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PATIENT CENTERED CARE : BEYOND THE BEDSIDE

Hospital Administration

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ABSTRACT

Background: Patient-centered care that encompasses informed decision making can improve treatment choice, quality of care and outcomes. Patient-centered care recognizes the need for major changes in the process of care that arranges health care system around the patient. **Objective:** Study objective was to evaluate and discuss the interplay of components of patient- centered care by developing a conceptual model of patient-centered care. **Methods**: Comprehensive literature review was conducted using Medline, CINAHL, and Cochrane databases. Included were English language studies addressing issues related to patient-centered-care and patient reported outcomes. **Results:** Though the concept of patient-centered care emerged in the early 50s, it exploded in the health care research policy arena exponentially in the late nineties. The conceptual model described here can aid objective and subjective evaluation of patient-centered care. As we strive to improve the quality of care, patient-centered care can play a pivotal role in this process. This however requires changes in our healthcare system so as to improve overall quality of care by minimizing wasteful health resource consumption. **Conclusions:** With healthcare costs projected to continue their rapid increase, the current paradigm of healthcare is unsustainable. More research is needed to explore the various attributes of patient-centered care, its acceptability, and comparative effectiveness in the healthcare arena.

KEYWORDS

Patient centered care, patient reported outcome, conceptual model, racial and ethnic disparity, policy measures.

INTRODUCTION

There is growing recognition that patient-centered care is associated with quality of care. Important works that paved the way for the recent emergence of patient-centered care are 'Through the Patient's eyes' edited by Margaret Gerteis et al., and articles by Mead and Bower and by Hobbs [1].

The Institute of Medicine listed patient centered care as one the six aims for improvement in its 2001 report 'Crossing the Quality Chasm' and defines patient-centered care as care that respects and responds to the implementation of patient-centered care is the ambiguity of its definition and key components [2-3]. Patient-centered care implies individualized patient care based on patient specific information [2] rather than focusing exclusively on the disease [3].

This creates a comprehensive healthcare approach, where the physician tries to see the illness through the patient's perspective, and is responsive to the patient's needs and preferences .

Patient-centered care is also known as patient-centered approach or patient-focused care [2, 10]. The concept of patient-centered care includes many subcategories such as patient- centered communication, patient-centered access, patient-centered interview, patient-centered outcome and patient-centered diagnosis [10].

The implementation of patient-centered care has also led to a decrease in the average length of stay, improved patient satisfaction, and efficient and effective treatment, leading to lower costs of care.

Patient care is centered around 4Ps

(1) **Predictive:**Disorders can be predicted accurately by precursors and other tools before initial symptoms can occur.
(2) **Preventive:**Interventions can be implemented to the predicted disease before damage to health.
(3) **Personalized:** Patient cantric healthcare that is individualized for each unique patient
(4) **Participatory:** Patients participate in healthcare with sharing of information and shared decision making.

Traditional patient care has been centered around the bedside. The newer emerging challenges of increased consumerism in healthcare and more emphasis on value based care are transforming the care where more emphasis is on patient experience. This has resulted in a concept where care is not centered only around the bedside.

Medical Model	Patient Centric Model
Patients role is passive (Patient is quiet)	Patient's role is active(Patient asks questions)
Patient is recipient of treatment	Patient is partner of treatment plan
Patient dominates conversation	Physician collaborates with patient (Offers options
Care is disease centered	Care is quality of life centered Patient focuses on Daily Activities and other activities)
Physician does most of the talking	Physician listens more and talks less
Patient may or may not adhere to treatment plan	Patient is more likely to adhere to treatment
Patients role is passive (Patient is quiet)	Patient's role is active(Patient asks questions)(Treatment ,accommodates patient's cultures and values)

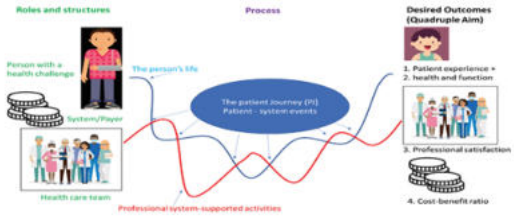


Figure 1: Patient Journey

It is a philosophy

Many authors tried to define

"Patient or person centered care", "person directed care", or "person focused care" are common terms frequently used interchangeably. It focuses on the individual patient's needs, preferences, and values.It goes beyond simply treating the illness to providing holistic care that addresses the patient's physical, emotional, and social well-being

In a 2020 vision of patient-centered primary care, Davis lists seven essential components: superb access to care; patient engagement in care; clinical information systems that support high quality care, practice-based learning, and quality improvement; care coordination; integrated, comprehensive care and smooth information transfer across a fixed or virtual team of providers; ongoing, routine patient

feedback to practice; and publicly available information [3]

Dimensions of PCC
1. Inter Personal Dimension
2. Structural Dimension
3. Clinical Dimension

Figure 2 : Dimensions of Patient Centric Care

1. Respect for Patients Preferences

Involve patients in decision-making, recognizing they are individuals with their own unique values and preferences

