IMPLEMENTING PATIENT-CENTRED CARE: AN OPPORTUNITY TO BUILD UPON ON YOUR STRENGTHS

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Key questions to reflect upon ...

- What are the patient centred care (PCC) strengths of your current practice, your team and organisation?
- What are you already doing and what might you need to consider changing?
- Do all patients want PCC?
- How do your cultural norms influence PCC?
- Is it realistically possible to provide PCC for individuals and populations of patients?
Strategic Plan 2017-2022 of the Hospital Authority (HA) is the overarching document for guiding all aspects of HA’s development and planning in the coming five years. In particular, it provides the basis on which our clinicians and executives develop and align their programme initiatives in the annual planning process.

Many of the strategies and key actions laid out in the Strategic Plan dovetail with the HA Action Plan for implementing the recommendations of the Government’s Steering Committee on Review of HA, as part of a coherent and synergistic approach for positioning the organisation to address key challenges and healthcare needs and move towards achieving HA’s vision and mission.
Planning Process

Formulation of the Strategic Plan is led by the HA Board. The Plan has been developed through an extensive process of in-depth analysis of HA's internal and external environment and comprehensive consultation with major stakeholders, which took more than a year and involving around 970 participants. From the process, three main strategic foci pertaining to the service, workforce, and financial aspects of HA have been crystallised along with an array of strategies, which map out the corporate priorities for HA to work towards in addressing the key issues it faces:

- **Provide patient-centred care** - Ensuring patients have timely access to high quality and responsive services which place patients firmly at the heart of their care. This is carried out through multi-faceted strategies that are geared towards improving service quality and optimising demand management. Core to this will be a fundamental transformation in the way we deliver care, to streamline care processes and improve care efficiency and effectiveness, and engage patients as key partners in healthcare.
Strategic Directions

The Strategic Service Plan is designed to achieve the following goals in response to the key challenges and the strategies for doing so are summarized below:

- better able to manage growing demand
- better service quality and safer services
- nurture a skilled and high performing workforce

Better service quality and safer services

(4) Do no harm in patient care through promoting a culture of safety and strengthening risk management system in HA. Measures include promoting evidence-based standards and guidelines that will improve patient care, with particular emphasis on medication safety.

(5) Promote patient-centred care which requires competent and considerate staff engaging patients as an equal partner in healthcare. Robust quality and clinical governance system will be put in place to ensure that healthcare staff maintain their professional standard and that care provided to patients is effective and appropriate.

(6) Continuous service improvement through strategies such as (i) Introducing new technology and treatment options with proven efficacy and cost-benefits, and (ii) modernising facilities and replacing outdated medical equipments.
Patient centred care

The strategic goals, which set out what Hospital Authority wants to achieve, are as follows corresponding to the respective strategic focus:

Provide Patient-centred Care:
- Improve service quality
- Optimise demand management

Develop a Committed and Competent Workforce:
- Attract and retain staff
- Enhance staff training and development

Enhance Financial Sustainability:
- Drive accountable and efficient use of financial resources
Chief Executive’s Speech - Dr P Y Leung  
Hospital Authority Convention 2015  
“Engagement and Empowerment: The Twin Engines Powering Future Healthcare in Hong Kong”

- We must put more emphasis on the benefits of team-based, multi-disciplinary training. The synergies of an empowered group of professionals who cooperate as part of a team that has common standards, values and goals will ensure that the whole is greater than the sum of its many impressive parts.
- We must move towards more horizontal structures that capitalise on the benefits provided by cooperation, partnership and inclusivity.
Chief Executive’s Speech - Dr P Y Leung
Hospital Authority Convention 2015
“Engagement and Empowerment: The Twin Engines Powering Future Healthcare in Hong Kong”

• Our success depends on the support of all our stakeholders – not as isolated decision-makers or passive recipients of administrative or treatment pronouncements – but as active agents of positive change empowered with the skills and attitudes, as well as the information to make a contribution to improved health in Hong Kong as part of an inclusive team.

