



# Insights and Overview: Patient-Centered Care

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# Patient-centered Care Evolution

- Patient-centered care (PCC) evolution, according to Rawson and Moretz (2016):
  - Patient-centered care was developed over time in the post–World War II world in which technologies were more advanced and family-centered care was expanded to take care of chronically ill children
  - In 1986, Dr. Harvey Picker, credited with establishing patient-centered care, aligned with Harvard Medical School to formalize care structure that addressed the following to provide advanced care to all patients:
    - Understanding each patient’s values
    - Recognizing each patient’s preferences
    - Discerning each patient’s needs

# Patient-centered Care Evolution

- Patient-centered care (PCC) evolution, according to Rawson and Moretz (2016): *(continued)*
  - Dr. Picker and his Harvard collaborators conducted research, including focus groups and individual interviews to produce the report *Through the Patient's Eyes*, which laid the foundation for the principles of patient-centered care

- A primary acknowledgement made by the Picker Institute (Edgman-Levitan & Schoenbaum, 2021) relative to patient-centered care:
  - Patients frequently determine health outcomes, care delivery, and quality of care
  - Providers may have the impression that they have communicated effectively with both patient interaction and documentation, but patients determine if communication was effective, thus overruling provider perspective
  - If a patient is not understanding or recalling any communication with a clinician, care is negatively impacted

- A primary acknowledgement made by the Picker Institute (Edgman-Levitan & Schoenbaum, 2021) relative to patient-centered care: *(continued)*
  - Core concepts for care delivery (as quoted by Rawson & Moretz, 2016):
    - Respect and dignity
    - Information sharing
    - Participation
    - Collaboration

- This effort created the basis of evidence-based research supporting patient-centered care (Rawson and Moretz, 2016) reliant on recognized measurement tools, instruments, and methodology for data gathering
  - Initial survey developed for patient-centered care is now integrated into the following measurement tools:
    - HCAPHS survey tool implemented by Centers for Medicare and Medicaid Services (CMS) (Rawson and Moretz, 2016)
    - NCQA for healthcare system accreditation (Edgman-Levitan and Schoenbaum (2021)
    - HEDIS for provider quality measures as per CMS (Edgman-Levitan and Schoenbaum (2021)



Should be noted that the Picker Institute closed their operation in 2012

# Other Research Entities

- Throughout the 2000s, various notable scientific research entities and clinical providers furthered efforts to expand the impact of patient-centered care (Rawson & Moretz, 2016):
  - The Institute of Medicine defined patient-centered care as “providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decision”
  - Patient-centered care became a measurable domain of healthcare quality
  - In 2004, the Commonwealth Fund released a report indicating healthcare in the U.S. was ranked very low in comparison to other comparable developed countries, relative to patient-centered care

# Other Research Entities

- Throughout the 2000s, various notable scientific research entities and clinical providers furthered efforts to expand the impact of patient-centered care (Rawson & Moretz, 2016): *(continued)*
  - Other literature supporting the need for the U.S. to improve its healthcare system with the provision of patient-centered care were produced in collaboration:
    - American Hospital Association
    - Medical College of Georgia
    - Dana Farber Cancer Institute
    - Robert Wood Johnson Foundation

# Affordable Care Act (ACA)

- In 2010 with funding from the Affordable Care Act (ACA), the Patient-Centered Outcome Research Institute (PCORI) was established to conduct research to explore evidence-based interventions pertaining to PCC
- According to Rawson and Moretz (2016), research questions pertinent to health outcomes with patient-centered care include:
  - Understanding individual characteristics, conditions, and preferences. What are some expectations of what will occur with this treatment?
  - What are specific options and what are the potential benefits, risks, and harms that can occur?
  - How do providers, healthcare professionals, and health systems help inform and educate individual patients about their health and healthcare?

# Patient-Centered Outcome Research Institute (PCORI)

- Since inception in 2010, PCORI has expanded their research efforts
  - Funded more than \$4.5 billion in research
  - Funded over 2,400 projects
  - Published articles in leading medical journals
  - Presented at reputable conferences and scientific meetings
  - Integrated some research results into clinical guidelines and standards of care
  - Presented all research results in a consolidated manner available to healthcare professionals and the general public







# Patient-Centered Outcome Research Institute (PCORI)

- PCORI has established the following goals and efforts as part of their vision to promote and support patient-centered care:
  - Increase evidence for existing interventions and emerging health-related innovations
  - Enhance infrastructure to accelerate patient-centered outcomes research
  - Advance the science of dissemination, implementation, and health communication (sharing information in a meaningful way to appropriate parties)
  - Achieve health equity amongst all people
  - Accelerate progress toward an integrated learning health system (actualize improved outcomes)

# Evidence-Based Data (PCC)

- Picker Institute identified and created survey tools for care evaluation that serve as the foundation for data gathering:
  - Improve patient experience
  - Provide education and dialogue
  - Increase opportunities for improved health outcomes
  - Increased patient engagement
- Information obtained from the Picker Institute's patient-centered care initiative was pivotal in identifying aspects of healthcare that patients value

## Evidence-Based Data (PCC)

- According to Edgman-Levitan and Schoenbaum (2021), prior to the Picker Institute's data gathering system, existing surveys focused on healthcare amenities such as food and parking; these items were never mentioned in patient-centered care measurement tools, contrary to researcher expectations
  - Enforced the recognition that patient input is crucial
  - Presupposition regarding patient needs may be inaccurate

# Evidence-Based Data

- The National Academy of Medicine (originally known as the U.S. Institute of Medicine) issued their *Crossing the Quality Chasm* report (2001) as referred to by Edgman-Levitan and Schoenbaum (2021)
  - Report recommended a complete transformation of the U.S. healthcare system
  - Identified six aims that serve as the basis for healthcare quality:
    - Safety
    - Effectiveness
    - Efficiency
    - Patient centeredness
    - Timeliness
    - Equity

# Evidence-Based Data

- There was acceptance of the concept of integration of the patient as a healthcare partner driven by all healthcare organizations throughout the U.S., presuming the following occurred:
  - Leadership buy-in
  - Leadership values
  - Human resource policies supporting compassionate and empathy as part of care delivery
  - Ongoing monitoring and evaluation of the patient experience
  - Improving patient and employee satisfaction

# Contributions to and Barriers for PCC

- Historically, healthcare entities prioritized physician and staff needs with the belief that this would contribute to (Edgman-Levitan & Schoenbaum, 2021):
  - Best practices
  - Best healthcare provision
  - Best health outcomes
- Patient-centered care recognizes that without a partnership that includes the patients and their support, the desirable outcomes would not be achieved
  - Included how patient feels while sick
  - Addressed aspects of chronic condition management

# Contributions to and Barriers for PCC

- Lived experienced dealing with health-related issues is pertinent to creating prevention plans, as well as disease management protocol
- There are still challenges and concerns for some healthcare organization providers and system leaders to accept that patient involvement is crucial to improved outcomes (Edgman-Levitan & Schoenbaum, 2021)
  - Concern about unrealized expectations
  - Concern about providers being vulnerable to criticism
  - Concern about challenges educating patients
  - Concern about addressing the needs of families, caregivers, and other support

# Picker Principles and IOM Six Domains

- **Eight Picker Principles of Patient-Centered Care** (Rawson & Moretz, 2016)
  - Respect for patients' values, preferences, and expressed needs
  - Coordination and integration of care
  - Information, communication, and education
  - Physical comfort
  - Emotional support and alleviation of fear and anxiety
  - Involvement of family, friends, and other support
  - Transition and continuity
  - Access to care

# Picker Principles and IOM Six Domains

- **Institute of Medicine Six Domains of Health Care Quality** (Rawson & Moretz, 2016)
  - Safe
  - Effective
  - Patient-centered
  - Timely
  - Efficient
  - Equitable

# Concerns and Potential Barriers

- Patient concerns about healthcare relative to their treatment, dealing with clinicians, and health-related processes and services include (Edgman-Levitan & Schoenbaum, 2021):
  - Understanding patient rights
  - Recognizing and understanding the roles of various healthcare professionals
  - Concerns about interactions in different healthcare settings
  - Ensuring that their needs, preferences, and interests are heard and respected
  - Understanding the method of communication and the vernacular
  - Managing coordination of care
  - Understanding aspects of illness and personal choice

# Concerns and Potential Barriers

- Patient concerns about healthcare relative to their treatment, dealing with clinicians, and health-related processes and services include (Edgman-Levitan & Schoenbaum, 2021): *(continued)*
  - Receiving emotional support
  - Addressing their fear and anxiety
  - Expectations of family, friends, and other caregiving support
  - Continuity of care and managing changes in treatment
  - Accessing care

