

# Principles of Patient Centered Care and RNCM Practice

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## KEYWORDS

- Patient Centered Care
- Person Centered Care
- People Centered Care
- Meaningful Use
- Patient Experience
- Healthcare Consumerism
- Health Literacy
- Teach Back
- Shared Decision Making
- Relationship
- Communication
- Collaboration

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# Patient-centered care

Patient-centered care is the practice of caring for patients (and their families) in ways that are **meaningful and valuable** to the individual patient.

The IOM (Institute of Medicine) defines 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 decisions.**"



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- Patient Centered Care Attributes (IOM):
  - Compassion, empathy, respect and responsiveness to the needs, values and expressed desires of each individual patient

## Person-Centered Care

"... is more holistic and inclusive of family, significant others, context, prevention, promotion, and preferences, among other elements" – American Academy of Nursing

- Nursing concept analysis includes these four nursing attributes:  
*Holistic, individualized, respectful, empowering*

(Morgan, S.S. & Yoder, L. (2012). A concept analysis of person-centered care. *Journal of Holistic Nursing*, 30(1), 6-15. doi: 10.1177/ 0898010111412189.)

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## Eight Dimension of Patient Centered Care

(Identified from Literature Review)

1)	Patient Preferences
2)	Information and Education
3)	Access to Care
4)	Emotional Support
5)	Family and Friends
6)	Continuity and Transitions of Care
7)	Physical Comfort
8)	Coordination of Care



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## Health Outcomes of Patient Centered Care

- Health care organizations that are more patient centered also have more positive outcomes
  - Increased quality and safety of care
  - Greater quality of life and well-being of patients
  - Greater job satisfaction among healthcare professionals

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## People Centered Care

... care that is focused and organized around the health needs and expectations of people and communities rather than on diseases. People-centered care extends the concept of patient-centered care to individuals, families, communities and society. Whereas patient-centered care is commonly understood as focusing on the individual seeking care — the patient — people-centered care encompasses these clinical encounters and also includes attention to the health of people in their communities and their crucial role in shaping health policy and health services.

## Value Based Purchasing & Person-Centered Care

### CMS, Meaningful Use and Quality Outcomes

## Institute of Medicine's Six Dimensions of Quality Care

<b>SAFE</b>	Avoid Harm to Patients
<b>EFFECTIVE</b>	Provide services based on sound scientific knowledge to patients who could benefit
<b>PATIENT-CENTERED</b>	Care that is respectful to patient's values, needs, and concerns
<b>TIMELY</b>	Reduce delays in patient care that may be harmful to patient overall well-being
<b>EFFICIENT</b>	Avoid waste of services and resources
<b>EQUITABLE</b>	Provide care to all patients that is of equal quality and does not vary by race, ethnicity, gender or other personal characteristics

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## CMS Endorsed Components Underpinning Person-Centered Care



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## Meaningful Use Goals (PCC, quality, safety, equity):

- 1) Empowering consumers to make good health care choices through patient-directed quality measures and public transparency
- 2) Leverage quality measures to promote health equity and close gaps in care
- 3) Align measures across CMS, federal programs, private payers to reduce the number and burden of measures
- 4) Leverage measures to drive outcome improvement through public reporting and payment programs
- 5) Improve quality measure efficiency by transitioning to digital measures and using advanced data analytics



## CMS Meaningful Measures Initiative

### Practice Resource: Meaningful Measures Chart

- Defines each Meaningful Measure Area
- Related quality category
- Brief description/rationale

The screenshot shows a document titled "MEANINGFUL MEASURES Initiative" with the subtitle "The CMS Meaningful Measures Initiative: Defining the Meaningful Measures Areas". It includes a table with three columns: "Meaningful Measure Area", "Quality Category", and "Rationale". The table lists various measure areas such as "Patient and Family Engagement", "Care Coordination", "Clinical Quality", "Patient Safety", and "Population Health". Each row provides a brief description of the measure area and its associated quality category and rationale.



# Patient Centered Care & Patient Experience

Patient Experience + Patient Centered Care = Improved Health Outcomes

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## What Is Patient Experience?

- The range of interactions that patients have with the healthcare system
- Includes aspects of healthcare delivery that patients value highly
- Patient experience is foundational to patient-centered care
- Patients assess their care as respectful and responsive to their preferences, needs and values

**Patient experience + effectiveness + safety = quality**

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## Patient Experience vs Patient Satisfaction

### Patient Experience

Finding out from patients whether something that should happen in a healthcare setting actually happened or how often it happened

### Patient Satisfaction

Whether the patient's expectations about a health encounter were met



CAHPS - Consumer Assessment of Healthcare Providers and Systems

- Family of patient experience surveys
- AHRQ managed, CMS mandated
- Match for value-based care
  - **Review the surveys at:** <https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/CAHPS>
  - **Practice Resource:** CAHPS Tip Sheet



