WIDENING THE FOCUS

Applying Lessons From Patient Centred Care
To The Healthcare System Itself.

Presented by
Kathy Torpie
BECOMING A PATIENT...
EXPERIENCING THE TRANSITION

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“...the potential of the clinical relationship to improve the cost-effectiveness and safety of care delivery is frequently overlooked in discussions about how to reform health care systems.”

WHY IS THE PATIENT EXPERIENCE SO IMPORTANT?

“There has been huge progress in recent years on things like the time people are waiting for care and the standard of the treatment they receive. It is now appropriate for us to be looking at the kinds of experiences people get in hospital as well.

(Jo Webber, deputy director of policy at the NHS Confederation, UK)

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WHY?
“....patients who have a good experience **typically cost the hospital less and are less likely to suffer a relapse**.” (Jo Webber, deputy director of policy at the NHS Confederation)

“ By systematically measuring patient satisfaction and perceptions of quality, medical practices **can increase the effectiveness of primary care, improve patient outcomes, and control costs.**” (Drain, Maxwell MA, Quality Improvement in Primary Care and the Importance of Patient Perceptions, Journal of Ambulatory Care Management: April 2001 - Volume 24 - Issue 2 - p 30-46)

Pay for performance has taken hold world-wide and.....“Increasingly, as well, patient satisfaction is being viewed as an essential aspect of care that should be considered in judging performance” (Qual. Manag J Health Care, 2011 Apr-June; 20(2):1105.)

In the private sector “There is a statistically significant link between satisfaction and loyalty. (Int J Health Care Qual Assoc, 2011;24(4):266-73).

**WHY?** ..... **Because Its The Right Thing To Do!** “We argue that patient satisfaction is not only an outcome measure, but also an essential part of the process of care itself.” (Qual. Manag J Health Care, 2011 Apr-June; 20(2):110-5.)
WHAT IS “THE PATIENT EXPERIENCE”? 

WHAT HAPPENS + PATIENT PERCEPTION = PATIENT EXPERIENCE
“….Indicating how often something occurred is not the same as saying how it is perceived. Frequency scaling (also) assumes that more of a given behavior leads to greater satisfaction. However, the relationship between patient satisfaction and the frequency of a performed service is not always linear” (Krowinski & Steiber 1996:139)
OUR HOST, THE BERYL INSTITUTE, DEFINES THE PATIENT EXPERIENCE AS....

“The sum of all interactions, shaped by an organization’s culture, that influence patient perceptions across the continuum of care”

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WHOSE EXPERIENCE IS IT?

Every patient comes with a pre-admission non-medical history

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THE EMOTIONAL DIMENSION OF CARE

“...the research is clear that the emotional well-being dimension of patient care is the strongest driver of patient satisfaction.”

(“Why The Emotional Engagement of Patients Will Trump HCAHPS” By Curt Coffman Coffman Organization Research Inst. USA)

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“When clinicians experience an emotional connection with their patient, they feel they are doing work that has meaning, and are thus more satisfied with their work. In fact, the experience of “being present with” their patients correlates more strongly with finding meaning in work than do diagnostic triumphs. Clinicians who connect emotionally with their patients are more committed to their jobs and less likely to burn out.”

THE FUNDAMENTAL VALUE OF INTERPERSONAL AND COMMUNICATION UNDERSTANDINGS AND SKILLS

Press Ganey’s research on 2 million patients shows that the highest correlate with overall satisfaction is quality of healthcare provider interpersonal communication skills

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Studies of primary care physicians show that:

- Patients are interrupted by their physicians within the first 18 seconds of their opening statement during office visits.

- Physicians and patients agree on the reason for the office visit only 50% to 70% of the time.

- Physician underestimate the patient’s desire for health information in 65% of the time.

- 50% of patients walk out of their doctor’s office not understanding what their doctor told them to do.

- Patients are not asked if they have any questions in up to 50% of office visits (The Truth About Those High Patient Satisfaction Scores For Doctor-Patient Communication, Mind The Gap, Stephen Wilkins, Posted & sited on February 5, 2013).

“The problem with communication is the illusion that it has occurred.” George Bernard Shaw
ENGAGING THE PATIENT

“The challenge most physicians and other providers face is not one of how to engage patients..... Rather the challenge for providers is how to be engaging to patients.”

(Mind The Gap, Stephen Wilkins, MPH)
This is what the literature tells us....

“Physician communication or the lack of it is probably one of the most important factors for patient noncompliance.” (Edward C. Rosenow III, MD Division of Pulmonary and Critical Care Medicine, Mayo Clinic College of Medicine Rochester, MN)

“Directive styles of teaching and advice giving tend to generate resistance or a sense of hopelessness in those on the receiving end. More engaging methods, such as motivational interviewing, may prove more successful” (Rollnick et al., 2010).

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COMMUNICATING WITH COMPASSION

“...compassionate care improves health outcomes and quality of life, increases patient satisfaction, and lowers health care costs”  (Beth Lown, MD, medical director of the Schwartz Center and an associate professor of medicine at Harvard Medical School).

