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Patient-centred care: moving beyond the rhetoric

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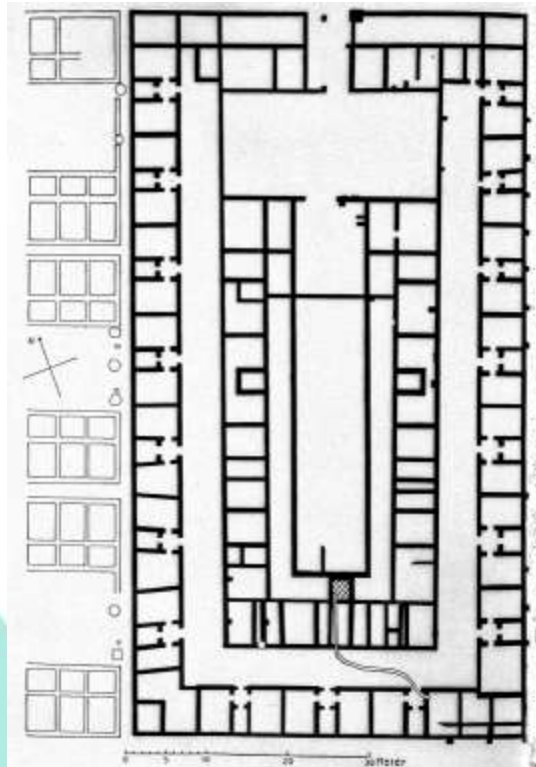


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We know it is
important – but how
do we get there?



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The Rhetoric

IOM – Quality Chasm report 2001

WHO Responsiveness

Picker Institute (PCC Domains)

Through the patient eyes

Nothing about me without me

NSW Health – Caring Together

The Evidence



Clinical and operational-level benefits resulting from a patient-centred care approach:

- improved patient adherence
- fewer medication errors
- decreased adverse events
- improved staff satisfaction
- enhanced staff recruitment
- decreased length of stay
- decreased ED return visits

Evidence of benefit

PCC linked with improved safety:

- Decreased mortality¹
- Decreased rates of hospital-acquired infection²
- Decreased surgical complications³
- Higher quality clinical care/best practice⁴
- Improved patient functional status²

1. *Meterko M et al (2010) Health Services Research (in press)*

2. *DiGioia A M et al (2008) Agency for Health Care Research and Quality*

3. *Murff et al (2006) Qual Saf Health Care*

4. *Jha A et al (2008) New England Journal of Medicine*

Clinical Outcomes

Aug 2010 - More positive patient ratings of involvement in care are more significantly associated with fewer cardiac symptoms 6-10 weeks after discharge

Arnetz JE et al (2010) Health Expectations 13: 298-311

Witnessing the benefits



Outcomes:

- Infection rates much lower than national average (0.3 Vs 0.86-2.52 for total knee)
- Increase compliance with evidence-based guidelines (eg pre-op antibiotics)
- Decrease LOS (knee: 2.8 Vs 3.9; hip: 2.7Vs 5 days)
- High functional status (93% walking at time of discharge)
- High 'discharge-to-home' rates: (knee: 91%Vs29%)
- High overall patient satisfaction score: 91.4%

What do patients value in care?



Being treated with dignity and respect

Having confidence & trust in providers

Courtesy & availability of staff

Continuity & transitions

Coordination of care

Pain management & physical comfort

Respect for preferences

Emotional support

Joffe et al. (2003) J Med Ethics

Jenkinson et al. (2002) Qual Saf Health Care

What matters most to patients in NSW?



Inpatients:

Team work

Courtesy of staff

Being treated with dignity and respect

Cleanliness

Well organised hospital

Availability of nurses

Listening to patients is important for...



Safety: patient feedback about **hospital cleanliness** is a positive predictor:

- for staff participation in activities like hand-washing
- for MRSA infection levels

Raleigh V. et al (2009) – Qual. Saf. Health Care. 18: 347-354

Edgcumbe - (2008) J. Hosp. Infection



....But how do we change?

- Increasing interest in re-aligning care delivery to focus on needs and preferences of the patient and carers
- Examples of facilities that have focussed transforming their care around the patient and seen the benefits
- Hospitals struggling to involve patients and learn from their experience *(Groene et al Qual. Saf. Health Care 2009. 18: i44-i50)*

Study of US services



What, if anything, is special about ‘exemplar’ health services renowned for patient-centred care?

1. Are there key **organizational characteristics** for improving patient care experience? Sustaining?
2. Are **patients really engaged** in improving care experience? How? To what extent?
3. Are **patient care experience data** collected and actively used?
4. Are there **leadership features** that contribute to transforming services for improved PCC? Motivation?



Organizational characteristics



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Critical to improving patient care experience:

- a) strong committed senior **leadership**
- b) communication of strategic **vision**
- c) **engagement** of patient and families
- d) sustained focus on **staff satisfaction**
- e) regular measurement and **feedback** reporting
- f) adequate **resourcing** of care delivery redesign
- g) **staff capacity** building
- h) **accountability** and incentives
- i) a **culture** strongly supportive of change and learning.

Facilitators

- Leadership – governance/CE's/Senior clinicians
- A shared vision – eg “Patient's First”
- Engagement – PFAC's; Governance; Staff; ...
- Happy Staff, Happy Patients
- Patient feedback to coal face asap
- Responsiveness – supporting change

Facilitators

- Staff capacity building – CST, PCC values
- Accountability – at all levels – performance review; use of stories in staff development
- Culture – learning organization

Key barriers

- changing the organizational culture from a ‘provider-focus’ to a ‘patient-focus’
- length of time that it took to transition to a patient focus.

