



Advancing Patient and Family Centered Care: Partnership Strategies That Work



AGORA/Hope Dublin
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Patient-centered care: not only “nice,” essential

“...providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions...”



INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES



“...the essence of patient-centered healthcare is that the healthcare system is designed and delivered to address the healthcare needs and preferences of patients so that healthcare is appropriate and cost-effective...”

“Healthcare providers partner with patients and their families to anticipate and satisfy the full range of patient needs and preferences. Caregivers support staff in achieving their professional aspirations and personal goals.”



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Core Concepts of Patient/Family Centered Care



- **Respect and Dignity:** Staff listen to patients and family and their perspectives as well as choices are honored. The patients and family beliefs, values, knowledge and culture are incorporated into the plan of care.
- **Information:** Staff provide open complete information with patients and families in a timely manner to assist in participation in care and decision making.

Core Concepts continued



- **Participation:** Patients and family are invited to participate in care and decision making. Staff support patients and family as necessary.
- **Collaboration:** Patients and family are included in facility wide initiatives-policy, programs, implementation and evaluation, facility design, education and delivery of care.

Patient Centered Care- What it is not



- Perhaps the definition becomes more obvious by stating what it is not.
- It is not the diabetic in room 10 or the cardiac in room 12.
 - **That's not patient-centered, that's disease-centered.**
- Worse still is "Doctor, room 11 needs something for pain."
 - Can a room really be in pain!
 - We are individuals.
 - We are not our afflictions.



Hippocrates' Holistic Approach

It's more important to know what sort of person has a disease than what sort of disease a person has.



“As a patient I rebelled against being denied my humanity and that rebellion led to the beginnings of Planetree. We should all demand to be treated as competent adults, and take an active part in our healing. And we should insist on hospitals meeting our human need for respect, control, warm and supportive care, a harmonious environment and good, healthy food. A truly healing environment.”

-Angelica Thieriot, Planetree Founder (1978)



