

Giving Patient Priority

# Practicing Patient Centered Care

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# Patient - Centered Care Definitions

- Health care that establishes a partnership among practitioners, patients, and their families (when appropriate), to *ensure that decisions respect patients' needs and preferences*, and that patients have the education and support they need to make decisions and participate in their own care “IOM.”
- 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.**

# Patient - Centered Care

- Care that is truly patient-centered considers patients' cultural traditions, their personal preferences and values ,their family situation, and their lifestyles which makes the patient and their loved ones an integral part of the care team who collaborate with health care professionals in making clinical decisions

# Dimensions

- *Respect for patient-centered values, preferences, and expressed needs*  
*,Including an awareness of quality of life issues, involvement in decision –making, dignity, and attention to patient needs and autonomy*

# Coordination and integration

■of care across clinical, ancillary, and support services in the context of receiving “frontline” care (patient –centered care ensures that transition between providers ,departments and health care settings are respectful, coordinated, and efficient)

- **Information, communication, and education** on *clinical status, progress, prognosis, and process of care* in order to facilitate autonomy, self-care, and health promotion
- **Physical comfort**, including pain management ,help with activities of daily living ,and clean and comfortable surroundings
- **Emotional support and alleviation of fear and anxiety** about such issues as clinical status, prognosis, and the impact of illness on patients, their families and their finances

- **Involvement of family or friend** in decision-making and awareness and accommodation of their needs *as caregivers* .
- **Transition and continuity** as regards information that will help patients care for themselves *away from a clinical settings*, and coordination ,planning and support to ease transitions.
- **Access to care** ,with attention to time spent waiting for admission or time between admission and placement in a room in the inpatient settings, and waiting time for an appointment or visit in the outpatient setting.

# Patient –Centered Care Concepts

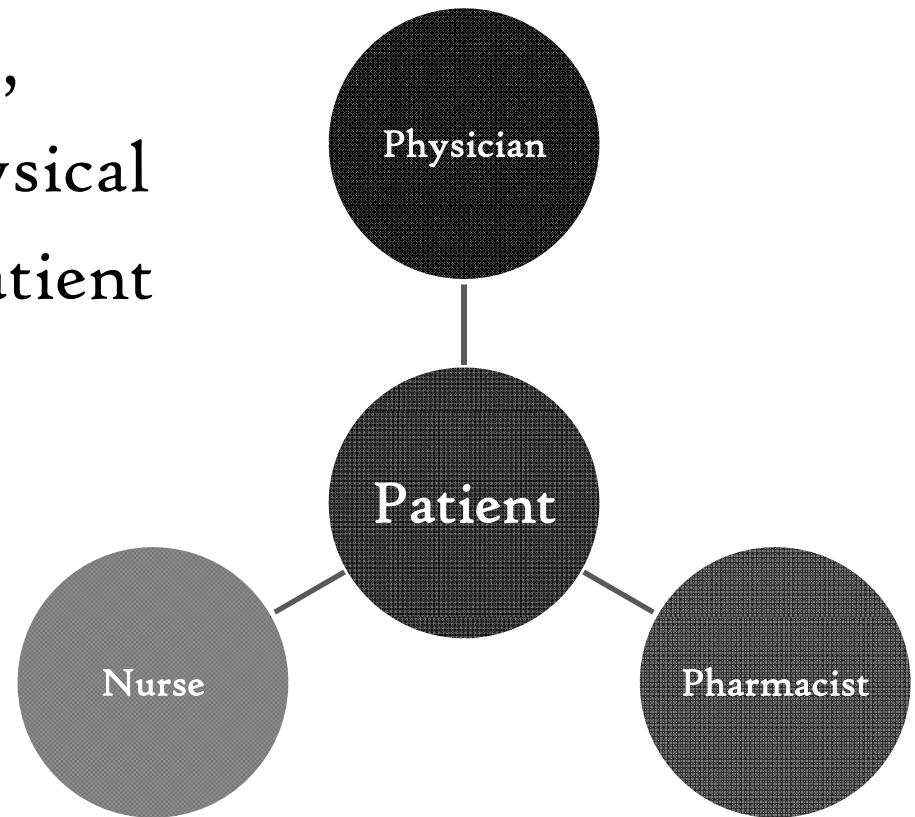
( Institute for patient and family-centered care)

- **Dignity and respect.** Health care practitioners listen to and honor patients and family perspectives and choice. patient and family knowledge ,values, beliefs and cultural backgrounds as incorporated into the planning and delivery of care.
- **Information-sharing.** Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision making
- **Participation .**patients and families are encouraged and supported in participating in care and decision –making at the level they choose.

