

**PATIENT-CENTERED CARE METHODS AND PRACTICES LEADING TO HEALTH
OUTCOMES AND FINANCIAL BENEFITS IN HOSPITAL CARE**

by

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ABSTRACT

The purpose of this paper is to identify health outcomes and financial benefits of Patient-Centered Care methods and practices in hospital care. Patient-Centered Care is a concept that supports the involvement of both patients and their families in the patient's care experience. The public health relevance is that Patient-Centered Care practices and methods are essential in improving health care and positively affecting the health of patients. Patient-Centered Care practices and methods are highlighted to show the versatility of best care practices. Based on evidence, Patient-Centered Care methods and practices are being accepted as a new delivery of care to ensure better health outcomes and secure efficiency and effectiveness of healthcare systems in the United States.

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PREFACE

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DEDICATION

This Master's Essay is lovingly dedicated to my family, Ossie Lowery Jr., Belinda Lowery, and Jerome Lowery. Their support, encouragement, and constant love have sustained me throughout my life. I would also like to dedicate this paper to Alonzo Webb Jr. for his continued encouragement and support.

NOMENCLATURE

Care Continuum

Continuum of care refers to the interrelated and connect range of services needed by a patient.

Preventative services, mental health services, advice, support and assistance with medical needs during a deviation from health **Section 1.3**

Care Giver

Patient and Family Centered Care Methodology and Practice (PFCC M/P) defines a Care Giver as all clinical and non-clinical staff that directly or indirectly touches a patient or their family.

Lean-Drive Model

Used in manufacturing, noted as a production practice that locates value to an end user and trims away all other processes as waste.

Patient Satisfaction

Defined by The Robert Wood Johnson Foundation as a measurement designed to obtain reports or ratings from patients about services received from an organization, hospital, physician or health care provider.

Value-Based Purchasing

The Agency for Health Research and Quality defines Value-Based Purchasing as the bringing together of patient outcomes to examine the cost and quality of care received.

1.0 INTRODUCTION

Patient-Centered Care is a process that supports the involvement of both patients and their families in the patient's care experience. The Institute of Medicine defines Patient-Centered Care as "providing care that is respectful and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions." [1] The American Nurses Association defines Patient-Centered Care as a generally understood approach in which patients and their families are considered integral components of the healthcare decision making and delivery processes. [2] To patients and families, Patient-Centered Care means that care involves their decisions, thought processes, and emotional judgments.

Patient-Centered Care will be reviewed from the past, present, and finally the future looking glass. Chapter One contains a brief overview of Patient-Centered Care. Why healthcare is in need of Patient-Centered Care practices is discussed in Chapter Two. Chapter Three analyzes Patient-Centered Care in its present state. Patient-Centered Care will be reviewed to see how hospitals can benefit from aligning care processes with that of the Patient-Centered Care model. In Chapter Four, outcomes will be identified, and value of Patient-Centered Care will be discussed.

1.1 WHAT IS PATIENT-CENTERED CARE?

The term Patient-Centered Care emerged in the 1960s and was later adopted by The Picker Commonwealth Program (now Picker Institute). With Picker Institute creating an evidence-based scientific approach to develop a practice that could be implemented, Patient-Centered Care went mainstream at the turn of the 21st century. Establishing a partnership with PlaneTree, a membership network was created which allowed for the Patient-Centered Care concept to be spread across North America. [4] Another push came from the Institute of Medicine, in 2001, with *Crossing the Quality Chasm*. The report identified patient centeredness as an essential foundation for quality and patient safety, ultimately changing how care is delivered. [1]

The following scenario provides a clearer understanding of how Patient-Centered Care affects patients and their care. A mother and father are expecting the delivery of their first child. They go to the hospital. Their care experience begins when they reach the hospital's campus. A care experience is defined as a path a patient takes (or a family member takes along with a patient) that involves interactions with many healthcare workers and care units. As the expecting family enters the hospital, they are greeted by hospital staff. The staff notices that the family seems a little unsure of direction so a staff person gives the family information about how to get to the labor and delivery unit of the hospital. Upon arrival to the unit, they are welcomed with smiles and reassurance that they are in the right place. The family thinks that this is nice and reassuring that they can put their total trust in the hospital staff to have a great delivery. A nurse checks the family into a luxurious room that to the eye does not seem like a hospital room. The family is impressed. They are even more impressed when the nurse reviews information about the room because they will not have to move to another room for the delivery. Upon leaving the nurse tells the family which clinician will visit them next and that this is the greatest hospital to

be in to have children. The nurse checks on the family every hour and anticipates their every desire. The nurse frequently asks if they need or want anything.

The doctor visits the family and says that she has coordinated their care with the nurse so that the family does not have to answer the same questions over and over again. The doctor is very personable. The doctor asks the family if they have any special requests and tries to accommodate their wishes. When it is time for the delivery all the clinicians involved treat the family with respect and keep them informed of all medical processes and medicine involved. Delivery is a success, and a healthy baby is the result. This is a joyous experience for the new parents and the clinicians share in the experience. The room is cleaned beyond the expectations of the family. Fresh linens are provided. Before the clinicians leave the patient room they summarize what occurred and provide accurate information of what processes are next for the family. The family is overcome with joy and thanks everyone involved.

