Patient centered care

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Objects :

- Definitions
- Aspects of person-centered care
- HISTORY
- The underlying philosophy is
- SUBTHEMES OF PCC
- Importance among older adults
- PCC models

Hippocrates said :

'it is more important
to know
what sort of *person has a disease* than
to know
what sort of *disease a person has*'.
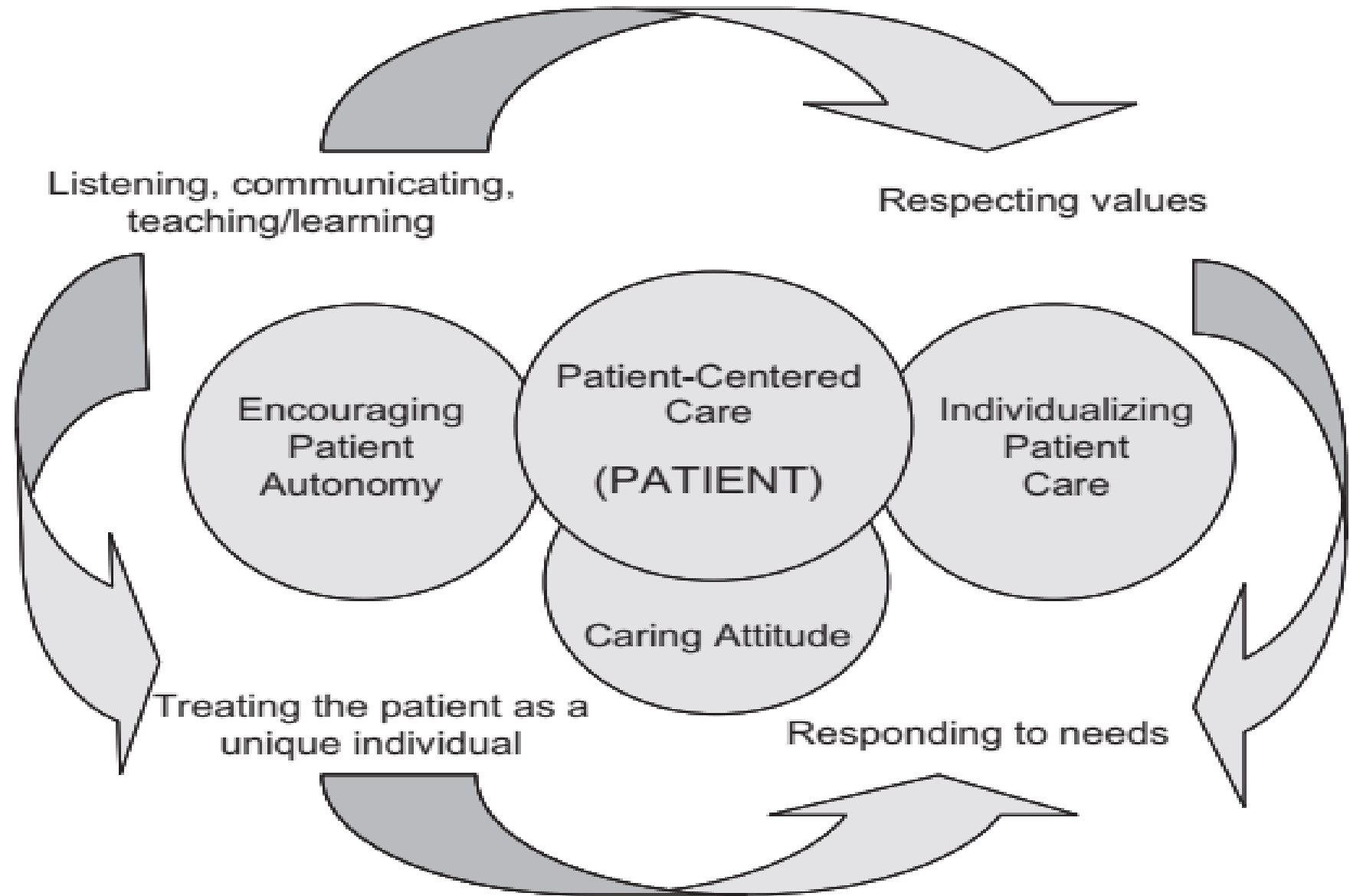
Person centered care (PCC)

- is a phrase used by healthcare professionals to describe a quality of interactions between patients and healthcare workers that ultimately affect patient outcomes

- PCC is one of the improvement aims to enhance quality of care in healthcare systems

- A patient-centered care model encourages active collaboration and shared decision-making between patients, families, caregivers and providers

PCC   DEFINITION

- PCC is an approach to the planning, delivery, and evaluation of health care

- is grounded in mutually beneficial partnerships among health care providers, patients, and families.