# Patient and Healthcare Professional Perceptions

- To fully integrate patient-centered care, healthcare leaders must recognize and comprehend that discrepancies between patient and healthcare professional perceptions and communication style include (Edgman-Levitan & Schoenbaum 2021):
  - One study showed that physicians and patients agreed on the respective health of their patients less than 40%
  - Patients generally rate their sense of wellness based on their overall sense of well-being and their quality of life
  - Physicians typically rate a patient's health based on the absence or presence of disease and/or chronic conditions
  - Physicians evaluate their work based on their technical skill, understanding of their expertise, and time spent performing their duties
  - Physicians and healthcare professionals evaluate their professional abilities based on solving health-related problems
  - Patients rate their providers by their level of caring, gratitude, compassion, empathy, and shared information

# Perception Situational Example

- **Example** (Edgman-Levitan & Schoenbaum, 2021):
  - *Breast cancer patients making a choice between a lumpectomy and a mastectomy expressed different expectations and desires relative to their physicians' beliefs that retaining breasts was the highest goals for their female patients. Studies show that patients were much less likely than physicians to presume to automatically keep their breasts when given the risks of a recurrence and the need for chemotherapy. Physicians have recognized the need to gain insight into patient values and preferences when presenting them with treatment options for breast cancer.*

# **Pediatrics and Patient-Centered Care**

# Patient- and Family-Centered Care (PFCC)

- According to Seniwati et al. (2023), integrating patient-centered care philosophy into addressing children as patients in the healthcare system is crucial

# Patient- and Family-Centered Care (PFCC)

- Patient- and family-centered care (PFCC) is an expanded approach that is expected to improve health outcomes as recommended by the Committee on Hospital Care and Institute for Patient and Family Centered Care (as stated by Seniwati et al. (2023))
  - PFCC prioritizes the family as the primary source of support for a pediatric patient
    - Presumes that family will contribute to supporting and designing a treatment protocol and care plan
    - Relies on mutually beneficial cooperation between the patient, family, and healthcare team
    - Creates the foundation for pediatric nurses to become actively involved in the treatment and patient education planning and implementation process
    - Nurses become the lead in PFCC
    - Families are expected to effectively communicate and implement care plan

# Patient- and Family-Centered Care (PFCC)

- The implementation of patient- and family-centered care is considered a tool to enhance care (Seniwati et al., 2023)
  - Increases patient and family satisfaction
  - Improves the quality of healthcare services for children
  - Improves physical and mental health for both family members and the pediatric patient
  - Decreases length of hospital stay and rates of readmission
  - Decreases rates of medical errors
  - Decreases utilization and overall healthcare costs

# Patient- and Family-Centered Care (PFCC)

- There have been some barriers to implementing PFCC in pediatric care (Seniwati et al., 2023)
  - Some nurses have not expressed a desire to implement patient- and family-centered care within their healthcare practice for reasons that include the following
    - Lack of knowledge and training
    - Lack of emotional support for nurses
    - Lack of insight as to how to involve family, friends, and other support into the treatment process
    - Concern for the boundaries of their role as healthcare professionals
    - Liability concerns
    - Addressing of the needs of family that may lack competency
    - Concern that addressing patient's family's needs may be “annoying and tiring” (as quoted by Seniwati et al., [2023])
    - Lack of answers to potential questions

# Patient- and Family-Centered Care (PFCC)

- To effectively integrate PFCC into pediatric care in any healthcare environment or entity (including home care), professional leadership must be in support of facilitation, implementation, and oversight, including ongoing evaluation
- Buy-in from nursing leadership is crucial and must include foundational concepts and framework of PFCC; its development; and a thorough, evidence-based overview and roll-out (Seniwati et al., 2023)
- For effective PFCC in a pediatric environment that supports the entire family, nurses must integrate principles into daily practice for all patients

# Patient- and Family-Centered Care (PFCC)

- The concept of PFCC is wider in provision and practice relative to patient-centered care; it is important for each pediatric healthcare entity to have a full framework explanation
- According Seniwati et al. (2023), pediatric healthcare that has applied core values of PFCC, addressing physical and psychosocial aspects of health and well-being, has contributed to improved recovery and healing for patients and their families in recent years

# Patient- and Family-Centered Care (PFCC)

- Relative to pediatric healthcare, a partnership between the professionals, the family, and the patients is the key to successful collaboration on a treatment plan for all patients, especially children living with serious or chronic conditions
  - Increases compliance with care plan
  - Provides information pertaining to social determinants of health to identify unrecognized barriers to treatment
  - Creates a sense of purpose and accountability for healthcare professionals, patients, and families addressing serious challenges
  - Increases patient satisfaction, engagement, and loyalty
  - Establishes communication flow for understanding and best outcomes

# Patient- and Family-Centered Care (PFCC)

- For nurses managing and guiding relationships in PFCC communication begins upon intake and initial meeting/contact and continues throughout the treatment protocol and care plan
  - Identifying patient and family needs relative to care
  - Obtaining necessary health information
  - Providing compassionate care and comfort
  - Obtaining and managing the parent's trust
  - Supporting the treatment and rehabilitative and healing program

# Patient- and Family-Centered Care (PFCC)

- Communication is key for PFCC to effectively share information provider perspective, enable families to make informed decisions, and build trust (Seniwati et al., 2023)
  - Communication can include:
    - Verbal exchange
    - Nonverbal communication
      - Body language
      - Posture
      - Eye contact
      - Facial expressions
    - Symbols and visual cues

# Communication Style for PFCC Integration

- Adopting communication style and process for pediatric- and family-centered care to each situation and care setting is key
  - Hospital
  - Outpatient services
    - Surgical center
    - Imaging
    - PT/OT/SLP therapies
  - Home care
  - Long-term care facility
  - Provider office
    - Physical health
    - Mental health
  - Alternative treatment

# Communication Style for PFCC Integration

- Wherever services and treatment are received, all types of communication should include listening, understanding, respecting, clarifying, and adapting to each patient's communication and language style with appropriate vocabulary to ensure comprehension (Seniwati et al., 2023)

# Building Rapport: Compassion

- Building rapport with patients and their families is important, and PFCC includes delivering information with compassion and empathy (Seniwati et al., 2023)
  - Compassion includes understanding and empathy for the misfortune of other people and the desire to help improve the situation and includes:
    - Listening
    - Tenderness
    - Warmth
    - Kindness
    - Connectedness

# Building Rapport: Compassion

- Building rapport with patients and their families is important, and PFCC includes delivering information with compassion and empathy (Seniwati et al., 2023) *(continued)*
  - Compassionate care is an element of nursing that can improve over time
    - Focuses on care delivery
    - Addresses individual needs
    - Reinforces physical and mental health needs

# Building Rapport: Respect

- The concept of actively addressing each patient and colleague with respect when building rapport is a part of PFCC according to Seniwati et al. (2023)
  - Conceptually, respect, as a fundamental right, is integrated into all aspects of healthcare provision for all modalities of care, including:
    - Pediatric
    - Geriatric
    - Intensive care
    - Urgent care
    - Surgical care
    - Preventative care
    - Other treatment and services

# Building Rapport: Respect

- The concept of actively addressing each patient and colleague with respect when building rapport is a part of PFCC according to Seniwati et al. (2023) *(continued)*
  - Respectful care delivery is supported by efforts to deliver dignified care
    - Manners
    - Behaviors
    - Attitudes
    - Overall approach
    - Follow-through
    - Acknowledging individual preferences

# Concepts of PFCC

- **Patient- and Family-Centered Care Concepts and Applications**

(Seniwati et al., 2023)

- Method to design, implement, and assess health-related treatment and services based on cooperation between patient, family, and healthcare professional
- Significant element in improving nursing care process and quality based on humanistic approach that includes collaboration, empathy, service, and active communication regarding child's healthcare between patient, family, and nurses throughout care continuum
- Critical healthcare approach designed to positively affect patient's experience, including knowledge, ability to manage conditions, and reduced hospitalization, while also supporting the family unit

# Concepts of PFCC

- **Patient- and Family-Centered Care Concepts and Applications**

(Seniwati et al., 2023) (*continued*)

- Viewing families and caregivers as partners and collaborators in care plan and implementation, respecting this synergy throughout the process, and valuing their input
- A commitment to improving quality of care, safety, and care delivery made by healthcare professionals, families, and patients, throughout all aspects of the healthcare delivery system; exemplified by expressed affection and valuing the relationship on all levels
- Valuable tool for healthcare team, patients, and families for the planning, implementation, and oversight of care delivery in all disciplines and aspects of treatment.