PLANETREE

Planetree

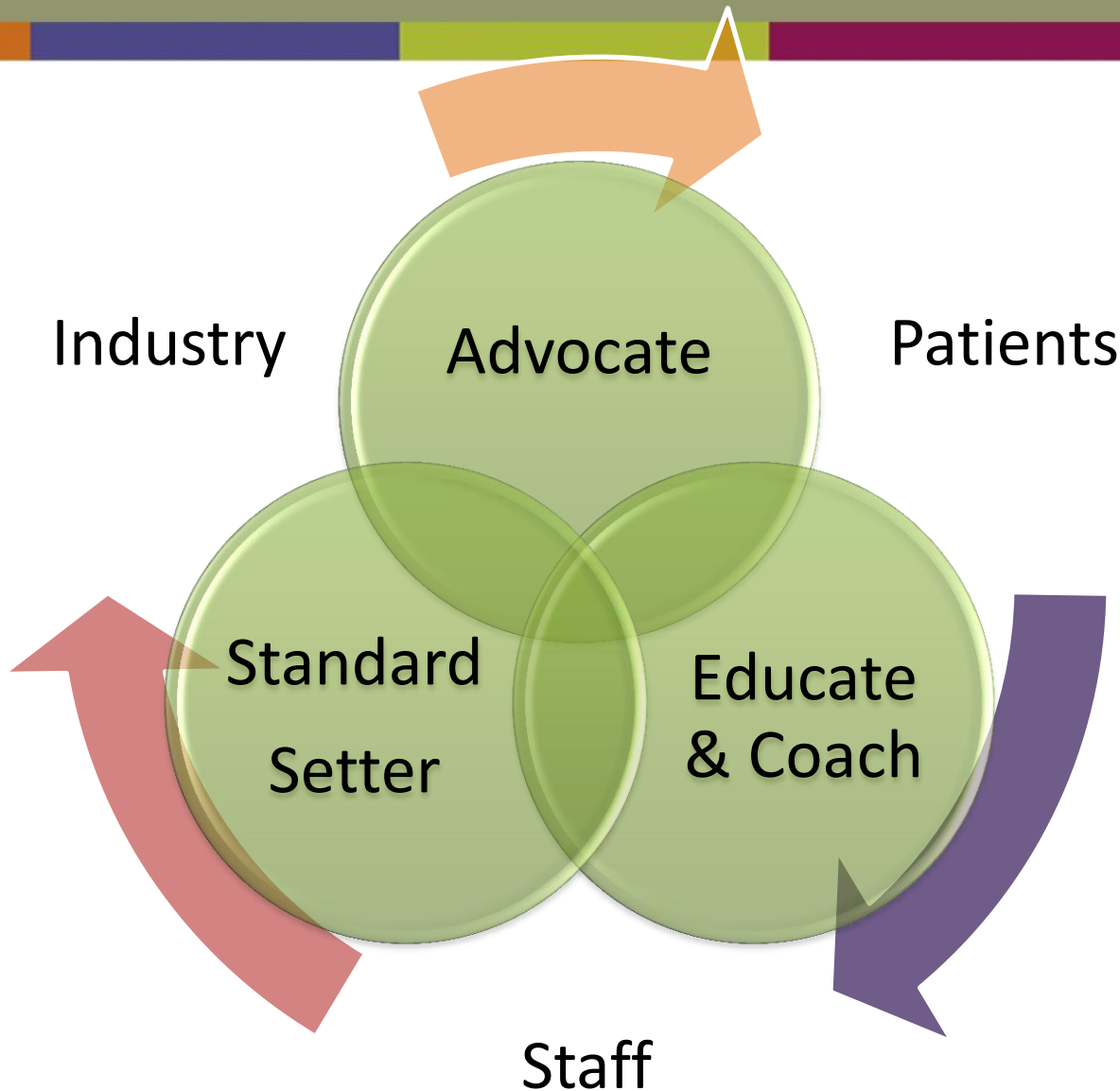
VISION

AS A GLOBAL CATALYST AND LEADER, PLANETREE
PROMOTES THE DEVELOPMENT AND IMPLEMENTA-
TION OF INNOVATIVE MODELS OF HEALTHCARE
THAT FOCUS ON HEALING AND NURTURING BODY,
MIND AND SPIRIT.

MISSION

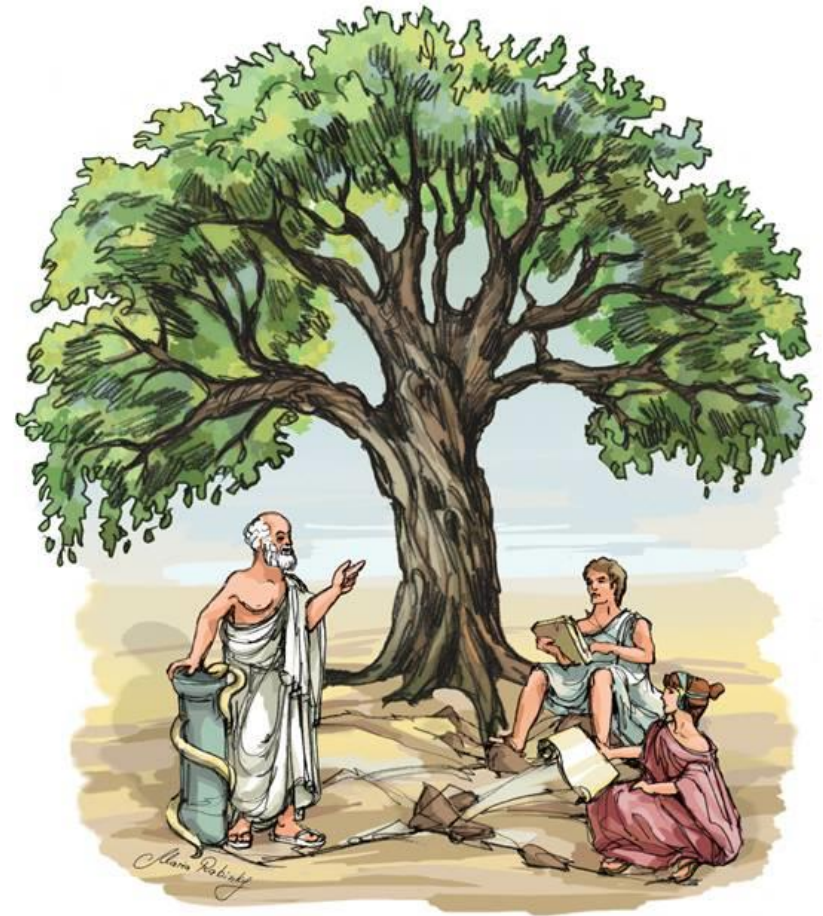
PLANETREE IS A NON-PROFIT ORGANIZATION THAT
PROVIDES EDUCATION AND INFORMATION IN A
COLLABORATIVE COMMUNITY OF HEALTHCARE
ORGANIZATIONS, FACILITATING EFFORTS TO CREATE
PATIENT-CENTERED CARE IN HEALING
ENVIRONMENTS.