- It redefines the relationships in health care by placing an emphasis on collaborating with people of all ages, at all levels of care, and in all health care settings.

- In PCC, patients and families define how they will participate in care and decision-making.

- A key goal is to promote the health and well-being of individuals and families and to maintain their control.

The underlying philosophy is :

- *is working "with" patients and families, rather than just Doing "to" or "for" them.*
- The traditional clinician-centered or disease-focused medical model is being changed to one in which care is customized to each person
- the concept is increasingly being advocated and incorporated into the training of health care providers
- World Health Organization recently calling for a 'fundamental paradigm shift' in strategy and delivery in accordance with its principle

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SUBTHEMES OF PCC

- **Person centered care**

- **Patient centered care**

- **Family centered care**

- **Individualized care**

- **user-centred,**

- **individualized or personalized care**

- **"patient-centered care," "person-directed care," and "person-focused care"**

- **word *person* in PCC is used interchangeably with patient, client, and resident**

- **the concept lacks a single, agreed-upon definition, and its meaning is often implied rather than explicitly stated**

HISTORY

- **Florence Nightingale**
- **Carl Rogers, an American psychologist, created the notion of person-centeredness in the early 1940s**
- ***patient-centered medicine* was coined by Balint in the 1960s, who proposed how physicians should interact with their patients**
- **The Picker-Commonwealth Program for PatientCentered Care began in 1987 to promote the movement of patient-centeredness into a comprehensive health care system in the US**

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Person-centered care

- is not just about giving people whatever they want or providing information.
- It is about considering people's desires, values, family situations, social circumstances and lifestyles;
- working together to develop appropriate,
- thinking about things from the person's point of view and being respectful
- through sharing decisions with patients and helping people manage their health

Importance among older adults :

- **Because older adults are more likely than younger individuals to have complex care needs that affect daily living, this population is a priority target group to receive and benefit from PCC**

- **medical care in the current system does not adequately account for the individual preferences and diverse needs of older adults with chronic illnesses and functional limitations**

- **increasing the risk of fragmented care relationships**

- **preferences for autonomy and engagement in decision-making vary between crosss ections of younger and older adults**

- **Older people often have multiple care needs with complex health conditions, making them an ideal group to benefit from PCC**

Notice :

- models of PCC have been successfully translated into practice for older adults in long-term care services,

- dementia care

- , hospital - home transitional care,

- and care for the seriously ill (palliative care and hospice),

- there is a tremendous gap in practice and need for PCC practices in outpatient care,

- especially in home- and community-based services.

aspects of person-centered care

- respecting people's values and putting people at the centre of care
- taking into account people's preferences and expressed needs
- coordinating and integrating care
- working together to make sure there is good communication, information and education
- making sure people are physically comfortable and safe\
- emotional support
- involving family and friends
- making sure there is continuity between and within services
- making sure people have access to appropriate care when they need it

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Table 2. Published Principles and Values of Person-Centered Care

Principles and Values	Arena	Saturation Level	Citations, n (%)
Holistic, whole-person care	C, D, N	High	6 (75)[6,42–46]
Respect and value	C, D, N	High	6 (75)[6,42–46]
Choice	C, D, N	Medium	4 (50)[6,44–46]
Dignity	C, D, N	Medium	4 (50)[6,44–46]
Self-determination	C, D, N	Medium	4 (50)[6,44–46]
Purposeful living, encouragement of continued social roles	C, D	Medium	4 (50)[6,44–46]
Individualized model, individualized care	C, D, N	Medium	3 (38)[6,44,59]
Facilitating enriched relationships	C, D	Medium	3 (38)[6,48,52]
Autonomy	C, N	Medium	3 (38)[6,44,46]
Knowing the person, understand their experiences and perspective	C, D	Medium	3 (38)[6,42,43]
Create a positive social environment, care environment	D, N	Low	2 (25)[42,43]
Biographical, cultural, social aspects of the person	C	Low	2 (25)[6,59]
Regard all individuals with dementia as complete individuals	D	Low	2 (25)[42,43]
Psychological, social, cultural complexities	C	Low	1 (13)[59]
Shared experience and empathy within care interactions	D	Low	1 (13)[42]
Recognition of personhood	D	Low	1 (13)[60]