• We build collaborative partnerships by using engagement and empowerment. Through engagement, we build trust and respect. Through empowerment, we build knowledge and teamwork.
Chief Executive’s Speech - Dr P Y Leung
Hospital Authority Convention 2016
“Travelling Life’s Journeys Together"

• We should always be asking ourselves: “Have we heard our stakeholders’ wishes? Have we done what they want us to do?”

• We must avoid focusing solely on what is possible at the expense of what is practical or what is preferred. Our actions should emphasise the importance of helping individuals to live well and, when the time comes, to die with dignity.
Hong Kong Authority PCC initiatives

- HA Staff commended for outstanding performance, established 1993
- Patient Partnership in Action Program, inaugural course 2011
- Patient Advisory Committee, established 2011
- Patient Satisfaction (Experience) Survey (PSS),
  - 2010 Benchmark survey
  - 2014/15 -2018/19 PSS Service Plan
  - 2014-15 : Specialty-based PSS (Specialist Outpatient Service)
  - 2015-16 : 2nd Benchmark PSS
  - 2016-17 : Specialty-based PSS (A&E Service)
  - 2017-18 : Hospital-based PSS
  - 2018-19 : Specialty-based PSS (Mental Health Service)

http://www3.ha.org.hk/ehaslink/Issue55/patient_e.htm
Highlights:

PCC: personalised treatment

Multidisciplinary teams

Integrated care: hospital-community care
Enhancement of Renal Services in Kowloon East Cluster 2015/16
- United Christian Hospital and Tseung Kwan O Hospital

- Dedicated multidisciplinary team;
- Trained, informed about best practice;
- Specific materials for the clinic;
- Purpose designed information system – patient information and clinic equipment;
- Collaboration with other units, i.e., Occupational therapy;
- Patient 24 hour support line; and,
- Patient support group.

Patient centred care

PCC has been and clearly remains a long term strategic goal for the HK Hospital Authority and associated organisations:

- Policy;
- Strategic planning;
- Organisational development; and,
- Service implementation: teams and individual practice.
Why is patient centred care important?

Quality and safety papers published in Medline 1979-2012

http://webtools.mf.uni-lj.si/public/medsum.html
Why is patient centred care important?

Number of papers on "patient-centred care"
Introduction and Aims
This literature review sought to identify and assess current initiatives and indicators which aim to measure the patient-centredness of organizations, countries, activities and any other relevant stakeholders. It is part of a larger project being carried out by the International Alliance of Patients’ Organizations (IAPO), whose goal is to develop a robust set of indicators in order for healthcare service providers to measure how patient-centred they are. This will not only provide a baseline for patient-centredness among stakeholders, but also increase the potential for improvement in their vision, strategy and outcome.

Why is patient centred-care important?

Total Pubmed records with mesh entries : 20420
Here are the top 10 major mesh headings:

<table>
<thead>
<tr>
<th>Number</th>
<th>%</th>
<th>Term</th>
</tr>
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<tbody>
<tr>
<td>14677</td>
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</tr>
<tr>
<td>6259</td>
<td>30.65</td>
<td>United States</td>
</tr>
<tr>
<td>11716</td>
<td>57.38</td>
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</tr>
<tr>
<td>12388</td>
<td>60.67</td>
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<tr>
<td>2211</td>
<td>10.83</td>
<td>Patient satisfaction</td>
</tr>
<tr>
<td>1348</td>
<td>6.60</td>
<td>Patient participation</td>
</tr>
<tr>
<td>1815</td>
<td>8.89</td>
<td>Physician-patient relations</td>
</tr>
<tr>
<td>1763</td>
<td>8.63</td>
<td>Patient care team</td>
</tr>
<tr>
<td>2751</td>
<td>13.47</td>
<td>Surveys and questionnaires</td>
</tr>
<tr>
<td>3116</td>
<td>15.26</td>
<td>Communication</td>
</tr>
</tbody>
</table>
PCC six components:
1. establishing a therapeutic relationship;
2. shared power and responsibility;
3. getting to know the person;
4. empowering the person;
5. trust and respect; and,
6. communication.
PCC has three tenants:

- Communication
- Partnership
- Health promotion
Positive relationships between PCC processes and patient satisfaction and well-being.