# Concepts of PFCC

- **Patient- and Family-Centered Care Concepts and Applications**

(Seniwati et al., 2023) (*continued*)

- Treatment process and methodology in which patients, family, and other support collaborate for best outcomes
- Commitment by the healthcare system to integrate a strategy that recognizes the significant role family and the patient play in supporting treatment plans and accessing best outcomes

# PFCC Benefits for Patient/Family

- It is evident that communication is a major benefit supporting PFCC; however, there needs to be ongoing training to provide support to a skill that (for some) goes outside of the clinical skills developed throughout training, along with the high-pressure environment under which nurses work
- Other benefits include increasing the patient's/family's sense of being cared for, despite the challenges health-related issues present (Tulane University, 2024)
  - PFCC shifts healthcare focus from metrics toward the human experience and the care received
  - Patient experience outweighs diagnosis and treatment, addressing emotional aspects such as fear and anxiety, which can exacerbate negative symptoms and responsiveness to treatment plan

# PFCC Benefits for Patient/Family

- Other benefits include increasing the patient's/family's sense of being cared for, despite the challenges health-related issues present (Tulane University, 2024) (*continued*)
  - Provides a sense of continuity of care that builds commitment and hope from patient/family while informing healthcare professionals of potential challenges and barriers to care accessibility and implementation
  - Creates an environment that supports prevention and early detection, thus opportunity for improved outcomes and early intervention
    - Can eliminate need for late treatment
    - Supports lifestyle changes for patient/family

# PFCC Benefits for Patient/Family

- The benefits of the PFCC approach are also designed to improve the role of the healthcare professionals and systems (i.e., hospitals and payors) involved in treating children and their families (Tulane University, 2024)
  - Helps to facilitate individualized treatment plans by customizing plans around the needs of each patient/family, which increases engagement and improves outcomes
  - Healthcare practitioners are recognized and incentivized by the quality of care, not necessarily the quantity; PFCC provides space for meaningful time and interaction with patient/family, thus reducing workload
  - Clinicians can experience lower rates of burnout and increased rates of job satisfaction

# PFCC Benefits for Clinicians and Healthcare Professionals

- The benefits of the PFCC approach are also designed to improve the role of the healthcare professionals and systems (i.e., hospitals and payors) involved in treating children and their families (Tulane University, 2024) *(continued)*
  - PFCC improves efficiency, manages utilization, and reduces costs
    - Reduced rates of missed appointments
    - Identification of social determinants of health that present barriers
    - Reduced healthcare practice of overtesting and overreferring to specialists (when primary care physician could address issues)

# Integration and Application of Patient-Centered Care

# U.S. Institute of Medicine and PCC

- The U.S. Institute of Medicine has identified patient-centered care (PCC) as a “critical aspect of quality” (Bokhour et al., 2018)
  - Represents a movement from traditional healthcare provision stemming from paternalistic provider perspective that is driven by chronic conditions and disease
  - A more egalitarian effort that ensures that patients are “fully integrated into every phase of medical consultation, treatment, and follow up” (Bokhour et al., 2018)
  - This is a shift from provider-driven to patient-centered care, yet, according to Bokhour et al. (2018), today’s healthcare systems still function as provider and diseased focused
  - While there is ongoing planning, dialogue, and information about patient-centered care, there is a lag time in actual conversion to this approach to healthcare

# PCC and Patient Experience

- In recent years, patient experiences in inpatient practices have been recognized as a key measurable in surveys and focus groups sharing insights that supported patient-centered care practices (Bokhour et al., 2018)
  - Focused on nursing practices
  - Accounts for clinician behavior as well as healthcare professional leadership commitment and practice
  - Ability to communicate strategic vision
  - Infrastructure for data gathering, evaluation, and monitoring
  - Established feedback loop
  - Incentives for practicing patient-centered care
- The above efforts had measurable contributions to patient-centered care delivery and improved outcomes

# PCC and Evidence-Based Practice

- To establish a conceptual framework for implementation of PCC, there needs to be evidence-based practice that support the implementation
  - According to Bokhur et al. (2018), the Consolidated Framework for Implementation Research (CFIR) identified constructs to support a broad approach to integrating PCC
    - Intervention characteristics
    - Inner setting (internal environment/population)
    - Outer setting (external environment/population)
    - Individual characteristics
    - Interactive processes for implementation

# PCC and Evidence-Based Practice

- To establish a conceptual framework for implementation of PCC, there needs to be evidence-based practice that support the implementation (*continued*)
  - Bokhur et al. (2018) have identified the following examples that can support the transformation of a healthcare organization or system as it adopts a patient-centered care model
    - Organization's current practice: Accessibility, adaptability, priority of change
    - Organizational readiness for PCC: Recognition of importance of PCC, culture for change, readiness for transition
    - Leadership roles and perspective: Staff engagement, funding readiness
    - Team engagement: Communication, readiness for change, staff for implementation, training and education

# Case: Veterans Affairs and PCC

- Case example: Department of Veterans Affairs (VA), 2010 (Bohkur et al., 2018)
  - VA focused on transitioning healthcare provision to patient-centered care, driven by the need to integrate:
    - Personalized care
    - Proactive care
    - Preventative care
    - Patient-driven care

# Case: Veterans Affairs and PCC

- Case example: Department of Veterans Affairs (VA), 2010 (Bohkur et al., 2018) (*continued*)
  - VA leadership established Office of Patient-Centered Care and Cultural Transformation (OPCC & CT)
    - Set up pilot programs
    - Tested innovations and interventions
    - Evaluated outcomes
    - Monitored over time
    - Deployed responsive strategies throughout the VA system

# Case: Veterans Affairs and PCC

- Case example: Department of Veterans Affairs (VA), 2010 (Bohkur et al., 2018) (*continued*)
  - Ultimately OPCC & CT identified VA medical centers that were early successful adopters of PCC
    - Organizational, systemic changes
    - Personalized health planning programs
    - Integrative medicine programs

# Case: Veterans Affairs and PCC

- One VA Center of Innovation's leadership made the following statement (Bokhour et al., 2018)
  - *“[It] is about empowering patients to pursue wellness in service of their life goals and their own values. It’s about strengthening the patient-provider relationship. It’s about empowering providers in the work setting so that they have the best tools available ... so that they are able to partner with patients”*

# Case: Veterans Affairs and PCC

- According to Bokhour et al. (2018), the VA took the following steps to create, facilitate, implement, manage, and monitor their patient-centered care approach throughout their health system
  - Leadership commitment: Healthcare staff, front-line team members, clinicians, and other supporting staff were all involved in the application of the patient-centered care approach
    - Leadership buy-in was recognized as an integral component of the successful transition
    - Throughout the VA efforts, two VA sites had been identified as having less supportive leadership that was removed, and the supportive leadership was the change that generated success
    - Communication with staff was clear, consistent, and recognized as vitally important, and their input was a strategic component of successful integration of PCC
    - Identification of necessary resources was a priority to ensure PCC implementation

## Case: Veterans Affairs and PCC

- According to Bokhour et al. (2018), the VA took the following steps to create, facilitate, implement, manage, and monitor their patient-centered care approach throughout their health system (*continued*)
  - Over time, the contributions of individual members of the staff became recognized as integral attributes supporting the PCC transformation at the VA

# Case: Veterans Affairs and PCC

- The following findings were unveiled through the VA's transition to patient-centered care (Bokhour et al., 2018)
  - Top-down leadership is imperative, combined with total staff buy-in and commitment, including:
    - Staff involvement and willingness to take risks and report back
    - Establishing a reliable communication and feedback loop to foster meaningful engagement
    - PCC planning and integration meetings that involved all levels of staff

# Case: Veterans Affairs and PCC

- The following findings were unveiled through the VA's transition to patient-centered care (Bokhour et al., 2018) (*continued*)
  - Communication and messaging that encouraged innovation and shared information
  - Creating an environment of support and shared decision making
  - Leadership modeled PCC values and applied concepts in all interactions with patients and staff
  - A compassionate and empathetic environment created the foundation for change and courage to connect with patients

# The VA PCC Program Used the Consolidated Framework for Implementation Research (CFIR) to Implement Their Innovative Approach Beginning in 2010 (Bokhour et al., 2018)

<b>VA Consolidated Framework for Implementation Research</b> <small>(CFIR; Bokhour et al., 2018)</small>		
<b>Domain</b>	<b>CFIR Construct</b>	<b>VA Application</b>
Leadership	Inner setting	Identification of inner champions, staff opinion leaders, leadership involvement
Patient and support engagement	Intervention characteristics and outer setting	Identification of referral sources and linkages; program design and available resources
Staff engagement	Intervention characteristics and inner setting	Establishing culture, identification of communication modalities and cadence, implementation recognition, sense of priority/urgency, education and training programs
Emphasis on PCC innovations and interventions	Intervention characteristics and inner setting, characteristics of individuals, establishing process	Identification of intervention partner and source, understanding advantages, sense of urgency, ability to educate and engage, support from leadership, self-efficacy, identification of opinion leaders, recognition of program champions