- **Collaboration.** Patients and families are also included on an institution wide basis. Health care leaders collaborate with *patients and families in policy and program development*, implementation ,and evaluation in health care facility design; in professional education; and in the delivery of care.

# Why patient -Centered Care????

- Because physician, nurse, pharmacist, dietitian, physical therapist, cares for one patient at a time



- Multidiscipline are important to the best patient centered outcome, a team approach.

*We exist to serve the patient*

- Patients are each very unique ;  
Biological ,Social, Psychological,  
Economic and Spiritual beings

# Patient centered care is

- The right care
- The highest Quality & Safe care
- The most cost effective care for that one  
*patient*

**How far are we to achieving a health care system that delivers on the patient – centered care??**

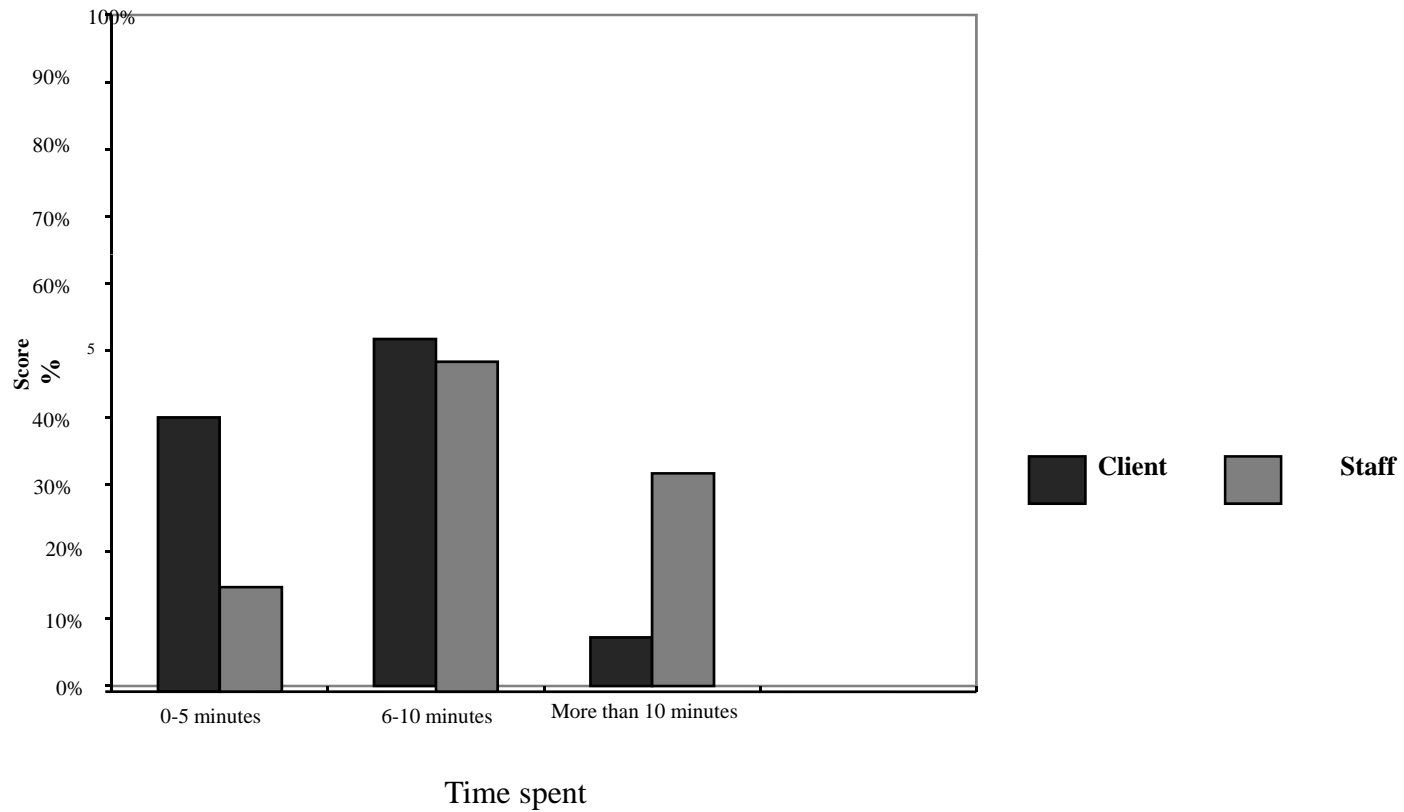
The current health care system is  
already patient centered, but  
not enough

How far are we to .....

