
Patient-Centered Care as a Fundamental Strategy for Achieving High-Quality, High- Value Care

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1

The Patient-Centered Care Value Equation

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I retired from nursing recently, and moved to a new community, but really wanted to stay connected to my life's work in some meaningful way. I decided to volunteer at the local hospital, and was trained to be a "Care Partner" for patients who don't have family in the area to help them following a hospitalization. The hospital connected me with Shirley, a spirited, colorful, and determined sixty-eight-year-old woman who had overcome many adversities in her life. Shirley had been admitted to the hospital nine times in a ten-month period, with two of the readmissions occurring within less than a month of her previous discharge date. Her primary diagnosis was chronic obstructive pulmonary disease (COPD). She had been admitted numerous times for pneumonia, and had been prescribed a number of medications, steroids, and inhalers to control her COPD symptoms.

During one of these admissions, a Patient Activation Measure tool designed to assess patients' ability to manage their own care by examining their knowledge, skills, confidence, and readiness for

change, determined that Shirley truly did not believe she had control of or confidence in managing her own medical care. Though she had previously refused all postdischarge community-based intervention offerings (including home care, hospice, and assisted living placement), the findings from this assessment made it clear that Shirley would benefit from additional support to help her understand her role in managing her health, and from coaching to do so. That was my role as her Care Partner. I visited Shirley at her home weekly and we spoke on the phone in between visits. I would ask her if she had taken her daily medications and would often find that she had forgotten her inhaler or anti-anxiety medication. Knowing of Shirley's history of anxiety, I was able to connect her to a weekly stress management clinic at the Senior Center. Following her first group session, Shirley reported to me with such relief that she went home and slept for twelve hours straight. She couldn't believe how effective just that one session was for reducing her anxiety. Over time, our relationship continued to develop, and she grew to trust me. Eventually, with supports through the hospital, I was able to convince Shirley to work with the Hospice team after her final hospital admission. Shirley did die, but she did so in her own home and on her own terms. She spent her final days surrounded by the things and people she loved, not in and out of the hospital.

—Monica

For many leaders of health care organizations around the world, the question is not whether patient-centered care is the *right* thing to do. You need only consider what you would want should you find yourself or a loved one in need of medical care to conclude that the answer to that question is an unequivocal yes. However, this decision is less clear as leaders contemplate the financial impact of adopting a patient-centered approach to care.

Stories like Shirley's, though, suggest that patient-centered care may indeed be among the most powerful levers for achieving the high-quality, high-value care that is the aim of health reform efforts worldwide. Through systems designed to assess Shirley's ability to manage her condition and interventions to engage her as a more effective steward of her own care, Shirley's last weeks and months were spent on her own terms, not being moved in and out of the hospital. From both a quality and value perspective, this was the best possible outcome—for Shirley and the hospital, alike.

At a time when global health care reform efforts are challenging providers to reduce costs while improving quality, all sensible health care leaders must consider the merits of patient-centered care both from a principled perspective and an economic one. In this chapter, through a series of field examples, we will demonstrate that patient-centered care need not come at the expense of sound fiscal management; in fact, patient-centered care can be the foundation of a successful business strategy.

FIELD EXAMPLE: SHARP MEMORIAL HOSPITAL, SAN DIEGO, CALIFORNIA, USA

In 2009, Sharp Memorial Hospital, a 675-bed metropolitan community hospital, had been working diligently for a number of years to improve the health care experience it provides to its patients. Since 2001 Sharp HealthCare had been on a journey to transform its organizational culture and to be the best place to work, practice, and receive care as measured by employee, physician, and patient satisfaction. In fact, Sharp Memorial Hospital had made many improvements in quality outcomes, employee satisfaction, and physician satisfaction with above-average performance

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for all three. Patient satisfaction however, continued to lag below the 50th percentile as measured in the Press Ganey, Inc. Large Hospital Database.

Key among the strategies to improve the patient experience was using proven business exemplars such as Baldrige and the Magnet Recognition Program as roadmaps for success. In 2007, Sharp Memorial Hospital, along with the entire Sharp HealthCare organization, was recognized as a Baldrige National Quality Award-winning organization by the President of the United States. In 2008, the Magnet Recognition Program recognized Sharp Memorial Hospital as a center of nursing excellence. In 2009, Sharp Memorial Hospital added the Planetree Patient-Centered Hospital Designation criteria as an additional exemplar to guide improvement in the patient experience.

While preparing to open the new Stephen Birch Healthcare Center at Sharp Memorial Hospital, the executive team convened a group of internal stakeholders to imagine an organization that is truly responsive to the needs of employees, physicians, patients, and families. This group included team members from all levels and disciplines within the organization. They spent an entire week dreaming, imagining, and crafting a declaration creating a clear future state for all patients. The team envisioned the future where all team members would be masters in the art of caring, dedicated to creating memorable moments for every patient and becoming beacons of hope for the health care community through the demonstration of a truly transformational health care experience.