# The VA PCC Program Used the Consolidated Framework for Implementation Research (CFIR) to Implement Their Innovative Approach Beginning in 2010 (Bokhour et al., 2018)

<b>VA Consolidated Framework for Implementation Research</b> <small>(CFIR; Bokhour et al., 2018)</small>		
<b>Domain</b>	<b>CFIR Construct</b>	<b>VA Application</b>
Alignment of staff roles and priorities	Characteristics of individuals, inner setting	Ability to adapt, determination of complexity of roles and priorities
Organizational structures and processes	Inner setting, outer setting	Culture of organization, willingness to accept change and modification, communications channels and networks
Environment of care	Inner setting	External policies and various incentives/obligations, organization (inner and outer) culture, and willingness to accept change

# VA: Leading Change

- Leading changes and integrating patient-centered care in systems, diverse organizations, networks, and other complex entities should be evaluated, planned, and undertaken by a diverse group of internal and external individuals representing all aspects of the organizations and service provision

# VA: Leading Change

- For the Veterans Administration to lead a system-wide change to foster patient-centered care values and integrate the new culture into all states, diverse communities, and patients with complex needs, to name a few surmountable challenges, a leadership engagement group was convened (Bokhour et al., 2018)
  - Senior managers visited cutting-edge, innovative hospitals providing patient-centered care to gain insight and understanding of the quality of care, and the environment supporting it
  - There was the acceptance that while evidence-based research may support patient-centered care, the importance of understanding each patient as an individual with their own preferences, values, and concerns was equally important

# VA: Leading Change

VA leadership recognized that each patient deserved to be treated with recognition that their personal story plays a significant role in their participation in their wellness, recovery, and healing process

# VA: Leading Change

- According to Bokhour et al. (2018), for the VA, “Capturing the patients’ voices, obtaining patient perspectives and finding out what matters most to patients and families were essential to selecting, planning and implementing PCC initiatives”
  - Feedback loops were created for both staff and patients with open meetings to engage with healthcare professionals and leadership; included patients to serve on the PCC task force and/or committee
  - Consistent informal interactions between providers, healthcare staff, and patients created open lines of communication that enabled relationships to develop
  - Through new relationships, education occurred to support patients living with chronic conditions

# VA: Leading Change

- According to Bokhour et al. (2018), for the VA, “Capturing the patients’ voices, obtaining patient perspectives and finding out what matters most to patients and families were essential to selecting, planning and implementing PCC initiatives” *(continued)*
  - Veteran patients had innovative information available to them, along with the ability to engage with staff and providers in a manner that promoted healthy behaviors
  - Treatment plans became more personalized as the relationships expanded and providers developed more personal insight regarding social determinants of health, enabling them to create care plans that were more attainable and realistic

# Nurses and PCC

- While there is evidence of the importance of relationships between healthcare professionals and patients for improved outcomes, job satisfaction, and patient engagement, it is recognized that nurses frequently pave the way for patient-centered care (Shyu, 2024); therefore, the following should be noted
  - Nurse leaders continue to need educational tools to guide decisions pertaining to patient safety and experience, as well as clinical effectiveness
  - There is acknowledgement that “relational nursing leadership has a positive relationship with patient outcomes” (Parr et al., 2021)

# Nurses and PCC

- While there is evidence of the importance of relationships between healthcare professionals and patients for improved outcomes, job satisfaction, and patient engagement, it is recognized that nurses frequently pave the way for patient-centered care (Shyu, 2024); therefore, the following should be noted (*continued*)
  - Training on the provision of psychosocial interaction and care should take place when delivering patient-centered care
    - Patient engagement
    - Patient interactions
    - Instilling coping skills
    - Developing relational energy

# Social Exchange Theory

- The Social Exchange Theory provides a framework within which to understand interactions that are interdependent with bi-directional exchange between two parties (Shyu et al., 2024):
  - There are standards, rules, and norms for the exchange
  - There is an exchange of resources (including insight)
  - Emerging relationship expand and develop
- Social Exchange Theory also places importance on the quality of each relationship between the parties
  - Mutual benefits
  - Quality continues to expand
  - Also occurs between staff members, crucial for buy-in to patient-centered care
  - Exchange can occur through shared experience and training

# Staff Training for PCC

- Effective staff training is necessary for integration of PCC and any systemic cultural change
  - Managers, supervisors, and other leaders can integrate aspects into all onboarding and other training to ensure that PCC core values are applied to all tasks, clinical and nonclinical (Bokhour et al., 2018)
  - PCC trainings can provide validation and real-life examples of PCC practices, attitudes, and values relative to improved patient experience
  - Higher level training points can be integrated into regular meetings, ongoing communications, and other means of reinforcement

# Staff Training for PCC

- Effective staff training is necessary for integration of PCC and any systemic cultural change *(continued)*
  - Healthcare entities can use various modalities for teaching PCC
    - Video aides
    - Role playing
    - Case study examples
    - Staff experience
    - Visual aides – posters, tag lines, value statement
    - Email updates
    - Newsletter

# Storytelling as Training for PCC

- PCC training and implementation should also integrate storytelling pertaining to innovative methods spotlighting staff support, leadership, pain points, and next steps
  - Address and focus on all levels of staff
    - In some situations, physicians can champion inspiration by sharing outcomes
    - Recognize that PCC success relies on involvement of all levels of staff
    - New initiatives should be approved and supported by leadership prior to implementation
    - Management may have to assign appropriate staff to program implementation
    - Total staff engagement is the expectation for buy-in and ownership

# Staff and PCC

- To create a foundation and environment that support staff engagement in a meaningful way, leadership and management must align staff roles and responsibilities with priorities necessary for PCC
  - Recognize that staff may interpret PCC implementation as involving an increased workload
  - Maintain clarity with the need to be flexible with shifting priorities; PCC is rolled out and modified accordingly, while simultaneously performing ongoing job duties
  - Continue educational messaging and training to align perspectives about aspects of PCC that may be viewed as nonclinical
  - Recognize that staff may be confused by PCC priorities relative to traditional perception of urgent needs relative to emergency health-related issues and immediate response

# Addressing Perception and Barriers to PCC

- Unaddressed perception issues may become barriers to implementing PCC values within an existing healthcare environment with preexisting processes that may present conflict with innovation
- An example is with the VA PCC roll out that addressed barriers presented by previous compliance and regulatory mandates that didn't align with PCC innovations (Bokhour et al., 2018)
  - “[B]eing bound by rules can steer the decision-making process, instead of the very human desire to help people” (Bokhour et al., 2018)
  - Healthcare professionals insisting on traditional methods of healthcare provision became barriers to forward movement and implementation of PCC values
  - PCC implementation requires integration of healthcare services, departments, and resources

# Creating PCC as Change

- Creating an environment supporting change must be evident within any healthcare organizations adopting PCC standards and values
  - Resources must be available, accessible, appropriate, and applicable to ensure staff is supported for buy-in and engagement
  - Resources include financial support, feedback loop, messaging, organizational structure, and appreciation for staff/patients/healthcare outcomes

# Creating PCC as Change

- In addition to environmental support, a physical environment for change must be evident
  - Sense of sincerity and follow-up
  - PCC should be an immersive experience
  - Functional changes that support positive interactions between:
    - Healthcare staff and patients
    - Healthcare staff and vendors
    - Healthcare staff and community
  - A synergistic approach addressing holistic patient needs should be evident

# **Patient-Centered Care for Cancer Patients**

# Integrated PCC Approach

- PCC approach will be implemented across all health-related specialties, and it is important that specific nuances are recognized and supported to ensure that patients' needs are met
- Cancer patients have specific needs and responses relative to the stage of their illness, diagnosis, and remission
  - PCC approach is imperative and applied at all stages of cancer treatment; upon diagnosis, patients may confront a range of disruption to their lives (Elkefi & Asan, 2024)
    - Disease symptoms and subsequent decisions can impact their physical, mental, and spiritual well-being
    - Understanding complex choices relative to health requires clarity and understanding to limit distress, mental anguish, and feelings of uncertainty
    - Stress can affect treatment, recovery, and healing

# Integrated PCC Approach



PCC will provide support, education, and resources during times of lengthy processes and wait times

# Integrating PCC for Holistic Cancer Care

- Over time, according to Elkefi and Asan (2024), the Centers for Medicare and Medicaid Service (CMS) has referenced the slogan relative to patient care “Nothing about me without me”
  - This phrase recognizes the impact of patient involvement in care and treatment
  - This phrase also recognizes that there are potential aspects of treatment that may not be evidence-based (due to patient/family input)