What we do



Why “Planetree”?

- The “Planetree” is a type of Sycamore tree under which Hippocrates lectured.
- Hippocrates stressed to medical students the importance of LISTENING to the patient.



What are we doing wrong?



What are we doing right?



Consumer Expectations

Demand
choices.

Want involvement in and
control over their care.

Expect superior customer *service*
(pleasant, convenient, and hassle free).

Need customized
information.

Quality and Optimal Outcomes

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- Who is currently defining quality?
- How is the patient involved in defining optimal quality outcomes for themselves?
- How are patient preferences captured in current processes?



Providing quality care understanding patient preferences begins with

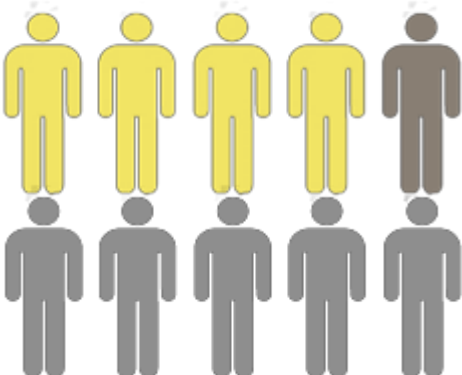
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Doctors believe 71% of patients with breast cancer rate keeping their breast as top priority. **The figure reported by patients is just 7%.**



40%

Once patients are informed about the risks of sexual dysfunction after surgery for benign prostate disease, **40% fewer prefer surgery.**



Only 41% of Medicare patients believe that their treatment reflected their preference for palliative care over more aggressive interventions.

Lee CN, Hulsman CS, Sepucha K. Ann Plastic Surg 2010;64:563-6 Wagner E, et al. Med Care 1995;33:765-70

Covinsky KE, et al. J Am Geriatr Soc 2000;48:Suppl:S187-S193.

Focusing on what matters most to patients... *around the world... and across care settings*

- ✓ **Compassionate Human Interactions**
- ✓ **Access to Meaningful Information**
- ✓ **Support & Participation of Family, Friends**
- ✓ **Healing Environment**
- ✓ **Support for body, mind & spirit**
 - ✓ Spirituality
 - ✓ Arts and Meaningful Activities
 - ✓ Caring Touch
 - ✓ Integrative Therapies
 - ✓ Healthy Food and Nutrition
- ✓ **Healthy Communities**



Powered by the voices of patients and families

Top Three Concerns:

