affect this experience, in order to find applicable solutions. With this in mind we singled out the following key question, which were presented in the survey.

What has the greatest impact on a patient's diagnostic experience? Each of the three main groups who participated in our research, identified the same three statements as most important. Making the following three factors relevant across the entire issue of the diagnostic experience. A closer analysis of influence factors in regards to each of the three aforementioned areas (People & Staff, Processes, Equipment & Technology), will be enclosed afterwards in individual segments.

1. Results are shared in a compassionate and understandable way
2. Care teams and/or doctors take the time to actively listen and address patient expectations
3. Care teams and/or doctors provide information in a clear and understandable way⁷

One surprising finding from the survey is the opinion of the different groups regarding wait times during the diagnostic process. Unexpectedly, patients consider the minimal waiting time for scanning or diagnosis less important for their diagnostic experience than administration or staff do. All three groups agree that knowing the reasons for any delay and communicating these clearly, is more important than the wait times themselves.

In order to identify actionable conclusions on how to optimize the patient's diagnostic experience, we analyzed the data related to each of the three areas of interaction: people & staff, processes, and equipment & technology.

1. People & Staff

With regards to people and staff, the factors that were identified as most strongly influencing the patient's diagnostic experience were:

1. Care teams and/or doctors provide information in a clear and understandable way
2. Results are shared in a compassionate and understandable way
3. Care teams and/or doctors take the time to actively listen and address patient expectations

There are lessons to be drawn from this data. Hospitals should focus their efforts on enabling positive patient-staff interactions by creating an environment that empowers staff to address patients in the best possible manner. This can be achieved in several ways: by reinforcing staff's soft skills to heighten empathy with patients; by increasing staff's operational competence in order to decrease staff stress; and by extending direct patient-staff time to enable high-quality patient interactions including the transmission of patient information. Technological solutions can support these efforts, for example tablet or mobile solutions that permit closer interaction between patients and caregivers.

1

Enabling positive patient-staff interactions



“Often, it’s setting expectations and understanding what anxieties exist, so that we can minimize those difficulties.”

Michael Bennick

Medical Director of the Patient Experience/Chairman
Patient Experience Council, Yale-New Haven Hospital

2. Processes

The second field of interaction between patients and providers is in the realm of processes. Many of the routines medical professionals participate in daily and take for granted are new and bewildering for patients. The three ‘process’ factors identified as most influential are:

1. Patients are actively included as part of the care team
2. Patients are engaged in the development of a care plan
3. The reasons for any delays or waiting are clearly communicated

The factors judged to have the least impact were:

- The option to receive results remotely/via telemedicine
- Scheduling a virtual/telemedicine examination/test is easy

In an operational sense, this suggests that hospitals and caregivers should take steps to ensure a pleasant and efficient process that actively integrates the patient. Steps should be taken to eliminate or reduce situations where a patient feels left out, alone or unclear about what is happening. This can be achieved by enhancing process efficiency and by reducing lengthy wait times. Here too, technological innovations make it easier and quicker to communicate with patients, sharing relevant information and making their time more productive.

2

Ensuring a pleasant and efficient process



3. Equipment & Technology

The third touchpoint between patients and the healthcare system is the area of equipment and technology. In order to positively influence the patient’s diagnostic experience with imaging and other diagnostic technology, the most important factors are:

1. A commitment to quality and safety practices is evident
2. The efficiency of the equipment/technology used for the examination/test
3. The comfort of the equipment/technology used for the examination/test

A factor with less impact is the environment of waiting and changing rooms; however, this was also rated as an influential and important element and should not be overlooked. Two-thirds of survey participants did rate this as something that does influence the overall diagnostic experience.

Actionable conclusions can be drawn from this. State-of-the-art technology not only provides accurate imaging, but also enhances patient comfort, for example by offering a pleasing atmosphere while within the scanner. Dose exposure should be minimized in order to optimize patient safety. Here too, communication is essential so that patients know what to expect and alarming surprises are avoided.

3

Utilizing patient-friendly technology



Conclusion

The Patient Diagnostic Experience matters!

The most important thing this data teaches us: Patient Diagnostic Experience matters! It matters for the well-being of patients; it doesn't just "make them feel good", it affects their actual physical health. It also plays a vitally important role in helping healthcare providers reach their goals: revenue stability, strong finances, a positive reputation, loyal and motivated staff, and high standards of quality, safety and outcomes.

