Patient-Centered Care

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Patient-Centered Care: QSEN Competency Definition

Recognize the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient's preferences, values and needs

Learner Objectives

Upon completion of this Theory Burst, the learner will be able to:

1. Define patient-centered care (PCC), family-centered care (FCC), and patient/family-centered care (PFCC)
2. Discuss the impact of cultural competence and health literacy on PFCC
3. Describe the core Knowledge, Skills and Attitudes that the graduate learner must demonstrate
4. Provide three teaching/learning strategies for graduate students to improve the engagement of patients and families in their care and creating a patient-centered care environment
Patient-Centered Care

In its landmark book Crossing the Quality Chasm (2001, p. 40), the Institute of Medicine (IOM) defined patient-centered as

“providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.”

Dimensions of Patient-Centered Care

There are 6 dimensions of patient-centered care:

1. Respect for patients' values, preferences, and expressed needs
2. Coordination and integration of care through collaboration and teamwork
3. Accessibility and free flow of information, communication, and education
4. Physical comfort
5. Sensitivity to non-medical and the spiritual dimension of care: Emotional support
6. Involvement of family and friends

1. Respect for Patients’ Values, Preferences, and Expressed Needs

Respect is evident in the sharing of desired information with the patients and families, the active partnering with them to determine care priorities and a plan, tailoring their level of involvement according to their preferences, not those of the care providers, and re-formulating the plan as the situation changes.
2. Coordination and Integration of Care

As care becomes more complex due to the co-existence of multiple chronic conditions, an increasing number of care providers, numerous care sites, and shorter episodes of care, the need for creating smooth transitions across the episodes of care becomes even more vital.

Creating “care between the care” should be the goal.

3. Information, Communication, and Education

Some individuals prefer comprehensive explanations, while others prefer none. Some people learn best visually, while others favor the personal experience. Adjusting the message and its delivery according to the individual patient’s preferences is a major challenge, yet a cornerstone to patient-centered care. What is common to all situations is that patients want to be able to trust what they are being told, and to receive it in a manner that makes sense to them, at a level they can understand.

4. Physical Comfort

Ensuring that patients will be comfortable and free from pain is a basic expectation of patient-centered care.

However, for a variety of reasons, this is often not adequately addressed and must form the basis for any personalized plan of care.
5. Emotional Support

Patients and their families may experience anxiety and distress from a number of sources; the underlying factors need to be identified and dealt with.

This is nursing’s work and enables us to make unique contributions to the patient/family experience.

6. Involvement of Family and Friends – defining “Family”

For more than 40 years, research has indicated that children need their parents nearby. Patient-centered care requires that visiting hours, and engagement of family and friends in all aspects of the process as defined by the family, are structured to meet the patients’ needs.

Teaching Strategy #1: Knowledge Attainment – Web Quest

For each website listed on the Web Quest, determine the following:

✓ Do better educated patients have better outcomes?
✓ What is the meaning of ‘nurse sensitive’ in relation to patient outcomes?
✓ How does the nursing profession impact health outcomes?
✓ What role does the partnership between the nurse and the patient have in assuring high quality, safe patient care?
**Graduate level KSAs: What's different?**
- Analyze implications of patient-centered care
- Assess levels of decisional conflict
- Analyze strategies that empower patients in healthcare processes
- Eliminate barriers to patient-centered care environments
- Honor active partnerships
- Analyze physical facilities
- Create organizational cultures so that patient preferences are supported

**Teaching Strategy #2: Patient Narrative**
Review a patient narrative about a care experience
- Was the patient the source of control?
- Was the care compassionate, coordinated, and reflective of the patient preferences, values, and needs?
- How was the experience and narrative shaped by the nurses' professional practice?
- What were the patient-directed aspects of care? What were provider directed?
- What were missed opportunities to meet patient needs?
- What promoted? What were barriers? To patient-centered care?

**What Do Patients and Families Want?**
Implementing Patient / Family Policies

The IOM listed the expectations as including:

"Being listened to and respected as a care partner, being told the truth, having care and information sharing coordinated with all members of the team, and partnering with staff who are able to provide both technically and emotionally supportive care."

Implementing Patient / Family Policies

30 years of research of patients and the acute care experience. Results include:
- Need for information
- To be near the patient
- Need for reassurance and support.

Despite this extensive body of evidence, many critical care units continue to struggle with finding ways to implement patient-centered policies.

Nurses need to identify barriers and champion the changes that patients and families want.

Examples of Patient-Family Engagement
Patient-Family Engagement

Patients and families have been engaged for decades in various activities that have equipped them to be partners in their care.

Examples include:
- Receiving pre-operative and home instructions
- Learning to take medications and perform treatments (e.g., dressing changes, catheter care) and being actively involved in care
- Monitoring vital signs
- Watching for complications
- Interactive patient care activities including internet based activities

Patient Involvement

Hospitals are now including patients and/or families as members of patient safety committees, interview teams and participants in new employee orientation. Examples include Vanderbilt Medical Center, the University of Pittsburgh Medical Center (UPMC) Shadyside Hospital, and the Dana-Farber Cancer Institute.

Retail clinics are using technology to engage patients in medication management.