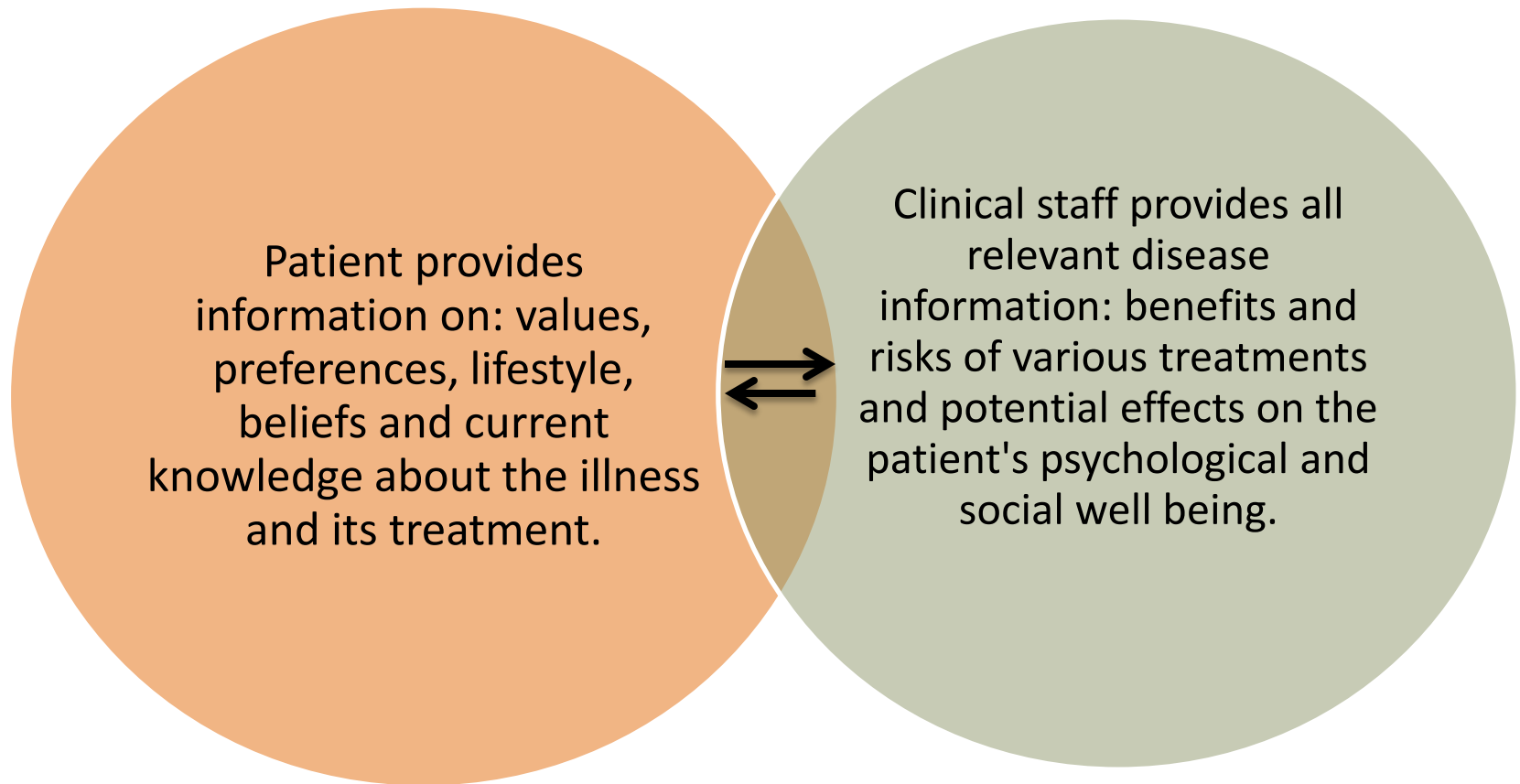
1. Dismissal / trivialization of the patient voice
2. Absence of caring attitudes from providers
3. Lack of continuity in care



