PressGaney

Patient experience 2025

New data from 10.5M patient encounters reveals evolving expectations, persistent disparities, and variation in experiences. These insights reaffirm that trust remains healthcare's most vital currency—and offer a blueprint for how leading organizations earn and sustain it.

a **PG Forsta** company

Dear colleagues,

Across the country, healthcare leaders are navigating a new era—marked by rising complexity, shifting expectations, and an urgent call to rebuild trust. At the heart of it all is the patient. And what patients are telling us is clear and unmistakable: Consistency, communication, and safety are more meaningful than ever.

Our latest report, "Patient experience 2025," explores how healthcare feels to the people experiencing it—and where leaders must focus next to drive meaningful change. It highlights the facets of experience that matter most to patients: teams working in sync, communication that brings clarity and confidence, and safety that patients can both see and feel.

There's progress to celebrate. We're seeing measurable gains in key drivers like teamwork, communication, and trust. But that progress isn't reaching everyone. Disparities persist—across admission types, demographics, and care settings. These gaps are not just data points; they represent real people, missed opportunities, and the work still to be done.

The most innovative health systems are responding by embedding patient experience into the core of their performance strategy, right alongside safety, quality, and equity. And they understand a fundamental truth: Exceptional patient experiences start with great employee experiences.

At Press Ganey, we have the privilege of serving as stewards of the patient voice—transforming feedback into insight, and insight into action. The path forward demands that we listen closely, act boldly, and lead with empathy. To close the experience gaps. To make best practices, standard practices. And to use technology not to replace human connection, but to enhance it.

This report is both a mirror and a map. It shows us where we are, and helps guide us toward where we need to go. Above all, it reinforces our shared missions: to raise the standard of care and experience for every person, everywhere.

In partnership,

Patrick T. Ryan
Chairman and CEO
Press Ganey

To explore these findings and tailor your PX strategy, connect with the Press Ganey team at:

pressganey.com/speak-to-an-expert

Executive summary

Patient experience (PX) is a high reliability discipline, anchored in safety, strengthened by human connection, and sustained by systems designed to perform under pressure. It demands the same level of rigor, consistency, and accountability we apply to clinical practice. And it flourishes when leaders invest in their teams' competencies across every dimension of performance that shapes the care experience.

New data from 10.5 million patient encounters reaffirms a core principle of exceptional care: Reliability and consistency are the cornerstones of performance. As patient expectations rise and care journeys grow more complex, performance gaps appear when reliability breaks down. But when teams are engaged, when communication is clear, and when safety is prioritized, patients feel the difference—and outcomes follow.

Key insights: Clarity, coordination, and the cost of inconsistency

- **Encouraging trends in experience.** From ambulatory surgery centers (ASCs) to medical practices to emergency departments (EDs), experience scores are stable or improving year over year. Since the pre-pandemic baseline in 2019, "Likelihood to Recommend" (LTR) scores have risen by +1.7 points in ASCs, +2.8 in medical practices, and +0.5 in EDs. Inpatient scores remain the exception, dipping by 2.2 over the same period—though they had a +0.9-point uptick year over year. These gains point to the impact of targeted efforts around communication, coordination, and access—especially in more nimble outpatient settings.

- **Teamwork is the rising tide.** With "teamwork" now included in the Centers for Medicare & Medicaid Services' (CMS) HCAHPS requirement, it has emerged as a top driver of the inpatient experience. High-performing teams foster psychological safety and cultural cohesion. When patients feel their care team is working seamlessly on their behalf, they're more likely to give high ratings on their care and recommend the hospital to others.

- **Safety is both an outcome and a signal.** It's not enough for patients to be safe. They must also feel safe. Patients' perceptions of safety are among the most powerful predictors of loyalty and intent to recommend. When patients report safety as "very good," LTR top-box scores reach 85.3. When they don't, scores fall to 34.6—below the 1st percentile.

- **When care is equitable, experience follows.** Data segmented by race, age, setting, and care journey reveals persistent disparities, especially for older adults and patients with unplanned admissions. But when hospitals confront these gaps directly, outcomes improve. Hospitals with the lowest variation in PX scores across racial and ethnic groups are 2.8x more likely to be top performers on LTR. True equity is about meeting patients where they are and delivering care with dignity, respect, and tailored to each patient's unique needs.

- **Unplanned admissions are a matter of context.** Patients admitted unexpectedly report 16% lower LTR scores than those with planned stays. Unlike patients who can prepare for their hospitalization, those with unplanned admissions navigate greater uncertainty: more consults, more tests, more complexity. In these moments, clear communication from their care teams, along with consistent practices like bedside shift handoff and post-discharge calls, play a critical role in creating clarity and earning confidence.

- **Experience must be seamless, from first click to discharge and beyond.** To patients, digital, clinical, and follow-up interactions are all part of one journey. Organizations that align and harmonize patient, consumer, and employee experience strategies are better positioned to meet expectations at every step.

New data patterns point to new imperatives

Patient experience has become a critical strategic lens for evaluating progress in all facets of care: safety, equity, retention, loyalty, and growth. It serves as a litmus test for how reliably organizations meet expectations across teams and touchpoints.

The latest data paints an encouraging picture of progress at the national level. Across a range of care settings—from ambulatory surgery centers and medical practices to emergency departments—LTR scores held steady or improved between 2023 and 2024.