# Integrating PCC for Holistic Cancer Care

- This aspect of PCC was supported by the release of the World Health Organization's (WHO) framework on PCC that emphasizes healthcare that considers the following in treatment
  - *“In 2015, the World Health Organization released its framework on “people-centered health services” emphasizing a focus on a system that adopts individuals’, careers’, families’, and communities’ perspectives into a trusted health care system.”*

# PCC and Cancer Care Provision

- Patient-centered care has supported improved outcomes for cancer patients and their families (Elkefi & Asan, 2024) by enabling patients to receive both mental and physical health support, with psychosocial needs addressed throughout the treatment process
- High-quality cancer care incorporates supportive care for emotional needs throughout the continuum, as well as the following (Elkefi & Asan, 2024)
  - Coordination with specialists
  - Integration of primary care
  - Comprehensive care team approach to address holistic needs and eliminate care gaps

# PCC and Cancer Care Provision

- Recent research shows that coordinated care for cancer patients is correlated with:
  - Improved patient-centered care
  - Improved healthcare system/provider performance

# Coordinating PCC for Cancer Patients

- Coordinating care to provide holistic services for cancer patients relies on communication and connectedness among all of a patient's providers
- This coordinated effort may conflict with fragmented healthcare systems, disconnected providers, and poor communication (Elkefi & Asan, 2024)
  - Existing healthcare structure may present various barriers to adoption of PCC
  - Stratified, siloed healthcare providers and systems may stymy implementation of PC
- Entities seeking to shift to PCC must recognize their current organizational structure and community served to ensure smooth transition

# Cancer

- More than 42 million people globally have a cancer diagnosis that can impact their lives for years, even as survival rates increase (Evans Webb et al., 2021)
  - Can be residual challenges that last a lifetime
  - “Cancer care pathways” (Evans Webb et al., 2021) can be expansive and demanding on the patient and their support
  - Some cancer patients receive varied supportive treatments concurrently from different providers throughout their community
  - Comprehensive holistic support can be available but challenging to access
  - Synthesizing various support needs for cancer patients to improve accessibility is a challenge that PCC must figure out to ensure patients receive best care with greatest outcomes most efficiently and effectively

# Collaborative Care for Cancer Patients

- A work environment structured to support patient care as well as the healthcare professionals collaborating to deliver treatment and services from an engaged workforce will (Elkefi & Asan, 2024):
  - Support quality assurance and improved quality of patient-centered care
  - Increase patient satisfaction due to hospital performance, collaboration, and engagement

# Collaborative Care for Cancer Patients

- A work environment structured to support patient care as well as the healthcare professionals collaborating to deliver treatment and services from an engaged workforce will (Elkefi & Asan, 2024): *(continued)*
  - A collective approach will create a care team for cancer patients consisting of:
    - Specialists
    - Primary care providers
    - Case managers
    - Navigators
    - Nurses
    - Allied healthcare professionals
- An approach that is noncollaborative will continue to struggle with barriers and challenging care-planning processes that may not align (Evans Webb et al., 2021)

# PCC: Cancer Patient

- Addressing cancer is complex relative to some other health-related issues; communication must be conducted with compassion, empathy, and recognition that a substantial amount of new information will be shared with the patient, especially during the initial diagnostic stages that can present challenges
  - Patients might not be able to fully grasp information accurately
  - Many cancer patients share that they can't initially recall accurate information
  - Due to the gravity of a cancer diagnosis, many patients are “too stunned” (Elkefi & Asan, 2024) to retain information
  - Many patients receiving a cancer diagnosis report that they do not receive necessary information pertaining to treatment, potential side effects, and their prognosis

# PCC: Cancer Patient

- Addressing cancer is complex relative to some other health-related issues; communication must be conducted with compassion, empathy, and recognition that a substantial amount of new information will be shared with the patient, especially during the initial diagnostic stages that can present challenges (*continued*)
  - Many patients initially have a sense of:
    - Anxiety
    - Uncertainty
    - Depression
- Patients may not recognize clear portals for communication due to complex decisions, the input of numerous specialists, and the overwhelming number of tests and treatments they need (Elkefi & Asan, 2024)

# PCC: Cancer Patients

- Bidirectional communication is imperative between providers and specialists creating a cancer treatment plan and the cancer patient (and support network, if appropriate)
- According to Elkefi and Asan (2024):
  - Incomplete, inaccurate, and misunderstood information about cancer, treatment, and options for care increases the opportunity for a patient to receive suboptimal care

# PCC: Cancer Patients

- According to Elkefi and Asan (2024): *(continued)*
  - Patients who misunderstand their cancer and subsequent treatment are less likely to partake in shared decision making, which negatively affects their ability to receive effective treatment and build a trusting relationship with their care team
    - In some advanced countries, the accreditation and certification process includes communication skills development for clinical staff
    - The Accreditation Council for Graduate Medical education and the American Board of Medical Specialties in the U.S. have identified “interpersonal and communication skills” as one of six general competencies for physicians
- Communication skills when presenting a cancer diagnosis of any type are a crucial part of patient-centered care provision

# PCC: Cancer Patients

- According to Elkefi and Asan (2024), when addressing the needs of cancer patients, there must be recognition of the relationship between cognitive perceptions of the diagnosis, treatment, and prognosis expressed by patients and their personal support network
  - Patient-centered care involves:
    - Workload support for patient care experience
    - Communication between providers and patients
    - Interrelationship amongst all parties (patient/provider/family/other resources)

# PCC: Cancer Patients

- According to Elkefi and Asan (2024), when addressing the needs of cancer patients, there must be recognition of the relationship between cognitive perceptions of the diagnosis, treatment, and prognosis expressed by patients and their personal support network (*continued*)
  - Variables that impact outcomes relative to patient-centered care, according to Elkefi and Asan (2024), include the following from the patients
    - Satisfaction of care
    - Satisfaction and comfort with healthcare staff
    - Perception of technology
    - Trust of variables
  - For best outcomes, it is imperative that care team has insight into patient attributes

# PCC: Cancer Patients

- Patient-centered care with effective communication supporting cancer treatment is reliant on perceptual cognitive input (Elkefi & Asan, 2024) to help cancer patients with:
  - Educational information
  - Support for physician health
  - Support services for mental health
  - Developing trust with care team
  - Identify aspects of process to reduce burden

# PCC: Cancer Patients

- Specifically, cancer patients often have to spend significant time and effort on receiving treatment, managing symptoms, and recovering
  - Must address medication management that can be complex
  - Treatments and protocols that have challenging side effects
  - Allocate time to rehabilitation activities that may be demanding and outside of their regular activity
  - Struggle with overburden of treatment process that can cause interference

# PCC: Cancer Patients

- Patient ergonomics has become an integral concept in healthcare that unites clinicians with nonclinical professionals to guide the patient to improve their health situation and establish meaningful, attainable health-related goals for improved outcomes (Elkefi & Asan, 2024)
  - Patient and care team design a plan, or workload, to be implemented over time to support best quality of life
  - Comprehensive human factors align between patients and care team
  - This approach creates an environment for successful patient engagement reliant on care processes

# PCC: Cancer Patients

- Patient-centered cancer care that successfully integrates physical, patient, and treatment technologies (Elkefi & Asan, 2024) influence:
  - Quality of care
  - Trust of clinical team
  - Acceptance and integration of treatment protocols

# PCC: Cancer Patients

- When pertaining to cancer care, the application of “patient-centeredness” (Elkefi & Asan, 2024) provides support to patients necessary for positive perception of treatment to improve engagement and follow-through of protocols
  - Often cancer treatment is complex, with expansive specialists collectively creating concurrent treatments that can be challenging for patients
  - Engaging each patient’s support network is a crucial tool to ensure that treatment is delivered, received, and followed up on
  - The complexity of treatment can lead to side effects that can temporarily impact quality of life, increase depression, and impair overall well-being

# PCC: Cancer Patients

- Challenges from a cancer diagnosis can impact emotional well-being, increasing psychiatric complications
- According to Fernando (2020), recent progressive technologies have successfully contributed to patient-centered care with improved outcomes in cancer patients; however, therapies for mental health have lagged
  - Over 10% of cancer patients will require formalized mental health treatment within one year of their diagnosis
  - 73% of cancer patients who experience depression do not receive adequate, if any, care for their mental health
  - 78% of cancer patients who have completed their cancer treatment protocols report unaddressed mental health needs

# PCC: Cancer Patients

- Despite progressive treatments addressing the physical attributes of the disease, there have been limited to no developments in mental health, which impairs PCC due to negative impact on (Fernando, 2020):
  - Quality of life
  - Physical and mental functionality
  - Engagement in treatment and healthy behavior