A hospital-wide collaborative patient and family-centered council conducted a self-assessment and gap analysis to determine areas of strength along with identifying the opportunities for improvement using the Patient-Centered Care Improvement Guide Self-Assessment Tool (www.patient-centeredcare.org). The gap analysis identified five priority focus areas. The Planetree organization conducted multiple focus groups with over three hundred individuals including patients, family members, staff, physicians, team members, and executives. The findings of these focus groups confirmed that much success had been made and encouraged the hospital

to continue with planned program enhancements. Priority focus areas included personalized patient education, discharge preparation, increased access to health information, consistent implementation of integrative healing modalities, and parking. Table 1.1 summarizes the program enhancements implemented by the hospital-wide collaborative patient- and family-centered council.

Table 1.1 Sharp Memorial Hospital Patient- and Family-Centered Care Program Enhancements

<i>Priority Focus Area</i>	<i>Patient- and Family-Centered Care Program Enhancements</i>
Personalized patient education during hospitalization	Implementation of a television-based health information portal that converts the patient television into a computer and interactive patient education device. This program facilitates patient education and tracking as well as brings the Internet's resources and entertainment to the patient's fingertips. Implementation of the Health Information Ambassador Program to facilitate health information to the patient from the Consumer Health Library.
Discharge preparation and education	Implementation of a hospital-wide Care Partner Program to improve patient and family education and discharge preparation.
Increased access to patient health record through a shared medical record process	Creation of patient health record journal called My Health Record that allows the patient to access a summarized version of their daily medical record in order to increase patient and family participation and compliance in the care plan.

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Table 1.1 (Continued)

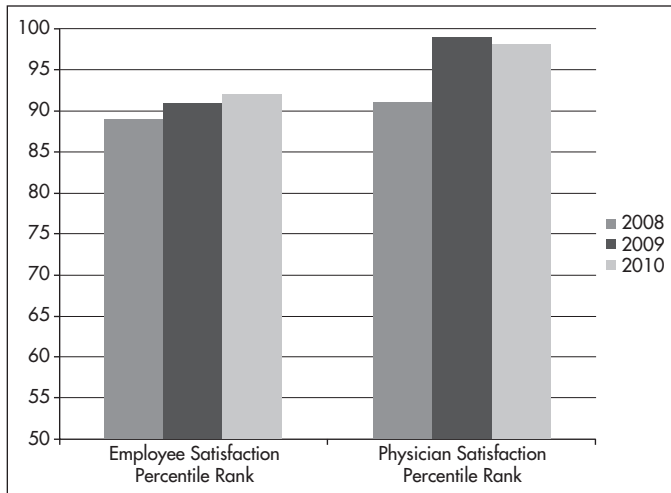
<i>Priority Focus Area</i>	<i>Patient- and Family-Centered Care Program Enhancements</i>
Consistent implementation of integrative medicine offerings	<p>Increased the number of integrative healing offerings in order to obtain consistent implementation throughout all units. Modalities included:</p> <ul style="list-style-type: none"> • Meditation • Healing touch • Reiki • Guided imagery • Comfort hand massage • Arts for healing • Healing music • Pet therapy • Aromatherapy
Improved parking	<p>Complimentary discharge van service for patients (one guest is permitted per patient). Purchase of a seven-passenger, wheelchair-accessible van equipped with child-safety seats.</p>

The outcome of these patient- and family-centered program enhancements was sustained improvement in employee, physician, and patient satisfaction in addition to sustained improvement in the percentage of hospital patients assessed as receiving “perfect care” as measured by the Centers for Medicare and Medicaid Services. Sharp Memorial Hospital for the past three years outperformed 90 percent of hospitals across the United States in employee, physician, and patient satisfaction. Sharp Memorial Hospital is currently the only hospital in the world to have concurrent Planetree Patient-Centered Hospital Designation for patient-centered care excellence, Magnet designation for nursing excellence, and be part of a health care system that has received the Malcolm Baldrige

National Quality Award. In addition the following awards have demonstrated the outstanding outcomes accomplished:

- 2012 HealthExecNews World’s Most Beautiful Hospital
- 2012 Becker’s 100 Great Hospitals
- 2012 The Joint Commission Top Performer on Key Quality Measures
- 2011 The *Union Tribune San Diego’s* Best Hospital
- 2011 Health Grades Outstanding Patient Experience Award
- 2011 Soliant Health Top 10 America’s Most Beautiful Hospitals
- 2010 Morehead Apex Award
- 2010 Soliant Health America’s Most Beautiful Hospital
- 2010 Press Ganey Inpatient Top Improver Award

Figure 1.1 SMH Employee and Physician Satisfaction Percentile Rank (FY2008–FY2011)