- Established as part of the ACA
- Clinical effectiveness research to help patients, caregivers, clinicians, insurers and policy makers make informed decisions
- Goal: healthcare consumers have the information they need to make decisions that reflect their desired health outcomes
- **Review comparative research outcomes at:** <https://www.pcori.org/>



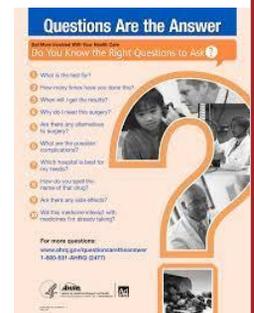
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## Improving Patient Experience: Empowering Patients

### Questions Are the Answer

- AHRQ Evidence-based health education initiative
- Designed to support patient engagement
- Question Builder App now available
- **Access tools and resources at:**  
<https://www.ahrq.gov/questions/about/index.html>
- **Practice Resource:** Questions Are the Answer Summary with links



**Patients who ask questions and make sure they understand the answers get more timely, accurate diagnoses and have better outcomes**

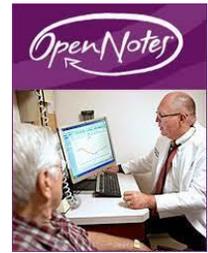


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## Open Notes

- Simple – give patients and caregivers access to their electronic health record
- RWJF funded study
- Takeaways:
  - little change in provider workload, few patients worried or confused by their notes
  - patients overwhelmingly approved of note sharing as a practice
  - patients reported reading notes helped them feel more in control of their health and health care



**Evidence indicates that when health professionals offer patients and families ready access to clinical notes, the quality and safety of care improves**

## Advance Care Planning

- Patient centered approach to empowering patients
- Improves health outcomes and patient experience
- Ongoing process: discuss, reflect, clarify, document, review
- 2/3 of adults do not have an ACP
- ACO quality initiative
- **Practice Resource:** 19 Evidence-based Benefits of ACP



**RNCMs should assess ACP status and be prepared to engage with patients in this process**

## Patient Centered Care Strategies for RNCM Best Practice

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### Definition of Case Management (CCMC):

A collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's health and human service needs. It is **characterized by advocacy, communication**, and resource management and promotes quality and cost-effective interventions and outcomes.

**Successful outcomes cannot be achieved without a trusting relationship and effective communication between the patient, their caregivers and the RNCM**

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## Barriers to Communication and Relationship

- Language
- Health Literacy

One-half of all adults lack the literacy skills needed to function and navigate in the healthcare system

**RNCMs must be aware of how our patient's health literacy impacts their decision-making capability and health related outcomes**

- Directs the plan for patient education and care management

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**HEALTH LITERACY**

*noun*

Health literacy is the ability to **access, understand, appraise and use information to make healthy choices.**

World Health Organization  
REGIONAL OFFICE FOR Europe

### Skills necessary to participate in health care and maintain health

- Reading and writing
- Calculating numbers
- Communicating with health care professionals
- Using health technology (digital literacy)

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patients with low

## HEALTH LITERACY...



Are more likely to visit an  
**EMERGENCY ROOM**



Have more  
**HOSPITAL STAYS**



Are less likely to follow  
**TREATMENT PLANS**



Have higher  
**MORTALITY RATES**

[www.cdc.gov/phpr](http://www.cdc.gov/phpr) 

- Literacy Costs of Medicare Enrollees
  - Low literacy = \$10, 688
  - Health literate = \$2, 891



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## Organizational Health Literacy

### Healthy People 2030 Objectives for Improving Organizational Literacy

1. Increase the proportion of adults whose healthcare provider checked their understanding
2. Decrease the proportion of adults who report poor communication with their healthcare provider
3. Increase the proportion of adults whose health care providers involved them in decisions as much as they wanted

### AHRQ Recommended Resources for Organizations

- AHRQ Health Literacy Universal Precautions Toolkit
- SHARE Approach Workshop Curriculum
- The Toolkit for Engaging Patients to Improve Diagnostic Safety
- The Question Builder (English & Spanish)



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## Assessing Health Literacy

### Health Literacy Universal Precautions

- Steps that practices take when they assume that all patients may have difficulty comprehending health information and accessing health services
  - Simplifying communication with and confirming comprehension for all patients to reduce the risk of miscommunication
  - Making the healthcare environment easier to navigate
  - Supporting patient's efforts to improve their health
- AHRQ Health Literacy Universal Precautions: <https://www.ahrq.gov/health-literacy/improve/precautions/index.html>

### Evidence-based Questions :



- “How often do you need to have someone help you when you read instructions, pamphlets or other written material from your doctor or pharmacy?”
- “How confident are you filling out medical forms by yourself?”