Patient-Centered Care can be found in hospitals and works to keep patients involved in their care. In the previous scenario, doctors kept the patients informed about every aspect of their care. This exemplifies what Patient-Centered Care is about, improving the care that patients receive by involving them in every aspect of their care. Patient-Centered Care should be implemented in hospitals because it allows for patient engagement, coordinated care, and accountable care which leads to better health outcomes by encouraging and aiding patients in managing their health. [3]

1.2 PERSPECTIVES ON PATIENT-CENTERED CARE

There are many perspectives about Patient-Centered Care. Donald Berwick, former Administrator of Centers for Medicare and Medicaid Services (CMS) and President and CEO of the Institute for Healthcare Improvement (IHI), defines Patient-Centered Care as “the experience

of transparency, individuation, recognition, respect, dignity, and choice in all matters without exception, related to one's person, circumstances, and relationships in Healthcare." [5 pg.560]

Tanya McCance and colleagues see Patient-Centered Care as a complex and multidimensional concept. McCance and colleagues, authors of "An Exploration of Person-Centeredness in Practice," describe it as a concept that will change nursing competencies to better engage both the patient and nurse and yield better outcomes. [6]

Healthcare foundations and entities also have views on Patient-Centered Care. The Patient-Centered Care Improvement Guide, a practical resource that was created by Planetree contains best practices and practical implementation tools for healthcare organizations that are striving to become more patient-centered, refers to Patient-Centered Care as the act of organizing the delivery of health care around the needs of the patient. [4] The Patient-Centered Care Improvement Guide notes that this concept is often misunderstood and even harder to implement in health care because of many complex systems. [4] Picker Institute, a world leader focusing on how to measure patient experience by improving healthcare practices to include the patient's perspective, through the patient's eyes. [4] Picker Institute offers grants for healthcare institutes, hospitals, and organizations that have evidence-based practices to improve patient's quality of care through patient-centered practices. [4] Picker Institute created "Eight Picker Principles of Patient-Centered Care" that help guide Healthcare systems as they reorganize models of care to put the patient at the center. The principles are as follows:

1. Respect for patients' values, preferences and expressed needs;
2. Coordination and integration of care;
3. Information, communication and education;
4. Physical comfort;

5. Emotional support and alleviation of fear and anxiety;
6. Involvement of family and friends;
7. Transition and continuity; and
8. Access to Care. [4]

There are numerous books about Patient-Centered Care. One noted book, *Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care*, is sponsored by the Picker/Commonwealth Program for Patient-Centered Care. [7] In this comprehensive, research-based look at the experiences and needs of patients, the authors explore models of care that can make hospitalization more humane. *Through the Patient's Eyes: Understanding and Promoting Patient-Centered Care* provides insight into why some hospitals are more patient-centered than others; how physicians can become more involved in patient-centered quality efforts; and, how patient-centered quality can be integrated into health care policy, standards, and regulations. The authors bring the patient's perspective to the design and delivery of health services so that providers can improve their ability to meet patient's needs and enhance the quality of care. [7]

All of the aforementioned perspectives on Patient-Centered Care are meant to set the stage for effectively implementing Patient-Centered Care. By getting a perspective on how healthcare workers view Patient-Centered Care one is better able to understand how the concept has been adapted to different models of care and areas of healthcare. Now that Patient-Centered Care has been introduced, the following section will address common misconceptions of Patient-Centered Care.

1.3 MYTHS ABOUT PATIENT-CENTERED CARE

There are many misconceptions about Patient-Centered Care, and this section addresses them. The first misconception about Patient-Centered Care is that practices are too expensive. This is false because Patient-Centered Care practices are recognized as being lean-driven models that cut cost and make systems more efficient. [4] Patient-Centered Care practices do not increase operating cost. In fact, Patient-Centered Care practices do not require new investments in technology to implement. [8] Patient-Centered Care is more about enhancing interaction, increasing coordination of care, and building trust than creating cost. [9]

The second misconception is a hospital can become more patient-centered by adopting models used by boutique hotels, such as having greeters and making a place greener or full of gadgetry. [4] Although making some aesthetic changes may increase patient satisfaction, they will not emphasize Patient-Centered Care. Changes that are made to create an effective Patient-Centered Care model of practice require a system-wide change. The focus must remain on ensuring that patients' needs are met while involving them in every aspect of their care. [10] For example, Patient-Centered Care might make some changes such as the implementation of an electronic health records or better integration of a transfer process from one unit in the hospital to another. [4] Another system change that has proven to be beneficial is shifting responsibilities from clinicians to hospital staff. This change allows for more availability of time for patients with clinicians. [10]