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USING COMPLAINTS TO YOUR ADVANTAGE

- Listen
- Check
- Respond
- Record

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SMALL GESTURES CAN MAKE A BIG DIFFERENCE

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THE LIMITS OF PATIENT CENTERED CARE
The Need For Greater Self Awareness

"We have a measure of choice and control over what we are aware of, but what we are unaware of controls us."  - Sir John Whitmore
THE CLINICIAN/PATIENT RELATIONSHIP IS ONLY ONE OF MANY RELATIONSHIPS THAT INFLUENCE IMPORTANT OUTCOMES

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RELATIONSHIP BETWEEN DEPARTMENTS OR SPECIALITY AREAS

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RELATIONSHIP BETWEEN MEDICAL PROFESSIONALS

“The findings show that while safety measures can help prevent medical errors, cultures of silence in U.S. hospitals may undermine their effectiveness... The report confirms that **tools don’t create safety; people do.** Safety tools will never compensate for communication failures in the hospital”

(http://healthnews.com/health-news/family-health/brain-and-behavior/articles/2011/03/22/study-reluctance-to-speak-up-encourages-medical-errors)

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RELATIONSHIP BETWEEN MANAGEMENT AND STAFF

“The message sent by neurological, psychological, and organizational research is startling in its clarity. Emotional leadership is the spark that ignites a company’s performance, creating a bonfire of success or a landscape of ashes.” (Harvard Business Review)
“About 90 percent of departing employees leave because of issues with their job, manager, culture or work environment,”....

....Yet nearly 90 percent of managers believe that "employees leave and stay mostly for the money."

(The 7 Hidden Reasons Employees Leave By Leigh Branham AMACOM, 2005)
A SHARED JOURNEY WITH MULTIPLE NEEDS

Clinical Financial Personal

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WHAT IF...

There was one, single, system wide approach the could improve the healthcare experience for ALL of us

Patients Family Clinicians Management
INTERPERSONAL RELATIONSHIPS: A Core, Foundational Resource

In Medicine....

“At the core of every organization, giving the organization its particular life and character, is its web of relationships.... neither individual excellence nor technology-based solutions alone will yield desired breakthroughs in quality or safety. Rather, the theory and evidence highlight the importance of attending to relationships as part of the foundation of an organization— as fundamental to its functioning and potential as its information systems and other infrastructure components—and equally in need of continual monitoring and attention.”

(“Organizational Dimensions of Relationship-centered Care Theory, Evidence, and Practice”. (Journal Of General Internal Medicine Vol. 21, Issue S1, Pages S9 - S15)
And In The Field Of Organizational Development.....

“Interpersonal relationships in the workplace create a powerful organizational architecture affecting employee motivation and productivity, the flow of information between the parts of the organization, and, ultimately, organizational ability to adapt and thrive amid constantly changing circumstances.”

(Charlene J. Phipps, founder of Innovative Human Dynamics in Connections & Reflections: the GAINS Quarterly, Global Association of Interpersonal Neurobiology Studies, summer 2009)

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FROM ‘PATIENT CENTRED’ TO ‘RELATIONSHIP CENTRED’ CARE-
APPLYING SYSTEMS THINKING

• A system is more than the sum of its individual parts.
• How the parts interact with one another has a greater influence on how the system operates than how any individual part functions independently.
• Therefore, seek solutions that focus on interactions rather than on individuals or events.

“The Place To Attack The Problem Is Usually Not Where The Problem Appears” (DR. Russell Ackoff, professor emeritus of Wharton School, chairman of the Institute for Interactive Management)
“RELATIONSHIP CENTRED CARE” RECOGNIZES

- That the clinician/patient relationship is reciprocal – We influence each other’s experience & behaviour
- That relationships throughout the system are shaped by the reciprocal influence that each individual, department or team has on the other
- That every relationship within the system has an impact on the system as a whole

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CONCLUSION

“…available evidence suggests that relationship-centred theory and practice in health care offer the potential for breakthroughs in quality of care, quality of life for those who provide it, and organizational performance.”

“Organizational Dimensions of Relationship-centered Care Theory, Evidence, and Practice”. Journal of General Internal medicine, Vol. 21, IssueS1, Pages S9 - S15

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WIDENING THE FOCUS
From Silo Thinking To Systems Thinking

• From ‘patient centered’ to ‘relationship centered’ care
• From clinician/patient relationship to relationships throughout the system
• From the patient experience to the experience of everyone involved in the patient experience

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‘Losing Face’ is a memoir of Kathy Torpie’s experience of major, disfiguring trauma. It is a deeply intimate view of the patient experience. One that is often hidden by more visible physical trauma.

“This should be a recommended read for every medical and Allied Health Science student and any medical professional who works with trauma patients.” Tristan de Chalain, FRACS

“Many of the health professionals present had read her book and report that they have made changes in their approach to patients as a result.” Rhondda Paice, Trauma CoOrdinator, Auckland Hospital