



Connection

Timely information for best practices

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Patient-centeredness as a dimension of quality

In the May 2017 issue of *Connection*, we introduced the six domains used to assess quality in healthcare systems identified by The National Academy of Medicine. Continuing this theme, this issue will discuss patient-centeredness and its importance within the overall patient experience.

Patient-centeredness means that a health care organization has critically considered its policies and processes from the perspective of the patient. Much of the success of this concept hinges on communication between health care professionals and patients. Quality communication enhances the patient experience, improves adherence to treatment recommendations, and

ultimately influences outcomes. It is an approach that considers cultural background, ethnicity, values, preferences, and other defining qualities of the individual patient when communicating options. Effective communication facilitates questioning, information exchange, and airing of concerns. In today's value-based model of health care, communication has come to be considered a competency of healthcare professionals.

Communication theory has developed three basic models of human interaction: linear, interactive, and transactional. Presented graphically, the linear and interactive models are unidirectional while the transactional model is visualized by arrows that concurrently point in both directions, indicating active engagement and more equal exchange between participants. This model, the most dynamic form of communication, represents best practice with regard to patient-centeredness.



In addition to the verbal exchange, non-verbal cues, such as eye contact, “open” body stances, and hand gestures—the *manner* in which the healthcare professional interacts with a patient—contribute to the effectiveness of communication, patient engagement, and receptiveness. For example, according to recent studies, if patients sense a lack of compassion, they may withhold critical health background and information—data that could be necessary to decisions regarding treatment.

Patient centeredness as care that is structured around and responsive to the needs of the patient is nothing new. It has been a component of AAAHC accreditation and is where our Standards begin (Chapter 1: Patient Rights and Responsibilities). Standard 1.A says, “Patients are treated with respect, consideration, and dignity” and identifies privacy, effective communication of information, and opportunities to participate in decision-making as elements that contribute to the overall perception a patient has of the quality of care. “Big things” like interaction with physicians and staff, a well-coordinated organization with staff who effectively communicate with each other, and smaller things like wait times and telephone triage all inform the overall patient

experience. In seeking to address this Standard, the intent is that the entirety of how patients interact with the organization including information about services available, after-hours and emergency care provisions, and credentials of providers is considered.

Other Standards related to patient centeredness can be found throughout the Handbook (“Governance,” “Surgical and Related Services”, and “Medical Home,” to name a few) and support the understanding that every interaction between the patient and organization, from telephone encounters to discharge are integral to quality care. Positive relationships between providers and patients derive from an organizational mindset that looks at the experience of care from the patient’s perspective. And it all ties back to the quality of communication.

Best practices for communication suggest that healthcare professionals who are specific, use everyday language, and avoid jargon have the best chance of conveying the necessary information to patients. Checking patient understanding by asking follow up questions, repeating key points, and encouraging questions are approaches that encourage a dialogue between healthcare professional and patient. Follow up communication may be directed through patients’ preferred channels (for example, telephone, email, text message). An ongoing and interactive dialogue with healthcare professionals often results in the patient having a higher level of satisfaction with both provider and care received.

Resources for conducting emergency drills

The growing library of AAAHC Patient Safety Toolkits includes *Emergency Drills*, a resource for how to prepare, conduct and evaluate scenario-based drills. [Order here.](#)

We also offer a free poster discussing how to run a drill for a malignant hyperthermia emergency. Email marketing@aaahc.org to request a copy.

Upcoming educational programs

Achieving Accreditation will be held in Washington, DC, September 22-23. [Register here](#) for the program that includes a first look at the 2018 Standards.

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