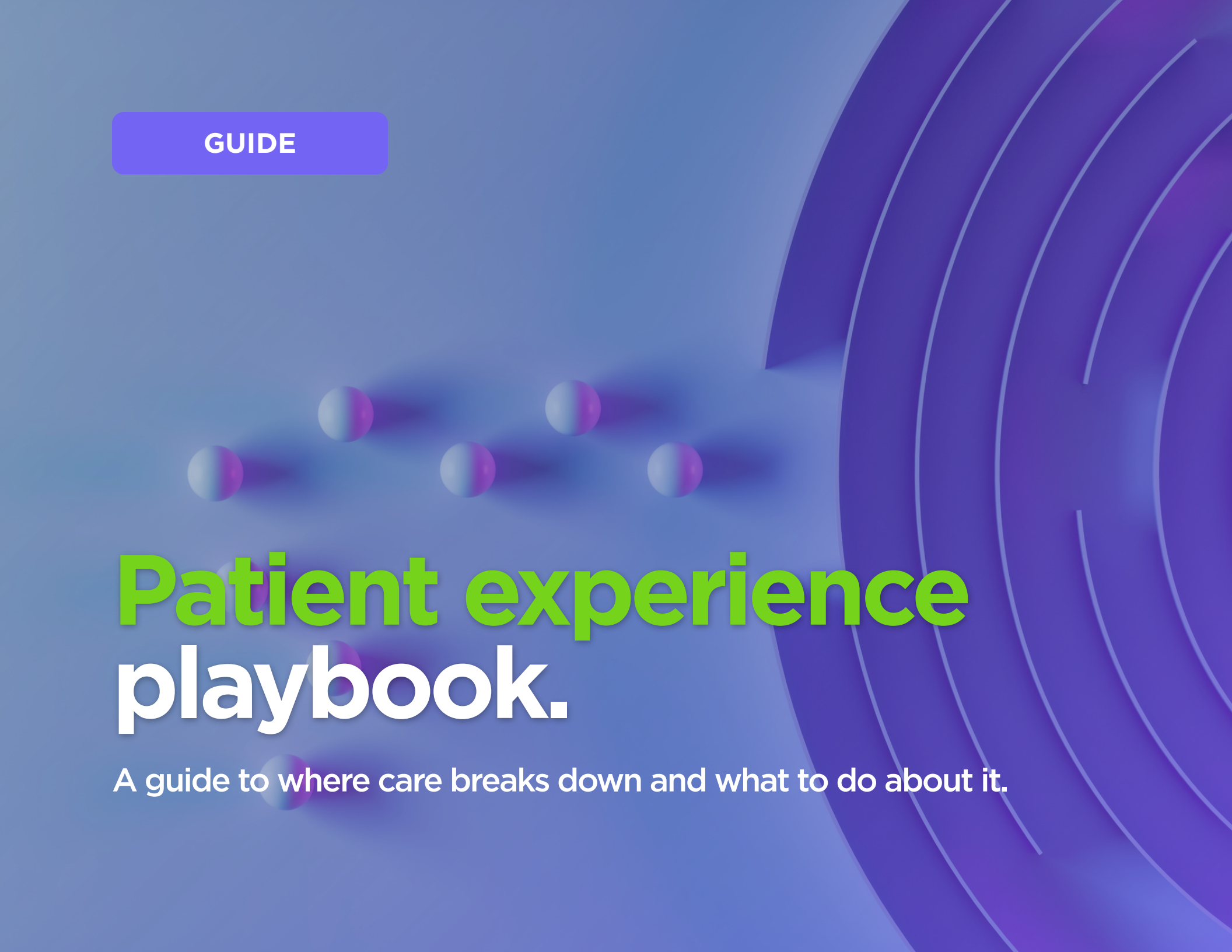


The background is a solid blue color. On the right side, there are several concentric white circles that fade out towards the center. In the middle-left area, there are five small, semi-transparent spheres with a blue-to-purple gradient, arranged in a loose, horizontal pattern.

GUIDE

Patient experience playbook.

A guide to where care breaks down and what to do about it.

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Introduction.

Patient experience is measured at the surface with surveys, ratings, and feedback. But **breakdowns** don't start there.

They start where systems, workflows, and care delivery **fall out of sync**. Patients don't experience this as technology problems. They experience it as confusion, delays, and friction.