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Figure 1.2 SMH Overall Patient Satisfaction Percentile Rank (FY2008–FY2011)

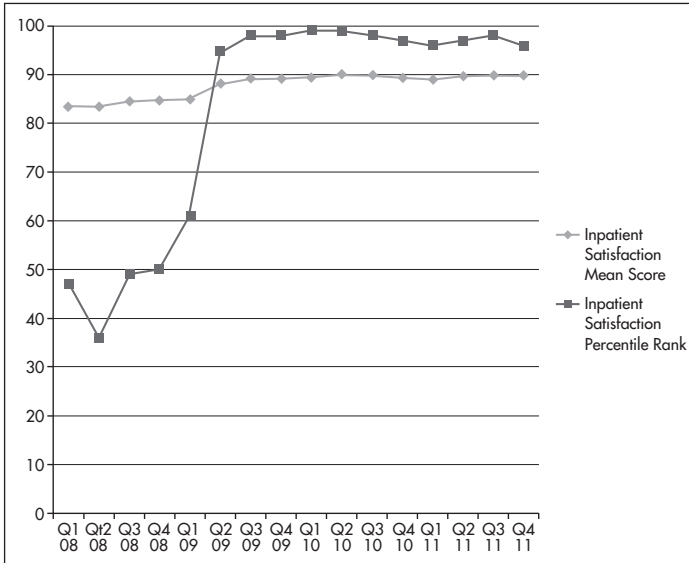
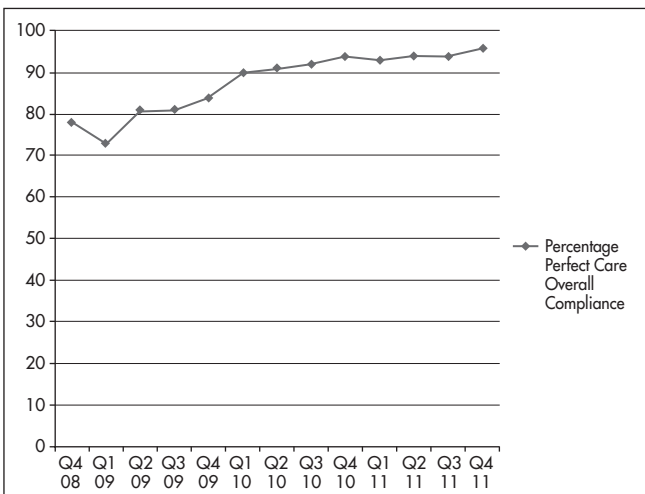


Figure 1.3 SMH Overall Percentage Perfect Care Compliance Composite (FY2008–FY2011)



THE VALUE EQUATION

As this field example illustrates, patient-centered care and high-value health care are *not* an either-or proposition. In fact, there can be no discussion of the value equation for patient-centered care without first establishing this fundamental point: patient-centered care *is* safe, high-quality care. Health care can *not* be patient-centered if it is not grounded in clinical excellence and sound patient-safety practices.

Though the specifics of health care financing systems vary country to country, the patient-centered care value equation applies globally. It hinges on activating patients to become engaged participants in their own health care. A growing body of research demonstrates that patients who have the skills and confidence to be actively engaged in their health care:

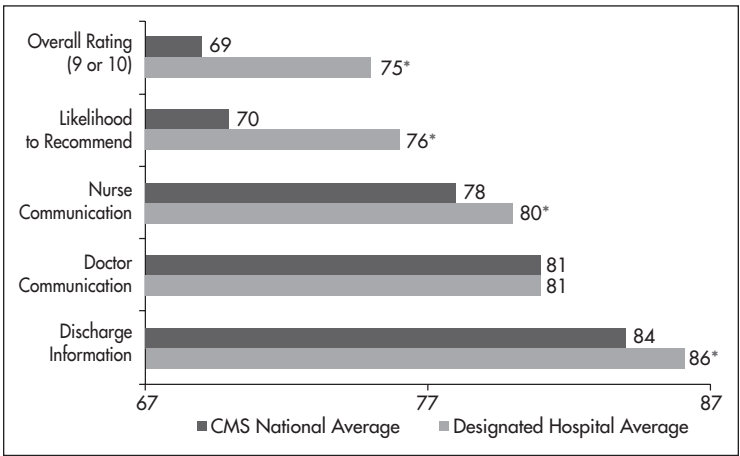
- Are less likely to require an emergency room visit or hospital stay (Greene and Hibbard, 2012)
- Are more likely to adhere to treatment plans and manage their illness (Greene and Hibbard, 2012; Hibbard, Greene, and Overton, 2013; Remmers and others, 2009)
- Adopt healthy behavior changes (Harvey and others, 2012; Hibbard and others, 2007)
- Are associated with better health outcomes (Greene and Hibbard, 2012; Remmers and others, 2009; Skolasky, Mackenzie, Wegener, and Riley, 2011)
- Incur lower costs (Hibbard, Greene, and Overton, 2013)

In addition, numerous studies document that engaging patients drives more effective care (Beach, Keruly, and Moore, 2006; DiMatteo, 1994; DiMatteo and others, 1993; Fremont and others, 2001; Greenfield Kaplan, Ware, Yano, and Frank, 1998; Meterko, Wright, Lin, Lowy, and Cleary, 2010). When effective care is delivered, unnecessary duplication of services and readmissions are avoided, which further reduces costs.