# PCC: Cancer Patients

- PCC in cancer care is reliant on patient involvement, and technology is becoming a method of creating new modalities to manage care and build communication opportunities between care team and patients
- Patients and their caregivers should be trained and supported to ensure integration of the use of technologies to support the treatment process with digitization (Elkefi & Asan, 2024)
  - Improves interaction with and use of electronic health records
  - Supports collaborative decision making
  - Creates new channels for communication
  - Can support patient lifestyle and improve quality of life
  - Supports behavior and improves patient engagement

# Cancer Patient Insights

- Some patient insights regarding cancer patients and patient-centered care approach (Elkefi & Asan, 2024)
  - *“Well, they always examine me, obviously. They talk to me. They come up to me, and they look at me not everywhere in the room, just looking at me eye to eye, and explain to me exactly what happened this week ... They look at me straight in the eyes, and for the time that we’re there, her attention is focused on me. And when I ask the question, they usually don’t mind repeating themselves, because sometimes when you’re in treatment, you don’t hear well. And I’m taking notes when I’m there. And I sometimes repeat questions that she may have already answered. And she is very happy to follow up and expand a little more so that I can understand in more detail what she’s trying to tell me about follow up questions, answering follow up questions.”*

# Cancer Patient Insights

- Some patient insights regarding cancer patients and patient-centered care approach (Elkefi & Asan, 2024) *(continued)*
  - *“patients want to be treated in a personalized way as a special person and to build a strong relationship based on empathy with their physicians by talking about their personal life and not only about treatment and visits: My doctor is extremely approachable despite his busy schedule. He shared his cell phone number with me, but of course I’m not going to communicate to him. But those are things that you understand that you’re not just a patient, you’re a special individual for him and for his staff, and everything is personalized. I think that’s my belief, honestly.”*

# **Patient-Centered Care: Intensive Care Unit**

# PCC: Intensive Care Unit

- According to the Society of Critical Care Medicine (SCCM), there are more than 5 million patients annually in U.S. intensive care units (ICUs) for (Meisen et al., 2022):
  - Intensive monitoring
  - Support with breathing or circulation
  - Stabilizing life-threatening conditions
  - Complex injury or disease management
  - Increased comfort care for dying patient
- All ICU patients need intense oversight and management

# PCC: Intensive Care Unit

- ICUs are multidisciplinary care environments that are complex and efficiently overseen by intensivist staff who collectively ensure safe care delivery that is often implemented by advanced technology

(Alsohime et al., 2021)

- Ventilators
- Infusion pumps
- Smart technology
- Advanced systems

# PCC: Intensive Care Unit

- Challenges to implementing comprehensive PCC include:
  - Operating, maintaining, and updating devices and technology
  - Adhering to quality assurance guidelines pertaining to device misuse
  - Reporting adverse events to proper authorities
- Trained technical support is crucial with technology in ICUs
  - Optimize patient care
  - Ongoing training with updates, implementation, and modifications relative to patient needs

# PCC: Intensive Care Unit

- In addition to direct patient care in the ICU, nurses are typically expected to manage technology
- To provide care to critically ill patients, technology must work as expected for staff to provide care, which can impact PCC (Secunda et al., 2022)
  - Nurses' roles may be unclear due to the reality that they may also be tasked with technology support, which often goes outside of their nursing training
  - In the ICU environment, there may be a need for clarity of the roles of the technical staff and the nurses, as they pertain to maintenance of medical devices

# PCC: Intensive Care Unit

- Since the ICU is designed to provide life-sustaining measures that include use of technology with swift decision making and frequently a lack of information to support their goal to deliver best care, it may not always be in alignment with patient-centered care principles
  - According to Secunda et al. (2022), in the ICU the following occurs:
    - Patients may be viewed as organs that need urgent care
    - Critically ill patients often lack the ability to effectively communicate, leaving the staff unable to discern patient values, goals, and preferences
    - Only 30% of American adults have advance directives about end-of-life preferences
  - Barriers present to integrating patient-centered values regarding their preferences

# PCC: Intensive Care Unit

- Patient- and family-centered care (initially introduced in pediatrics) is recognized as a tool to be implemented within the ICU
  - For ICU patient needs, family is identified as a person who provides support and is a significant person in the patient's life
  - Based on a patient's ability to participate in their care planning, families may be involved in medical decision making
    - May carry caregiver burden
    - Approximately 50% of family members of ICU patients experience mental health challenges during, and following, critical care of a loved one (Secunda et al., 2022)
  - Family- and patient-centered care provides support for:
    - Decision making
    - Caregiving needs
    - Bereavement
    - End-of-life planning

# PCC: Intensive Care Unit

- While many ICU patients may stabilize and improve, many will live with chronic conditions, and others will find themselves at end of life
- All of these patients are entitled to “dignity-conserving care” (Secunda et al., 2022) that focuses on improved health, well-being, and quality of life and that addresses their wants and preferences and the following needs:
  - Psychosocial
  - Physical
  - Spiritual

# PCC: Intensive Care Unit

- ICU treatment focuses on healing organs, and there is a chance of treating patients in a dehumanizing manner that may occur as their bodies and minds appear to lose human qualities
- Patient-centered care in the ICU is recognized as a key element in improving care in a safe, comprehensive manner by establishing humanistic factors to support the patient, maintain dignity, and value the patient and family (Secunda et al., 2022)
  - Behaviors
  - Organizational policies
  - Values

# PCC: Intensive Care Unit

- According to Secunda et al. (2022), more than 30% of ICUs have a “poor climate of mutual respect” relative to patient treatment
  - Sense of urgency may reflect a climate of “disrespect and dehumanization” (Secunda et al., 2022)
  - Concern for reduced quality of patient care
  - High rates of burnout within healthcare professionals in ICU may contribute to sense of dehumanization

# PCC: Intensive Care Unit

- Areas of support for patient-centered care when addressing the needs of ICU patients include (Secunda et al., 2022):
  - Patient and family member greetings and introductions
  - Healthcare professional staff bedside manner
  - Listening and sharing information
  - Addressing patients in a manner that is culturally competent
  - Honoring patient/family questions
  - Responding to patient needs
- The above should be practiced with all patients, regardless of the level of their condition or illness

# PCC: Intensive Care Unit

- There are many unique, life-sustaining aspects to care provision in the ICU; however, application of PCC recognizes that (Secunda et al., 2022):
  - All patients are unique individuals
  - It is difficult to discern aspects of personal interests in ICU
  - Patient dignity questionnaires (as discussed by Secunda et al. [2022]) that ask, “What do I need to know about you as a person to give you the best care possible?” can unveil specific information from patient and/or family to deepen:
    - Patient history and backgrounds
    - Aspects of personality and interests
    - Patient preferences

# PCC: Intensive Care Unit

- There are many unique, life-sustaining aspects to care provision in the ICU; however, application of PCC recognizes that (Secunda et al., 2022):  
(continued)
  - Other ICU tools include photos, about me boards
  - Boards with information and patient photos have been shown to increase clinician job satisfaction
  - Connecting on a meaningful level with ICU patients is important for clinicians to minimize burnout

# PCC: Intensive Care Unit

- Patient support network is important in ICU to support the following patient care aspects (Secunda et al., 2022)
  - Unrestricted visitation
  - Participation in rounds
  - Interaction with clinical team
  - Support during procedures

# PCC: Intensive Care Unit

- Family presence in ICU is correlated to positive impact on both patient and support
  - Decreased anxiety
  - Shorter hospitalizations
  - Reduced readmissions
  - Increased patient satisfaction
  - Better quality care
  - Reduced rates of patient delirium
  - Support PCC
  - Reduced rates of PTSD postdischarge

# PCC: Intensive Care Unit

- Patient-centered care in ICU contributes to better communication regarding care
  - “Surrogate decisionmakers” (Segunda et al., 2022) support better communication; however, the surrogates may experience higher rates of anxiety
  - Supportive communication methods should be integrated, as appropriate, to engage patients
    - Communication boards
    - Speaking valves
    - Leak speech for patients on ventilators
  - Create positive, realistic methods to support interaction and engagement

# PCC: Intensive Care Unit

- Patient- and family-centered care is a tool that may be supporting a reduction in health disparities in ICU
  - Intensive care approaches with seriously ill African Americans are correlated to improved satisfaction, higher rates of shared decision making, and increased rates of palliative and hospice home care referrals (Segunda et al., 2022)
  - Improved culturally competent communication, including interpreters on rounds and follow-up, is shown to lower rates of medical error
  - Providers and systems are providing cultural sensitivity training, including implicit bias training, and interacting with patients with lower health literacy
- Improved communication approaches integrated into ICU practice may pave the way for other aspects of medicine