Since the pre-pandemic baseline in 2019, performance has improved in nearly all settings. ASCs saw a +1.7-point increase, while medical practices posted a stronger rise of +2.8 points. Despite their operational complexity, emergency departments achieved a +0.5-point improvement. These upward trends highlight the effectiveness of targeted efforts to enhance communication, streamline coordination, and improve access—particularly in outpatient settings.

In contrast, inpatient LTR scores declined -2.2 points over the same period. Still, a +0.9-point year-over-year gain suggests recovery is possible, especially as organizations invest in high-touch, patient-centered strategies.

Taken together, the trends suggest that PX investments are paying off. The challenge now is to extend the improvements seen in outpatient settings to the more complex inpatient setting, where staffing, acuity, and structural barriers require sustained innovation.

National trends in patient experience: "Likelihood to Recommend"
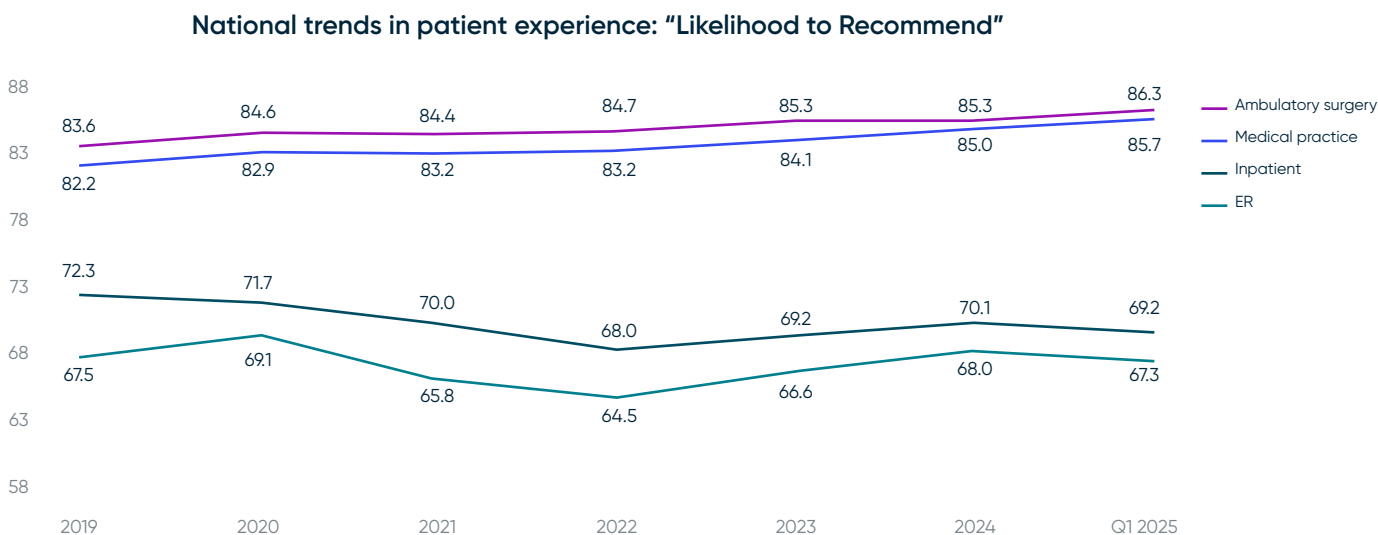
National aggregate "Recommend the Hospital" scores climbed to 70.4 in 2025—up from 69 the prior year—signaling steady gains in patient trust and confidence. This progress reflects meaningful operational improvements and front-line behaviors that patients can feel—and hospitals can measure.

> "Recommend the Hospital" scores improved from **69 in 2024** to **70.4 in 2025**.

Top-box score: All Press Ganey database
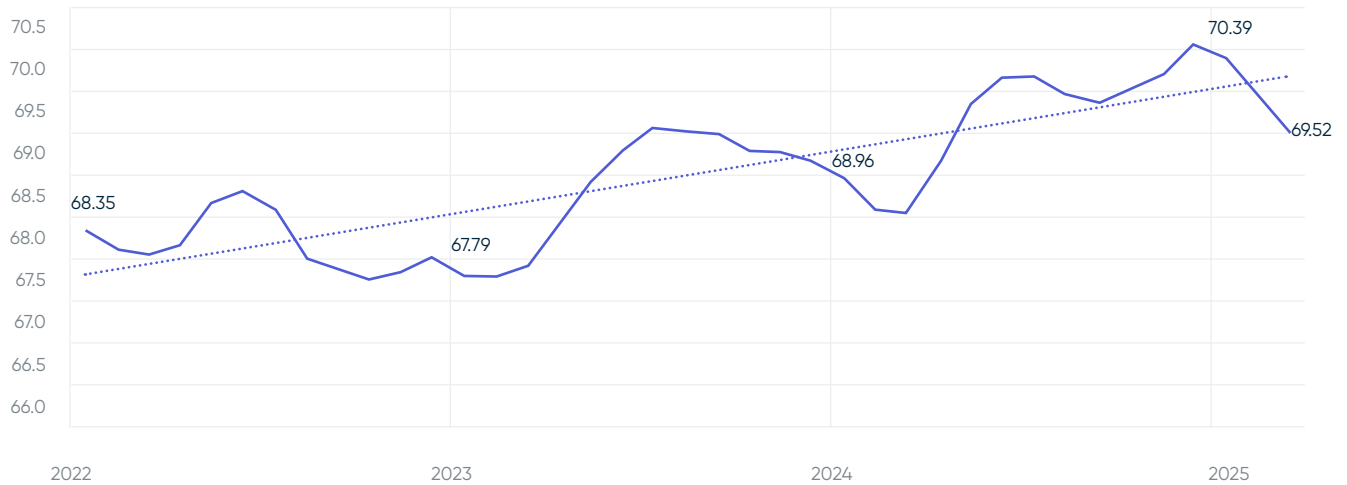
The influence of environmental factors on PX