The third misconception about Patient-Centered Care is that it is a nurse's responsibility to practice. Providing Patient-Centered Care is everyone's responsibility. Clinicians are responsible to help create a patient-centered environment also. [11] In order for a patient to be fully engaged in her care Patient-Centered Care must start from the top executive and work its

way down to the front line staff. [4,6] For example, taking a look at Patient and Family Centered Care Methodology and Practice, which contains the message and culture of Patient-Centered Care at UPMC (Healthcare System in Pittsburgh, PA), a culture of Patient-Centered Care is established by the valet attendant to the president of the hospital. The rationale behind the practice is that when a patient or their family enters the hospital each person they come into contact with is a Care Giver and can have a good or a bad effect on their care experience. [12]

1.4 WHERE IS PATIENT-CENTERED CARE BEING UTILIZED?

Patient-Centered Care is primarily being implemented in hospital systems. The reason for this is that Patient-Centered Care is an evaluation tool for hospitals. [4] Patient satisfaction, patient safety, and care integration can be evaluated with Patient-Centered Care practices and methods. This stems from the recent change in delivery of care due to a recent Centers for Medicare and Medicaid Services policy for Value-Based Purchasing (described in the Nomenclature section). [13, 14]

The next chapter discusses why there was a change in health care from the past operating system of care to the present models of care that include Patient-Centered Care. Patient-Centered Care practices are reviewed to see how evidence can help support the concept of care. The Centers for Medicare and Medicaid Services policy is also used to support the Patient-Centered Care practices.

2.0 THE CHANGE IN HEALTHCARE DELIVERY

The change in health care from a disease-centered model to a Patient-Centered Care model is a result of the healthcare industry moving to a culture of quality and coordinated care. After the Institute of Medicine published *Crossing the Quality Chasm*, the healthcare industry needed to understand the care continuum that patients travel on their road to wellness. [1, 15] Knowing what a patient experiences is the key to changing health care. Patient-Centered Care is a concept that is helping health care workers understand how to change healthcare for the betterment of patients. [15]

2.1 WHY IS THE CHANGE TO PATIENT-CENTERED CARE IS NECESSARY?

Patient-Centered Care helps caregivers understand the need to make changes to the process to improve care models to add value to the care on the behalf of the patient. However, listening to patient considerations and getting their perspective on care delivery changes is easier said than accomplished. One problem that most hospitals have is how to implement practices that will actively include patients and their families in their care. [15, 16] More importantly, how is the hospital supposed to increase patient satisfaction with Patient-Centered Care practices? One way that researchers tried to look at satisfaction was by measuring care interactions between patients

and caregivers. This was an attempt to start developing a metric system that could be used to detect areas for improvement. [4, 16]

The problem with the early practice was that it was not standardized and was hard to evaluate. Hospitals would ask different questions which would generate an open ended response. [15] For example, under the old system a question would be asked, “Were you satisfied with your visit to see Dr. Williams?” This question is hard to collect answers that are comparable to explanations of others. [16, 17]

In 1995, the federal government began to develop new approaches for quality in health care. The new practice of surveying was led by the Agency for Healthcare Research and Quality (AHQR). The new system created a question bank that would be easier to interpret. Under the new system, one question asked is, “Were you told about the purpose of your medication?” This question will draw a yes or no response. The yes and no answers can then be placed into categories and data sets can be created. [18 - 20]

The AHQR also developed surveys that would gather information from all kinds of people, including disabled, non-English as a first language speaking persons, and patients receiving services at home. Surveys can be accessed by anyone and are accompanied by technical support. AHQR encourages hospitals to use the surveys to be pro-active about patient satisfaction. [18, 19] Many other federal agencies implement surveys to encourage patient safety and patient satisfaction. One federal agency that is important to mention is the Center for Medicare and Medicaid Services (CMS). The CMS has implemented Hospital Consumer Assessment of Healthcare Providers and Systems (HCAPHS) surveys to improve hospital care. [15, 21]

2.2 PATIENT-CENTERED CARE, HCAPHS, AND VALUE-BASED PURCHASING

According to the CMS, the HCAPHS (pronounced H-caps) survey was the first comprehensive publicly reported survey of patient's perspective on hospital care. [21] The surveys are designed for hospitals to conform to a national standard for collecting and publicly reporting information about patient experience. [21] There are three goals that are achieved by the CMS with HCAPHS surveys. First, surveys produce data about patients' perspectives of care that allow objective and meaningful comparisons of hospitals on topics that are important to consumers. [21] Second, surveys allow public reporting of patient's care which will create new incentives for hospitals to improve quality of care. [21] Third, public reporting of the surveys serves to enhance accountability in health care by increasing transparency of the quality of hospital care provided in return for public investment. [21] The link between Patient-Centered Care, HCAPHS, and Value-Based Purchasing is that due to the CMS regulating value of care and performance, hospitals' scores on the HCAPHS survey will affect reimbursement rates from the CMS. Patient-Centered Care ties the latter two together because as hospitals begin to focus on making changes that will affect patients' needs their performance on national surveys will increase. [22]

This is the third year of the CMS Hospital Value-Based Purchasing, which applies to hospitals paid under the Inpatient Prospective Payment System (IPPS). The IPPS system is based on performance standards met by a hospital and patients surveyed. [21] To improve on the HCAPHS survey the CMS has added five additional categories. Questions will reflect care experiences in transition to post-hospital care, mental and emotional health, and admission from the Emergency Department. CMS is currently looking for ways to improve reporting involving non-English as primary language patients as well. [21]