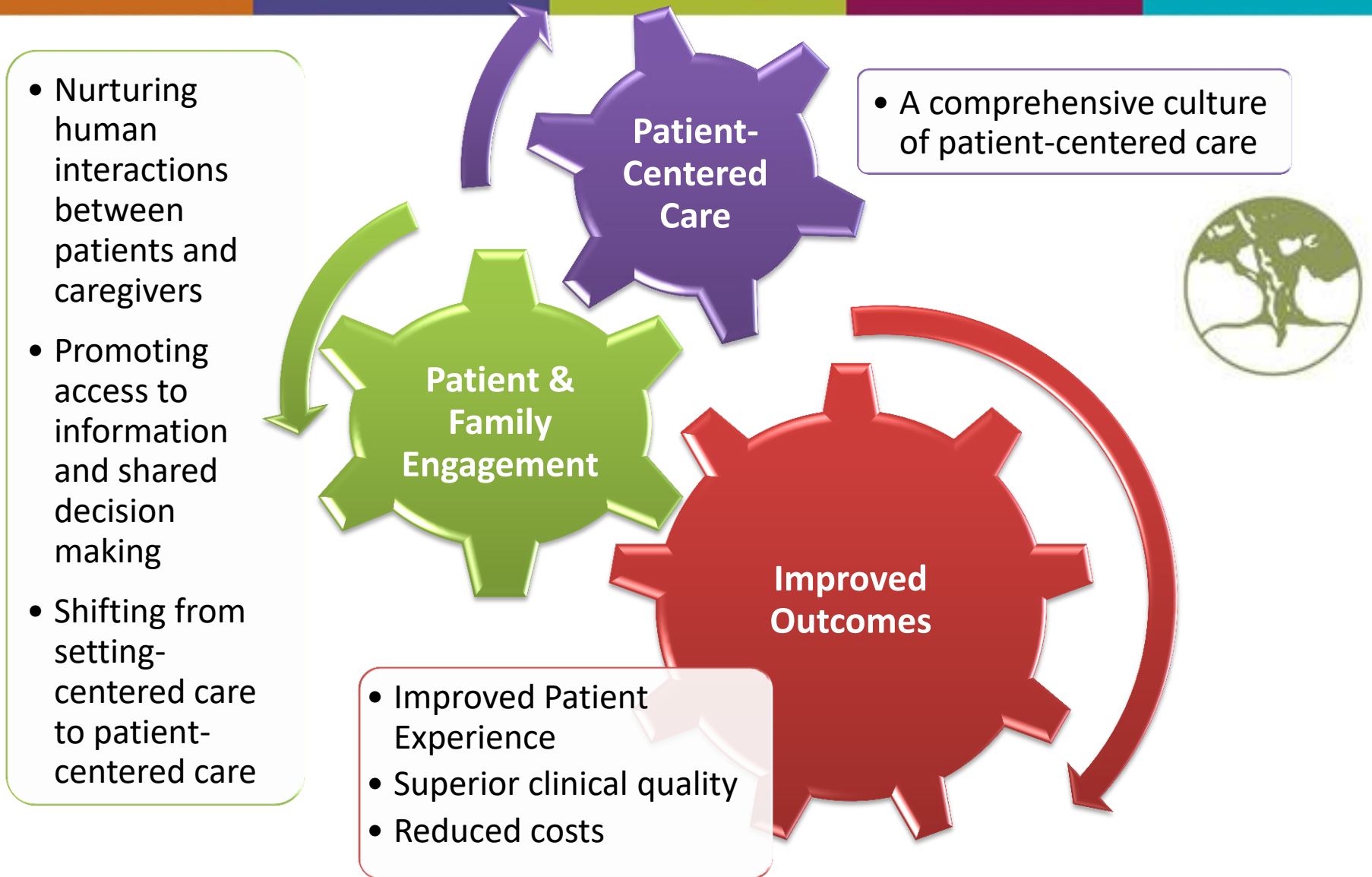
**Based on Planetree focus group analysis of 6,000+ focus groups with more than 50,000 patients, family members and professional caregivers across the care continuum over the past decade.*

loving great share energy
people give time helping
considerate less love every life
person acts kindness today kind compassion
enjoy world heart giving
feeling positive others treat words
lives freely day thoughtful make
help everyone always understanding
fortunate compassionate greater
generous times