Baseline assessment in primary  
health care centers 2010

showed

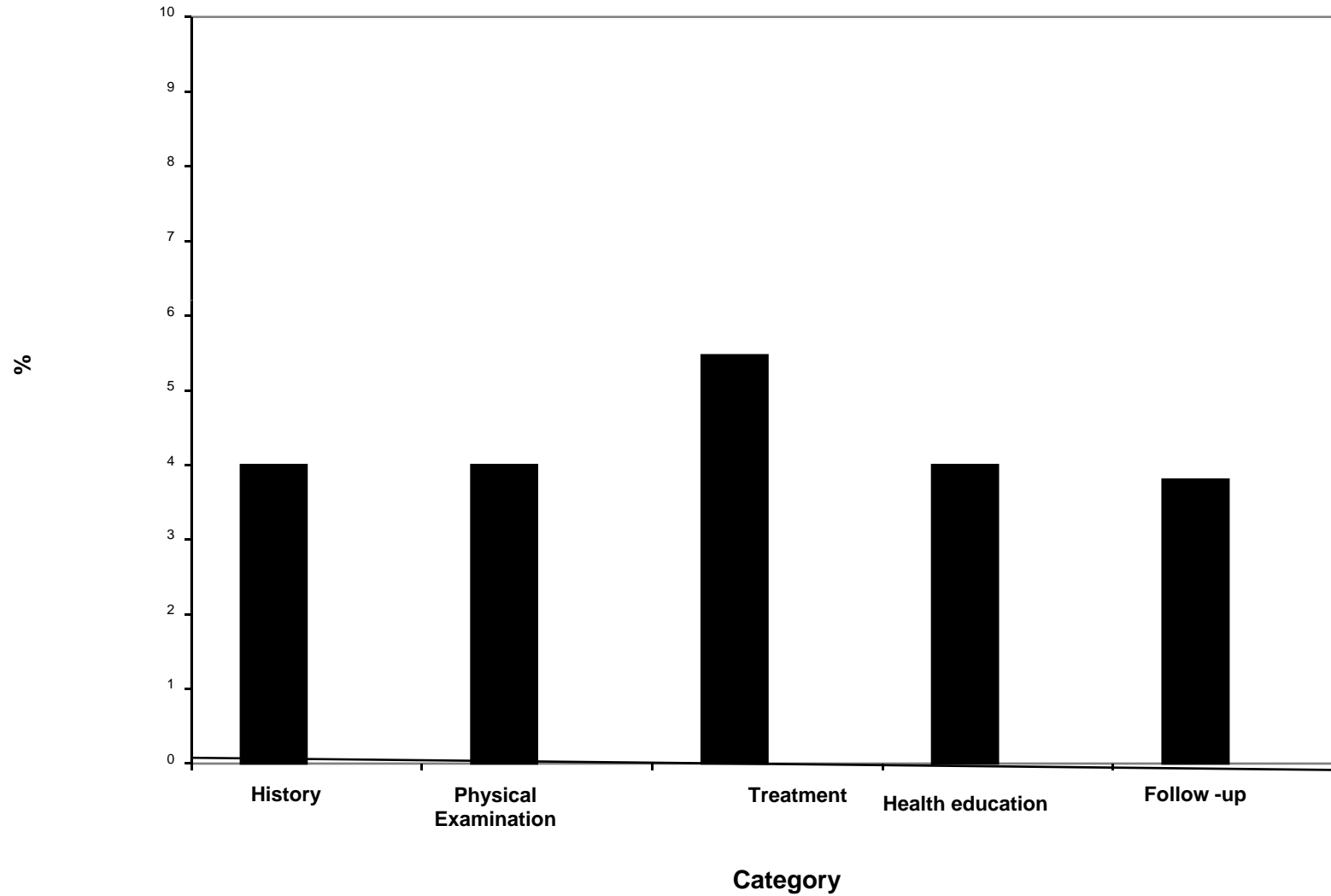
# Time spent with clients



33% of the patients interviewed stated recalled  
that the physician used their name during  
the visit