2.3 WHAT HOSPITALS SHOULD DO WITH DATA COLLECTED?

Data collected from the government, from HCAPHS, and private healthcare firms, and Press Ganey surveys (i.e., patient satisfaction surveys), are used to measure a hospital's performance compared to the standard of Patient-Centered Care referenced by Institute of Medicine. [1, 21] Survey results are currently the only way used to evaluate hospitals. Data will show each hospital where efforts need to be directed to better serve the need of their patients. Quantitative data are most often collected through surveys collection but there are forms of qualitative data as well. One form of qualitative data is Hot Comments provided by Press Ganey services. Hot comments are short notes that patients provide as a result of their care experience during their stay in a hospital. These comments are helpful because they provide feedback on where improvement needs to happen specific to a unit in a hospital. [21]

In the next chapter, Patient-Centered Care is evaluated in its current state. Skills and abilities that are needed for Patient-Centered Care are explained. Current Patient-Centered Care practices are identified as well.

3.0 PATIENT-CENTERED CARE IN ITS PRESENT STATE

Currently, providers recognize that using Patient-Centered Care practices will allow them to keep their current consumers and to attract new ones by creating a brand. [23] As a result, the Patient Care Model is becoming increasingly invaluable. Data collected from research studies have shown to decrease the average length of stay, improve patient satisfaction, and implement efficient and effective treatments, which have diminished system costs to Patient-Centered Care practices. [23 - 25] Figures 1 and 2, in Appendix A, show the Patient-Centered Care Model of Care and Shared Decision-Making and Patient-Centered Care Model.

Patients have come to expect a Patient-Centered Care Approach. [24, 28] Requesting Patient-Centered Care of their providers proved that patients were more engaged in their care, increasing their satisfaction, and their health outcomes were better. [16, 24, 28]

Most providers (hospitals) are using Patient-Centered Care practices to increase patient satisfaction. By educating staff and clinicians, hospitals are able to set goals to reach complete patient satisfaction. [24] Goals in patient satisfaction are achieved by addressing and integrating issues that address patient safety, cost, access to care, and disparity in care. [24]

3.1 PATIENT-CENTERED CARE AND COMMUNICATION BETWEEN PHYSICIANS, NURSES, AND PATIENTS

For patient-centeredness to be successful physicians and nurses are being encouraged to develop a set of skills that will allow an atmosphere in which Patient-Centered Care practices can flourish. Communication is a skill that helps Patient-Centered Care practices flow well. [24] The application of this skill is analyzed and compared among physicians, nurses, and patients. [24] In “Patient-Centered Care - A Conceptual Model and Review of the State of the Art,” physicians are asked to examine a patient’s story to adequately diagnosis conditions. Patients’ stories contain “their environment, beliefs, dietary habits, risk factors, and social and psychological function.” [24 pg.17] By listening to the patient a physician can ensure that the patient’s perspective will be considered. [1, 24, 28, 29] Listening to patients’ perspectives may ensure that the right treatment fits their life, environment, and access with any treatment regimens that will be prescribed. [24] Miscommunication involving treatment will be reduced because a patient will have been included in the decision making for a treatment by providing his preferences, abilities, and effect of his environment. [24, 30] Effective communication between patients and physicians had a positive effect on the emotional health of patients which led to better symptom resolution, functional and physiologic status of pain control. [24, 31, 32] Including the patients’ persepectives about treatment has proven to be essential for better outcomes with care. Decision-making is important to Patient-Centered Care because it is one way that signifies if patients are inivolved in their care. [24]

Nurse communication is just as important as physician communication in a model for patient-centeredness. A nurse is a central asset linking a patient and a physician. [24] The nurse must be able to communicate the needs of the patient, humanize the patient to other caregivers,

and because every patient is different the nurse must be able to change the process to fit each patient. It is through interactions with the patient that the nurse can help engage a patient in their care adding to Patient-Centered Care. [24]

In the following section, Patient-Centered Care is reviewed to see its current state. Patient-Centered Care practices are identified in the United States. Patient-Centered Care practices are viewed with the hospitals or organizations model of care.

3.2 CURRENT PATIENT-CENTERED CARE PRACTICES

Patient-Centered Care practices vary across the country. Ranging from Patient-Centered Medical Homes (PCMH) to healthcare organizations that operate within patient-centered models of care, each has its own benefit for patients. As previously mentioned, Patient centeredness is more about systems changes than surface or line of sight fixes. [33 - 37]

Patient-Centered Medical Homes (PCMH) deliver core functions of primary care health. For a facility to become a PCMH a set of criteria must be met. A PCMH must be patient-centered, provide comprehensive care and coordinated care, have superb access to care, and maintain a systems-based approach to quality and safety. [33 - 36] Most PCMHs have team-based care models. Clinicians involved in this type of Patient-Centered Care practice use communication of care, involved decision-making, and care coordination to provide continuous care for patients. The model of care is physician-led. [33] Figure 3 in Appendix A shows the Patient Centered Medical Home Model of Care.

