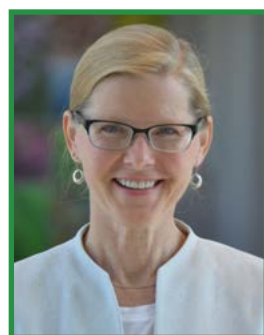


Person-Centered Healthcare: A Movement at a Tipping Point



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Today, patient and family engagement and compassionate communication have been embraced around much of the world as important elements of a quality healthcare experience. At global healthcare conferences, policy discussions, strategic planning sessions and care planning meetings, these aspects of healthcare delivery have become a prevalent part of the dialogue about how to define superior care and measure outcomes that matter.

I know this because for the last 20 years as President of Planetree International, I have been pushing to expand this very dialogue to include the voices of patients and family caregivers and to give equal consideration to the experience of care as to quality, safety, finances and risk. At times, it has felt like swimming upstream. There are many powerful forces that combine to preserve business as usual in healthcare.

The Power of Patient Engagement

What I have learned, though, is there is no more powerful force than the determination of patients and family caregivers who seem to know intuitively that being actively involved in their care creates better results. The person-centered care movement has been fueled by the relentless pursuit of better health and better care by those who have experienced the best – and worst – of it. Parents advocating for their sick children. People with chronic diseases demanding more information, more choice, and

a greater voice in planning their care. Patients and loved ones who have endured tragic consequences as a result of care gone wrong and have since turned their energy toward preventing others from experiencing the same pain. But also, patients whose healthcare experiences exceeded their expectations. Those invited to actively participate in their care become insistent that this be the new norm for their own healthcare.

For years, I have witnessed this chorus of voices swelling. They have led us to what I consider a tipping point. This is the point at which person-centeredness – care that emphasizes compassion and partnership – is definitively established as a cornerstone of high quality, high value healthcare around the world.

The Case for Person-Centered Care

Not long ago, evidence was hard to come by to validate that care delivered in this way yields better outcomes. That is no longer the case. Today, the lived experiences of patients and family caregivers has been substantiated by more objective scientific research categorically demonstrating that care planned, delivered, managed and continuously improved in active partnership with patients and their families improves health outcomes, the care experience, staff engagement and a range of operational indicators.¹

In 2017, the National Academy of Medicine convened a scientific advisory panel to review and consolidate this evidence as a means for promoting more widespread adoption of person-centered care. You can access the National Academy of Medicine report at: www.nam.edu/pfec.

This evidence creates a compelling case to change business as usual. It becomes difficult to justify the need for restrictive hospital visiting hours when evidence clearly indicates that the presence of family members decreases anxiety and has been shown to reduce the likelihood of clinical complications.² Resistance to patient

engagement practices like sharing the open medical record, bedside shift report and shared decision making often doesn't hold up to evidence linking these approaches to improved communication,³ better self-management⁴ and medication adherence⁵, improved understanding of health information,⁶ enhanced patient-provider trust⁷ and lower costs⁸. Excluding family from the care team seems almost irresponsible given the data that involving family caregivers improves their ability to support a loved one in managing their care and is tied to reduced readmissions.⁹ This evidence also clearly establishes that whatever the treatment or intervention, best in class quality care must be delivered with compassion. Not just because it's the right thing to do, but because it's good medicine. Care delivered with compassion yields better patient outcomes: better treatment adherence and fewer major medical errors;¹⁰ faster recover times;¹¹ and better control of chronic conditions.¹²

From Evidence to Action

The emergence of this evidence, along with an emboldened global network of person-centered care advocates, has brought unprecedented attention to person-centered care as a strategy for radically improving healthcare. For many teams, this requires a significant shift. New habits must be developed to move from providing care TO and FOR patients to partnering WITH patients to develop goals and a plan for care that works for them. This type of change

effort cannot rely solely on the commitment of individual caregivers. New norms will only be created when system-level interventions are implemented that enable person-centered care to flourish.

It requires leaders who model partnership in action and hiring practices that focus not only on technical skill but prospective employees' cultural fit. It entails improvement processes that draw on the voices of patients and families as partners. Care delivery processes must be implemented in a way that promotes efficiency without depriving patients and families of the opportunity to be informed and involved. Finally, these care encounters should occur in physical environments that reduce anxiety and promote open communication.

A Roadmap to a Person-Centered Future

To provide guidance into the full range of strategies that work together to drive this culture change, Planetree developed an international set of standards that map out actionable steps to excellence in person-centered care. The Person-Centered Care Certification® Program takes a holistic view of the healthcare experience. It is organized around 26 criteria that address the experiences of patients and families, as well as staff. They cover patient and family engagement at both the point of care and in continuous improvement.