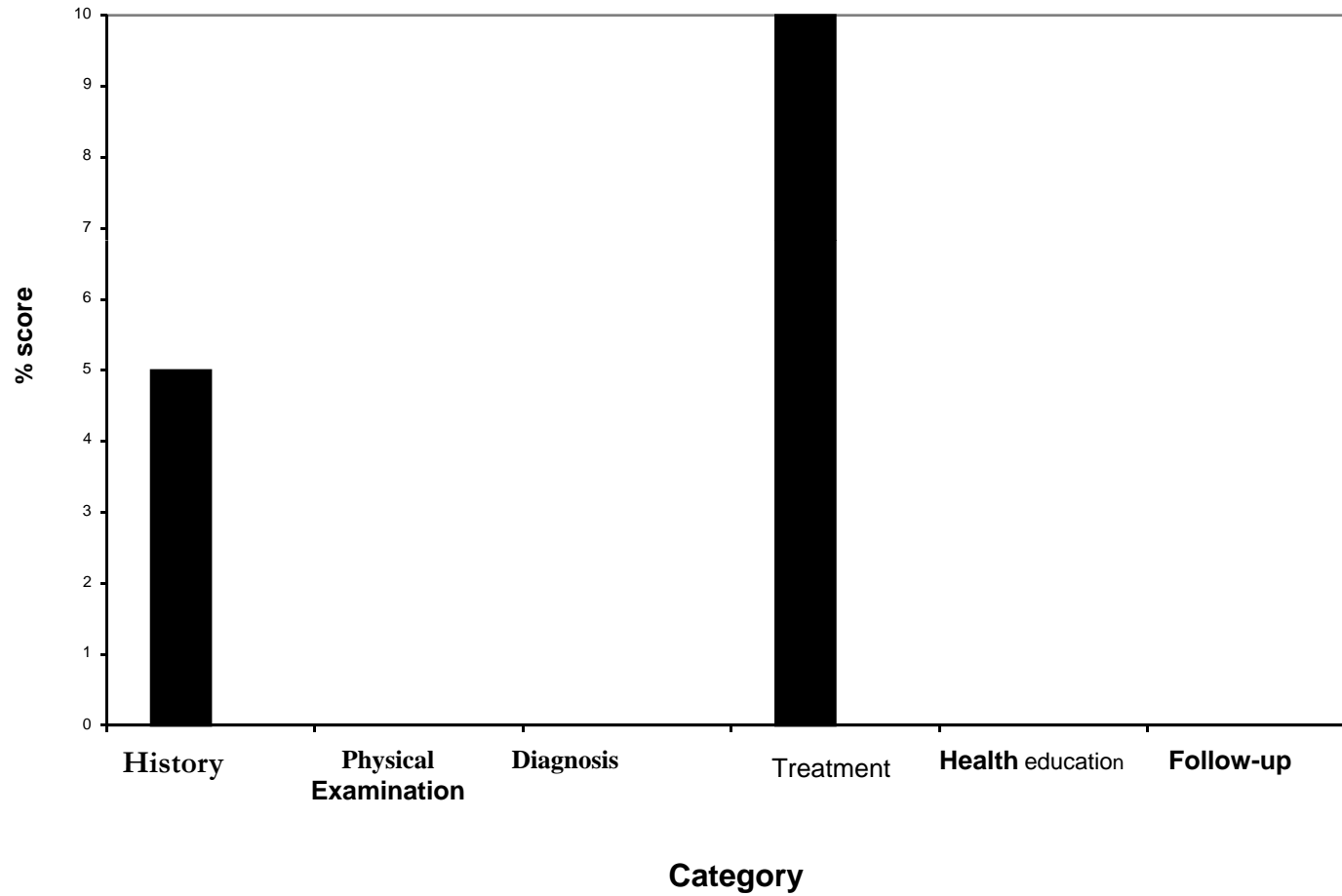
### Completion Rates for Child Illness Records



3/18/2010

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Completion rates for Adult Records



3/18/2010

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To achieve the level of patient and family centeredness ,  
the health care system require  
fundamental redesign

- IOM report *Crossing the Quality Chasm: A New health System for the 21<sup>st</sup> Century*

The report presents 10 rules for redesign of patient care

# The First Four Are :

1. Care is based on continuous health *relationships*
2. *Customization* is based on patient needs and preferences
3. Patients are the *source of control*
4. And *shared knowledge* and *free flow of information*

# IHI

Contributed to the development of the patient centered health care system by testing and articulating changes that:

- Enable health care providers to reliably meet the needs and preferences of patients ,
- Enable fully-informed, shared decision – making, and
- Include patients and loved one on health care improvement and design teams

# PSFHI WHO/EMRO

## ■ Patient and public measures

- Patient safety is incorporated into hospital's patient and family rights statement.
- The hospital builds health awareness for its patients and carers to empower them to share in making the right decisions regarding their care.
- The hospital communicates patient safety incidents to patients and their carers.
- The hospital encourages patients to speak up and acts upon the patient's voice.
- The hospital has a patient safety friendly environment.

# Patient safety is incorporated into hospital's patient and family rights statement.

The patient rights statement *exists* in the hospital and *is visible to patients*

*Patient safety is included* in the patient rights statement.