The question of how to deliver a positive patient experience can be more challenging. For the purposes of this paper, we have focused on the various elements of the patient's diagnostic experience, broadly defined as the sum of all of a patient's interactions along the diagnostic pathway. This pathway would generally include tests, scanning, imaging and an actual diagnosis, as well as the associated waiting times, preparation activities, scheduling and registration tasks. The diagnostic experience is in many ways the most crucial and decisive element of patients' interaction with their care provider or with the medical system.

Research conducted by Siemens Healthineers and the Beryl Institute has identified elements along the diagnostic pathway that affect patient experience, either positively or negatively. This research survey gathered information from patients, their family members, healthcare staff, healthcare administrators, and others. When asked to identify what factors have the greatest impact on a patient's diagnostic experience, the results across all respondent categories were remarkably consistent. These factors can be grouped into three categories: 1) People & Staff, 2) Processes, 3) Equipment & Technology. And all three offer opportunities to deliver a more positive patient experience.

What appears most consistently in virtually all of the factors identified as contributing to a positive patient experience is a strong human element. It is clear that patients place a high value on compassion, on active listening, and on clear communication. A positive patient experience is difficult to deliver without these elements being present.

“At the end of the day, the core element of this is the relationship of the patient and the healthcare provider. The environment is less important to people. You can have a really good relationship and an environment that is less than ideal, and it will work.”

Campbell McNeil

Cancer Project Manager, Experience of Care Team
NHS England and NHS Improvement

In some cases, improvements can be made relatively easily and quickly, for example to some internal processes in order to engage patients in the development of care plans. In other instances, a broader, organization-wide commitment, staff training, and investments in patient-friendly medical equipment and technology, may be necessary in order to deliver the positive experience that patients clearly expect.

The results of the Siemens Healthineers and the Beryl Institute survey provide valuable insights into what matters most, and what matters less. A familiarity with these priorities is an essential first step in improving patient experience along the diagnostic pathway. And taking steps to improve the patient experience is an investment that can pay for itself many times over.

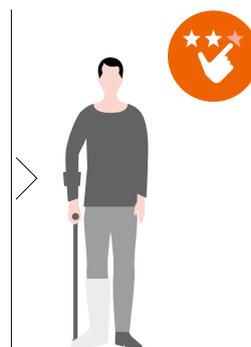
What this research also conclusively demonstrates is that patients, their family members, and medical staff and administrators, are generally very closely aligned on goals as well as on a common understanding of how to achieve these goals. This is a very positive sign, and suggests that positive progress is well within reach.

Optimize the Diagnostic Experience

Results are shared in a compassionate and understandable way

Care teams and/or doctors take the time to actively listen and address patient expectations

Care teams and/or doctors provide information in a clear and understandable way



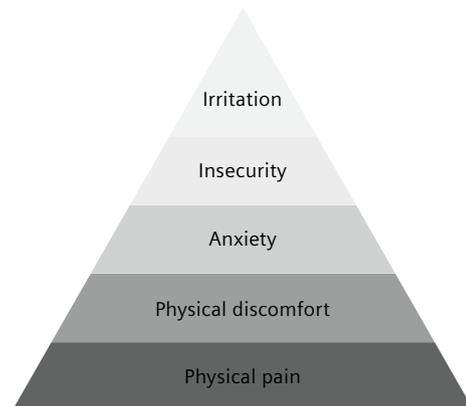
Further readings

One way to better understand the concerns of patients is to view them in the context of Maslow's Hierarchy of Needs, the psychological theory first proposed by Dr. Abraham Maslow in 1943, arguing that an individual's needs can be ranked on a five-stage model. Only when the lower, more elementary needs are met, can people progress to the next level of requirements. Maslow's hierarchy remains a popular framework in sociology research and management training, and it can also provide insight into shaping the diagnostic experience of patients. Applying Maslow's analysis, a patient will not be able to make decisions based on complex technical criteria or medical information if they are encumbered by much more basic fears about pain, discomfort or physical danger.

An overview of these touchpoints or interactions and the feelings they can cause allows us to group the concerns in the following way: physical pain, physical discomfort, anxiety/fear, insecurity, irritation/discomfort.