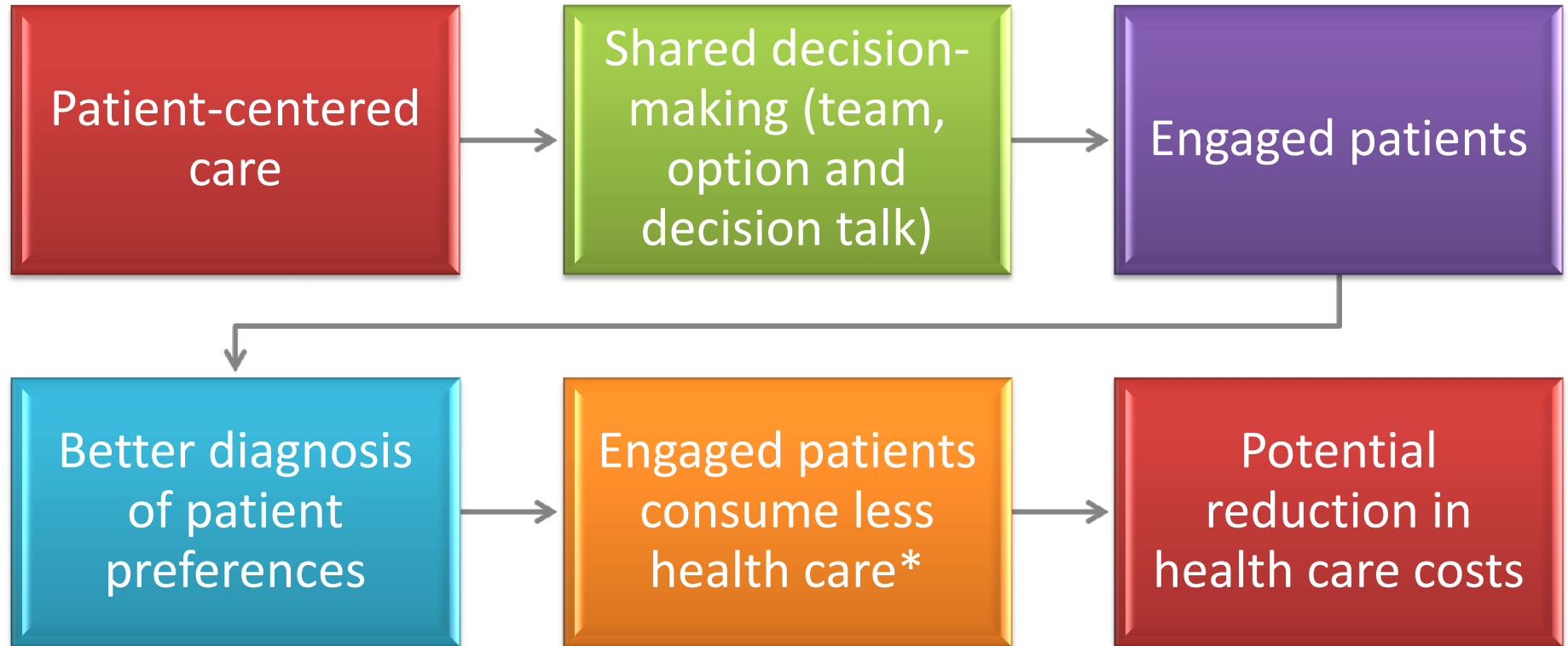
PCC: A Patient-Provider Partnership



The patient-centered care value equation



Engaging patients and families reduces costs



*Stacey, D., and others. "Decision aides for people facing health treatment or screening decisions." *Cochrane Database Syst Rev*, 2011; 10: CD001431

Wennberg, D. and Marr, A. "A randomized trial of a telephone care-management strategy." *New England Journal of Medicine*. 2010; 363:1245-55.

