This Resource Compendium, and its companion publication, The Patient-Centered Care Improvement Guide were generously funded by Picker Institute, an international non-profit organization that supports research in the field of patient-centered care.

Planetree, Inc.
130 Division Street
Derby, CT 06514
www.planetree.org

Picker Institute, Inc.
22 Bay View Street, 3rd floor
P.O. Box 777
Camden, ME 04843-0777
www.pickerinstitute.org

©2010 Planetree, Inc. All Rights Reserved
# TABLE OF CONTENTS

## Effective Communication
- General Resources ............................................................. 4
- Physician-Patient Communication ........................................ 5
- Nurse-Patient Communication ............................................. 6
- Communication, Non Verbal .................................................. 7
- Communication Barriers ...................................................... 7

## Personalization of Care
- General Resources ............................................................. 8
- Hospital Attire ........................................................................ 9
- Food and Nutrition – General Resources ............................... 9
- Food Delivery/Room Service ................................................. 9

## Cultural Diversity
- General Resources ............................................................. 10
- Perceptions of Health Care .................................................. 10
- Culturally Competent Health Care ....................................... 11

## Continuity of Care
- Hospital Discharge and Care Transitions .............................. 12
- Family Rounds ...................................................................... 12
- Hourly Rounds ..................................................................... 13
- Interdisciplinary Approaches .............................................. 13
- Bedside Shift Report ........................................................... 13
- Patient Pathways .................................................................. 14
- Medication Reconciliation /Information ............................... 14

## Access to Information/Patient Education
- General Resources ............................................................. 15
- Approaches to Patient Education ......................................... 15
- Shared Medical Record ....................................................... 16
- Printed Patient Educational Materials .................................. 17
- Consumer Health Information and the Internet .................... 17

## Family Involvement
- General Resources ............................................................. 19
- Visitation ............................................................................ 19
- Family Presence .................................................................. 20
- Care Partners/Family Involvement ...................................... 21
- Patient and Family Advisory Councils ................................. 21
- Family Experience/Caregiver Support ................................. 22

## Environment of Care
- Healing Design .................................................................... 23
- Auditory Environment ......................................................... 24
- Views of Nature/Access to Natural Light ............................. 25
- Private Rooms ...................................................................... 26
### Table of Contents

**Arts and Positive Diversions** ................................................................. 27  
General Resources ..................................................................................... 27  
Visual Art ..................................................................................................... 27  
Music .......................................................................................................... 27  
Drumming ................................................................................................. 28  
Humor/Clowns ........................................................................................... 29  
Animal Visitation/Pet Therapy ................................................................. 29  

**Spirituality** ............................................................................................... 30  
General Resources ..................................................................................... 30  
Clinical Relevance of Spirituality .............................................................. 31  
Caregiver/Providers and Spirituality ......................................................... 31  
Palliative Care and End of Life Care .......................................................... 32  

**Integrative Medicine** ............................................................................... 33  
General References on CAM Utilization and Outcomes ......................... 33  
Acupuncture ............................................................................................... 34  
Aromatherapy ............................................................................................ 34  
Healing Touch/Therapeutic Touch ............................................................. 35  
Massage Therapy ...................................................................................... 35  
Meditation/Guided Imagery ...................................................................... 36  
Music Therapy/Music Thanatology ............................................................ 36  
Tai Chi .......................................................................................................... 37  
Yoga ............................................................................................................ 37  

**Caring for the Community** ..................................................................... 39  

**Care for the Caregiver** ........................................................................... 41  
Job Satisfaction ........................................................................................... 41  
Employee Satisfaction and Patient Satisfaction ...................................... 41  
Caring for Caregivers ................................................................................. 41  
Supportive Work Environments ............................................................... 42  

**Patient-Centered Approaches to Technology** ........................................ 43  
General Resources ..................................................................................... 43  
Electronic Medical Record ....................................................................... 43  

**Patient Safety** .......................................................................................... 45  

**Patient Satisfaction** .............................................................................. 48  
General Resources ..................................................................................... 48  
Survey Design ............................................................................................. 49  
HCAHPS ...................................................................................................... 49  
Racial and Ethnic Differences in Patient Perceptions of Care .................. 50  
Patient-Centered Care and Outcomes ..................................................... 50  