These emotional concerns can also be arranged in a hierarchy, following the Maslow principle.⁸

Maslow's Hierarchy of Needs



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About the authors



Dr. Christina Triantafyllou
Vice President Head of Improving Patient Experience at Siemens Healthineers

Christina Triantafyllou is Siemens Healthineers' Head of Improving Patient Experience, where she explores ways in which this field can be enhanced and made more accessible to healthcare providers. She develops strategic approaches to deliver high value care, by providing patient experience focused solutions, best practices and thought leadership content. Christina began her healthcare career at Harvard Medical School, Boston, U.S. where she held a faculty position focusing on developing innovative imaging technology and studying the human brain. Her scientific career continued at Massachusetts Institute of Technology (MIT), Boston, U.S., at the Brain and Cognitive Sciences department.

At Siemens Healthineers, she served as the Director of Global Ultra High Field MR Solutions, focusing on business strategy, KOL-based collaborations in innovation/clinical translation, and product management for the first worldwide clinical 7T MR system. Christina studied Physics and holds a Ph.D. in Medical Physics from Kings College, University of London, U.K.



Tamara Schrammel
B.Eng., MBA Candidate
Global Senior Marketing Manager

Tamara Schrammel focuses on current trends within Marketing and Sales and leads Siemens Healthineers' cross-portfolio activities related to Improving Patient Experience. Prior to this role, Tamara has had eleven years' experience in the engineering and healthcare industry from around the globe. Her roles have taken her to Bangkok, Munich, and London, among other cities, where she has held positions for Siemens Healthineers in Sales, Consulting, as well as Business Development and Marketing. She holds an academic degree in Mechanical Engineering and was trained as a Sales Representative. Currently she holds a faculty position with the focus on strategical sales and business development at the Nuremberg Institute of Technology (TH Nuremberg), apart from that she has authored several publications.



Jason A. Wolf, Ph.D., CPXP
President & CEO, The Beryl Institute

Jason Wolf is a globally recognized expert on patient experience improvement, organization culture and sustaining high performance in healthcare. Jason has led the growth of The Beryl Institute into the leading global community of practice committed to transforming the human experience in healthcare, engaging 60,000 people in over 85 countries and establishing the framework for the profession of patient experience. Jason is the Founding Editor of the Patient Experience Journal and also established and serves as President of Patient Experience Institute, which offers continuing education and formal certification for patient experience professionals. Jason is a sought-after speaker and author of numerous publications, including two books and over 70 white papers and articles on patient experience excellence and improvement. Jason received the American College of Healthcare Executives (ACHE) 2018 Dean Conley Award for his article "Patient Experience: The New Heart of Healthcare Leadership." He is now leading a global effort to reimagine the future of healthcare with the recent call for action, the *Declaration for Human Experience*, found at <https://transformhx.org>

Suggested follow-up

[siemens-healthineers.com/insights](https://www.siemens-healthineers.com/insights)

- The Beryl Institute: A Global Inquiry on Excellence in the Diagnostic Journey: The Power of Human Experience in Healthcare [theberylinstitute.org/store/viewproduct.aspx?id=17422197](https://www.theberylinstitute.org/store/viewproduct.aspx?id=17422197)
- Insights Series, Issue 22: Strengthening patient trust: a priority for healthcare sustainability [siemens-healthineers.com/insights/news/patient-trust-a-priority-for-healthcare-sustainability](https://www.siemens-healthineers.com/insights/news/patient-trust-a-priority-for-healthcare-sustainability)
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Contact:

For further information on this topic, or to contact the authors directly:

Dr. Christina Triantafyllou
Vice President, Head of Improving Patient Experience

christina.triantafyllou@siemens-healthineers.com

Appendix

Results from survey conducted in cooperation with The Beryl Institute sorted by segment.