The physical environment is an important part of the care experience. Quiet care environments and practices that minimize disturbing patients promote rest. And clean environments give patients confidence in hygiene and infection prevention practices.

Performance on questions related to the hospital environment reveals uneven experience among patients. "Able to rest as needed" is the lowest-performing item on the HCAHPS survey nationally. But among patients who give top-box scores to the "quiet at night" item, "able to rest" increases by +46.1 points.

AI enables empathy

Among AI's most powerful contributions is its potential to enable humanity—amplifying empathy, connection, and care. By delivering real-time insights and recommendations, AI helps caregivers anticipate needs, respond swiftly, and strengthen their connection with patients. Predictive rounding, for example, leverages data patterns to identify at-risk patients, making rounds more focused, purposeful, and compassionate. Rather than replacing the human touch, AI amplifies it, enabling caregivers to spend more time with patients and optimize every interaction.

AI also helps organizations listen at scale. By triggering service alerts from patient comments and digital feedback, teams can resolve issues before they escalate. Integrating real-time patient experience data into the EMR can surface opportunities to recognize staff—allowing leaders to reinforce positive behaviors and strengthen team culture. In every case, the goal remains the same: to deliver care that is both technically competent and deeply personal.

Uncover insights that lead to action

Shifting patient expectations and evolving market dynamics underscore the importance of patient experience as a key driver of growth. Organizations need tools that do more than measure; they must provide deeper insights that pinpoint where to focus and how to act. Meeting rising expectations requires a comprehensive view across touchpoints and settings, enabling leaders to identify key trends and invest in high-value improvements aligned with what matters most to patients.

Social capital: The heartbeat of Human Experience

A high-performing culture is built on a foundation of simple principles: Listen intently, treat every person with courtesy and respect, and communicate clearly and consistently. When these fundamentals are practiced systemically, they become powerful drivers of trust, loyalty, and performance.

These principles are the underpinnings of social capital. They are the ways of working and interacting that bind teams together, foster mutual respect, and create a culture characterized by shared values and a commitment to shared goals. Organizations rich in social capital consistently outperform their peers on essential outcomes.

> *Social capital (n):* The value created through relationships based on trust and shared beliefs—enabling people to work well together to achieve common goals that drive organizational success.

One of the strongest signals from the data is the importance of teamwork in building patients' trust in caregivers and their confidence in the system. Across all settings of care, "care team worked well together" is a key driver of LTR.

In the eyes of the patient, good teamwork is characterized by well-informed care teams, well-coordinated care, clarity of communications, and respectful interactions between team members and with patients. These behaviors inspire trust, reinforce a sense of safety, and drive lasting loyalty.

Patients who report being treated with courtesy and respect by their doctors are 2.7x more likely to recommend the hospital. And top-performing hospitals for that measures are 6.2x more likely to rank in the top quartile for "rate the hospital 0–10" as well as 4.9x more likely rank in the top quartile for "Likelihood to Recommend."

Building trust from the inside out

Organizations and teams with strong social capital perform better on key PX domains:

- 2.4x more likely to be top-quartile performers on "doctor listened carefully to you"

- 2x more likely to score in the top quartile for "staff work together to care for you"

- 1.6x more likely to achieve top-quartile results on "rate the hospital 0–10"
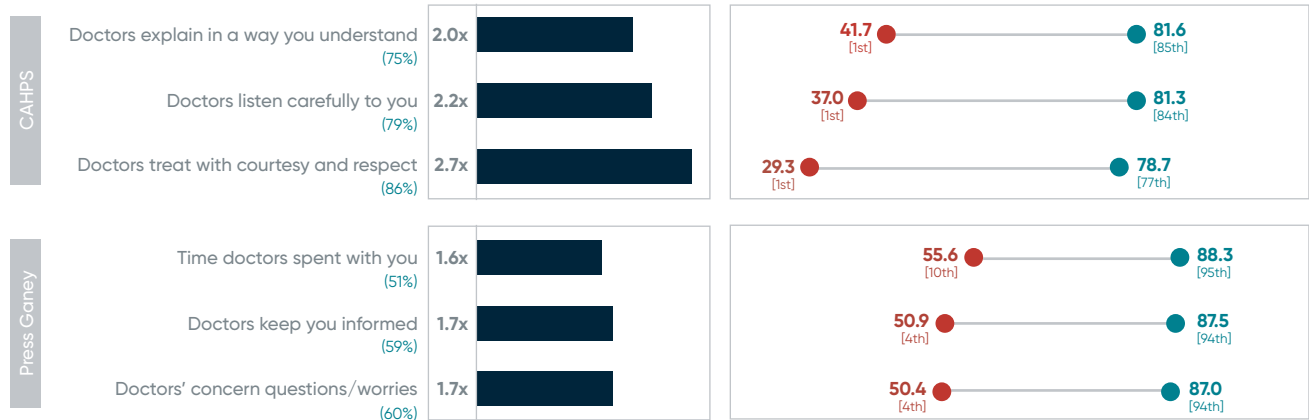
Gap in "Recommend the Hospital" top-box scores