Gaps in research dimensions of -

- Coordination of care;
- Emotional support;
- Physical comfort;
- Continuity and transition; and,
- Involvement of the family.

Patient-Centered Care and Outcomes: A Systematic Review of the Literature

Cheryl Rathert¹, Mary D. Wyrwich¹, and Suzanne Austin Boren¹

Abstract

Patient-centered care (PCC) has been studied for several decades. Yet a clear definition of PCC is lacking, as is an understanding of how specific PCC processes relate to patient outcomes. We conducted a systematic review of the PCC literature to examine the evidence for PCC and outcomes. Three databases were searched for all years through September 2012. We retained 40 articles for the analysis. Results found mixed relationships between PCC and clinical outcomes, that is, some studies found significant relationships between specific elements of PCC and outcomes but others found no relationship. There was stronger evidence for positive influences of PCC on satisfaction and self-management. Future research should examine specific dimensions of PCC and how they relate to technical care quality, particularly some dimensions that have not been studied extensively. Future research also should identify moderating and mediating variables in the PCC–outcomes relationship.

Keywords

patient-centered care, patient experience, patient satisfaction

Although patient-centered care (PCC) has been in the literature for more than 50 years (Hobbs, 2009), its actual processes and how they relate to patient outcomes is not well understood. Since the Institute of Medicine (IOM) put forth PCC as one of its six
There are 26 criteria across five drivers:

1. Create organisational structure that promotes patient engagement
2. Connect values, strategies and actions
3. Implement practices that promote partnership
4. Know what matters
5. Use evidence to drive improvement
This report identifies common problems in health and social care services, which can create a ‘vicious circle’ of poor involvement and which become more significant when people need to use different services or use them for long periods of time. These include:

- failing to regularly assess and monitor people’s capacity to make decisions about their care and provide advocacy support
- limited understanding, recording and monitoring of people’s wishes and preferences
- inadequate family and carer involvement
- insufficient information and explanation of care and support options.
Our evidence also repeatedly points to a set of ‘enablers’ that service providers, commissioners and partners across the local health and care system can put in place to create an ‘involving’ culture for people using services.

We encourage service providers to focus their efforts on the following enablers that evidence suggests support people to be effectively involved in their care:

- personalised care plans – written with people, for people, and with their wishes and preferences clearly identified and monitored
- the sustained and supported involvement of families and carers in the care of their loved ones
- the coordination of people’s involvement in their care as they move between services – for example, through the use of health and care passports and the provision of community and peer support programmes.
Why pursue PCC?

The benefits of involving people in their care

A growing body of literature shows that people benefit from being involved in making decisions about their care and in how that care is delivered to meet their needs and wishes.\textsuperscript{6-10}\ The impacts include:

- improved knowledge of their condition and treatment options
- increased confidence to self-manage aspects of their own care
- increasing the likelihood of keeping to a chosen course of treatment and participating in monitoring and prevention programmes
- improved satisfaction with their care and chosen treatment
- more accurate risk perceptions
- reduced length of hospital stay and readmission rates.
Why is patient centred-care important?

PCC can …

✓ Tell you what works, identify gaps and opportunities to do things better;
✓ Help design services;
✓ Improve communication;
✓ Powerful allies and advocates for driving change; and,
✓ Keep health professionals focused on the target of healthcare – better outcomes.

WHO Patient Safety Programme 2004
WHO: examples of patient involvement in safer care

Participating in:

- choice of providers
- diagnosis
- treatment decision-making
- medication use
- infection control initiatives
- recording of medical information
- observe and check care processes
- practise effective self-care and monitoring treatments
- identify/report treatment complications and adverse events
- provide feedback/advocacy to focus attention on safety issues
Patient-centred care: Improving quality and safety through partnerships with patients and consumers
Partnering with Consumers

Leaders of health service organisation implement systems to support partnering with patients, carers and other consumers to improve the safety and quality of care.