**Malpractice** ............................................................................................. 51
**Effective Communication/Human Interactions**

Communicating effectively with patients and families is a cornerstone of providing quality health care. The manner in which a health care provider communicates information to a patient can be equally as important as the information being provided. Patients who understand their care providers are more likely to accept their health problems, understand their treatment options, modify their behavior and adhere to follow-up instructions. Furthermore, when these communications are infused with caring attitudes, even the most routine health care interactions are opportunities to convey caring, compassion and concern. When individual providers or entire organizations are committed to instilling caring attitudes in health care, patients are recognized as unique, multidimensional beings with a range of needs and emotions. Patient-centered providers recognize that caring for patients means meeting this full range of needs.

**General Resources:**


Evidence Base for Patient-Centered Care


**Physician-Patient Communication:**


**NURSE-PATIENT COMMUNICATION:**


**COMMUNICATION – NON VERBAL:**


**COMMUNICATION BARRIERS:**


PERSONALIZATION OF CARE

Patients are not body parts to be fixed, and the health care experience is not relegated to treatments, pharmaceuticals and technology. Patient-centered hospitals find ways to personalize care to reflect the individual preferences and expectations of each patient. Building in processes and mechanisms to customize the patient experience is a key strategy for overcoming the fear, anxiety and stress associated with being at the hospital. To enter the hospital and subsequently be told what to wear and what and when to eat, to have normal sleeping patterns disrupted by inflexible hospital routines, to suddenly become dependent on others for basic personal needs like toileting and hygiene, and to be known as a room number versus a name, can all contribute to a feeling of being dehumanized. Encouraging patient involvement and empowerment, including patients and families in the experience, and focusing on how to create a more homelike experience are some ways health care providers may begin to reframe past practices. Patient-centered hospitals are implementing unique programs geared toward validating patient preferences, preserving patients’ normal routines as much as possible, and maintaining the patient’s personal identity throughout the health care experience.

GENERAL RESOURCES:


HOSPITAL ATTIRE


FOOD AND NUTRITION – GENERAL RESOURCES


FOOD DELIVERY/ROOM SERVICE


CULTURAL DIVERSITY

Patient-centered care must also be culturally competent care. From accommodating the diversity in what represents “comfort foods” for different ethnic groups, to providing translation and interpretation services and ensuring that cultural traditions for birth, death and illness are accommodated, patient-centered hospitals must be equipped to provide personalized care to patients and families of all different cultural traditions and experiences.

GENERAL RESOURCES:


RACIAL AND ETHNIC DIFFERENCES IN PERCEPTIONS OF HEALTH CARE:


**Culturally Competent Approaches to Care:**


CONTINUITY OF CARE

In a patient-centered setting, care is delivered in a manner that is coordinated among numerous caregivers. At the center of this care coordination is the patient and family themselves. The patient and family are involved participants in exchanges of information, in education about their condition and its management, and in setting expectations for the hospital stay and care transitions. This promotes continuity of care, empowers patients and families to take an active role in their care, and prepares them for managing their health care needs on their own upon discharge.

HOSPITAL DISCHARGE AND CARE TRANSITIONS:


FAMILY ROUNDS:


**Hourly Rounds:**


**Interdisciplinary Approaches:**


**Bedside Shift Report:**


**PATIENT PATHWAYS:**


**MEDICATION RECONCILIATION/INFORMATION:**


ACCESS TO INFORMATION AND PATIENT EDUCATION

Today, today we are inundated with health related information on radio and TV commercials, in the newspaper, in the popular magazines, and on the Internet. Yet, despite this information deluge, in many hospitals, information remains guarded and parsed out on an “as needed” basis, though who and what defines the need is often based on providers’ comfort with sharing the information rather than patients’ interest in hearing it. In patient-centered hospitals, illness and hospitalization are considered and treated as an educational and potentially transformational experience. Patient education and the exchange of information is a key component of the health care experience. Through customized information packets, community health libraries, shared medical record policies, bedside exchanges of information, and the like, patients and families are encouraged to become informed, active participants in their care.