Engaging patients as partners in their care and recognizing them as multidimensional human beings also drives patient satisfaction, which positions an organization in the marketplace as a provider of choice. In one study, researchers associated “higher perceived quality of interpersonal exchanges with physicians, greater fairness in the treatment process, and more out-of-office contact with physicians” with higher levels of patient activation (Alexander, Hearld, Mittler, and Harvey, 2012).

This relationship between a comprehensive approach to patient engagement and quality outcomes is reinforced by an examination of an elite group of hospitals that have earned recognition as Planetree Designated Patient-Centered Hospitals. These hospitals have undergone a rigorous

Figure 1.4 HCAHPS Patient Experience Survey Comparison of U.S. Designated Patient-Centered Hospitals and the National Average. *Reporting Time Period: 4/01/2011–3/31/2012*



* Planetree performance is significantly better than the national average at the 95 percent confidence level ($p < 0.05$).

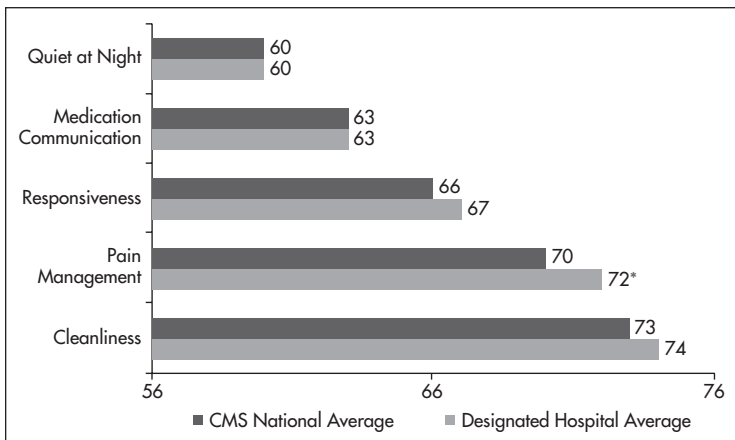
Note: Comparing top box scores.

Source: Hospital Compare

process to demonstrate their ability to engage patients and families, nurture staff, and deliver care in a way that meets a wide range of patient, family, and caregiver needs. Analysis of these hospitals' performance on a number of quality indicators substantiates the patient-centered care value equation. Designated Patient-Centered Hospitals in the United States consistently exceed national benchmarks for clinical quality, avoidable readmissions and patient experience.

Data further suggest that an established culture of patient-centered care accelerates improvement efforts. On the two overall measures of the patient experience included in the United States' nationally standardized Hospital Consumer Assessment of Healthcare Providers and Systems

Figure 1.5 HCAHPS Patient Experience Survey Comparison of U.S. Designated Patient-Centered Hospitals and the National Average. *Reporting Time Period: 4/01/2011–3/31/2012*



* Planetree performance is significantly better than the national average at the 95 percent confidence level ($p < 0.05$).

Note: Comparing top box scores.

Source: Hospital Compare

Figure 1.6 Percent of Patients Who Would Definitely Recommend This Hospital to Friends and Family, Rates of Improvement