Patients, carers, consumers, clinicians and other members of the workforce use the systems for partnering with consumers.
Framework for Engaging Health Care Users

**Individual**
- Increase the skills, knowledge and understanding of patients and families about what to expect when receiving care

Demographics
- Prior Experience
- Knowledge
- Skills
- Attitudes

**Health Care Team**
- Promote shared understanding of expectations among patients and providers when seeking care

Bedside Inpatient Unit
- Emergency Department
- Clinic
- Exam Room
- Home

**Organization**
- Encourage partnerships and integrate the patient and family perspective into all aspects of hospital operations

Hospital
- Patient-Centered Health Home (PCHH)
- Accountable Care Organization (ACO)

**Community**
- Expand the focus beyond the hospital setting and find opportunities to improve overall community health

Schools
- Neighborhoods
- Public Health
- Faith-based Groups
- Community Groups
- Coalitions

Information Sharing... Shared Decision Making... Self-Management... Partnerships

Source: AHA COR, 2013.

The Stages of the Patient Engagement Framework

The Five Stages of the Patient Engagement Framework

1. Inform Me
   A healthcare provider in this phase demonstrates basic levels of patient engagement with an emphasis on the use of simple tools that make healthcare more convenient and accessible. This also includes providing patients with standard forms, both print and electronic, and information about advance directives, privacy and specific conditions.

2. Engage Me

3. Empower Me

4. Partner With Me

5. Support My e-Community

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TASMANIAN SCHOOL OF BUSINESS & ECONOMICS

Australian Institute of Health Service Management
Ten key actions to put people and communities at the heart of health and wellbeing

Our recommendations include both what should be done and how people need to work differently. Based on our learning and insights from the Realising the Value programme, we believe that significant progress can be made through the following 10 actions:

What needs to happen

1. Implement person- and community-centred ways of working across the system, using the best available tools and evidence.
2. Develop a simplified outcomes framework, focused on what matters to people.
3. Continue to learn by doing, alongside further research.
4. Make better use of existing levers such as legislation, regulation and accountability.
5. Trial new outcomes-based payment mechanisms and implement them as part of wider national payment reform.

How people need to work differently

6. Enable health and care professionals and the wider workforce to understand and work in person- and community-centred ways.
7. Develop strong and sustained networks as an integral part of implementation.
8. Value the role of people and communities in their health and wellbeing, including through co-production, volunteering and social movements for health.
9. Make greater use of behavioural insights to increase effectiveness and uptake.
10. Support a thriving and sustainable voluntary, community and social enterprise sector, working alongside people, families, communities and the health and care system.
Patient Advisors: How to implement a process for involvement at all levels of governance in a healthcare organization

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Louise Lavigne, Centre de santé et de services sociaux de Mauricie-Centre-du-Québec, louise_lavigne@ssss.gouv.qc.ca
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Abstract
Patient involvement at the operational (clinical care and services), tactical (management), and strategic (board of directors and executive management) levels of establishments is increasingly sought after. To address this specific challenge, a Canadian healthcare organization, the Centre intégré universitaire de santé et de services sociaux de la Mauricie-et-du-Centre-du-Québec, has developed an integrated strategy based on three principles: (1) shared leadership between a patient and a manager to build the strategy; (2) a clear process for recruiting, training, and coaching patient advisors (PA) so that they can participate in decision-making at the various levels of governance of the establishment; and (3) a feedback process for improving the strategy over time. This initiative gave rise to a pool of 30 patient advisors who reviewed documentation (39.07%), presented testimonies to establishment practitioners (13.73%), participated in process improvement activities (12.97%) and committees (8.93%), and helped train students in health sciences (11.61%). It also led to the development of a request form for all persons wishing to involve PAs in their projects. This PA involvement, highly appreciated by both managers (94%) and PAs (81%), brought back the fundamental meaning of the patient-practitioner relationship and helped incorporate patients' experiential knowledge into the care and service improvement process. This strategy can serve as a model for other organizations wishing to structure optimal patient engagement at the different levels of governance of their organization.