Patients and their families are *briefed* about, and aware of, *their patient and family rights*.

The hospital builds health awareness for its patients and carers to *empower* them to *share* in making the *right decisions regarding their care*.

The hospital builds health awareness for all of its patients and their families for their specific health problem and for general patient safety issues.

Every patient obtains from his/her treating physician complete updated information on his/her diagnosis, treatment.

The hospital should train patients' carers on post discharge care.

Patients participate in planning and making decisions regarding their health care.

The hospital has a health care website and patients have access to it.

# The hospital communicates patient safety incidents to patients and their carers

The hospital has a structured disclosure system: policy, and procedures.

The hospital has a health care *mediator* to explain incident.

# The hospital encourages patients to speak up and acts upon the patient's voice.

The hospital obtains patients and their caregivers' feedback through different tools: satisfaction surveys, leadership walk rounds, focus groups, complaint letters, safety hotline, staff feedback, and suggestion box and community groups.

The hospital responds to patients complaints by sending them a feedback of how complain was managed and changes taken place to prevent further recurrence of complain

Involve patients and their caregivers in setting policies and suggesting quality improvement and patient safety projects.  
*.Patient involvement may include: patient identification, monitoring hand hygiene, single use of injection and other appropriate areas.*

# The hospital has a patient safety friendly environment.

The hospital staff should be aware of patients' and their carers' feeling at all processes of care. They should be supportive and trained to deal with patient anxieties and worries.

The hospital should have procreative entertainment for patients e.g. music, TV, films, library.

The hospital has place for prayers and meets patients spiritual and religious needs

The hospital staff should support patient's family and their carers in patient's end of life cases.

# The hospital involves community in different patient safety activities.

The hospital develops “campaigns” of patient safety that share solutions and raise awareness of patient safety in the community.

The hospital plans events to promote patient safety through meetings on a regular basis with civic groups, NGOs, community leaders.

The hospital uses media and marketing to promote patient safety (e.g. distribute press releases announcing patient safety activities).

The hospital involves community (e.g. nongovernmental organizations, religious institutions, patient advocates) in designing and implementation of patient safety program.



HOW  
to make patient centered care  
a central aim for the health system

## Key factors that contribute to achieving patient centered care

- Leadership at the top level of an organization with sufficiently committed and engaged to unify and sustain the organization in a common mission

2. A strategic vision clearly and constantly communicated to every member of the organization
3. Involvement of patients and families at multiple levels, not only in the care process but as full participants in key committees through out the organization

4. **Care for the care givers** through a supportive work environment that engage employees in all aspects of process design and treats them with the same dignity and respect that they are expected to show patients and families
- Staff's stress-reduction and wellness needs are address
  - Staff is routinely acknowledged for their good work by leadership, by peers and by patients and families.

- Staff have opportunities to provide input into ways to enhance the work environment
- Space is available for staff to decompress between patients and/or cases.
- Support is provided to staff involved in an adverse event.
- Healthy food is available to all staff, including those who work on weekends and on nights.

5. **Systematic measurement and feedback** to continuously monitor the impact of specific intervention and change strategies
6. **Quality of built environment** that provides a supportive and nurturing physical space and design for patients ,families, and employees alike .

7. Supportive technology that engages patients and families directly in the process of care by facilitating information access and communication with their care givers



# Strategies for change

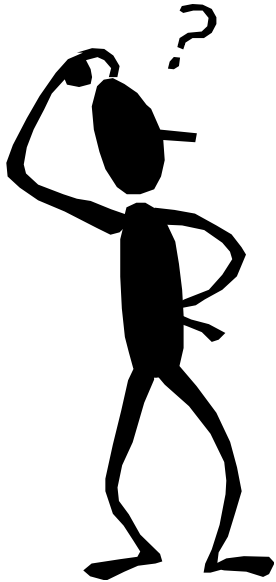
- Organization level, strategies designed primarily to strengthen the capacity to achieve patient – centered care at the organization level include:
  1. Leadership development and training
  2. Internal rewards and incentives
  3. Training in quality improvement
  4. Practical tools derived from an expanded evidence based

- System level Strategies aimed at changing external incentives in the health care system as a whole, to positively influence and reward organizations striving to achieve high levels of patient -centered care ,include:
  1. - Public education and patient engagement
  2. - Public reporting of standardized patient-centered measures
  3. - Accreditation and certification requirements.

# Personal level

1. Believe in , and committed
2. Don't reject any idea as too crazy or unrealistic  
(pt access to medical records)

***WHAT WOULD BE THE IDEAL  
HEALTH CARE EXPERIENCE  
FOR YOU AS A  
PATIENT***



***????????????***