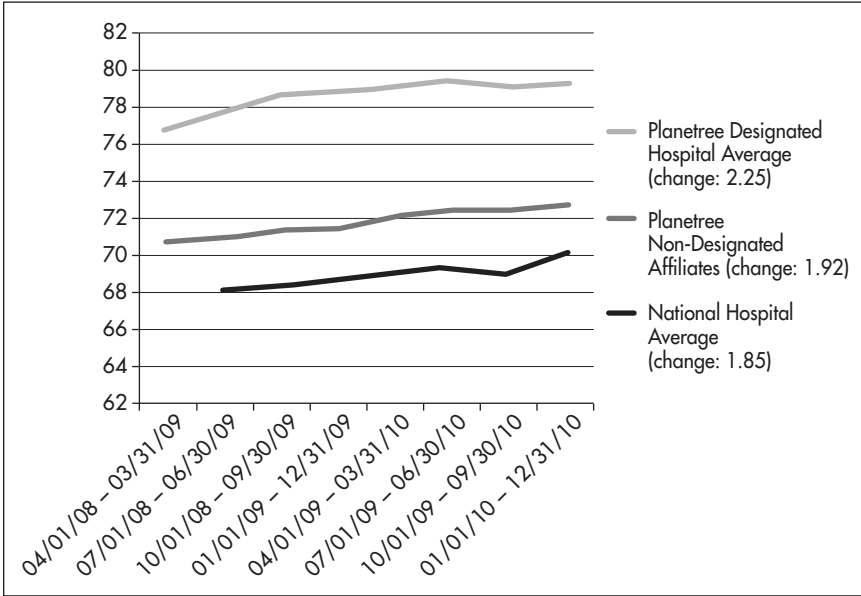
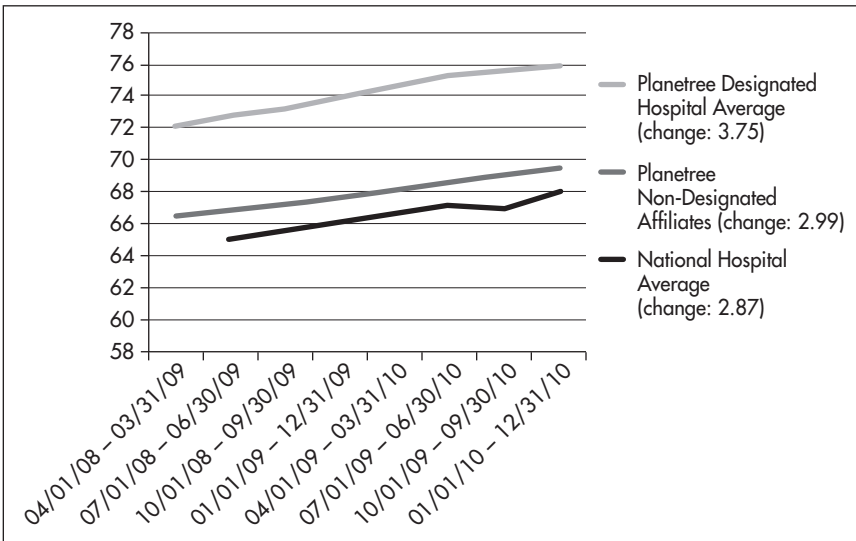


Figure 1.7 Percentage of Patients Highly Satisfied, Rates of Improvement



(HCAHPS) survey (“How do you rate the hospital overall?” and “Would you recommend the hospital to friends and family?”), Designated Patient-Centered Hospitals’ rates of improvement exceed the national average.

Designated health care organizations in Europe and South America include some of the top-rated establishments in these regions as well. Among these is Flevoziekenhuis in The Netherlands.

FIELD EXAMPLE: PATIENT-CENTERED QUALITY IMPROVEMENT

Flevoziekenhuis, Almere, The Netherlands

In 2007 Flevoziekenhuis, a 268-bed acute care hospital, faced several problems, such as low performance in quality, patient satisfaction, and employee satisfaction and an unmotivated staff. This resulted in the lowest ranking of the top 100 hospitals in a national survey, a high number of patient complaints, and high employee absenteeism.

The decision to embrace the Planetree philosophy in the second half of 2007 gave the hospital a focus on improving quality from a patient and employee perspective. Measuring performance by using several methods for different purposes helped to point out the issues and problems that had to be tackled. A survey instrument was installed to continuously monitor the patient satisfaction concerning specific departments and specialists. A training program was developed for the staff after a patient survey on friendliness and hospitality in the hospital identified opportunities for improvement. Furthermore, a range of methods was offered to managers in order to improve performance, varying from focus groups to interviews in the waiting rooms. Nursing departments and outpatient clinics adopted measurement instruments based on their specific needs for information or feedback. Small groups of patients were asked for “mirror” conversations, where a large group of caregivers, doctors, and other staff experienced patients sharing their personal stories among each other, uninterrupted by staff.

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In addition to the growing awareness of the patient experience, hospital staff focused on the importance of quality and safety standards. This led to identifying safety hazards and achieving a better registration process. Being open to identifying shortcomings facilitated overall improvement, which was quantified through yearly Planetree performance evaluations, and growing appreciation expressed by Public Health inspectors. In 2010, the hospital was ranked number one in the 100 Best Hospitals in the Country list by the national publication *Het Algemeen Dablad*. Despite the explosive growth to double its size within seven years, accompanied by a new building to accommodate the growth, the hospital managed to achieve tremendous performance improvement. Patient satisfaction increased from 6.5 in 2006 to 8.4 (on a scale of one to ten) in 2007, exceeding the national average in 2011 of 7.5. Despite the turmoil of a dynamically expanding organization, also on a scale from one to ten, employee satisfaction went from 6.2 in 2008 to 7.0 in 2010, while the percentage of employees rating themselves as “very involved” increased from 54 percent in 2008 to 73 percent in 2010. By introducing a new system of engaging doctors, nurses, and other staff in handling their patients’ complaints, the number of complaints dropped from 808 in 2008 to 600 in 2010, with a further decrease of more than 20 percent in 2012. A patient survey in 2010 on the results of Planetree training showed that the hospital staff was perceived to be more friendly and hospitable than two years earlier. The year 2010 was an overall successful year. Besides the patient and staff appreciation of the Planetree implementation, Flevoziekenhuis became the first Planetree Designated Patient-Centered Hospital in Europe.