And when that **friction** shows up as missed appointments, the impact is anything but minor—costing the U.S. healthcare system an estimated **\$150 billion annually**.*

*(Source: [dialoghealth](#))

This playbook is designed to help you:

-  Identify where experience is breaking down
-  Understand what those breakdowns are signaling
-  Prioritize where to act first

The simple truth.

Patient experience doesn't fail in isolation. It fails when:

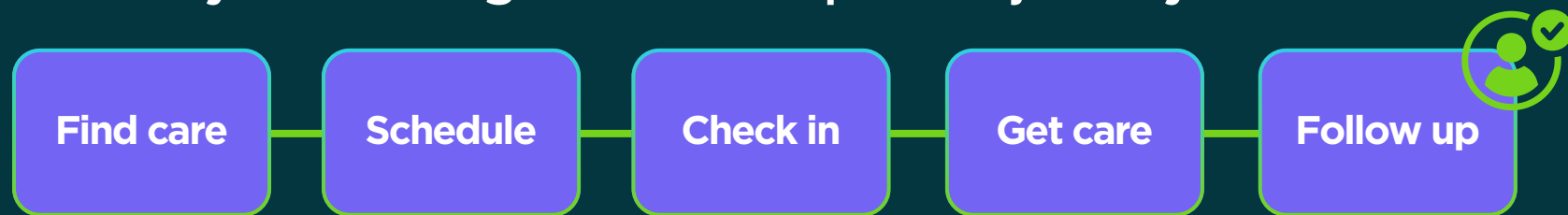
- ➡ Scheduling logic doesn't reflect real capacity
- ➡ Clinical workflows don't match how care actually happens
- ➡ Systems don't connect
- ➡ Patient context resets between encounters

Fixing the experience means **fixing those conditions, not just the touchpoints.**

Patient flow challenges are often **rooted in misalignment** between services and real patient needs, not isolated failures.

What experience breakdown **really** looks like.

Health systems design for a linear patient-journey:



However, patients experience something else:



The simple truth:
The difference isn't perception. It's system friction.

Three breakdown zones.

Access.

Up to **60% of patients** abandon calls after short wait times, leading to lost appointments.

(Source: Innovaccer)

What patients experience:

- “I don’t know where to start.”
- Confusing scheduling options
- Needing help for simple tasks

What it signals:

- Scheduling rules that don’t reflect provider capacity
- Multiple intake pathways competing instead of coordinating
- Digital front door that routes, but doesn’t resolve

Coordination.

77% of entries in some workflows include copied or repeated data.

(Source: BMJ)

What patients experience:

- Repetitive information over visits
- Delays between steps
- Lack of continuity between teams

What it signals:

- Encounter documentation not structured for reuse
- Lack of shared workflow ownership across departments
- Handoffs managed through people, not systems

Personalization.

Patient satisfaction is directly linked to retention and long-term loyalty.

What patients experience:

- One-size-fits-all interactions
- No recognition of prior context
- Feeling like they are “starting over”

What it signals:

- Context exists in the EHR but is not at the point of care
- Workflows reset instead of progress between encounters
- System design prioritizes completeness over continuity

Hidden costs of **breakdowns**.

Patient experience breakdowns don't just frustrate patients. They create measurable **operational drag**.

Patient and revenue leakage.

- Drop-off before scheduling
- Abandoned appointments
- Loss of downstream care

Access inefficiency.

- Rising call center volume
- Increased manual scheduling support
- Digital tools failing to reduce workload

Staff burden.

- Workarounds to “make things work”
- Re-entering data
- Managing exceptions instead of standard workflows

Throughput constraints.

- Delays in care progression
- Bottlenecks between steps
- Inefficient use of clinical time

Trust erosion.

- Patients lose confidence
- Lower engagement over time
- Reduced likelihood of returning

Why most organizations misdiagnose the problem.

When experience breaks down, most organizations respond by
adding more tools.

More portals. More access points. More digital layers.

But the problem isn't missing
technology.
It's **misaligned technology**.

Systems that:

- ➡ Don't connect.
- ➡ Don't reflect how care is delivered.
- ➡ Don't support real-time workflow create friction, even when they “work.”

The simple truth:



You cannot improve
patient experience by
optimizing touchpoints
alone. You have to fix
what's happening
behind them.

What leading organizations do differently.

They shift the problem definition.

Instead of treating patient experience as:

- a digital issue
- a communication issue
- a service issue

They treat it as a system design problem.

What this looks like in practice.

