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REVAMPING CRITICAL CARE: A PATIENT-CENTERED APPROACH – A CASE STUDY

Cardiology

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ABSTRACT

This case study examines the implementation of patient-centered care (PCC) in an intensive care unit (ICU) setting, focusing on a 68-year-old female patient with chronic obstructive pulmonary disease (COPD), hypertension, and Type 2 diabetes mellitus, admitted for severe respiratory distress. Through enhanced communication, shared decision-making, and personalized care strategies, the case illustrates the impact of PCC on patient outcomes and satisfaction. The integration of PCC principles led to improved clinical management and a more compassionate healthcare experience, highlighting the importance of tailored care in critical settings. This case underscores the role of PCC in enhancing the quality of care and patient engagement in the ICU.

KEYWORDS

Patient-centered care, Intensive care unit, Shared decision-making, Patient outcomes, Patient satisfaction, Critical care

INTRODUCTION

Patient-centered care (PCC) in critical care settings prioritizes the values, preferences, and needs of patients and their families. This approach emphasizes communication, shared decision-making, and compassionate care tailored to individual circumstances. Enhancing PCC in critical care has been shown to improve patient outcomes, satisfaction, and overall healthcare quality [1]. This case presentation explores strategies to enhance PCC in an intensive care unit (ICU) setting, illustrating their application and impact through a specific patient scenario.

Case Presentation

Patient Profile:

- Age/Gender: 68-year-old female
- Medical History: Chronic obstructive pulmonary disease (COPD), hypertension, Type 2 Diabetes Mellitus
- Chief Complaint: Severe respiratory distress

Clinical Course: The patient was admitted to the ICU with acute exacerbation of COPD and respiratory failure. She was placed on mechanical ventilation and required intensive monitoring and support.

Patient-Centered Care Strategies:

1. **Comprehensive Communication Plan:**
   - ***Family Meetings:*** Regularly scheduled family meetings were held to provide updates, discuss treatment options, and address concerns. A multidisciplinary team, including physicians, nurses, and social workers, participated to ensure all aspects of care were covered [2].
   - ***Advanced Care Planning:*** The patient's advance directives and healthcare proxy were reviewed and integrated into the care plan. Discussions about goals of care were facilitated to align treatment with the patient's values and preferences [3].

2. **Interdisciplinary Team Approach:**
   - ***Daily Rounds:*** Conducted with the involvement of the patient's family, allowing for real-time updates and participation in decision-making [4].
   - ***Patient and Family Education:*** Education sessions were provided to help the family understand the patient's condition, treatment options, and potential outcomes. This empowered them to make informed decisions [5].

3. **Emotional and Psychological Support:**
   - ***Psychological Counseling:*** Available for both the patient and family members to address anxiety, fear, and stress associated with the critical illness [6].
   - ***Support Groups:*** Access to support groups for families of critically ill patients, providing a platform to share experiences and coping strategies [7].

4. **Individualized Care Plans:**
   - ***Personalized Interventions:*** Tailored interventions were developed based on the patient's medical history, preferences, and cultural background. For example, adjustments to the ventilation strategy were made in consideration of the patient's COPD management history [8].
   - ***Comfort Measures:*** Pain management, sedation protocols, and comfort measures were optimized to ensure the patient's physical and emotional comfort [9].

DISCUSSION

Enhancing PCC in critical settings involves integrating multiple strategies to create a holistic and supportive care environment. The application of these strategies in the presented case led to several positive outcomes:

Improved Communication and Decision-Making: Regular family meetings and interdisciplinary rounds ensured clear communication and facilitated shared decision-making. This approach helped align the care plan with the patient's values, enhancing satisfaction and reducing decisional conflict [10].

Enhanced Psychological Well-Being: Providing emotional and psychological support through counselling and support groups addressed the mental health needs of both the patient and family. This holistic approach mitigated anxiety and improved overall well-being [11].

Optimized Clinical Outcomes: Individualized care plans and personalized interventions led to better clinical management of the patient's COPD exacerbation. Tailoring treatment to the patient's specific needs and preferences resulted in more effective and compassionate care [12].

Challenges and Considerations: Implementing PCC in critical settings can be challenging due to the high acuity of patients, resource limitations, and the need for coordinated multidisciplinary efforts. Training healthcare providers in communication skills, cultural competence, and PCC principles is essential to overcome these challenges [13].

CONCLUSION

The case presented demonstrates the successful application of patient-centered care strategies in a critical care setting. By prioritizing communication, shared decision-making, emotional support, and individualized care, healthcare providers can significantly enhance the quality of care and patient satisfaction. As the healthcare landscape continues to evolve, the principles of PCC will remain integral to delivering compassionate and effective care in critical settings.

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