Requirements for Patient-Centered Approaches

Two concepts are vitally important in developing individualized, patient-centered approaches to care delivery

- Cultural competence; cultural awareness; cultural humility
- Health literacy
Teaching Strategy #3: Patient/Family Engagement Self Assessment Tool

- Student completes an assessment of an organization’s support of patient-centered care in practice
- Analyze results of the assessment
- Develop an action plan to address the assessment results

Measuring Patient Satisfaction

Patient Satisfaction

Patient satisfaction is:

“the degree to which the individual regards the healthcare service or product or the manner in which it is delivered by the provider as useful, effective, or beneficial”
Patient Satisfaction

Research shows that patients want these 6 items:
1. Treat me like I matter
2. Everyone’s competence counts
3. Providers who make me their first priority
4. Information
5. A care process that is efficient
6. A healthcare insurance plan that is simple

Patient Satisfaction

Research also shows people have high satisfaction with:
1. Competent staff
2. Treatment that is fast
3. Not uncomfortable
4. Effective
5. That the patient will be out quickly and feel better.

Measuring Patient Satisfaction

Healthcare organizations invest extensive resources internally in assessing patient/family satisfaction, and many use the services of external vendors to benchmark their performance against that of competitor organizations, often tapping into slightly different concepts.
Measuring Patient Satisfaction: HCAHPS

The federal government uses its Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey to measure patients' perceptions of their hospital experience and posts public results.

It is the first tool to help consumers compare hospitals nationally on 27 key variables that include, among other things, communication, responsiveness, cleanliness, noise and pain management.

HCAHPS – Hospital Consumer Assessment of healthcare providers and systems survey

- Standardized survey instrument and data collection methodology
- Measures patient perspective on hospital care
- Related to internal customer services and quality activities
- Allows for comparable data
- Public reporting leading to improve quality
- Public reporting to improve accountability

Teaching Strategy #4: Patient Satisfaction HCAHPS analysis and improvement planning

- Evaluate data from unit level
- Evaluate causes of scores
- Search for best practices
- Develop an action plan for the unit of measure
Patient-Centered Care – The Physical Environment

The Picker Institute defines a patient-centered environment of care as one that is "safe and clean, and that guards patient privacy. It also engages all the human senses with color, texture, artwork, music, aromatherapy, views of nature, and comfortable lighting, and considers the experience of the body, mind and spirit of all who use the facility. Space is provided for loved ones to congregate, as well as for peaceful contemplation, meditation or prayer, and patients, families, and staff have access to a variety of arts and entertainment that serve as positive diversions".

Patient-Centered Care – The Human Environment

At the heart of the environment of care, however, are the human interactions that occur within the physical structure to calm, comfort, and support those who inhabit it.
Patient Centered Care in Action

✔ Patients on healthcare organization Advisory Councils
✔ Open visiting hours
✔ Patients involved in multi-disciplinary rounds in Rehab and LTC Centers; Resident Councils
✔ Interactive web based education as outpatient and web based support groups
✔ Family orientation to care experience
✔ Ongoing patient/family surveys to provide feedback
✔ Patient friendly rights and responsibilities
✔ Family resource centers
✔ An optimal healing environment
✔ Patient centered Medical/healthcare homes

Patient Centered Care in Action

Graduate level changes in practice:
✔ Use the “Ask Me” questions in all clinical interviews National Patient Safety Foundation
  http://www.npsf.org/for-healthcare-professionals/programs/ask-me-3/
✔ Apply a clinical checklist to improve effective communication, cultural competence, and patient and family centered care across the care continuum
✔ Identify and work to eliminate barriers to include family in care
✔ Serve as a role model and mentor in clinical experiences to reflect cultural competence, patient and family engagement, and positive patient experience

Teaching Learning Ideas

• Present a traditional research question and assign students to include a patient centered aspect into the research design
  ✔ Areas to consider include compliance and adherence
  ✔ Consider chronic management populations
• Consider including research and a literature review on Patient Centered Care, Patient Engagement and Interactive Patient Care
• Include Patient Centered Care concepts in Prevention and Wellness clinical care
Conclusion

- Patient and family as the source of control and full partner in care
- A full partnership relationship with caregivers
- Equipped with relevant information, resources, access and support
- Fully engaged in and directing the health care experience that the patient chooses
- Across the continuum through all episodes of care and prevention and wellness

Questions?

Additional Slides:
Cultural Competence/ Cultural Awareness/ Cultural Humility
Cultural Competence

Cultural competence is “the attitudes, knowledge and skills necessary for providing quality care to diverse populations.”

Health Literacy

Health literacy is defined by the United States Department of Health and Human Services (2000) as:

“the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”
Health Literacy

The concept is comprised of two components:
- a capacity within the individual to understand words, phrases, and concepts
- the nature or clarity of the health information that is being conveyed

Thus, health literacy is dynamic and situational. It includes oral and written communication, as well as the ability to act upon the information.

Strategies to Enhance Health Literacy

There are a number of strategies that can be employed to enhance an individual's health literacy.

For oral communication:
- use plain language
- speak slowly
- provide small amounts
- reinforce with written materials with key points circled

Measuring Patient Satisfaction
Evaluating Patient-Centered Care

Assessing patient satisfaction is challenging for many reasons.

1. What is being measured? The quality of the service experience or the technical aspects of the care?
2. How can patients evaluate the technical aspects of care?
3. What is the relationship between patient satisfaction and quality of care?
4. What is it that patients really want from a care experience?
5. Is measuring patient satisfaction the same as measuring patient-centered care?

Measuring Patient Satisfaction: National Regulation

National regulatory agencies are increasingly becoming involved in stipulating expectations and monitoring performance:

- The Joint Commission (JC)
- National Committee for Quality Assurance (NCQA)
- Centers for Medicare and Medicaid Services (CMS)

Measuring Patient Satisfaction: National Quality Forum

The National Quality Forum (NQF) is a voluntary consensus standards setting body that has endorsed more than 500 measures of quality and safety.