When patients report optimal perception of...	their likelihood of giving a top-box score to "Recommend the Hospital" increases...	patients with suboptimal perception of doctor communication	patients with suboptimal perception of doctor communication
CAHPS			
Doctors explain in a way you understand (75%)	2.0x	41.7 [1st]	81.6 [85th]
Doctors listen carefully to you (79%)	2.2x	37.0 [1st]	81.3 [84th]
Doctors treat with courtesy and respect (86%)	2.7x	29.3 [1st]	78.7 [77th]
Press Ganey			
Time doctors spent with you (51%)	1.6x	55.6 [10th]	88.3 [95th]
Doctors keep you informed (59%)	1.7x	50.9 [4th]	87.5 [94th]
Doctors' concern questions/worries (60%)	1.7x	50.4 [4th]	87.0 [94th]

Percent of patients with optimal perception of doctor communication item in parentheses.

Source: Patients with an IN survey received in CY 2024. N = 2.5M patients at 2500 hospitals (CAHPS), 1.2M patients at 1350 hospitals (Press Ganey)

The pattern holds for patients' perception of their interactions with nurses. When patients report that nurses treat them with courtesy and respect, they are 3.4x more likely to recommend the hospital. And when patients feel that nurses listen carefully to them, hospitals are 6.5x more likely to be top performers on "rate the hospital 1–10."

Physician alignment and patient experience move together

Physician alignment is another critical lever of performance. When physicians are highly aligned with leadership, with alignment scores of 4.0+, their patients report substantially more positive perceptions of care. Across the board, these physicians see double-digit percentile lifts in trust-related experience metrics.

Specifically, they see increases of:

— +14 percentile ranks on "show respect for what you say"

— +14 percentile ranks on "spend enough time with you"

— +12 percentile ranks on "recommend this provider office"

— +10 percentile ranks on "provider listens carefully to you"

— +9 percentile ranks on "staff worked together to care for you"

Alignment (n): The extent to which an individual feels a strong partnership and connection with leadership, and a shared vision of how to execute the organizational mission.

Social capital is as much a strategic asset as it is a cultural asset—powering the relationships we build, the moments patients remember, and the outcomes that matter. It fosters collaboration, builds trust, and strengthens consistency across the patient journey—as well as the employee experience. When teams are connected, aligned, and engaged, that cohesion becomes a defining element of the way care is delivered.

See across the system

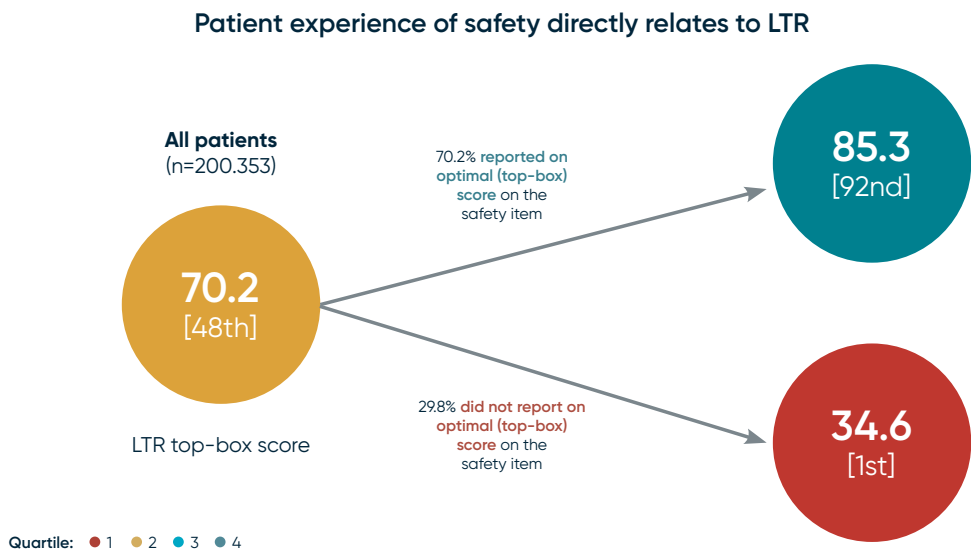Elevating the Human Experience starts with seeing the bigger picture. Technologies like interactive dashboards can help healthcare organizations bring together real-time data across patient experience, workforce engagement, safety, and more. These tools support a more holistic view of performance—by service line, region, or across the enterprise—so leaders can uncover patterns, prioritize action, and drive meaningful change.

Safety is a PX imperative

Patient experience starts with safety. Today's patients are highly attuned to the signals—both subtle and overt—that impact their sense of safety. When that sense is compromised, trust breaks down. Notably, patients report safety concerns more frequently than actual harm events, highlighting the need for clear, intentional communication that affirms their well-being is the highest priority.