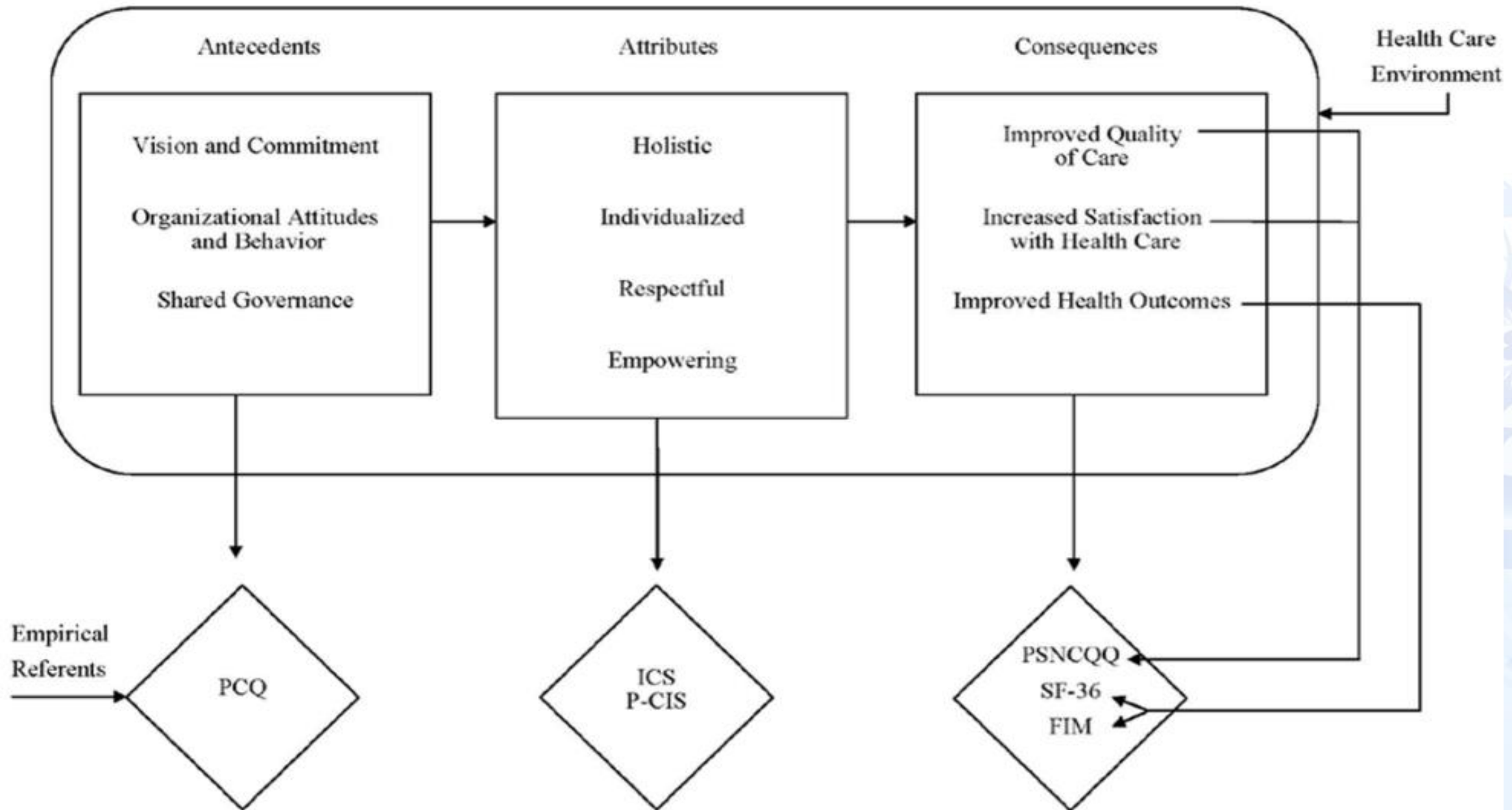## Table 3. Common Elements of Person-Centered Care