Treat patients with dignity, respect and sensitivity to his/her cultural values and autonomy

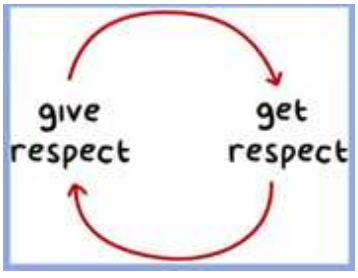


Figure 2: Respect For Patient

4Cs of Patient Care
a) C1: Care should be Personalized
b) C2:Care should be coordinated
c) C3:Care should be enabling
d) C4:Care should be compassionate

2. Co-ordination & Integration of Care:
- Coordination of Specialist Care
- Prompt feedback of specialist consultation reports to primary care physicians and patients
- Systems to prevent errors that occur when multiple physicians or sites are involved in care
- Post-hospital follow-up and support
- Communication among health care providers who care for a patient but do so in different geographic locations or at different times.

3. Information & Education:
- Information on
- Clinical status, progress and prognosis
- Processes of care
- Information to facilitate autonomy, self-care and health promotion
- Information that is accessible and understandable to all, regardless of education, age, educational background, or health literacy.

4. Physical Comfort:
- Rest and recovery is a major part of the recovery process . However sleeping in a hospital is a difficult task for most patients due to the constant hums and beeps of bedside technology.
- High noise decibels, bright light can have negative impact on patient and contribute to delirium and also financial burden.
- Hospitals can create more patient friendly rooms that are quieter and less stressful.
- As the perceived quality of the physical comfort offered in healthcare settings affects the perceived quality of care, attention should be paid to patients' physical comfort

Eg: Management of sleeping problems, pain, shortness of breath, provision of comfortable facilities

Three areas were reported as particularly important to patients:
- Pain management
- Assistance with activities and daily living needs
- Hospital surroundings and environment

5. Emotional Support

Fear and anxiety associated with illness can be as debilitating as the physical effects Spending time with the patient and giving them the space to talk.

Caregivers should pay particular attention to:
Anxiety over
- Physical status, treatment and prognosis
- Impact of the illness on themselves and family
- Financial impact of illness

6. Involvement of Family & Friends

Involving Family and Friends is one of the corner stones in Patient Care Family dimensions of patient-centered care are:
- Providing accommodations for family and friends
- Involving family and close friends in decision making
- Supporting family members as caregivers
- Recognizing the needs of family and friends

7. Continuity & Transition

Meeting patient needs & their ability to care for themselves after discharge:
- Understandable, detailed information regarding medications, physical limitations, dietary needs, etc.
- Coordinate and plan ongoing treatment and services after discharge
- Provide information regarding access to clinical, social, physical and financial support on a continuing basis

8. Access to Care:

Patients need to know they can access care when it is needed
- Focusing mainly on ambulatory care, the following areas are of importance to the patient:

i. Access to the location of hospitals, clinics and physician offices
ii. Ease of scheduling appointments
iii. Availability of transportation
iv. Availability of appointments when needed
v. Accessibility to specialists or specialty services when a referral is made
vi. Clear instructions provided on when and how to get referrals

The conceptual model of patient-centered care consists of multiple domains (e.g., patient demographics and clinical characteristics, hospital, nurse and physician attributes) that influence treatment choice, process of care and outcomes. Patient centered care encompasses informed decision making and is a particular process of decision making by patient and physician where the patient:

1) understands the risk or seriousness of the disease or condition to be prevented
2) understands the preventive service, including the risks, benefits, alternatives and uncertainties
3) has weighted his or her values regarding the potential benefits and harms associated with treatment; and
4) has engaged in decision making at a level that he or she desires and feels comfortable

Refining Care Delivery : Integrating Technology in Healthcare:
Virtual Nursing: This strategy addresses the shortage of healthcare workers. By the use of technology, virtual nurses can handle various tasks ranging from administrative work to consultation. It is also applicable in monitoring of patients. This reduces load on nurses and results in better outcomes for patients.

Extending Care beyond hospital walls: The use of remote technology to keep an eye on well being of patients. These programs improve patient safety ,streamlining workflows and efficient use of resources. Telemedicine and virtual medicine are providing a good way of monitoring patients who cannot come to the hospital

Remote Diagnostic Imaging

Remote MRI Scan has changed diagnostics. It overcomes the shortage

of skilled technicians. It has given radiology the flexibility to work from anywhere. Remote scanning in MRI provides imaging facilities to patients in geographically remote areas.

Demerits

a) Compromising on patient confidentiality and data security.
b) Lack of standardized protocols and guidelines makes it difficult to keep consistency and thereby affects outcomes and satisfaction.
c) Addressing the digital divide requires collaboration between healthcare organizations,govt agencies and technology providers.

To overcome these hurdles ,health care providers have to plan meticulously, train staff and communicate openly to minimize risks to ensure success .