Health Information Technology is essential in the PCMH model for most characteristics to be achieved. [33 - 36] Some major attributes of PCMH are that the focus is on whole-person

care, care is coordinated across the healthcare system, and care is team-based. Whole-person care includes the self-management support and looks at a patient's outcome across the Continuum of Care. [31, 32, 38]

The Mayo Clinic has a unique model of care that is directed by set of principles that are influenced by Patient-Centered Care. The principles are a team approach to care, multidisciplinary care coordination, "unhurried" examinations, and the accommodation of multiple appointments. [39] The same principles that laid a foundation for the current model of care reflect a Patient-Care practice that is designed to listen to patients, engage patients, and involve them in all decision-making about their care. With the Mayo Clinic's model of care patients are given autonomy over their care, treated with respect, and provided with the top quality of care. [39]

The Cleveland Clinic has reorganized its model of care to create a distinctive Patient-Centered healthcare system. The Cleveland Clinic's guiding principle of care is, "Patients First." Cleveland Clinic created an executive position to manage patient experience. [40] The Chief Experience Officer oversees the Office of Patient Experience. A non-profit foundation, Association for Patient Experience, was created to support directives ensure that Patient-Centered Care is consistent through all clinical touch points. Cleveland Clinic goes beyond great clinical care to address patients' physical comfort, mental and psychological needs. [40, 41]

The Patient and Family Centered Care (PFCC) is a UPMC corporate resource that implements the how to method to achieve Patient-Centered Care. The scope of Patient and Family Centered Care is wider than that just of the patient; it also considers the family of the patient. [12] The PFCC Methodology and Practice helps hospitals understand how to make patients and caregivers partners in healthcare.

Moving from identifying the current presence of Patient-Centered Care and its practices, value and Patient-Centered Care will be discussed. Patient-Centered Care is an evidence based practice and is supported by research which help to build the case for why Patient-Centered Care practices should be implemented at hospitals nation-wide. Outcomes from Patient-Centered Care practices are also identified.

4.0 THE VALUE OF PATIENT-CENTERED CARE PRACTICES AND OUTCOMES

By focusing on value of care, Patient-Centered Care practices are able to identify areas that need to be improved within a health system, such as poor communication, lack of care coordination, or systematic errors. Improving components that are not functioning well will generate better outcomes and reduce waste. [30] With the attention focused on system components improvements can be made that will generate financial and better health outcomes. The outcomes are what will contribute value to the care received. [30]

Researchers are mapping out pathways that will help better target which Patient-Centered Care behaviors contribute to better health outcomes. In current models, patients may state they liked how their physicians had great listening skills yet their disease progression may be getting worse. [24] The fact that a physician communicates well, shows compassion, keeps the patient engaged in care, and is trustworthy is valuable because those characteristics can be essential to adherence to treatment and self-care. [24, 30] However, if a patient's health does not improve, given that his physician communicated well, creates confusion. Taking a further look at interactions between patients and clinicians will help guide researchers to develop tools to make sure patients' best interests are considered. [31, 32]

Patient-Centered Care seems to relate to ethics and morals, the right thing to do for patients and their families. However, in health care, initiatives are not taken if programs do not have a return on investment. The culture of health care is moving in the direction of value added

to care received, which leads to the question, are Patient-Centered Care practices adding value to health care? The answer is simply, yes. More Patient-Centered Care practices are publishing outcomes yearly of successful health outcomes. [42 - 45] Patient-Centered Care practices are also creating methods that will incentivize hospitals to join, due to performance standards and Value-Based Purchasing set by the CMS. [42]

The next two sections highlight health outcomes and financial outcomes of Patient-Centered Care practices. Health outcomes in this essay refer to the positive improvements in health that are generated as a result of Patient-Centered Care practices changing how care is delivered to patients. As noted in Chapter 3, practices that involve multi-disciplinary care, patient-decision-making, and communication between patients and clinicians are ways that care can be delivered differently.

4.1 HEALTH OUTCOMES

Many study results have proven that patients' health is positively affected by facilities that implement Patient-Centered Care practices. [24, 44, 45] One study concluded that if patients considered that their visit was patient-centered their outcomes were better. The study further produced results that fewer tests and referrals were needed, about 50 percent fewer. Another find of the study was that readmission to hospitals was decreased. [16] Finding a common ground that a patient could understand influenced patient's recovery in another study. [24, 46].