Keywords
Patient partnership; patient-centred care; hospitals; healthcare organizations; patient advisor; patient-as-partner
Implementation of Patient Safety and Patient-Centeredness Strategies in Iranian Hospitals

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Abstract

Objective: To examine the extent of implementation for patient safety (PS) and patient-centeredness (PC) strategies and their association with hospital characteristics (type, ownership, teaching status, annual evaluation grade) in Iran.

Methods: A cross-sectional study through an adapted version of the MARQUIS questionnaire, eliciting information from hospital and nursing managers in 84 Iranian hospitals on the implementation of PS and PC strategies in 2009-2010.

Results: The majority of hospitals reported to have implemented 64% of the PS and 72% of the PC strategies. In general, implementation of PS strategies was unrelated to the type of hospital, with the exception of health promotion reports, which were more common in the Social Security Organization (SSO), and MRSA testing, which was reported more often in nonprofit hospitals. MRSA testing was also more common among teaching hospitals compared to non-teaching hospitals. The higher grade hospitals reported PS strategies significantly more frequently than lower grade hospitals. Overall, there was no significant difference in the reported implementation of PC strategies across general and specialized hospitals; except for the provision of information in different languages and recording of patient’s diet which were reported significantly more often by general than specialized hospitals. Moreover, patient hotel services were more common in private compared to public hospitals.

Conclusions: Despite substantial reporting of PS and PC strategies, there is still room for strengthening standard setting on safety, patient services and patient-centered information strategies in Iranian hospitals. To assure effective implementation of PS and PC strategies, enforcing standards, creating a PS and PC culture, increasing organizational responsiveness, and partnering with patients and their families need more attention.


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PCC, safety and quality


- Focus on what goes right as well as what goes wrong
- Move to greater proactivity
- Create systems for learning from learning
- Built trust and transparency – be humble
- Co-produce safety with patients and families
- Recognise that safety is also the pursuit of dignity and equity

Patient safety
What is patient centred-care?

PCC practice for organisations requires –

• Effective leadership, creating a vision for what it looks like;
• Aligning motivators – individuals, teams and organisational levels; and,
• Feedback and evaluation of progress.

Aligning the behaviours that are desired from employees and provide them with the knowledge and resources that are required to support a person-centred innovation.
What enables patient centred-care?

Organisation …

• Using volunteers or patient advocates to support care;

• Involving patients and families in patient and family advisory councils, governance and other committees;

• Removing restrictions on visiting policies for families;

• Opening access to medical records; and,

• Using email and social media technology.
What enables patient centred-care?

Teams and individuals …

• Clinic-based multidisciplinary care teams;

• Bedside change-of-shift reports;

• Involving patients and families in multidisciplinary rounds, including patient feedback;

• Patient- and family-activated rapid response; and,

• Providing shared decision-making tools.
What is patient centred-care?

PCC practice barriers …

- Professional attitudes and cultural norms;
- Patients can be overwhelmed;
- Health literacy; and,
- Ability to measure patient engagement, experience and outcomes.
What is patient centred-care?

PCC practice for individuals and teams involves -

• Assessing a person’s preferences, wishes and willingness to be involved in decisions about their care; and,

• Therapeutic relationship to enable appropriate involvement in care planning, implementation and evaluation of their care.

(Sharma et al 2016; Grant et al 2013)
What is patient centred care?

PCC practice is exemplified by individual and teams that:

• respect and value individuals who access services, and empowering them as partners in their care;

• are fully committed to working in partnership with people;

• seek to provide for individual preferences and needs in the delivery of care; and,

• help people to express their views so they understand things from the patient point of view.
What enables PCC?

Transpersonal Leadership

They operate beyond the ego while continuing personal development and learning. They are radical, ethical, and authentic while emotionally intelligent and caring.