Safety by setting

Among inpatients who report feeling "very safe" (70.2%), LTR top-box scores are 85.3. But when that sense of safety falters, LTR plummets to 34.6—a score below the 1st percentile.

Patient experience of safety directly relates to LTR

All patients
(n=200.353)

70.2% **reported on optimal (top-box) score** on the safety item

70.2
[48th]

LTR top-box score

85.3
[92nd]

29.8% **did not report on optimal (top-box) score** on the safety item

34.6
[1st]

Quartile: ● 1 ● 2 ● 3 ● 4

This pattern is even more pronounced in the medical practice setting. While the clinical risk may be lower, the emotional calculus is just as consequential. Medical practice patients who report strong perceptions of safety average an LTR score of 95.1. In contrast, when they don't feel safe, LTR drops to just 35.3.

Among inpatients who feel "very safe" **(70.2%)**, top-box LTR scores reach **85.3**. When that feeling is absent, LTR drops below the 1st percentile to **34.6**.

Cleanliness is safety in plain sight

Cleanliness provides a visual cue on the safety of care settings. Patients equate clean environments with hygiene, infection control, and quality of care. These environmental cues inspire confidence and trust.

Safety first. Experience follows.

Organizations that position safety strategies as PX strategies, and vice versa, recast the conversation around what truly matters and accelerate improvement. This integrated approach strengthens alignment between safety and experience and reinforces a culture where patients feel protected.

Practices like bedside shift report, nurse leader visits, and intentional interval rounding are most effective when grounded in harm prevention and trust-building vs. score improvement. What's more, these patient-facing practices are overt demonstrations of a safety-first culture that promotes transparency and builds confidence, while reducing risk.

Bridge perception and protection

Organizations that lead in safety and experience treat patients' perceptions of safety as a critical indicator—and they respond with intention, clarity, and accountability. Advancing this kind of insight-to-action strategy requires an approach that goes beyond traditional measurement. Tactics like patient advisory panels help elevate the patient voice, bring hidden risks to light, and guide improvements that reflect the lived experience of care.

Reframing equity: Amplifying the voices hidden in the data

In too many healthcare settings, equity remains a parallel pursuit—important, but disconnected from the core work of patient experience.
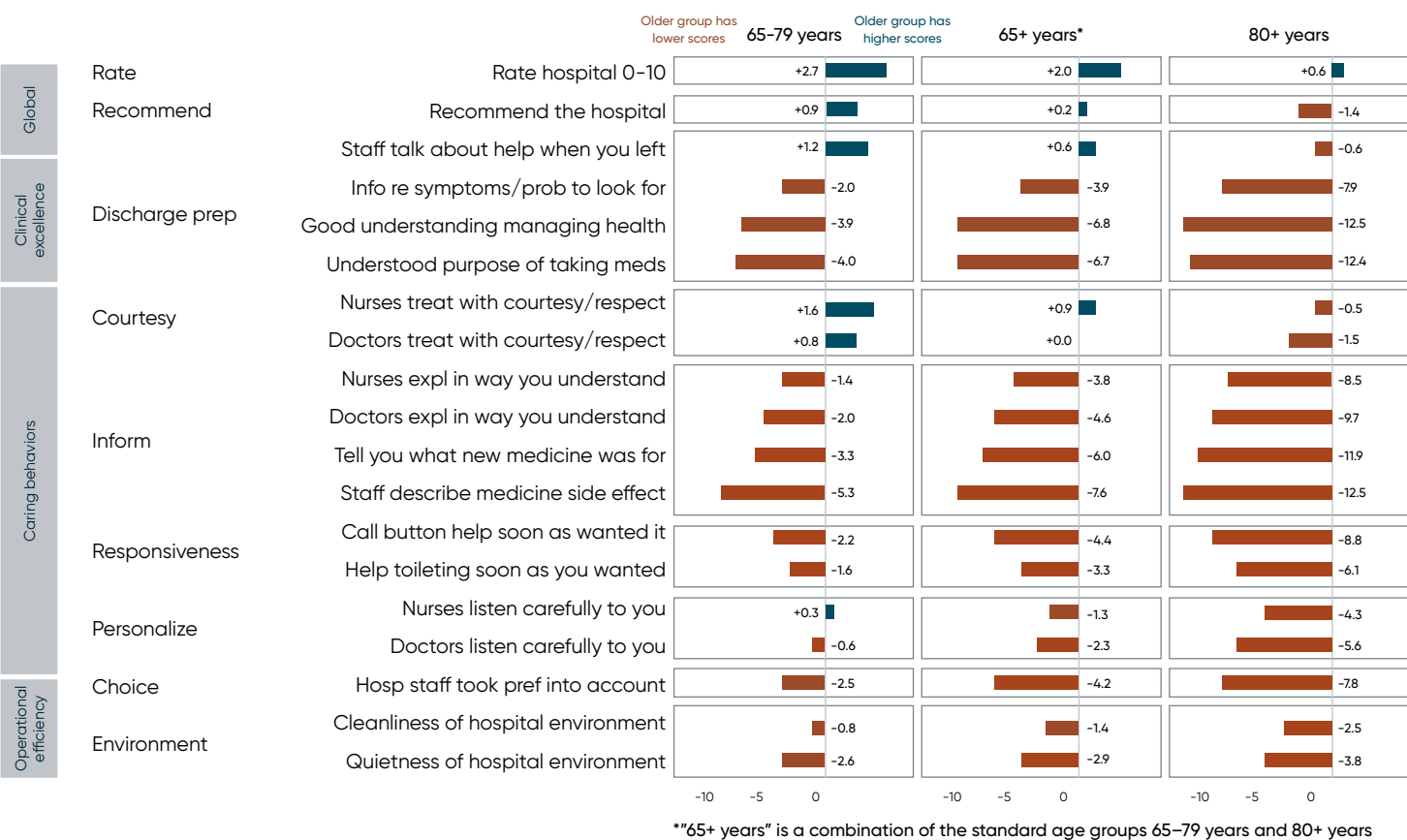
Yet organizations that integrate equity and patient experience strategies achieve higher consistency across all facets of the patient experience, as well as strong loyalty among all patients. Hospitals with the smallest gaps in PX scores across racial and ethnic groups are 2.8x more likely to rank in the top quartile for LTR.