Patient-Centered Care practices have the ability to establish continuity of care which has also helped influence the improvement of health outcomes. Diabetes care, preventative care, and clinical care can be revamped to increase trust in clinical care while diminishing hospitalization

and emergency department visits and reducing hospital length of stay. [47, 48] Another Patient-Centered Care characteristic, patient engagement, has also contributed to improved outcomes while decreasing costs. [24, 49]

Patient-Centered Care focuses on the patient as a whole person and views care from the patient's perspective. Because of this it is important to ask patients what they thought their outcomes were. A study conducted by Stewart et al. showed that if a patient perceived his visit to be patient-centered he had a positive outcome. [16] Flocke et al. reported in a study that higher patient quality, satisfaction, and quality of care were results of Patient-Centered Care practices. [50]

4.2 FINANCIAL OUTCOMES

Implementing Patient-Centered Care practices within hospital systems lowers healthcare and operational costs. [29] There are many studies that support the claim that best practices reduce average length of stay in a hospital and improve patient satisfaction, efficiency and effectiveness of treatments which together lower the cost of care. [23-25, 29] The U.S. Department of Veteran Affairs implemented Patient-Centered Care practice, and reported cost effective measures from piloting the project. When comparing their results to institutional care, the VA found that the Patient-Centered Care practice lowered rates of long-term care needed for patients suffering from old age. [51]

One operational cost for hospitals is the turnover in staff positions. Turnover of staff includes loss of productivity within given a position, interviewing a new person, assessing the role that has been left vacant, training of a new employee, cost to the department, cost of

severance, unemployment benefits (if necessary), marketing of the position, and time duration the position remains open. [52] Retaining talent is important for a healthcare organization to sustain its operations with efficiency. [52]

How can this situation of staff turnovers be rectified? Stamford Hospital, a 305-bed tertiary care center, in Stamford Connecticut, has found a way to apply Patient-Centered Care practices to employee satisfaction. With the help of Press Ganey data on the workplace environment, Stamford Hospital did a study of how to create a workplace environment that would be conducive for employees to continue working. As a result, Stamford Hospital raised its employee satisfaction from the 33rd to the 66th percentile; the hospital was able to use the Patient-Centered Care concept to raise the level of value of the organization, leadership integrity, and employee engagement to create a healthy work environment. [30]

Patient-Centered Care practices have contributed to diminished medical malpractice lawsuits. Ensuring patient safety as well as good health outcomes is a result of Patient-Centered Care practices. [30] A hospital study experienced a decline in malpractice claims in the first nine years of implementing Patient-Centered Care practices which was not attributed with reduced volume of care. By focusing on caregiver communication, patient and family engagement, and the patient's perspective, adverse health effects were reduced and subsequently lowering their malpractice lawsuits. [30] Figure 4 in Appendix A shows the Effects of Patient-Centered Care practices on medical malpractice lawsuits.

Moving forward, Patient-Centered Care acceptance should increase as hospital systems begin to see its advantages. Realizing that care is better coordinated and accountable as a result of Patient-Centered Care practice will attract buy in for adopting the model of care. Patient-

Centered Care needs to be adopted by other health care organizations, such as community health facilities and long-term care facilities.

Patient-Centered Care supports the involvement of both patients and their families in the patient's care experience. After the Institute of Medicine published "*Crossing the Quality Chasm*," the healthcare industry began work on need to understanding the care continuum that patients travel on their road to wellness Patient-Centered Care practices has implications on the healthcare industry. Patient-Centered Care practices have been able to spread by a change in the healthcare industry as government agencies pushed for a culture change from volume of care to valuable care.

Patient-Centered Care practice is more than making aesthetic changes that are pleasing to the eye for patients, it is about making changes to system-wide processes that will integrate care and provide ideal care experiences. So far, Patient-Centered Care practices have been implemented in hospital systems. The concept puts patients at the center of their care and involves patients in decision-making processes that influence their care. These actions lead caregivers to better coordinate care and deliver accountable care.

Patient-Centered Care practices have proven to positively influence a patient's care. Patient-Centered Care practices reduce admission rates, hospital day stays, waste, staff turnover rates, and cut redundancies in care practices. Patient-Centered Care practices also increase patient satisfaction, safety, and trust in hospital staff. In the future, Patient-Centered Care practices can be expected to become more involved in the U.S. healthcare system and in other areas that healthcare touches. Patient-Centered Care is the key to allow patients, their families, and healthcare professionals to become partners in care. [53]