Create organizational structures that promote engagement	<ul style="list-style-type: none"> 1.1 Multidisciplinary PCC oversight group 1.2 Qualified individual coordinates PCC activities and functions as or reports to senior executive 1.3 Improvement structure/process relies on partnerships between leadership, staff, and patients/families to identify, prioritize, design, assess improvement efforts 1.4 Staff engagement approaches reflect the organization's person-centered care philosophy 1.5 The built environment incorporates elements that support patient/family engagement in their care.
Connect values, strategies and actions	<ul style="list-style-type: none"> 2.1 PCC goals co-developed with patient/families and integrated into strategic plan 2.2 Leadership interacts regularly with staff from all sectors and at all levels to drive improvement 2.3 PCC experience offered on ongoing basis for all staff 2.4 Partnerships with community-based supports/services to address social determinants of health
Implement practices that promote partnership	<ul style="list-style-type: none"> 3.1 Routines to facilitate patients/families involvement in communication exchanges when information about them is being transferred among members of their care team and across care 3.2 Patients have access to their record and plan of care while they are being treated 3.3 Individualized health literacy assessments and patient education/discharge instructions provided in a way patients/families can understand 3.4 Practices are implemented to assess and address the social determinants of an individual's health 3.5 Flexible, 24-hour family presence is supported by policy and in practice 3.6 Processes for identifying and partnering with patients and family caregivers to participate in care and enhance their abilities to manage healthcare needs outside of a specific care episode
Know what matters	<ul style="list-style-type: none"> 4.1 Efforts have been undertaken to promote caring attitude and compassionate communication 4.2 Care planning processes (including advance care planning) include elements aimed at ensuring care plans are aligned with patients' documented choices and goals. 4.3 Special needs of community's diverse cultural groups are investigated, documented and addressed. 4.4 Systems are in place to document patients' preferences related to ADLs, cultural norms and spiritual beliefs, CAM, end-of-life care, social support. 4.5 A mechanism is in place to provide staff support services
Use evidence to drive improvement	<ul style="list-style-type: none"> 5.1 Improvement strategy/process includes regular review of performance data and evaluation of performance against goals or benchmarks 5.2 Performance data on clinical quality, patient experience, staff and physician (and other advanced clinicians) engagement and safety is measured or received 5.3 Performance data evidence demonstrable improvement (or sustained high performance) in patient/resident experience, staff engagement and clinical quality/safety 5.4 Performance data is made available to consumers 5.5 Mechanisms for patients/families to share experiences — in their own words. Evidence this qualitative data informs improvement efforts.



A Person-Centered Care Exemplar: Bellevue Medical Center

To date, 166 care settings in 13 countries have earned the Certification, among them Bellevue Medical Center outside of Beirut. The hospital embraced person-centered care best practices from around the world and in 2018, it was the first hospital in Lebanon to introduce shared medical records, open visitation and bedside shift report. Accredited by Joint Commission International and Gold Certified for Excellence in Person-Centered Care, the hospital is a quality exemplar in the region, and is proof of concept of the viability of a person-centered approach. Indeed, despite a challenging economic environment, Bellevue Medical Center has thrived. Designing new initiatives in partnership with patients and families has taken the guess work out of what matters most to them. This has accelerated the hospital's ability to create change that has increased patient loyalty and earned Bellevue Medical Center a reputation as an employer of choice. The hospital's reputation for providing best in class patient experience has attracted patients from all over the country

and the region. Today, the hospital's patient satisfaction exceeds 90%.

A Call to Action

I wrote this piece to celebrate the tremendous gains we have made in person-centered care. But it also serves as a call to action to all of us to consider what more can be done to push us past this tipping point. What would it take to go past the point of no return where person-centered care is standard practice worldwide?

We must work together to challenge the rigid visiting hours that persist in most hospitals, depriving patients who are already vulnerable and anxious from one of the most reassuring comforts of home – their loved ones. We must raise the bar when it comes to communication and coordination between healthcare settings. We must continue to explore how to maximize individuals' access to their own personal health information so that more patients can be more informed and more engaged. We must work together to examine whether conventional practice is

standard because it is best for patients or because it is more convenient for staff. Let's start with finding ways to limit sleep interruptions for hospitalized patients so they can get the rest they need to heal. Finally, we must guard against the danger of institutional practices dehumanizing our fellow human beings, with special attention to behavioral health and long-term care environments where some of the most vulnerable individuals have been entrusted to our care.

Why this call to action? Because, ultimately, person-centered care is deeply personal. Every person who has ever been a patient, loved a patient or cared for a patient surely benefits when we work together toward a more personalized, humanized and demystified system of caring for all people. Why now? Because we now know better. And when we know better, together we can do better.

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