Patient Centered Care Simplified



The Process

Personalize

Humanize

Demystify

The People

Activating patients

Supporting Staff

Engaging families

Providing choice



**"If your compassion does not
include yourself, it is incomplete."
— Siddhārtha Gautama**

5 Steps to Patient Centered Success

Theory

- 1) Ask patients
- 2) Empower staff
- 3) Engage “families”
- 4) Activate Patients
- 5) Redesign your organization

Practice

Focus Groups

Steering committees; Inclusive decision making; care for the caregiver

Care partners; PFAC; Social network assessments; Patient directed visitation

Open records; Access to information; Patient education; patient preferences

Organizations structures; care delivery; care modalities; intentional re-education

Safe Quality Care

The real measure of change



“Out of all the hospitals I’ve ever been in, this is the best.”

“We’re within the same distance to other hospitals, but we will always choose to come here.”

“Everyone shares their experiences, and you don’t feel alone. They know your name and treat you like a human being.”

“Everyone in the hospital makes me feel like they want me to be there. They are happy that I came to them and that I feel like I’m the most important person in the world while they are in the room with me.”

Way Forward



- Many patients continue to carry the old perceptions that doctors are gods and infallible.
- The truth is we are living in a new age of medicine where much can be done and much can go wrong.
- There is a time and place for lawsuits but there is room for accepting the risks that come along with our modern miracles.

A New Model

Medical Model

Patient's role is passive
(Patient is quiet)

Patient is the recipient of treatment

Physician dominates the conversation
(Does not offer options)

Care is disease-centered
(Disease is the focus of daily activities)

Physician does most of the talking

Patient may or may not adhere to treatment plan



Patient-Centered Model

Patient's role is active
(Patient asks questions)

Patient is a partner in the treatment plan
(Patient asks about options)

Physician collaborates with the patient
(Offers options; discusses pros & cons)

Care is quality-of-life centered
(The patient focuses on family & other activities)

Physician listens more & talks less

Patient is more likely to adhere to treatment plan
(Treatment accommodates patient's cultures & values)

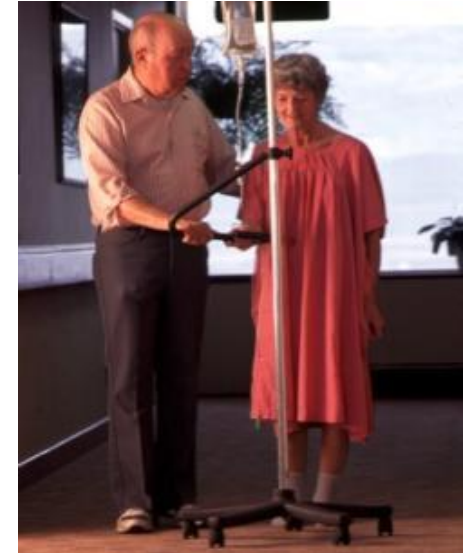
Programmatic elements of the Planetree model at Griffin Hospital



Caregivers Adopting the Patient's Perspective



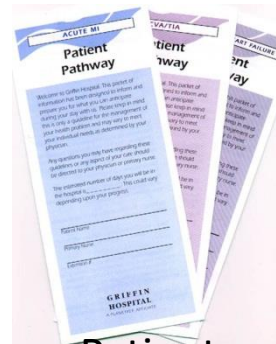
Care Conferences at the Bedside



Care Partner Program



Community Health Resource Center



Patient Pathways

As part of the Planetree Philosophy, patients are encouraged to read their medical record/chart.

Please contact your nurse.



Shared Medical Records

Lessons Learned

- 1) Patients are partners, not outsiders
- 2) Staff is the most powerful lever for change
- 3) It's about changing culture, not just changing practices



What every person, patient has a right to:



Link to Planetree Resources



- <http://planetree.org/resources/>



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