HEALTH CARE CONSUMERS ARE CHALLENGING US TO DO BETTER

As this field example attests, even countries with near-universal health care coverage are not immune to the forces of health care consumerism. Regardless of the percentage of the cost of care being paid out-of-pocket, patients

recognize that decisions they make about their health care are among the most consequential they will make in their lifetimes. Accordingly, consumers are demanding more information, more choice, and greater opportunities for personal involvement in care planning and decision making.

Today's consumers are not only more informed, they are also more vocal about the quality of care they receive and their expectations of their health care delivery system. Not too long ago, a highly motivated person might write a letter of complaint—or maybe even of a letter of praise—to the CEO of a health care organization. Today, the Internet, blogs, and social media sites are forums where patients can publicly tell their stories about recent health care episodes, relating what went well and what was disappointing to them.

In addition, in many countries recent national elections have become, in essence, referendums on the state of the health care delivery system. This has driven a growing number of elected officials to examine ways to improve service quality and clinical excellence.

Elevating the Importance of the Patient Experience

The use of survey instruments to gauge patient satisfaction or the patient experience is further amplifying the voice of consumers. Such tools are gradually becoming more commonplace worldwide, and there is a growing trend for quality and patient satisfaction data to be made public, helping to inform consumers about their providers.

In the United States, the federal government—the nation's largest purchaser of health care services, through the Medicare and Medicaid programs—has mandated that hospitals report performance on a number of quality indicators, including performance on the HCAHPS survey. Until recently, hospitals that chose not to report received a substantial financial penalty. However, beginning in 2013, the reimbursement model shifted from “pay for reporting” to a “pay for performance” approach under the Medicare Value Based Purchasing (VBP) program. With the advent of value-based purchasing, how patients rate their experience of care has a very tangible impact on U.S. hospital reimbursement.

Again, hospitals with a well-established and comprehensive culture of patient-centered care are prepared to do well in a VBP environment. A preliminary analysis of the performance of the Planetree Designated Patient-Centered Hospitals on the seventeen clinical process of care measures and eight patient experience measures that comprise a hospital's value-based purchasing score forecasts that these hospitals, as a group, are poised to receive a substantial reimbursement premium. Through the VBP program, eligible hospitals will have 1 percent of their Medicare reimbursement withheld. Hospitals performing at the average will receive the entire withheld amount back. Those performing below average will only have a portion of the withheld amount returned, while above average performers will receive a greater amount than what was originally withheld. Initial indications are that Designated Patient-Centered Hospitals will receive 127 percent of the reimbursement amount held under the Value-Based Purchasing Program, indicating exceptional performance. The 27 percent premium for designated hospitals in aggregate equates to three quarters of a million dollars, which will grow as a greater portion of hospital reimbursement is tied to performance over time.

Clearly, patient-centered care can no longer be considered “value-added.” It is now an obligatory component of health care organizations' strategies for financial viability. Paying health care providers based on objective measures of relative performance including the outcomes of care may manifest itself differently from country to country depending on the structure of the health care delivery system and the payment model employed, but the shift to pay for performance will no doubt occur. It is not far-fetched to suggest that, in the not too distant future, other national governments, insurance companies, and ministries of health will begin building patient experience and care effectiveness measures into their programs and reimbursement systems.

This is good news for patients. Around the world, health care leaders are mobilizing to figure out how to better respond to patient needs and preferences. In the United States, where value-based purchasing has considerably elevated the importance of patient-centered care, health care

executives now identify improving the patient experience as one of their top priorities (Zeis, 2012).

Expanding Patient Choice: Medical Tourism

The growth of the medical tourism industry, wherein patients cross international borders with the express intent of obtaining more affordable or more accessible medical treatment, is further testament to how health care consumerism is altering the global health care landscape. Estimates vary considerably as to the size of the medical tourism marketplace. One group projected that the worldwide revenue generated by medical tourism would reach \$100 billion by 2012 (Pizzi, 2009); another estimates the amount to be closer to \$15 billion (Patients Beyond Borders, 2012). What is conclusive is that the number of patients pursuing international health care options is growing. Patients Beyond Borders (2012) estimates the annual rate of growth to be 25–35%. The rate of growth is likely to increase with the ratification of the European Union Directive on Cross Border Healthcare, which expands access to medical treatment for EU citizens in other EU nations, provided the treatment is covered in their own national health care system.