## Teach Back

- An evidence-based health literacy intervention to confirm that you have explained medical information clearly so that patients and their families understand what you communicated to them
- Use anytime patient education is needed
- Validates
  - you have explained medical information clearly
  - that patients and /or family members have a clear understanding of what you have told them

## How Teach Back Works

- After you provide teaching, ask the patient to explain the material you've just covered.
- Based on the response, you can determine how much and how well the patient comprehends and recalls what you've taught.
- If the patient's has trouble explaining or recalling the material, you'll need to repeat, clarify, or modify it—and then reassess the patient's understanding and recall.
- You might need to repeat this cycle several times.
- AHRQ Teach Back Resources: <https://www.ahrq.gov/patient-safety/reports/engage/interventions/teachback.html>

## Outcomes Related to Teach Back

- heart failure, arthritis, diabetes
- Increased patient knowledge of their health condition
  - Signs and symptoms
  - Rationales for treatments
  - Medication side effects
  - When to seek help
- Increased confidence in self-management of their health condition
  - Symptom monitoring
  - Lifestyle changes
  - Treatment adjustment
  - Knowing when to seek medical advice

## Shared Decision Making

..... a process of communication in which clinicians and patients work together to gain knowledge to make optimal healthcare decisions that align with what matters most to patients (AHRQ)

- Health Outcomes of Shared Decision Making
  - Increased patient engagement
  - Improved patient health outcomes and satisfaction with care
  - Reduced health disparities by building trust and improving communication
  - Promotes evidence-based care

Shifts from “What’s the matter with *you?*” to What *matters* to you?”

# The **SHARE** Approach

## 5 Essential Steps of Shared Decision Making



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### Step 1: Seek Your Patient's Participation

- Summarize the health problem and communicate that a decision is needed
- Invite the patient to participate in the process
- Assess readiness - Some patients may not want or be ready to participate



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## Step 2: Help the Patient Explore and Compare Treatment Options

- Assess what the patient already knows about their options
  - “What have you heard about.....”
- Describe all the options in plain language
- Discuss the risks and benefits of each option
- Communicate numbers in a way that is easy to understand
- Offer evidence-based decision aids whenever possible



## Decision Aids

- Includes but not limited to evidence-based printed materials, videos, weblinks, apps
- Improves patient’s knowledge of their options
- Results in patients more accurate expectations of benefits and risks
- Leads to patients making choices more consistent with their values
- Increases patient participation in decision making
- Decision resources can be presented to patients prior to the visit, during the visit, or sent home for review after the visit

## Use the Teach-Back Technique to Assess Understanding

- Moves beyond health education or delivery of information
- Patient centered strategy for confirming patient understanding of the information
- “Closing the Loop” or “Show me” Method
- Strategy for confirming patient understanding of the information the clinician has taught
- Not a test but rather a technique for ensuring understanding – building patient knowledge and confidence about their health care

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## Step 3: Assess the Patient’s Values and Preferences

- Encourage patients to talk about what matters most to them
  - “As you think about the options we’ve discussed, what stands out for you?”
- Ask open ended questions
  - “What do you think about...”
- Listen actively. Use prompts that encourage patients to expand on their thoughts.
  - “Go on” or “I’d like to hear more about that”
- Show empathy and interest in the effect that a health problem is having on the patient’s life
  - “That sounds really upsetting”
- Acknowledge the values and preferences that matter to your patient
  - Paraphrase or reflect back what they have said to confirm **your** understanding of what they have said
- Agree on what’s important to the patient

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## Step 4: Reach a Decision with the Patient

- Help the patient move towards a decision
- Ask if they would like more information
- Check to see if they need more time to make a decision
- Confirm the decision with your patient
- Verify the next steps to be taken
- Schedule a follow up appointment



**Making a decision may take time. Patients may want to include family members, a friend or caregiver in their decision.**

## Step 5: Evaluate the Patient's Decision

- Once a decision is made follow up is key
  - For patients experiencing life threatening conditions, some decisions will be irreversible and require careful consideration
  - For patients managing chronic conditions, decisions should be reviewed regularly and changed if not working well
- Assist patients in managing barriers to implementing
- Revisit the decision to see if other decisions also need to be made

**Document in patient care plan their decision including values and preferences**

## Ten Principles of Patient Centered Care (IHI)

1. The patient is the source of control over their life.
2. Care is based on continuous healing relationships.
3. All team members are considered caregivers.
4. Families and friends of the patient are an essential part of the care team.
5. Care is customized and reflects patients needs, values and choices.
6. Transparency is the rule in the care of the patient.
7. All caregivers cooperate with one another through a common focus that is on the best interests and personal goals of the patient.
8. Knowledge and information are freely shared between and among patients, care partners, physicians and other caregivers.
9. Care is provided in a healing environment of comfort, peace and support.
10. Patient safety is a visible priority.

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## Next Steps

- Watch the videos that accompany this lecture
- Review the posted Resources. Download any you would like to keep.
- Complete the Practice Development Activity
- Take the Test Your Knowledge Self-Assessment Quiz
- When you're ready move on to the next topic
- Questions? Let me know:
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  - (608) 437-6035 CST



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