Elements and Characteristics	Saturation Level	Citations, n (%)
Care is coordinated, integrated across the health system, medical and supportive services	High	3 (60)[34,47,48]
Focus on defined population, targeted	High	3 (60)[34,47,48]
Team-based, multidisciplinary	High	3 (60)[34,47,48]
Connections between medical care and supportive services	High	3 (60)[34,47,48]
Emphasis on the patient and family experience as critical outcome, involvement of family and friends	High	3 (60)[34,47,48]
Access to care	Medium	2 (40)[47,48]
Continuity of care (culture and language), communication customized to population	Medium	2 (40)[47,49]
Patient and family education, support self-care	Medium	2 (40)[47,48]
Care coordination and transitions	Medium	2 (40)[47,48]
Performance measurement and quality improvement, use of data and measurement	Medium	2 (40)[47,49]
Electronic health records	Low	1 (20)[47]
Structured care processes	Low	1 (20)[34]
Focus on home and community-based care	Low	1 (20)[34]
Population health management: comprehensive health assessment and evidence-based decision support	Low	1 (20)[47]
Individualized care, care plan, care management	Low	1 (20)[47]
Respect for patient values, preferences, expressed needs	Low	1 (20)[48]
Physical comfort	Low	1 (20)[48]
Emotional support and alleviation of fear and anxiety	Low	1 (20)[48]
Customized and personalized care	Low	1 (20)[49]

Out come of PCC

- **improve the quality of the services available**
- **help people get the care they need when they need it**
- **help people be more active in looking after themselves**
- **reduce some of the pressure on health and social services**

Empowers Recipient of Care

Improves Quality of Life

Promotes Respect

Person-Centered Care

Honors Choice

Supports Independence

Promotes Positive Well-Being

Antecedents	Attributes	Consequences	Health Care Environment

Antecedents
- Vision and Commitment
- Organizational Attitudes and Behavior
- Shared Governance

Attributes
- Holistic
- Individualized
- Respectful
- Empowering

Consequences
- Improved Quality of Care
- Increased Satisfaction with Health Care
- Improved Health Outcomes

Empirical Referents

PCQ

ICS
P-CIS

PSNCQQ
SF-36
FIM

Table 1. Instruments Used to Measure PCC

Instrument	Author	Concept Elements	Description of Instrument
Person-Centered Climate Questionnaire (PCQ)	Edvardsson, Koch, and Nay (2009)	Antecedent	17-item instrument used to measure the extent to which the climate (ambiance, culture, and safety) of the inpatient setting is person-centered
Individualized Care Scale (ICS)	Suhonen, Leino-Kilpi, and Välimäki (2005)	PCC	40-item instrument used to measure how nursing interventions support a patient's individual characteristics, personal life situation, and decisional control over care during a hospital stay
Patient-Centered Inpatient Scale (P-CIS)	Coyle and Williams (2001)	PCC	20-item instrument developed to capture the client's experience of "personal identity threat" in the health care setting
Patient Satisfaction with Nursing Care Quality Questionnaire (PSNCQQ)	Laschinger, Hall, Pedersen, and Almost (2005)	Consequences	19-item instrument designed to measure satisfaction with the quality of nursing care
Short Form-36 (SF-36)	Gandek, Sinclair, Kosinski, and Ware (2004)	Consequences	36-item survey that measures eight domains of health that fall into two categories (physical health and mental health): physical functioning, role limitation due to physical health, bodily pain, general health perceptions, vitality, social functioning, role limitations due to emotional problems, and mental health
Functional Independence Measurement (FIM)	Unsworth (2001)	Consequences	10-item scale used by the staff to measure independent performance in self-care, sphincter control, transfers, locomotion, communication, and social cognition at admission and discharge