They are able to:

- embed authentic, ethical and emotionally intelligent behaviours into the DNA of the organisation;
- build strong, collaborative relationships; and,
- create a performance enhancing culture that is ethical, caring and sustainable.

What enables PCC?

Transpersonal Leadership

<table>
<thead>
<tr>
<th>Country</th>
<th>Conception of good leadership</th>
</tr>
</thead>
<tbody>
<tr>
<td>France</td>
<td>Cultivated and highly educated</td>
</tr>
<tr>
<td>China</td>
<td>Benevolence. Dignified/aloof but sympathetic</td>
</tr>
<tr>
<td>The Netherlands</td>
<td>Skeptical about the value and status of leaders</td>
</tr>
<tr>
<td>Brazil</td>
<td>A good relationship builder who demonstrates flair and empathy</td>
</tr>
<tr>
<td>Egypt</td>
<td>Heroes, worshiped so long as they remain in power</td>
</tr>
<tr>
<td>Japan</td>
<td>Symbolic leadership, public responsibility</td>
</tr>
<tr>
<td>USA</td>
<td>Empower and encourage subordinates; at other times bold, confident, and risk-oriented leaders.</td>
</tr>
</tbody>
</table>

Integrating teamwork, clinician occupational well-being and patient safety – development of a conceptual framework based on a systematic review

Annalena Welp¹ and Tanja Manser²⁺

Abstract

Background: There is growing evidence that teamwork in hospitals is related to both patient outcomes and clinician occupational well-being. Furthermore, clinician well-being is associated with patient safety. Despite considerable research activity, few studies include all three concepts, and their interrelations have not yet been investigated systematically. To advance our understanding of these potentially complex interrelations we propose an integrative framework taking into account current evidence and research gaps identified in a systematic review.
Integrating teamwork, clinician occupational well-being and patient safety – development of a conceptual framework based on a systematic review

**Teamwork – Well-Being (A/B)**

**Trends**:
- Hypothesis: Teamwork influences well-being and patient safety

**Recommendations**:
- Investigation of
  - Dynamic aspects of teamwork over time
  - Multiple team membership (shared) leadership

**Teamwork – Patient Safety (C)**

**Trends**:
- Design: 1/3 surveys: interpersonal aspects, i.e., nurses’ attitudes towards teamwork; 2/3 observational studies: action and transition team processes, nurses and physicians
- Measurement: Surgical NOTECHS[96] & related behavioral marker instruments

**Recommendations**:
- Use of validated tools & multi-dimensional teamwork questionnaires

**Well-Being (2)**

**Trends**: 
- Key concept: Burnout
- Measurement: MBII[39]

**Recommendations**:
- Investigation of:
  - Development of acute & chronic work strain
  - Positive outcomes
  - Physiological stress measures

**Well-Being – Patient Safety (D/E)**

**Trends**:
- Hypothesis: Well-being influences patient safety
- Design: surveys: clinician-nominated patient safety
- Sample: nurses or physicians

**Recommendation**:
- Investigation of objective process & outcome safety measures
  - Consideration of reciprocal relationships between well-being and safety

**Teamwork – Well-Being – Patient Safety**

**Notes**: * as identified in this review. More explanations on the boxes may be found in the results section. Their content is partly based on Tables 1–4.

**Fig. 2** Integrative framework of teamwork, clinician occupational well-being and patient safety in hospital settings. Notes: * as identified in this review. More explanations on the boxes may be found in the results section. Their content is partly based on Tables 1, 2, 3 and 4.
Why human resources policies and practices are critical to improving the patient experience
Shari Berman, Advocate, Blogger, Speaker, The Beryl Institute Global Patient Family Advisory Council Member, sbaribermandicker@gmail.com

Abstract
While providing patient-centered care seems to be a goal for many organizations, delivering on this goal requires practices which are embedded in the organization, which incent patient-centered behavior. The author argues Human Resources (HR) policies, procedures and programs are key to supporting an organizations’ vision and culture. This means an HR executive partnering with the CEO who sets the vision and HR builds programs to support the vision. As the organization understands what is important to patients and how to best serve them, HR can build patient care improvement into every aspect of the organization. The author describes how competency based hiring, training and development, performance reviews, compensation and retention strategies should reflect patient-centered values.