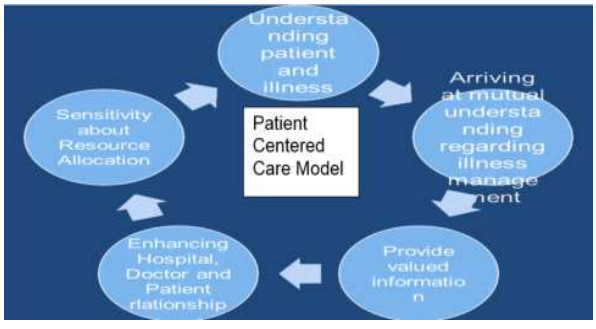
Importance of PCC

Enhance Patient Satisfaction:

- Involvement in decision making
- Personalized approach
- Trust building
- Empowerment

Improved Health outcome

- Adherence to treatment
- Preventive measures
- Health Education
- Early detection
- Reduce complications & severity of illness



PCC Implementation Strategies

(a) A Quiet Place to Rest: Moving Technology Away from the Bedside

i. Rest and relaxation
ii. For most people staying in a hospital, sleeping can be a difficult task. The constant hums and beeps of bedside technology, as well as frequent rounds, tests and other disruptions can make it difficult to get any quality sleep
iii. Can have a serious impact on a patient's recovery, often leading to longer hospital stays

iv. ICU Alarm Fatigue: Research has shown that ICUs, which are high-noise, very bright units, can contribute to delirium in patients

v. ICU delirium is associated with long-term cognitive impairment that has a negative impact on patients and also represents a financial burden [5]

(b) Keeping Tabs on Patients, Even From afar

(i) Technology keeps getting smarter and smaller, making it easier for providers to transition care away from the bedside.
(ii) Information is becoming more mobile, allowing varied clinical access points, thus they don't need to be "chained" to the bedside

(c) Beyond the Bedside for Enhanced Mobility and Patient Engagement

- Another key step to the recovery process for many patients is the ability to get mobile again after an illness or surgery
- Hospitals are beginning to make important culture changes, invest in the right technology and empower patients
- Wireless and other mobile technologies can make it possible for patients to move freely in their room or around the hospital, while still giving clinicians constant updates on patient health status.

PCC Implementation Strategies

Leadership :

Strong leadership commitment is crucial for bringing in changes and application of patient-centered [6]

Staff Education & Training:

Healthcare providers need comprehensive training and education on patient-centered care principles, communication techniques

Technology :

Technology and data analytics help to personalize care, improve communication and track patient outcomes

Effective Communication :

Open & honest communication between patient & healthcare professionals, Reduce misunderstandings ,Prevent medical errors

Efficiency & Cost Effectiveness :

Targeted interventions, leading to fast recovery & reduce unnecessary procedures, Reduced re-admissions , Optimization of resources

Measuring Patient Experience & Outcomes

Patient Satisfaction Surveys :

Regularly collect feedback from patients through surveys and questionnaires to assess their satisfaction with care quality, communication, and overall experience.

Clinical Outcomes Data:

Track and analyze clinical data, such as hospital readmission rates, mortality rates etc to measure the effectiveness of care delivery

Patient Reported Outcome Measures :

Utilize standardized questionnaires that allow patients to report on their own health status and functional abilities, providing valuable insights into their experiences

Way Ahead

(1) Holistic Healthcare Models [7]

a) Multidisciplinary teams to address all aspects of patient health incl physical, emotional & social needs
b) Community based Care
c) Home care services for chronic disease management, rehabilitation, and palliative care, reducing the need for hospital stays
d) Community health workers to bridge gaps between healthcare providers and underserved populations
e) Local NGOs, schools, and businesses to create a supportive environment for health and wellness

(2) Technology Enabled Care

a) Telemedicine
b) AI & Data analytics

(3) Health Equity

a) Focus & addressing social determinants of health – housing, nutrition, education, employment
b) Ensure that healthcare services are physically, financially, and linguistically accessible to all patients, regardless of their background

(4) Continuous Improvement & Innovation

(5) Quality Improvement initiatives – patient reviews, feedbacks, satisfaction [8]

a) Research in patient centered approach, develop new technologies & therapies
b) Adapt to healthcare trends

CONCLUSION

To conclude, patient-centered healthcare is the need of the hour. The patient-centered care model that integrates mutually beneficial partnerships among healthcare providers, patients and families has profound implications for the planning, delivery, and evaluation of care.Road to recovery doesn't end at the hospital doors. We have to move to value-based care. Hospital discharge is just one blip in a longer patient-centered journey

As the health care system embraces a patient-centered approach to care and transitions toward population health, providers will need to explore new care delivery methods that go beyond the bedside.

These new approaches to care delivery will make it possible to

improve clinician workflow and make efficient use of scarce health care resources while improving patient satisfaction and care, ultimately realizing higher value for all.

By embracing PCC, hospitals can create a compassionate and successful healthcare environment that benefits patients and providers

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