Smaller experience gaps drive inpatient experience performance

Item	Likelihood
Recommend the hospital	2.8x
Doctors explain way you understand	2.6x
Doctors listen carefully to you	2.6x
Rate hospital 0-10	2.1x
Info re symptoms/prob to look for	2.1x
Overall rating of care	1.9x
Tell you what new medicine was for	1.9x
Quietness of hospital environment	1.8x
Doctors kept you informed	1.8x
Attention to needs	1.7x
Call button help soon as wanted it	1.6x
Nurses expl in way you understand	1.6x
Temperature of the food	1.6x
Nurses kept you informed	1.6x
Understood purpose of taking meds	1.5x
Good understanding managing health	1.5x
Nurses listen carefully to you	1.5x
Doctors treat with courtesy/respect	1.5x
Room temperature	1.5x
Likelihood of recommending	1.4x
Nurses' attitude toward requests	1.4x
Doctors' concern questions/worries	1.3x
Staff describe medicine side effect	1.3x
Time doctors spent with you	1.3x
Staff worked together care for you	1.3x
Response to concerns/complaints	1.1x
Hosp staff took pref into account	1.1x
Quality of the food	1.1x
Help toileting soon as you wanted	1.1x

Increased likelihood of being a top performer on item

Hospitals with the smallest gaps in PX scores across racial and ethnic groups are **2.8x more likely** to rank in the top quartile for LTR.

Patients' needs and experiences can vary based on their individual attributes. For example, older adults, particularly those age 80 and over, report lower experience scores in areas tied to understanding medications and clarity of communication. Notably, 88% of facilities reported a 5-point drop in scores for patients 80+ on "good understanding of managing health"—a gap that widened in nearly half (49.2%) of facilities between 2023 and 2024. An exception to this pattern is "rate the hospital 1–10," where seniors give slightly higher ratings (+0.6) than patients in other age groups.

			Older group has lower scores ← 65–79 years → Older group has higher scores	65+ years*	80+ years
Global	Rate	Rate hospital 0–10	+2.7	+2.0	+0.6
	Recommend	Recommend the hospital	+0.9	+0.2	-1.4
Clinical excellence	Discharge prep	Staff talk about help when you left	+1.2	+0.6	-0.6
		Info re symptoms/prob to look for	-2.0	-3.9	-7.9
		Good understanding managing health	-3.9	-6.8	-12.5
		Understood purpose of taking meds	-4.0	-6.7	-12.4
Caring behaviors	Courtesy	Nurses treat with courtesy/respect	+1.6	+0.9	-0.5
		Doctors treat with courtesy/respect	+0.8	+0.0	-1.5
	Inform	Nurses expl in way you understand	-1.4	-3.8	-8.5
		Doctors expl in way you understand	-2.0	-4.6	-9.7
		Tell you what new medicine was for	-3.3	-6.0	-11.9
		Staff describe medicine side effect	-5.3	-7.6	-12.5
	Responsiveness	Call button help soon as wanted it	-2.2	-4.4	-8.8
		Help toileting soon as you wanted	-1.6	-3.3	-6.1
	Personalize	Nurses listen carefully to you	+0.3	-1.3	-4.3
		Doctors listen carefully to you	-0.6	-2.3	-5.6
Operational efficiency	Choice	Hosp staff took pref into account	-2.5	-4.2	-7.8
	Environment	Cleanliness of hospital environment	-0.8	-1.4	-2.5
		Quietness of hospital environment	-2.6	-2.9	-3.8

*"65+ years" is a combination of the standard age groups 65–79 years and 80+ years

Varying perceptions of safety

Nothing is more essential for patients than feeling safe when receiving care. Yet perceptions vary widely across patient populations—and there's a strong associated impact on the overall experience of care and on patient loyalty.

In a 2024 Press Ganey study of over 200,000 inpatients, 70% gave a top-box response to questions about their sense of safety during their stay, and the average LTR score among those patients was 85.3—at the 92nd percentile of the national rankings. Conversely, patients who gave a non-top-box response to the safety item had an average LTR of 34.6, or 1st percentile of the national database. Different patterns are observed when the data is segmented by patient attributes—patterns that serve as important cues for caregivers.