APPENDIX: FIGURES

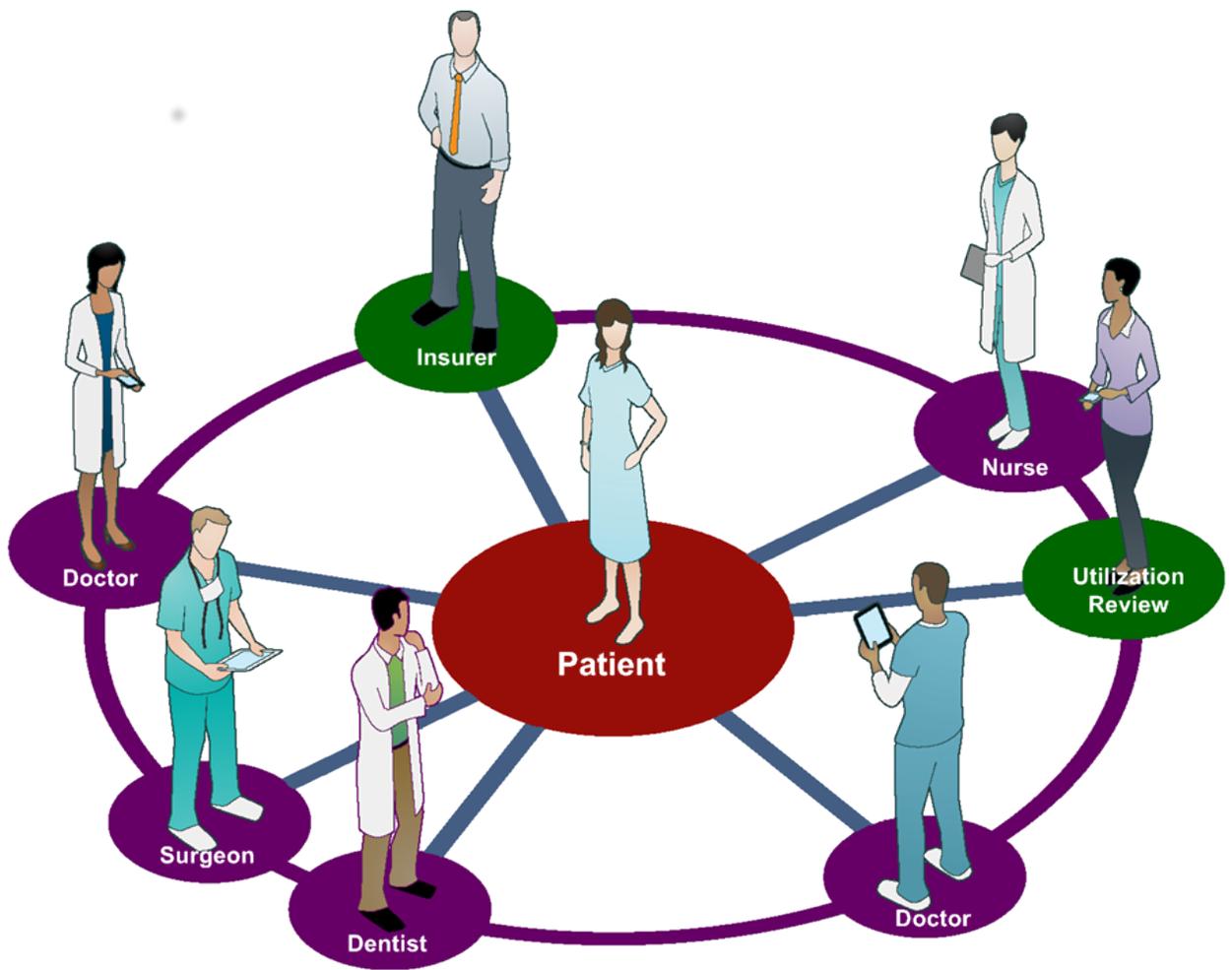


Figure 1. Patient-Centered Care Model [26]