# PCC: Cardiac Care

# PCC: Cardiac Care

- According to Charosaei et al. (2021), patient who are admitted to the cardiac care unit (CCU) are often confronting the following challenges
  - Difficult conditions
  - Chronic illness
  - Unfamiliar environment
  - Separate from familiar loved ones
  - Exposure to urgent, aggressive care

# PCC: Cardiac Care

- Clinical staff in the CCU also have challenges unique to their unit
  - Environmental stress
  - High workload
  - Staff shortages
  - Constant sense of urgency
  - Challenging patient needs
  - Concern about interfering factors impacting care
  - Delivery of technical care

# PCC: Cardiac Care

- Urgent provision of care, technical aspects of care, and patient condition can impact PCC with specific concern about perspectives ON (Charosaei et al., 2021):
  - Family and patient education about condition
  - Available emotional support
  - Quality of discharge program for cardiac patients

# PCC: Cardiac Care

- According to Charosaei et al. (2021)
  - More than 30% of cardiac patients report a lack of information about treatment
  - Clinical staff report difficulty in applying all PCC aspects in a CCU
    - Lack of comprehensive policies and procedures
    - Lack of training
    - Lack of exposure to PCC in school
    - Overlapping roles and responsibilities amongst clinical staff
    - Lack of PCC communication
    - Staffing challenges

# PCC: Cardiac Care

- The integration of technology in cardiac care has provided patients and families with additional tools for education, communication, and disease/condition management (Ben-Tzur et al., 2023)
  - Measures level of interest and adjusts accordingly
  - Provides expansive opportunities to understand contributing factors to their disease
    - Diet
    - Physical capabilities
    - Medication management
    - Emotional support
    - Health habits including sleep and nutrition

# PCC: Cardiac Care

- Devices supporting disease management include:
  - Smartphones
  - Tablets
  - Wearables
  - Other Internet-enabled smart devices
- Technology increases application of PCC

# PCC: Cardiac Care

- Research by Charosaei et al. (2021) suggests that there is a recognition and appreciation for PCC in cardiac care that includes insight and understanding of each respective patient; there has been little guidance on how to implement PCC approach into cardiac specialty
- Nurses often facilitate the workload in the CCU, creating a division of labor driven by the director of nursing, head nurse, or nurse manager; they lead the way for integration of PCC practice

# PCC: Cardiac Care

- Nursing shortages, division of administrative work, and high levels of documentation for compliance and regulatory often limit primary tasks needed to provide direct care and address elements of PCC
- Another challenge to PCC in CCU is the culture of treatment provision and patient care, which is driven by physician-centered approach, supported by hospital routine and division of labor; collectively, this can limit integration of PCC for cardiac care (Charosaei et al., 2021)

# PCC: Cardiac Care Unit

- Charosaei et al. (2021) recommend that integration of PCC in CCU could benefit from use of relatable motivational strategy
  - Leadership support
  - Financial incentives
  - Moral support for staff
  - Addressing current work hours
  - Developing trainings that include:
    - Staff empowerment
    - Developing self-confidence in PCC
  - Positive feedback designed to create confidence and job satisfaction

<b>Aspects of PCC Implementation</b> <small>(Charosaei et al., 2021)</small>	<b>Specific Aspects</b>	<b>Breakdown</b>
Structural strategies	<ul style="list-style-type: none"> <li>Structuring nursing care delivery</li> </ul>	<ul style="list-style-type: none"> <li>Creating PCC culture</li> <li>.Integrating nontraditional nursing activities</li> <li>Care management and supervision</li> </ul>
	<ul style="list-style-type: none"> <li>Modifying team structure and multifunctional team coordination</li> </ul>	<ul style="list-style-type: none"> <li>Leadership buy-in and support</li> <li>Interteam coordination</li> <li>Collaborative approach integration</li> </ul>
	<ul style="list-style-type: none"> <li>Identification of motivational mechanisms</li> </ul>	<ul style="list-style-type: none"> <li>Staff member appreciation tools</li> <li>Developing learning as a core value</li> <li>Identifying appropriate incentives for staff</li> </ul>

<b>Aspects of PCC Implementation</b> <small>(Charosaei et al., 2021)</small>	<b>Specific Aspects</b>	<b>Breakdown</b>
Process strategies	<ul style="list-style-type: none"> <li>• Developing effective communication</li> </ul>	<ul style="list-style-type: none"> <li>• Educating about importance of meaningful communication</li> <li>• Develop active listening</li> </ul>
	<ul style="list-style-type: none"> <li>• Empathy, respect, and compassionate care</li> </ul>	<ul style="list-style-type: none"> <li>• Prioritize individualized patient emotional needs</li> <li>• Identify and consider patient’s preferences, needs, and concerns</li> </ul>
	<ul style="list-style-type: none"> <li>• Development of comprehensive care delivery</li> </ul>	<ul style="list-style-type: none"> <li>• Empathy for each patient</li> <li>• Developing cultural humility and awareness</li> <li>• Purposeful insight and assessment of each patient</li> </ul>
Outcome strategies	<ul style="list-style-type: none"> <li>• Empowering patient and family for PCC</li> </ul>	<ul style="list-style-type: none"> <li>• Addressing concerns</li> <li>• Creating ways for patient engaging</li> <li>• Establishing integrative, holistic care plan</li> </ul>

# PCC: Cardiac Care

- Shared outcomes are the driver for integration of PCC into the CCU, but require the buy-in of leadership
- CCU patients should be empowered and involved, according to a CCU nurse, as quoted by Charosaei et al. (2021), *“We must involve the patient according to their capacity and we must set the stage for that. ... there will be no cooperation without any agreement between the patient and the nurse, i.e., if trust is established and we train the patients and they realize this, it leads to cooperation”*

# PCC: Cardiac Care

- Nurses need to be empowered by learning about the PCC strategy from their hospital
  - Patients can then become educated and informed to actively engage in care decisions
  - Develop awareness of personal sense of responsibility for self-care
  - Become involved in care plan development, decision making, and goal setting
  - Build great collaboration between healthcare professionals and care team

# PCC: Cardiac Care Unit

- Collaborative approach in CCU can be powerful for connecting healthcare professionals to each other (Charosaei et al., 2021)
  - Achieve clinical goals
  - Create functional workflow
  - Expand professional connections and interests
  - Learn new technologies and systems
  - Develop strong sense of belonging
  - Improve healthcare quality
  - Expand access to patient data
  - Reduced hospitalizations
  - Improve communication processes

# PCC: Cardiac Care

- As noted, communication is key for successful PCC, often preceding the rollout of compassionate, respectful care in which connectedness can occur
- In the CCU, nurses need training for effective communication in that environment for best outcomes
  - Nikmanesh et al., as quoted by Charosaei et al. (2021), state that offering ongoing training pertaining to communication will increase patient and family satisfaction, while offering opportunity to obtain patient:
    - Preferences
    - Needs
    - Values

# PCC: Cardiac Care

Despite being in CCU, patients should be considered as a part of their care team and plan

# PCC: Respiratory Care

# PCC: Respiratory Care

- According to Wong and Danoff (2021):
  - When treating patients with chronic lung and/or respiratory illness, specialists in these areas should have resources necessary to provide PCC that meets these patients' needs
  - Treating patients living with chronic illness, including respiratory and/or lung disease, should include supportive services that go beyond the typical patient–provider relationship to learn to manage illness
    - Peer support groups
    - Learning sessions and programs
    - Education resources for condition management
    - Caregiver support resource
  - Information shared in all modalities should be evidence based and peer reviewed to ensure accuracy and validity

# PCC: Respiratory Care

- PCC environment for respiratory and lung patients should include multidisciplinary teams (Wong & Danoff, 2021)
  - Clinical nurse specialist
  - Pharmacist
  - Respiratory therapist
  - Case management
  - Mental health support
- According to Wong and Danoff (2021), current operationalization and systems focus on these specialists seeing more patients per day, which leads to less time per patient; this restricts PCC

# PCC: Respiratory Care

- “This payment model is not conducive to providing the time needed to foster relationships and address the many health needs of patients with complex chronic diseases. In order for PCC to be at the center of a health system, policy makers need to endorse the infrastructure and payment methods that encourage and support such practice” (Wong and Danoff, 2021)