Keywords
How the stigma of low literacy can impair patient-professional spoken interactions and affect health: insights from a qualitative investigation

Phyllis Easton", Vikki A. Entwistle" and Brian Williams†

Abstract

Background: Low literacy is a significant problem across the developed world. A considerable body of research has reported associations between low literacy and less appropriate access to healthcare services, lower likelihood of self-managing health conditions well, and poorer health outcomes. There is a need to explore the previously neglected perspective of people with low literacy to help explain how low literacy can lead to poor health, and to consider how to improve the ability of health services to meet their needs.

Methods: Two stage qualitative study. In-depth individual interviews followed by focus groups to confirm analysis and develop suggestions for service improvements. A purposive sample of 29 adults with English as their first language who had sought help within the last year with literacy was recruited from an Adult Literacy & Numeracy Centre in the UK.

Results: Over and above the well-documented difficulties that people with low literacy can have with the written information and complex explanations and instructions they encounter as they use healthcare services, the stigma of low literacy had significant negative implications for participants’ spoken interactions with healthcare professionals. Participants described various difficulties in consultations, some of which had impacted negatively on their broader healthcare experiences and abilities to self-manage health conditions. Some communication difficulties were apparent and perpetuated or exacerbated because participants limited their conversational engagement and used a variety of strategies to cover up their low literacy that could send misleading signals to health professionals. Participants’ biographical narratives revealed that the ways in which they managed their low literacy in healthcare settings, as in other social contexts, stemmed from highly negative experiences with literacy-related stigma, usually from their schoolyears onwards. They also suggest that literacy-related stigma can significantly undermine mental wellbeing by prompting self-exclusion from social participation and generating a persistent anxiety about revealing literacy difficulties.

Conclusion: Low-literacy-related stigma can seriously impair people’s spoken interactions with health professionals and their potential to benefit from health services. As policies increasingly emphasise the need for patients’ participation, services need to simplify the literacy requirements of service use and health professionals need to offer non-judgemental (universal) literacy-sensitive interventions to promote positive healthcare experiences and outcomes.

Keywords: Low literacy, Patient-provider communication, Patient-provider relationships, Person-centred care, Qualitative
Consumers involvement in governance

- Who is being empowered and who is loosing voice? - patient or citizens (Fredriksson 2013).

- Consumer involvement can be unrepresentative and tokenistic (El Enany et al. 2013).
A challenge for you

- We need to investigate which PCC delivery models, in different environments, work and why.
- We need healthcare teams to take up this challenge, and in doing so, contribute to the international empirical evidence base.
- Does your team have the courage, capacity and conviction to do so?
A challenge for you

From your projects or research what lessons and insights have you to share with others to help transform PCC healthcare …

- Leadership commitment
- Accountability and transparency
- Communication and respect
- Engaging patients, carers and families
- Patient experience to initiate change
- Improve the work environment
- Build staff capacity
- Enhance learning culture
Key questions to reflect upon ...

- What are the patient centred-care (PCC) strengths of your current practice, your team and organisation?
- What are you already doing and what might you need to consider changing?
- Do all patients want PCC?
- How do your cultural norms influence PCC?
- Is it realistically possible to provide PCC for individuals and populations of patients?
Conclusions

Patient centred care is a clear goal for the Hong Kong Hospital Authority and its associated healthcare organisations and professionals.

There is an integrated system with significant progress achieved. Long term vision, leadership, strategic planning and engagement and empowerment of all stakeholders has been key.
Conclusions

Investigating, understanding and sharing what forms of PCC works in different context is needed.

Evaluating and sharing your experiences, progress, studies and insights is the challenge before you.
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