Overcoming barriers

- Listening to patient stories about their experience of care – powerful motivator
- “Experiencing care yourself”
- Organizational leaders influencing culture/change management strategies
- Reassuring staff that transforming care is a ‘journey’ - “not a six month pilot project.”

The role of tragic events



Dana Farber Cancer Institute:

1994 – Betsy Lehman (Boston Globe health journalist)

dies from massive overdose of cyclophosphamide (after 3mth Rx for breast cancer)

Response handled poorly by hospital initially

Started to ask patients: how can we do better?

Jim Conway: town hall meetings of former patients

DFCI now a leader in PCC – have patients on all committees

Engaging patients in improvement



“**Patients and carers as active partners**”

- In own care: medication review, hand-overs, rapid response call-out
- In service: high levels of patient involvement throughout organization (board, policy, quality, new staff, systems and building redesign). Patient Advisory Committees seen as ‘bare minimum.’
- Highly responsive to patient feedback (QI driver)
- Patients seen as force to make health care more affordable

Transforming care



Medical College of Georgia Health, Augusta, US

- Patients & family have the right to call out rapid response teams
- Executive rounds & Patient Advisor rounds
- Daily patient f/b provided to staff
- Whole organization trained in patient-centred care values
- Patient advisors sign-off on redesign & fit outs
- OOPS Service Recovery Program – *“Every patient. Everyone’s responsibility.”*

Re-focusing around the patient...



- *“When [the CEO] first came, he really tagged the phrase, “Patients first.” You’ll hear employees talk about that all the time. That really focused the organization – remember, that’s why we here. It’s not about the nurses, or the physicians. It’s about the patients.” [CNO]*
- *“[The CEO] has elevated the importance of patient experience on par with the clinical outcomes and the quality and safety data.” [VP Quality]*
- *“We help with everything from paint chips to policy.” [Patient rep.]*

Role of CEC

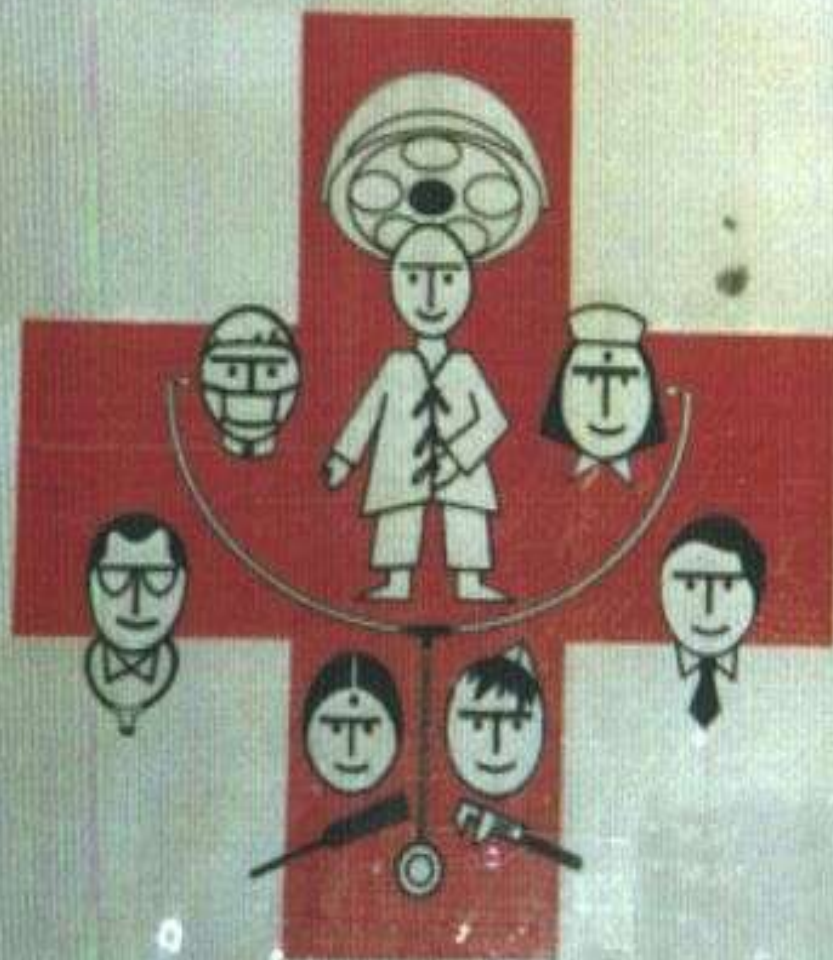
- Engage the community
 - Citizen's Engagement Advisory Council
 - Promote patient/community engagement in LHN governance
 - Consumer rep's – eg on RCAs
- Information strategy for health services about evidence of benefit for PCC

Role of CEC



- Partnering with patients & carers:
 - in approaches to own care (hand over, medication review, review of incidents, open disclosure)
 - consumer engagement at a service and system level
- New strategies for promoting PCC at the service level – focus on the lost tenant of QI (Client-focused!)

The best care experience for all



Bombay Hospital Motto

"A patient is the most important person in our Hospital. He is not an interruption to our work, he is the purpose of it. He is not an outsider in our Hospital, he is a part of it. We are not doing a favour by serving him, he is doing us a favour by giving us an opportunity to do so."

Adapted from a cartoon of
Mahatma Gandhi

Watch this space!

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