Age is associated with how safe patients feel, and how strongly those feelings impact LTR scores. Among patients 80 and older, 34.3% report feeling less than completely safe during their care experience, compared to just 24.2% of patients age 18–34. And the effects of those perceptions of safety aren't the same across age groups. Older patients who feel completely safe are 48.2% more likely to recommend the hospital. For patients age 35–49, the impact is even greater: Those who feel completely safe are 55.2% more likely to recommend.

Disparities across racial and ethnic groups are just as stark. In inpatient settings, a greater proportion of Asian and Black/African American patients report concerns about the safety of the care environment or the safety of the care (32.1% and 31.7%, respectively) than White patients (24.5%). Meanwhile, smaller proportions of Hispanic/Latine patients (22.9%) report having had safety concerns during their stay.

However, somewhat dissimilar trends appear in outpatient care. In medical practice settings, younger adults (18–34) have the highest rates of suboptimal safety, with 19.7% feeling less than "very safe." Disparities based on race/ethnicity are evident as well: 23.6% of Asian patients, 21.5% of Black/African American, and 18.5% of Hispanic/Latine patients report feeling unsafe, compared to 14.2% of White patients.

Understanding and responding to the differences

The response patterns among different patient populations reflect evolving patient expectations and lived experiences.

Younger patients bring consumer-like expectations to care. And reputation matters: Nearly 90% of Gen Z and millennials choose providers based on brand reputation.* Raised in a digital-first world, they expect information, access, and support on demand—and they're quick to opt out when their expectations aren't met.

In contrast, older patients have more frequent interactions with the healthcare system. Chronic conditions, multiple diagnoses, polypharmacy, and cognitive barriers heighten their sensitivity to safety risk and communication gaps.

For patients of color, perceptions of safety are shaped not only by individual encounters, but also by broader societal and structural realities—from historical mistrust to present-day inequities. These perceptions aren't just emotional responses; they reflect lived experiences that must be recognized and addressed.

Reliability lays the foundation for trust

Organizations that are successfully closing equity gaps don't rely on sweeping initiatives. They focus on getting the basics right, every time. Evidence-based practices like nurse leader rounding and bedside shift handoff, when done with clarity and intention, become powerful equalizers. They build understanding, reinforce respect, and send a clear message to every patient, regardless of background or circumstance: You matter here.

What sets these organizations apart isn't just what they do, but how well and how reliably they do it. They engage regularly with patient feedback, demonstrate a commitment to equitable, high-quality care, and communicate more consistently. And patients notice. Over time, this operational rigor builds community trust, drives staff accountability, and delivers measurable gains in both safety and experience.

Make equity measurable

Aggregate performance data can mask disparities. By segmenting patient experience data by race, ethnicity, age, and other key demographics— and pairing that with direct input from patients and communities—organizations can uncover blind spots, and respond with greater precision and purpose.

A new lens: Planned vs. unplanned admissions

CMS's move to categorize experience by planned vs. unplanned admissions marks a meaningful shift— acknowledging that the emotional and operational dynamics of unplanned care shape the experience more than the care setting alone.

Patients with unplanned admissions consistently report the lowest experience scores and are 16% less likely to recommend the hospital. These stays often begin without warning, leaving patients unprepared and facing more uncertainty. Conversely, planned admissions typically allow for greater preparation and predictability, resulting in better coordination, clearer communication, and higher patient confidence.

The gap associated with unplanned admissions is widest in specialties like pediatrics, among medical patients, and among patients on observation units. In settings like cardiac ICU and among obstetrics/gynecology patients, the experience gap is the narrowest.

Here again, reliable execution on high-impact practices— like nurse leader rounding, bedside shift handoff, and post- discharge calls—results in consistently higher perceptions of care, regardless of admission type. For example, nurse leader rounding has a powerful effect: For unplanned admissions, it boosts "Recommend the Hospital" scores 30.1 points—and 20.2 points for planned admissions. Similarly, nurse leader rounding raises scores on "rate the hospital 0–10" 31 and 24 points, respectively.

> Patients with unplanned admissions are 16% less likely to recommend the hospital. But this feedback reflects the context of the visit, not the standard of care provided.

Read between the lines

Tools like AI comment summary widgets distill thousands of open-ended patient comments into clear, actionable themes—helping teams quickly identify what matters most, especially in complex settings like unplanned care. Paired with HX integrations that capture feedback closer to the moment of care, these insights support faster action and more consistent performance.

One journey. Many touchpoints.

From the moment a patient decides to seek care, their experience is shaped by a series of interactions—including online search, office staff, and digital tools.

This is the critical intersection of patient experience (PX), employee experience (EX), and consumer experience (CX)—a dynamic ecosystem where trust, respect, and teamwork serve as both cultural values and drivers of perception and performance. Together, they form the foundation of the Human Experience (HX) of healthcare. Getting it right means aligning every part of the journey and every person involved.

Patient experience starts with employee experience

Safe, high-quality, compassionate, and equitable care depends on resilient, engaged teams who feel supported and engaged. In short, the patient experience and employee experience are two sides of the same coin.