# Integrating PCC

<b>Integrating PCC into Respiratory and/or Lung Care</b> (Wong & Danoff, 2021)	<b>Steps to Integrate</b>
Structure	<ul style="list-style-type: none"><li>• Secure leadership buy-in of PCC core values and philosophy</li><li>• Include patients/family when planning treatment plans</li><li>• Develop partnerships with community-based organizations addressing lung/respiratory illness (such as American Lung Association)</li><li>• Create patient support groups</li><li>• Develop patient educational programs</li><li>• Payors need to expand financial models that comprehensively support complex patients</li></ul>
Process	<ul style="list-style-type: none"><li>• Create environment that supports patient education</li><li>• Provide viable patient resources for referral</li><li>• Develop information about details specific to respiratory and/or lung patients: Role of oxygen, pulmonary rehab, and transplantation</li><li>• Address advance care planning to ensure needs are met</li></ul>
Outcomes	<ul style="list-style-type: none"><li>• Share patient outcomes in a timely manner, with accurate information</li><li>• Patients should have access to multidisciplinary teams, including allied health professions</li></ul>

# PCC: Respiratory Care

- Patients living with chronic respiratory and/or lung conditions may find that digital health technology supports them with a PCC approach
  - Facilitates expanded communication modalities
  - Allows information to be shared among specialists, patient, and care team
  - Telehealth provides increased access to clinical staff and has been shown to increase specialty care for lung disease (Wong & Danoff, 2021)
  - Access to virtual educational conferences has been shown to increase survival in some patients with chronic lung disease

# PCC: Respiratory Care

- PCC, as seen in other specialties addressing other organs and chronic illness, is reliant on communication that is directly correlated to the following when addressing patients with respiratory illness

(Wong & Danoff, 2021)

- Increased patient satisfaction
- Increased compliance with treatment due to:
  - Understanding
  - Recall
  - Adherence
- Increase in care delivery that is respectful and compassionate
  - Culturally competent
  - Acknowledges background
  - Delivered with empathy

# PCC: Respiratory Care

- PCC, as seen in other specialties addressing other organs and chronic illness, is reliant on communication that is directly correlated to the following when addressing patients with respiratory illness

(Wong & Danoff, 2021) (*continued*)

- Empowered patients
  - Improves patient safety
  - Better outcomes
  - Improved quality of care

# PCC: Respiratory Care

- Patient engagement and responsiveness is needed to manage chronic lung disease
  - Shared decision making impacts treatment plan, involving (Wong & Danoff < 2021):
    - Team talk
    - Option talk
    - Decision talk
  - All of these talks and communication involve the patient, family, and care team

# PCC: Respiratory Care

- Diagnosis and treatment for lung disease and respiratory illnesses can be complex and may include frequent misdiagnoses (Wong & Danoff, 2021)
  - Process can be time consuming and overwhelming
  - Patients may be reliant on caregivers
  - Patients and caregivers may not know what information they need
  - Medication management can be complex, as can follow-up

# PCC: Respiratory Care

- Diagnosis and treatment for lung disease and respiratory illnesses can be complex and may include frequent misdiagnoses (Wong & Danoff, 2021) (*continued*)
  - Online portals may be unfamiliar but may create a framework for disease management and communication
    - Manage appointments
    - EMR
    - Appointments
    - Text results
    - Shared information
    - Medication refills
    - Notes

# PCC: Respiratory Care

PCC in lung disease may identify indicators of disease development and therefore support lifestyle changes that may prevent symptoms and further damage (Mitzel et al., 2022)

# PCC: Respiratory Care

- According to Wong and Danoff (2021), a PCC measurement includes access to care and use of patient-reported outcomes (PROs)
  - Patients report their perceived health status
  - Response to diagnostic procedures
  - Availability of health resources
  - Information is used to ensure healthcare priorities are in alignment with patient needs
- PROs are important to show patient engagement and improve compliance and outcomes (Mitzel et al., 2022)

# PCC: Dementia Care

# PCC: Dementia Care

- Cognitive impairment is typically age-related symptoms that can present with changes in memory, cognitive functioning, processing, and impaired speech (Lee et al., 2020)
  - Hallmark symptoms of dementia
  - More than 90% of persons with dementia experience behavioral and psychological symptoms
  - The changes brought on by dementia can impact family members and caregiver well-being
  - PCC is recommended to ensure that proper care and treatment are available to support both the patient and the family

# PCC: Dementia Care

- According to Lee et al. (2020):
  - The Center for Medicare and Medicaid Services (CMS) requires that patient's desire for long-term care is noted in their assessment in EMR
  - Comprehensive PCC is now considered standard of care for dementia care
    - Respecting patients in a dignified and humane manner
    - Patients should expect respect and autonomy
    - Providers must recognize that despite cognitive impairment, patients still have psychological needs, including a sense of safety

# PCC: Dementia Care

- When addressing patients with Alzheimer's disease and related dementias (ADRD), patient-centered care has been applied to specific interventions in an attempt to identify patient preferences, if unknown (Lee et al., 2020)
  - Music therapy
  - Cognitive therapy
  - Reminiscence therapy
  - Multisensory stimulation
- The above interventions integrate various types of communication that allow for expression, emotional release, connection, and meaning, while providing cognitive stimulation

# PCC: Dementia Care

- Application of the interventions conducted as a part of PCC had some of the following outcomes for dementia patients (Lee et al., 2020)
  - Music and reminiscence therapies had a positive impact on Mini Mental State Exam (MMSE) scores, improving cognitive function for participants living with dementia
  - Music and reminiscence therapies also helped reduce rates of depression in dementia patients
  - Cognitive therapy and multisensory stimulation did not appear to have significant impact on depression

# PCC: Dementia Care

- Lee et al. (2020) recommend that healthcare providers working with persons with dementia integrate PCC in all treatment plans
- Communicating with a person with dementia must be done based on each patient's ability, comfort, state of mind, and support to determine their preferences and needs; additionally, there is supporting data that cognition can be improved when the appropriate intervention is conducted
- There is no cure for dementia and while there are pharmacological treatments for early stages, nonpharmacological treatments and healthy living should be explored to provide evidence-based interventions

# **PCC: Virtual Healthcare**

# PCC: Virtual Healthcare

- Telehealth, or virtual care, in many aspects of healthcare is becoming a meaningful care delivery service
- Zhang et al. (2022) share that 8 operational aspects have been identified to support an effective PC-driven telemedicine platform
  - Staff infrastructure solely for virtual care
  - Collaborative partnerships to coordinate care and seamless process
  - Standardized systems managing the platform
  - Refined operational policies and procedures
  - Data analytics
  - Healthcare practice partnerships
  - Performance reporting and quality assurance
  - Provider training

# PCC: Virtual Healthcare

- PCC delivery is in sync with patient satisfaction surveys pertaining to virtual healthcare visits that found (Zhang et al., 2022):
  - Patient advocacy and education yielded patient loyalty
  - Provision of step-by-step guide for utilization by a scheduler
  - Scheduling team provision of one-on-one support to patients for:
    - Using technology
    - Transparent cost information
    - Setting patient expectations for visit
    - Appointment reminders
    - Available for questions
  - Most patients felt their needs were met

# PCC: Virtual Healthcare

- Patients were reassured that in-person visits could be arranged if necessary
- Virtual care visits are reliant on communication; for example, with the Mayo Clinic telephone-based system (Zhang et al., 2022) for triage:
  - Patients would call in and wait for a triage nurse, if virtual appointment was appropriate
  - Patient would speak to a scheduler
  - Patient would then speak to another nurse or provider
  - Service was modified to improve patient experience and scheduling process
  - System included a list of questions and prompts regarding symptoms
  - Populated an algorithm determining if virtual visit is appropriate

# PCC: Virtual Healthcare

- Mayo Clinic's founders stated that "patients' needs come first," and their virtual care system developed a framework to support that belief
- According to Zhang et al. (2022), virtual care will continue to expand to meet patients' needs, while addressing quality, cost, access, and patient education and engagement

# PCC: Virtual Healthcare

- Leadership must buy in, training for healthcare professionals must continue, and support for patient preferences must be a priority
  - Fast referrals
  - Access to healthcare professionals
  - Improved patient outcomes
  - Ease of use
  - Available notes and patient information

# PCC: Wrap-Up

# Wrap-Up 1

- Patient-centered care (PCC) is integral to improving the U.S. health system, empowering providers, educating and informing patients, and delivering best practices with improved health outcomes
- Communication is central to achieving the goals of patient-centered care
- Addressing each patient as a person with compassion and empathy is key to building trust that yields patient engagement to manage chronic conditions
- Cultural competent approaches are key to addressing patients and their family with sensitivity, communicating in a manner that meets their needs for understanding
- Patient-centered care involves shared decision making based on preferences; providers must recognize these preferences to deliver the best care

## Wrap-Up 2

- PCC implementation, as per Street (2022), will accomplish the following
  - Respect
  - Patient engagement
  - Coordinated care provision
  - Empathy/compassion
  - Synergistic relationships
  - Communication
  - Shared decision making
  - Assessment and evaluation of care



# **You have completed the course:** Insights and Overview: Patient-Centered Care

Thank you!