Patient-Centered Care as a Market Differentiation Strategy

Whether a health care organization sets its sights on maximizing its local market share or attracting medical tourists, many health centers today are striving to distinguish themselves from competitors. Implementation of patient-centered care can be a potent differentiator. A reputation for providing patient-centered care lends itself nicely to compelling marketing and branding efforts and word-of-mouth referrals. Even more important, the most conspicuous manifestations of patient-centered care in practice leave lasting impressions on patients and family members (for example, signage promoting shared medical records, change-of-shift caregiver to caregiver reporting at the bedside, elimination of visiting hours, elimination of overhead pages, and removal of physical barriers between patients

and caregivers). These practices create the foundation for high-value care that is the ultimate focus of global health care reform efforts.

IMPROVING EFFICIENCY AND FREEING UP TIME TO CARE

This emphasis on value has resulted in many health care organizations scrutinizing operating costs and resource allocation in order to eliminate waste and inefficiencies. Process improvement to make organizations “leaner” has proven to be immensely effective in other industries and sectors, resulting in greater efficiency and productivity and increased return on investment. To be sure, the health care industry is hardly immune to waste. A focus on value, undeniably, requires health care leaders to seek out opportunities for reductions in costs and elimination of redundancy and inefficiency. However, unlike a manufacturer whose commodity is widgets, our commodities in health care are the restoration of health and well-being of individuals at among the most vulnerable times in their lives. The questions of cost, productivity, and efficiency must be considered in the context of the human experience. Such is the focus of the Patient-Centered (PC) Lean process improvement approach.

Patient-Centered Lean combines established lean methodologies with the principles of patient-centered care to realize the patient-centered care value equation. The methodologies focus in on ways to improve the patient experience, optimize work flows, reduce rework and defects, and increase financial returns, all while activating patients as partners in their care and heightening staff engagement and morale.

PC Lean initiatives examine several core performance drivers to realize superior and consistent returns:

- *Staff and patient driven:* Employees and patients contribute to Lean events, results produced, and time invested in the process
- *Leadership supported:* Executive leadership leads the way by ensuring resource allocation, removing barriers to success, and celebrating accomplishments with the Patient-Centered Lean team

- *Value stream selection and results tracking:* The alignment of strategic planning, patient-centered care methodology, and critical organizational goals; project scope and boundaries; matching the right resources and tools; and accurately measuring improvements
- *Ability to replicate improvements:* Ways that solutions and standard work can be applied across multiple departments throughout the organization
- *Sustainability and performance management:* Ensuring that solutions are sustained over time through daily management of standard work

FIELD EXAMPLE: **PATIENT-CENTERED LEAN IN PRACTICE**

Griffin Hospital, Derby, Connecticut, USA

Griffin Hospital is a 160-bed acute care hospital located in the highly competitive health care market of the northeastern United States. Although there are a number of larger and better-known health care institutions in close proximity, Griffin has gained a reputation as a hospital of choice, known for engaging patients and families through access to information, shared decision making, and encouraging their active involvement in organizational planning and improvement efforts. At the same time, the hospital has emerged as an employer of choice for its efforts to care for and support staff so that they can best care for and support patients.

The Griffin Hospital story illustrates how a focused effort to reorganize care delivery around the experience of patients can improve clinical, operational, and financial outcomes. Once a struggling hospital with a deteriorating physical plant, a reputation as a hospital to be avoided, and an uncertain future, today the hospital is a patient-centered care success story.

Systemic culture change began more than twenty years ago with a concerted effort to listen to employees and patients and respond in

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meaningful ways to their needs and preferences. Retreats reconnected all employees to why being a health care professional mattered to them. These mandatory overnight, off-site retreats also created a foundation where every employee, clinical and nonclinical alike, views themselves as caregivers with the ability and responsibility to deliver an exceptional patient experience. Focus groups, patient surveys, and community image surveys became vital tools for charting the course for how care would be delivered moving forward.

A shared medical record policy, health resource centers, a care partner program, patient pathways, and collaborative care conferences were introduced to ensure that patients and their families have access to the information they need to be partners in decisions about their care, treatment, and well-being. Featuring residential kitchens, healing artwork, family lounges, decentralized nurses' stations right outside of patient rooms, consumer health libraries on every unit, abundant natural light, and access to nature, the physical environment also reflects patient-centered care principles.

By putting patients first, the hospital dramatically changed its trajectory from a struggling institution to one that is thriving and has earned a reputation for excellence on multiple fronts. In the most recently completed survey, of the eight hospitals in its region, Griffin was named the hospital of choice by community residents and identified as the most improved hospital by a three-to-one margin. Patient satisfaction has averaged 96 percent for the past five years. In 2011, Griffin Hospital was named one of the top performing hospitals in the United States on key quality measures by The Joint Commission, the leading accreditor of health care organizations in the United States. The hospital is in the top 5 percent of all U.S. hospitals recognized for consistent, comprehensive quality outcomes across several medical specialties. It is also the only hospital to have been named on *Fortune* magazine's "100 Best Companies to Work For" list for ten consecutive years.