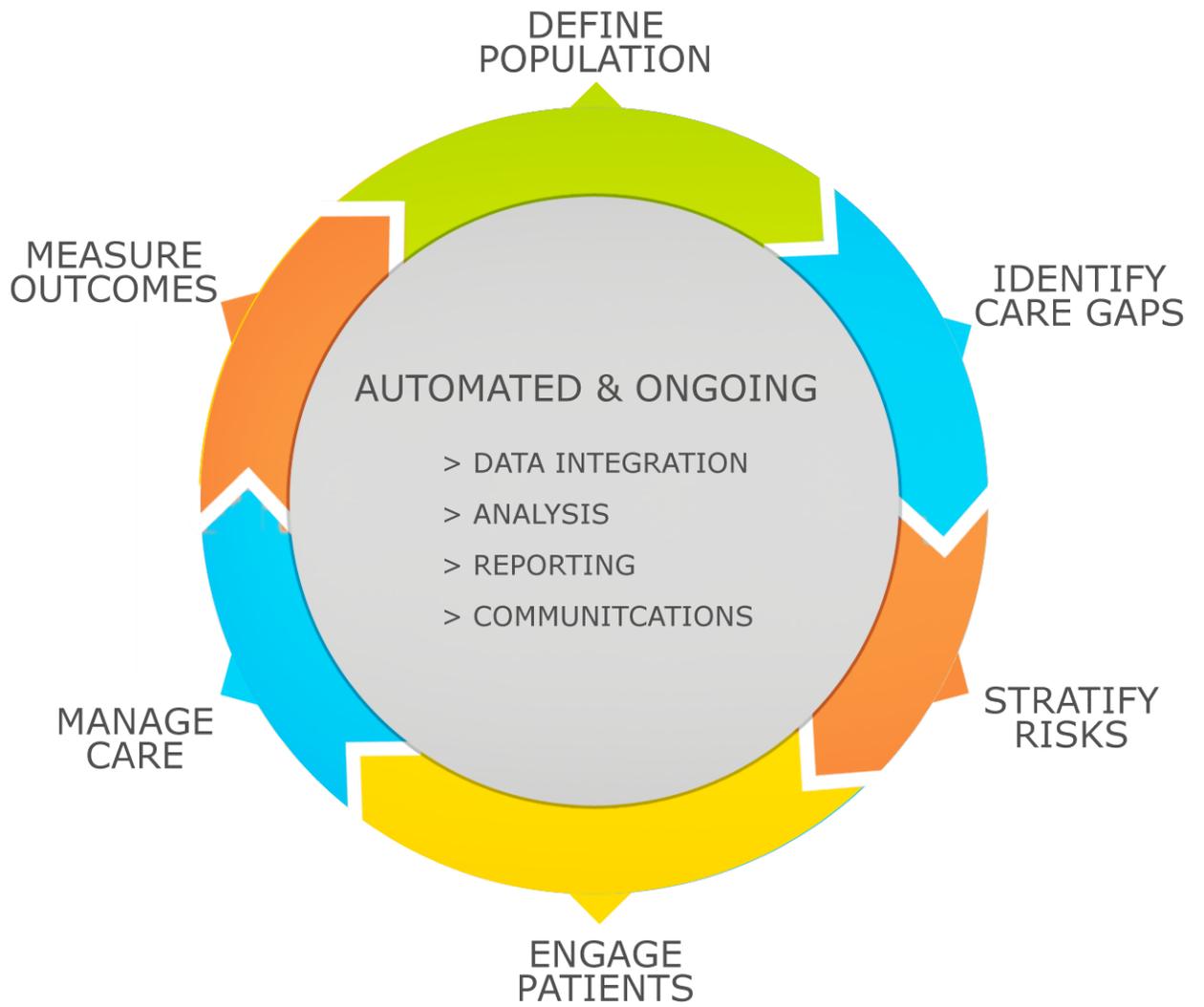


Figure 2. Shared Decision-Making and Patient-Centered Care Model [27]



Figure 3. Patient-Centered Medical Home Model of Care [33]

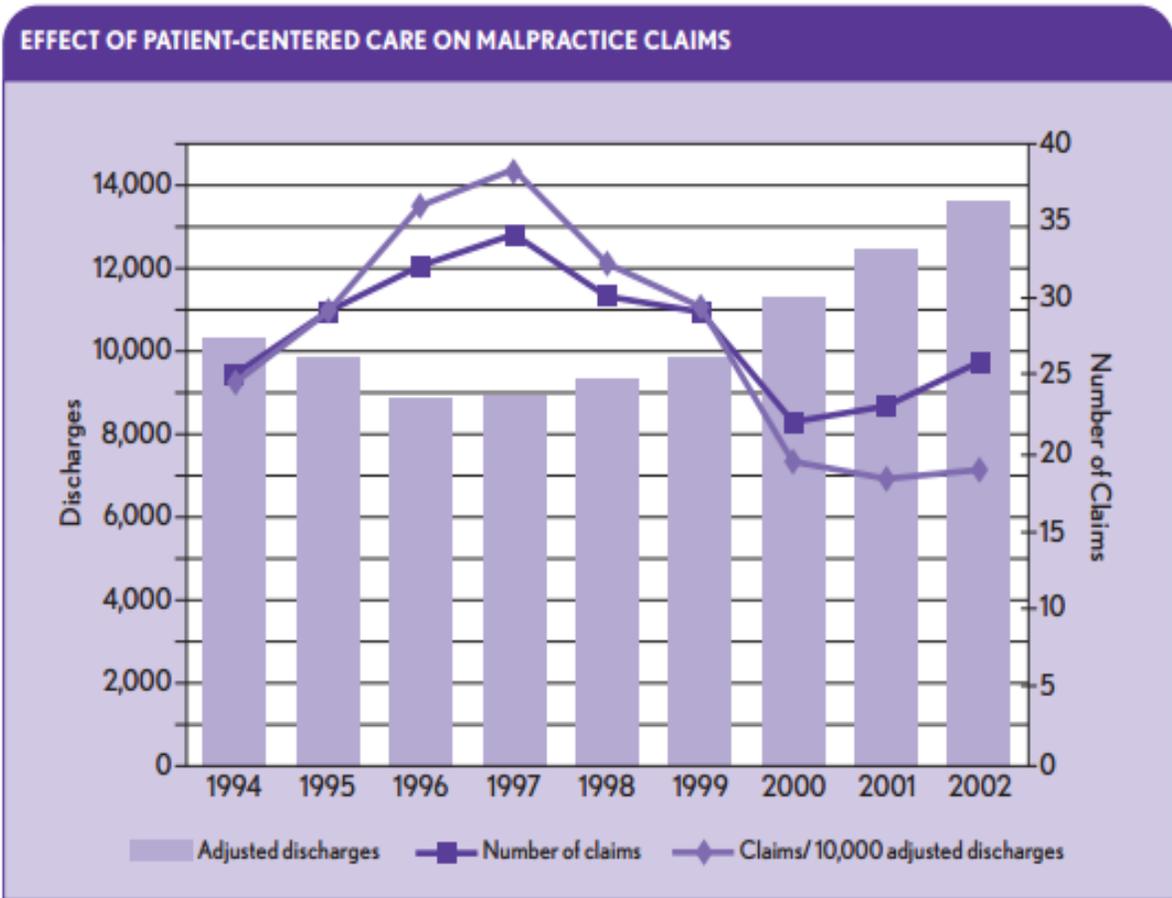


Figure 4. The Effect of Patient-Centered Care on Medical Malpractice Claims [30]

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