GENERAL RESOURCES:


APPROACHES TO PATIENT EDUCATION:


Evidence Base for Patient-Centered Care


**Shared Medical Record:**


PRINTED PATIENT EDUCATION MATERIALS:


CONSUMER HEALTH INFORMATION AND THE INTERNET:


**FAMILY INVOLVEMENT**

Hospitals that are committed to being responsive to consumers’ needs and expectations understand the invaluable role of family—however “family” is defined by the patient. These are the people who know the patient best and those who, simply by their presence, can help to reassure patients in times of uncertainty, anxiety or vulnerability. Family caregivers are often a critical source of care for their loved one, and are consequently uniquely qualified to offer providers information about the patient’s history, routines, symptoms and more. For these family members, participating in this manner is essentially an extension of the ongoing caregiving role they play at home, both before and after hospitalization. Patient-centered hospitals welcome family members by not only lifting many of the restrictions that have historically limited their involvement, but also by actively encouraging their participation as members of the care team.

**GENERAL RESOURCES:**


**VISITATION:**


Evidence Base for Patient-Centered Care

FAMILY PRESENCE DURING PROCEDURES/RESCUCTIONS:


**CARE PARTNERS/FAMILY INVOLVEMENT**


**PATIENT AND FAMILY ADVISORY COUNCILS:**


**FAMILY EXPERIENCE/CAREGIVER SUPPORT:**


Patients often enter the doors of a hospital with heightened feelings of stress, anxiety and vulnerability. The environment that meets them has the potential to profoundly exacerbate, or conversely, to profoundly assuage these states of mind, either way often leaving an indelible impression that persists long after the patient has left the hospital. The environment of care is not limited to physical surroundings and aesthetics. It encompasses the totality of the atmosphere of the organization—the sights, sounds, and smells, certainly, but also the attitudes and accommodations made around patient privacy, dignity, comfort and peace of mind. A patient-centered environment of care is one that is safe and clean, and that guards patient privacy. It also engages all the human senses with color, texture, artwork, music, aromatherapy, views of nature, and comfortable lighting, and considers the experience of the body, mind and spirit of all who use the facility. Space is provided for loved ones to congregate, as well as for peaceful contemplation, meditation or prayer, and patients, families and staff have access to a variety of arts and entertainment that serve as positive diversions. At the heart of the environment of care, however, are the human interactions that occur within the physical structure to calm, comfort and support those who inhabit it. Together the design, aesthetics, and these interactions can transform an institutional, impersonal and alien setting into one that is truly healing.

**Healing Design:**


Evidence Base for Patient-Centered Care


**Auditory Environment:**


**VIEWS OF NATURE AND ACCESS TO NATURAL LIGHT:**


**PRIVATE ROOMS:**


ARTS AND POSITIVE DIVERSIONS

Part of creating a healing environment is providing nourishment for the body, mind and soul. Positive distractions such as roving musicians, clowns, humor carts, book carts, and visits from therapy dogs can help to lift patients’ spirits, calm their nerves, and may serve as welcome diversions for patients and families alike.

GENERAL RESOURCES:


VISUAL ART:


MUSIC:


**DRUMMING:**

Evidence Base for Patient-Centered Care


**HUMOR/CLOWNS:**


**ANIMAL VISITATION/PET THERAPY:**


SPIRITUALITY

Spirituality is our own internal ability to find meaning and connectedness in life, and is not limited to religious traditions. Patients and families interacting with hospitals and health care institutions are often in the midst of challenging times or significant life events. Feelings of vulnerability, anxiety and fear abound. Supporting patients, families and staff in connecting with their own inner resources enhances the healing environment.

GENERAL RESOURCES:


**Clinical Relevance of Spirituality:**


**Caregivers’ Spirituality:**

Evidence Base for Patient-Centered Care


PALLIATIVE CARE AND END OF LIFE CARE:


**INTEGRATIVE MEDICINE**

A fundamental aim of patient-centered care is empowering patients with the knowledge, support and resources they need to make informed decisions and to manage their health and wellness. One way that patients are increasingly meeting their own health care needs is through the use of complementary and alternative medicine (CAM). Creating programs that support patients’ interest in and use of CAM modalities enhances patient choice and allows mind, body and spirit healing to be maximized. Expanding the options of what is available to patients to include complementary modalities in both inpatient and outpatient settings can be an effective way to respond to growing interest in such approaches while ensuring the safe and effective integration of clinical and complementary modalities in a patient’s plan of care.