1. Start with workflows

Map how care actually happens.

Identify where friction exists.

Align processes before adding tech.

2. Focus on high-friction moments

Scheduling.

Transitions between care settings.

Follow-up and next steps.

3. Connect the journey

Align systems across the full care path.

Ensure context carries forward.

Reduce duplicate steps.

4. Measure what matters

Time returned (to patients + staff).

Reduction in rework.

Decrease in friction signals.

5. Design for consistency

Across locations.

Across departments.

Across channels.

The shift.

**From improving touchpoints
→ to aligning systems.**

**From adding tools
→ to reducing friction.**

**From measuring satisfaction
→ to improving flow.**

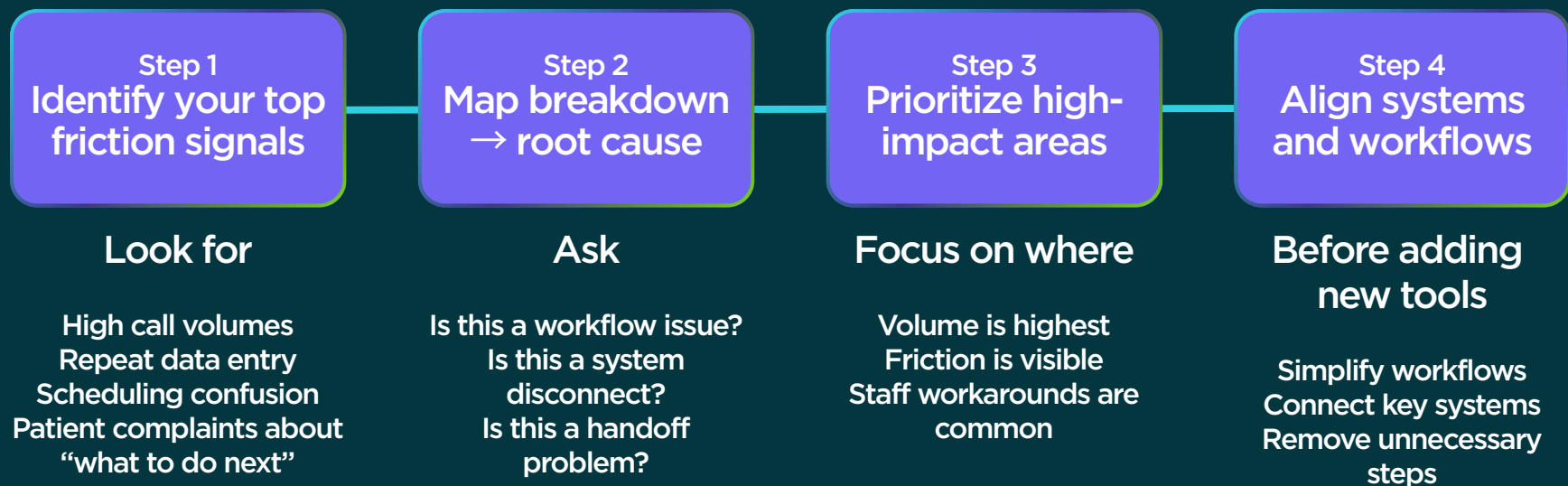
The simple truth:
Improving patient experience directly
impacts retention, efficiency, and
revenue performance.



Where to **start**.

A practical step-by-step guide.

Don't try to fix everything. Start where friction is already visible.



The simple truth:
Start small. Scale what works.

Nordic point of view.



At Nordic, we see the same pattern across health systems,
because healthcare is all we do.

Patient experience doesn't break at the surface.
It breaks where systems and workflows fall out of alignment.

We help organizations:

- Identify where patients are re-entering the system
- Trace friction back to workflow and system design
- Align operations, technology, and data around how care actually flows

The result:

- Fewer workarounds
- Less rework
- More consistent patient journeys
- Reduced patient leakage and stronger downstream revenue capture

Because when systems align, experience improves
without adding more tools.

Closing.

Fix what patients feel by **fixing what they don't see.**

Patient experience doesn't fail at the surface.
It fails in the system behind it.

The fastest-improving organizations:

- Identify where friction actually lives
- Act on the right problems, not symptoms
- Design for how care really happens

Left unaddressed, these breakdowns don't just affect experience - **they drive patient leakage, lost revenue, and reduced access to care.**



Take the Patient Experience Friction Assessment to identify where your organization is experiencing the most friction.



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