Fundamental to Griffin Hospital's success has been its commitment to continuous improvement. Given narrowing operating margins and health

care reform that has transformed financial incentives, perhaps never in the hospital's history has this ability to innovate, evolve, and improve been more important.

While the Griffin team endeavors to transform how it operates, what will remain unchanged is its central focus on the patient. Through deployment of the Patient-Centered Lean process, the hospital has initiated numerous projects in several departments which are projected to save more than \$400,000 annually by increasing efficiencies and capturing additional revenue—all while simultaneously enhancing the patient experience.

The Griffin Hospital team initiated its strategic deployment of PC Lean with one overarching goal in mind: to get the caregiver back at the bedside where value is added. This strategic goal started the deployment that led Inpatient, Surgical, Emergency, Laboratory, Case Management, and Human Resources to integrate their improvement efforts. These efforts led to improved staff engagement, quality, safety, access and timely delivery of care, and financial returns as well as reduced operating costs and increased capacity. Just a small sampling of the changes implemented include:

- The nursing care delivery model was redesigned to better promote accountability and team work, with the ultimate intent of enhancing responsiveness to patients' needs. With the establishment of a consistent shift start time, all oncoming staff (including the charge nurse, RNs, multiskilled technicians, and the unit clerk) now begin their shift together with a brief team meeting during which the unit's patients are reviewed and team members' work assignments are established. In this new model of care, each team member's daily responsibilities are conditional on what is occurring on the unit that day versus rigid job descriptions that narrowly define certain tasks for nurses and others for techs. Processes were also implemented to ensure that, even with multiple shifts (four-hour, eight-hour, and twelve-hour), the patient's vital role on the care team is not overlooked. It was established that every eight hours, the patient be a part of the team meeting. In addition, in an

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initiative driven by the multiskilled technicians, a formalized protocol was devised for ensuring that patients' call lights are directed to the appropriate level of care based on the type of request, and that the lights are responded to in a timely manner.

- The preoperative interview and admission testing procedures for same-day surgery patients was restructured. In the new process, pre-op patient interviews are conducted over the phone versus in person, saving the patient an extra trip to the hospital. In addition, pre-op testing is now provided on a walk-in basis, whereas previously such tests needed to be scheduled. This provides patients with greater flexibility. Additional improvements were instituted to minimize the burden on patients requiring more extensive pre-op work that cannot be done on a walk-in basis. By having the anesthesiology team reserve a consistent block of time when they are available, schedulers are able to be more efficient in coordinating patients' care and managing staff's time.
- A new discharge process introduced in the Emergency Department established a standardized core set of responsibilities in the discharge process. By having the physician print off the discharge instructions and physically drop them in a bin at the nurses' station, nurses are visually cued, in a time-efficient way, when their patient has been cleared for discharge so that they can print off the discharge instructions, reducing the time between the physician entering a discharge order and the actual discharge of the patient.
- The daily workflow of staff in the Case Management Department was made more efficient by streamlining the department's customary morning briefing. What was previously a meeting that took anywhere from forty-five to sixty minutes was pared down to just fifteen minutes by eliminating interruptions (phones are answered by the clerk) and standardizing the information to be exchanged. By reducing the time of this important administrative process, case managers are freed up to spend more time meeting with patients and family members earlier on in their work day. This significant reduction in the time of the daily

briefing has been realized even with the inclusion of a reflection at the start of every briefing to center staff and start the day on an uplifting and supportive note.

- Space in the surgical preoperative area being used as a storage area was repurposed and redesigned to use as patient care space. Recognizing the healing benefits of natural light, the space was reconfigured to bring more outside light into the area.

Through implementation of these changes, the hospital is poised to:

- Save nearly seven hundred nurse hours per year
- Recoup useable space valued at \$98,000 annually
- Increase capacity
- Improve employee satisfaction

Improvement in patient and family satisfaction is also being driven through these process improvements. The patient experience has been enhanced through:

- Maximizing nurses' time at the bedside
- Minimizing discharge delays
- Decreasing the wait time for same-day surgery patient interviews
- Reducing Emergency Department wait times from patient arrival to when the patient is seen by a physician
- Reducing admission times from the Emergency Department to the inpatient unit
- Incorporating into the standardized Emergency Department discharge process a bedside discharge brief which involves the patient so that they have a better understanding of the discharge process and their discharge instructions

With an eye on sustaining these improvements, the hospital has developed visual tools and reports to help all team members gauge performance and maintain these early gains.

CONCLUSION

Limited resources and mounting financial pressures challenge all of today's health care leaders. As demonstrated in this chapter, engaging patients and families through a person-centered approach to care represents an unparalleled opportunity to achieve the high-quality, high-value care we all strive to deliver.

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