**GENERAL RESOURCES ON UTILIZATION AND OUTCOMES:**


CRISP Database (Computer Retrieval of Information on Scientific Projects): http://crisp.cit.nih.gov/


ACUPUNCTURE:


AROMATHERAPY:


HEALING TOUCH/ THERAPEUTIC TOUCH:


MASSAGE THERAPY:


MEDITATION AND GUIDED IMAGERY:


MUSIC THERAPY:


TAI CHI:


YOGA:


refractory epilepsy: A randomized controlled trial." *Epilepsy Behav.*


CARING FOR THE COMMUNITY

Many hospitals have adopted a broader charge beyond caring for the sick and injured, focusing concurrently on promoting wellness, prevention and safety—not only for patients, but also for staff and the community-at-large. Patient-centered hospitals are increasingly providing their communities with access to prevention programs such as educational health seminars, safe driving classes, health fairs, opportunities to meet with professionals who can assist community members with advance directives, planning for your healthy future, and more. These community offerings all contribute to a patient-centered approach by reaching out beyond the walls of the hospital to meet the health care needs of the entire community.


CARE FOR THE CAREGIVER

Acknowledging and being responsive to the experience of professional caregivers, and the multi-faceted demands placed on them every day, is fundamental to patient-centeredness. Patient focus group comments underscore that when staff do not feel cared for and supported, when they feel stressed and burdened, these feelings are palpable to patients, and this translates into patients hesitating to request assistance or ask for information, and presents a sizeable barrier to providing patient-centered care. Patient-centered hospitals not only strive to meet the full range of patient and family needs, but also those of staff. This includes putting in place a comprehensive system of reward and recognition to acknowledge staff’s dedication to putting patients and families first. Equally as important as a culture of recognition is a defined culture that encourages employee wellness and provides professional caregivers with outlets for stress reduction and work-life balance.

JOB SATISFACTION:


EMPLOYEE SATISFACTION AND PATIENT SATISFACTION:

Caring for the Caregiver


**Caring for Caregivers:**


**Supportive Work Environments:**


Evidence Base for Patient-Centered Care

**PATIENT-CENTERED APPROACHES TO TECHNOLOGY**

Although a patient-centered focus on human interactions is undoubtedly high-touch, it does not need to be low-tech. Patient-centered hospitals have developed innovative ways to utilize technology to support relationships. The lure of technology as a quick solution is powerful and pervasive, but technology itself is not the answer. Skillful use of the tool of technology can advance patient-centered care, but the technology must be designed and implemented to serve human needs, rather than in a way that forces people to conform to the technology.

**GENERAL RESOURCES:**


**ELECTRONIC MEDICAL RECORD:**


In some organizations the dichotomy persists that patient-centered care is essentially customer service “window dressing” on the more important clinical aspects of care. The patient safety literature highlights the fallacy in this thinking; by promoting effective communication and partnerships between and among patients, family and staff, a patient-centered approach can take quality and safety to new heights. As the Institute of Medicine has acknowledged, “[p]atient-centered care that embodies both effective communication and technical skill is necessary to achieve safety and quality of care.” Patient-centered care is not separate from or less important than quality, it is an essential part of it.

AHRQ Patient Safety Network (PSNet)
http://www.psnet.ahrq.gov/


Olsen, S., G. Neale, et al. (2007). "Hospital staff should use more than one method to detect adverse events and potential adverse events: incident reporting, pharmacist surveillance and local real-time record review may all have a place." *Qual Saf Health Care* 16: 40 - 44.


**Patient Satisfaction**

**General Resources:**


**SURVEY DESIGN:**


**HCAHPS:**


**Racial and Ethnic Differences in Patient Perceptions of Care:**


**Patient-Centered Care and Outcomes:**


MALPRACTICE