	Segment	Question	Not at all	To little extent	To some extent	To the greatest extent	Total
People & Staff	Communication/Engagement	Care team/doctor provides information in a clear and understandable way	0,00%	0,46%	9,24%	90,30%	433
People & Staff	Results/Planning	Results are shared in a compassionate and understandable way	0,24%	0,24%	9,71%	89,81%	412
People & Staff	Communication/Engagement	Care team/doctor takes the time to actively listen and address patient expectations	0,46%	0,69%	9,68%	89,17%	434
People & Staff	Process	Care team communicates well with one another, exemplifies teamwork	0,24%	1,92%	12,47%	85,37%	417
People & Staff	Communication/Engagement	Care team/doctor acts with compassion to address patient fears and concerns	0,69%	1,15%	13,39%	84,76%	433
People & Staff	Communication/Engagement	Patient is actively included as part of the care team	0,23%	1,84%	13,33%	84,60%	435
People & Staff	Process	A commitment to quality and safety practices is evident	0,48%	1,91%	14,56%	83,05%	419

	Segment	Question	Not at all	To little extent	To some extent	To the greatest extent	Total
People & Staff	Results/Planning	Patients are engaged in the development of a care plan	0,97%	1,69%	15,74%	81,60%	413
People & Staff	Process	Reasons for any delays or waiting are clearly communicated	0,48%	2,15%	17,70%	79,67%	418
People & Staff	Process	Transitions between points on the care journey are managed effectively	0,24%	1,43%	21,24%	77,09%	419
Processes	Scheduling/ Timing	Wait time to receive examination/test results is minimal	0,69%	4,39%	26,33%	68,59%	433
Processes	Communication/ Engagement	Family and/or care partners are invited and welcomed to be part of the process	0,69%	3,93%	28,64%	66,74%	433
Processes	Process	The efficiency of the examination/testing process	0,24%	4,06%	33,89%	61,81%	419
Processes	Environment	The efficiency of the equipment/technology used for the examination/test	1,18%	6,35%	32,00%	60,47%	425

	Segment	Question	Not at all	To little extent	To some extent	To the greatest extent	Total
Processes	Results/Planning	Family members/care partners are invited to participate when results are shared	1,21%	6,31%	33,98%	58,50%	412
Processes	Scheduling/Timing	Wait time to schedule an examination/test is minimal	0,00%	5,77%	38,11%	56,12%	433
Processes	Results/Planning	Patients are asked how and when they would like to receive their results	0,73%	5,34%	37,86%	56,07%	412
Processes	Environment	The privacy of the waiting/changing room	0,71%	6,86%	36,88%	55,56%	423
Processes	Scheduling/Timing	Scheduling an in-person examination/test is easy	0,69%	5,50%	39,22%	54,59%	436
Equipment & Technology	Scheduling/Timing	Wait time on the day of an examination/test is minimal	0,46%	4,85%	46,65%	48,04%	433
Equipment & Technology	Scheduling/Timing	Scheduling a virtual/telemedicine examination/test is easy	0,46%	6,24%	48,96%	44,34%	433

	Segment	Question	Not at all	To little extent	To some extent	To the greatest extent	Total
Equipment & Technology	Environment	The comfort of the equipment/technology used for the examination/test	0,71%	7,78%	47,41%	44,10%	424
Equipment & Technology	Results/Planning	The option to receive results remotely/via telemedicine is offered	0,73%	9,47%	51,21%	38,59%	412
Equipment & Technology	Environment	The comfort of the examination or testing room	0,71%	9,18%	52,00%	38,12%	425
Equipment & Technology	Environment	The environment of the examination or testing room	0,94%	8,45%	52,82%	37,79%	426
Equipment & Technology	Environment	The environment of the waiting/changing room	0,48%	13,54%	57,48%	28,50%	421

At Siemens Healthineers, our purpose is to drive innovation to help humans live healthier and longer. Through our products, services and solutions we help physicians, medical staff, and healthcare providers prevent illnesses from occurring and to correctly diagnose and determine the right treatments for people who do become ill – resulting in fewer complications, shorter hospital stays, and faster patient recovery.

Our mission is to enable healthcare providers to increase value by expanding precision medicine, transforming care delivery, improving the patient experience, and digitalizing healthcare. With our comprehensive portfolio – from in-vitro diagnostics and imaging to therapy and follow-up care – we address the complete care continuum for many of the world's most threatening diseases.

Every hour, more than 240,000 patients are touched by technologies provided by Siemens Healthineers. We are at the center of clinical decision making with almost three-quarters of all critical clinical decisions influenced by our solutions. We are a leading medical technology company with over 120 years of experience and more than 65,000 highly dedicated employees around the globe who are innovating every day, truly shaping the future of healthcare.

Siemens Healthineers Headquarters

Siemens Healthcare GmbH
Henkestr. 127
91052 Erlangen, Germany
Phone: +49 9131 84-0
siemens-healthineers.com