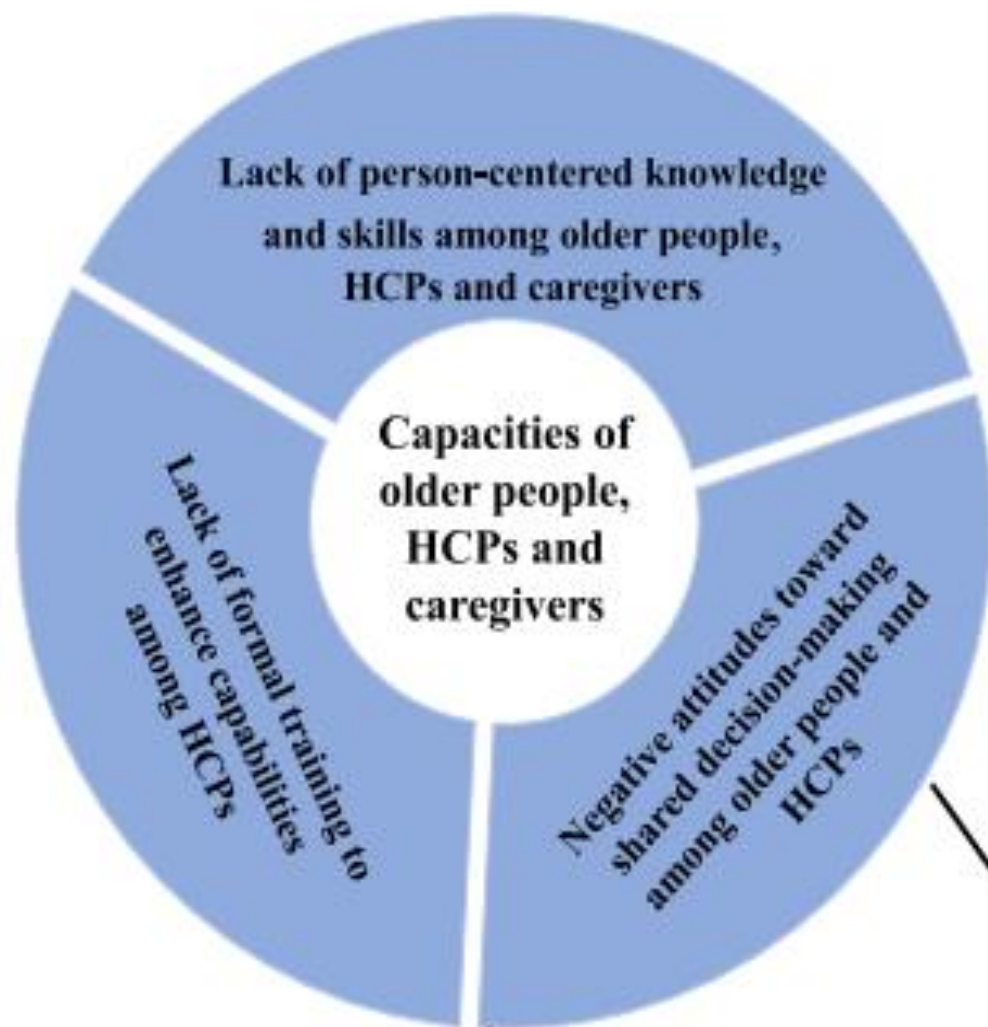fppt.com

Table 1. Existing Person-Centered Care Measurement Tools

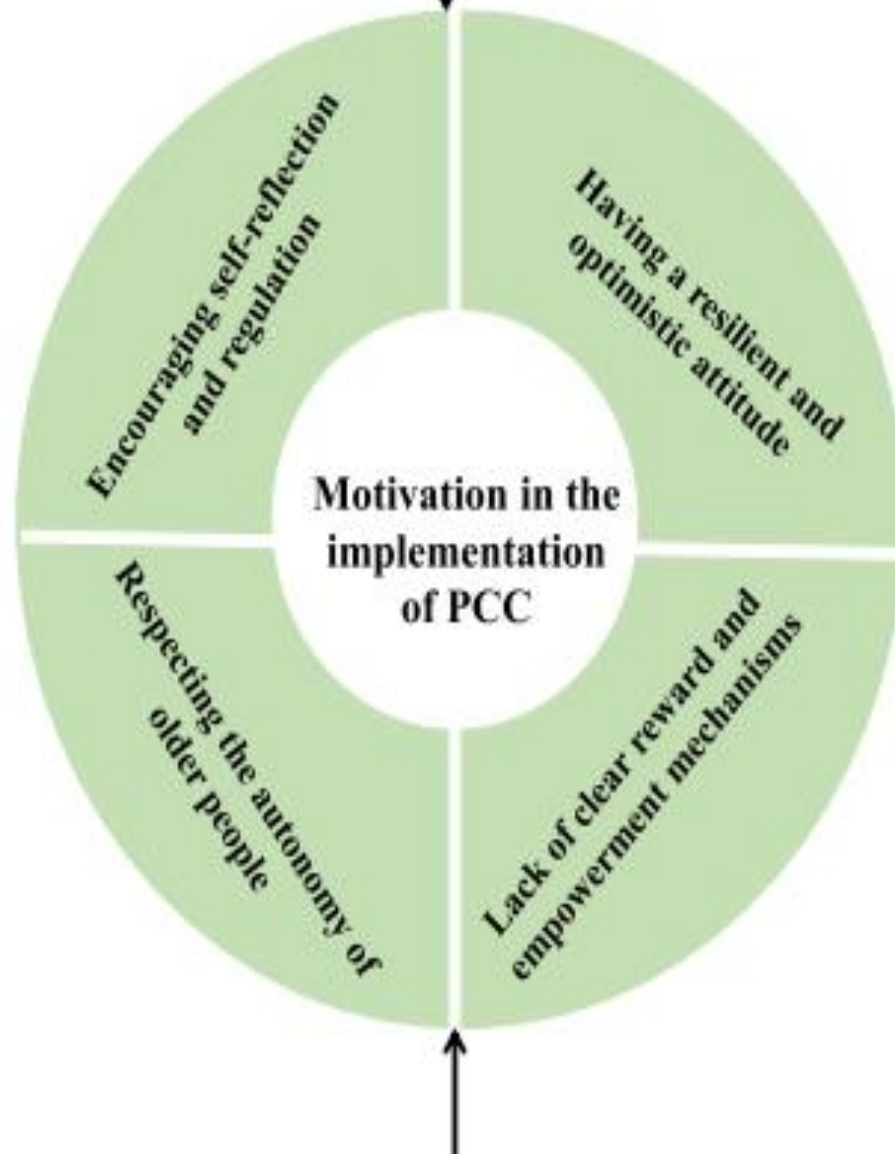| Tool (Acronym)	Target	Items No.	Completed By	Reference
Dementia Care Mapping (DCM)	Dementia care	46	Proxy or observer	Kitwood, 1997; Brooker and Sur, 2005
Person-Directed Care Measure (PDC)	Long-term care	50	Staff	White et al., 2008
Person-Centered Care Assessment Tool (P-CAT)[a]	Long-term care	13	Staff	Edvardsson et al., 2010
Measures of Individualized Care (3 tools)	Long-term care	13	Staff	Chapell et al., 2007
		15		
		18		
Person-Centered Climate Questionnaire-Patient (PCQ-P)[a]	Long-term care	17	Patient	Edvardsson, Koch and Nay, 2010
Person-Centered Climate Questionnaire-Staff (PCQ-S)[a]	Long-term care	14	Staff	
Person-Centered Inpatient Scale (P-CIS)	Acute inpatient	20	Patient or family	Coyle and Williams, 2001
Client-Centered Care Questionnaire (CCCQ)	In-home care	15	Patient or family	DeWitte et al., 2006
Family Involvement in Care (2 tools)	Long-term care	20	Family	Reid et al., 2007
		18		
Person-Centered Care of Older People with Cognitive Impairment in Acute Care Scale (POPAC)	Acute inpatient (cognitively impaired)	15	Staff	Edvardsson et al., 2013

[a]Tested for validity and reliability.

Fig. 2 PCC behaviors conceptual map for community-dwelling older people

Lack of person-centered knowledge and skills among older people, HCPs and caregivers

Capacities of older people, HCPs and caregivers

Lack of formal training to enhance capabilities among HCPs

Negative attitudes toward shared decision-making among older people and HCPs

Motivation in the implementation of PCC

- Encouraging self-reflection and regulation
- Having a resilient and optimistic attitude
- Respecting the autonomy of older people
- Lack of clear reward and empowerment mechanisms

Opportunities in the implementation of PCC

- Lack of coordination in resource allocation
- Strengthening multidisciplinary teamwork
- Establishing a safe and friendly environment
- Time constraints

Paternalism :

- directive or paternalistic approaches create dependency and undermine people's confidence to protect their health, prevent illness and manage their own care

- providing inappropriate care that patients would not have wanted if they had been well-informed.

- Professionals often underestimate the extent to which patients are able to take responsibility for their health.

- those people with limited or no mental capacity to assume greater responsibility for their care, we should ensure **relatives, carers and trained advocates** are fully involved in the care planning process

Conclusion :

- creation of measurement tools for the outpatient medical and social service settings;

- better classification of applicable, existing evidence-based models as PCC programs

- a need for research on and more development of PCC programs for home- and community-based services for older adults;

- Importance of measuring PCC outcomes that extend beyond those of individuals and their families to include provider- and organizational-level factors.