While 69% of healthcare employees are engaged or highly engaged, recent declines in engagement are cause for concern. Disengaged employees are 1.7x more likely to leave—triggering ripple effects that impact care, culture, and operations.*

When EX is strong, patients feel safer, staff members feel valued, and the organization performs better across clinical, cultural, and financial dimensions. At their best, PX and EX create a flywheel effect—each reinforcing the other to build momentum behind the values, behaviors, and practices that earn and sustain confidence and trust.

The intersection of PX and CX

The consumer experience adds an important layer to the Human Experience. Patients increasingly bring a consumer mindset to their interactions with the healthcare system—making decisions based on digital presence, online reviews, and ease of access.

As consumers "shop" for care, friction on the front end—like clunky scheduling tools, outdated information or poor communication—signals disorganization and erodes confidence before the first clinical interaction.

Accuracy and convenience are key. Nine in 10 patients say accurate online information influences their choice of facility or provider, and nearly half will walk away if details are wrong or missing. With 59% of consumers relying on online search, the absence of reliable, robust reviews can be a dealbreaker. Ease matters, too: 80% say online scheduling impacts their choice, and nearly one in four will abandon the process if booking an appointment isn't as easy as reserving a table.**

Organizations with subpar pre-visit experiences pay the price, both in poor online reviews and downstream effects on PX.

Top-performing organizations counter this trend by:

— Maintaining accurate and up-to-date listings across the web

— Encouraging, amplifying, and responding to online reviews

— Listening across digital channels to spot and resolve friction early

These aren't just marketing levers. They're high-impact entry points that shape first impressions, influence brand trust, and drive downstream performance. Executed well, they deliver measurable returns in patient acquisition, experience scores, and loyalty.

Managing expectations

When it comes to wait times, communication matters more than the clock. When delays occur, clear and transparent communication can preserve a positive patient experience. In medical practice settings, only 37.2% of patients who experience "poor" wait times would recommend care. However, among those who experience long waits but rate communication about delays "very good," LTR increases to 74.3%. In the ED, the effect is even more pronounced: Optimal communication about delays boosts recommendations scores by nearly 50 points despite prolonged wait times.

Consistently executing on communication best practices strengthens patient trust and satisfaction, with a 17.9-point advantage when reasons for delays are explained transparently and clearly. The takeaway: Patients are far more understanding when they feel informed.

Connect the dots

Patients expect all facets of their journey to be seamless and friction-free—from search to post-care follow-up. Leading health systems build confidence from the outset and sustain it throughout the care experience by taking an integrated approach to PX, EX, and CX.

Key strategies for executive leadership

Sustained excellence doesn't happen by chance; it's the result of deliberate effort and disciplined execution. High-performing organizations align behaviors to values, listen and respond to key stakeholders, and adopt best practices with rigor to ensure consistency. For patient experience leaders, driving meaningful change requires a systems approach—one that integrates PX, EX, CX, and safety. It means turning insight into coordinated action and ensuring every touchpoint reflects a deep commitment to human-centered care.

Recommit to safety as a cultural foundation, and make it visible. Safety is the primary basis for patient trust. When safety and high reliability are embedded into daily behaviors, communication standards, and leadership expectations, they become part of the culture. Making safety visible, consistent, and felt elevates every aspect of care—from experience and outcomes to loyalty and retention.

Make best practices, standard practices. Consistency in demonstrated best practices—including nurse leader rounding, bedside shift report, and transparent, clear communications before, during, and after care—builds trust, reinforces safety, and improves the patient experience—even when it's under pressure. Digital tools can scale caregivers' work and help them stay focused on the patient, not the process.

Strengthen connections through compassion and communication. Patients and caregivers alike expect to feel seen, heard, and respected. Invest in digital tools, as well as in building communication and interpersonal competencies among care teams and leaders, to optimize the Human Experience at every touchpoint.

Make segmentation core to your improvement strategy. Aggregate scores can hide critical performance gaps. Patients bring diverse expectations, experiences, and needs—and a one-size-fits-all approach overlooks critical nuances. By segmenting PX data by factors like age, race and ethnicity, admission type, and care setting, organizations can uncover disparities and tailor interventions accordingly. This data-driven approach embeds equity into the experience strategy, allowing organizations to close gaps and deliver more personalized care.

Leverage AI to accelerate understanding and improvement. AI tools like natural language processing and predictive analytics help leaders uncover the "why" behind the scores and zero in on key improvement opportunities. Used effectively, these tools empower caregivers to keep the patient at the center of the work.

Build a multichannel listening strategy. Continuous listening requires modern tools—like crowdsourcing, digital communities, and passive listening—which let organizations tap into lived experiences, co-solve problems, and gain deeper insight into reputation and experience.

About the data

This report depicts findings from 10.5M patient encounters collected from inpatient HCAHPS, emergency department, medical practice, and OAS CAHPS surveys. The data comes from organizations that partner with Press Ganey, representing more than 2,500 hospitals and 490,000 medical office sites. Our safety analysis includes the experience of over 16M patients and the severity of 452K safety events. The data represents all nine AHA hospital regions and includes academic medical centers (AMCs) as well as integrated and nonintegrated health systems.

Elevate every patient's experience

Reliability, safety, and communication are the cornerstones of trust and exceptional experience. To explore the latest insights and see how Press Ganey can support your patient experience strategy, connect with our experts:

pressganey.com/speak-to-an-expert