A SHARED JOURNEY

The fundamental value of attending to the quality of relationships throughout the health system.

Presented by

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BECOMING A PATIENT

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AN “EXPERT” PATIENT

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THE PATIENT EXPERIENCE

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BARRIERS TO MEETING 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 (NOTE: Previously, Mr. Coffman spent 22 years with The Gallup Organization as Global Practice Leader of Employee & Customer Engagement.)

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FROM “PHYSICIAN CENTERED” TO “PATIENT CENTERED” CARE

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INTERPERSONAL AND COMMUNICATION SKILLS ARE CRITICAL TO THE SAFE AND EFFECTIVE DELIVERY OF QUALITY HEALTHCARE.

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COMMUNICATING INFORMATION

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ENGAGING THE PATIENT

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COMMUNICATING WITH COMPASSION

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USING PATIENT 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

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THE IMPORTANCE OF CLINICIAN 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

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THE CLINICIAN/PATIENT RELATIONSHIP IS ONLY ONE OF MANY RELATIONSHIPS THAT INFLUENCE IMPORTANT OUTCOMES.....

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RELATIONSHIP BETWEEN STAFF AND DEPARTMENTS

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What happens when a patient is treated by multiple specialists in different disciplines... none of whom is in relationship with each other?
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

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A SHARED JOURNEY WITH MULTIPLE NEEDS

Clinical  Financial  Personal

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WHAT IF there was a single, system-wide approach to quality improvement that could improve the healthcare experience for clinicians, management, and patients?

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FROM
“PATIENT CENTERED” TO
“RELATIONSHIP CENTERED”
CARE

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“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 Volume 21 Issue S1](http://www.kathytorpie.110mb.com), Pages S9 - S15)
“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)
RELATIONSHIP CENTERED CARE RECOGNIZES

• The reciprocal influence between clinician and patient
• 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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“...available evidence suggests that relationship-centered 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 Volume 21 Issue S1, Pages S9 - S15

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HOW DO YOU PROVIDE A “QUALITY PATIENT EXPERIENCE” IN A WAY THAT MAKES YOUR HOSPITAL THE PLACE......

✓ WHERE PATIENTS WANT TO BE TREATED
✓ WHERE CLINICIANS WANT TO WORK
✓ AND WHERE MANAGEMENT IS REWARDING

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WHAT DOES
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HOW CAN YOU GET A MORE COMPLETE UNDERSTANDING OF THE PATIENT EXPERIENCE BEYOND WHAT SURVEYS CAN TELL US?

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HOW CAN YOU USE THAT UNDERSTANDING TO INFORM A CULTURE CHANGE THAT Responds TO PATIENT NEEDS IN A MORE COMPLETE SENSE?

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WHAT'S IN IT FOR THE PATIENT?

• Less anxiety
• Feelings of safety and care
• More involvement in decisions
• Better understanding and recall
• More optimism
• Better clinical outcome
• Greater Satisfaction!

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WHAT'S IN IT FOR YOU AS A HEALTH CARE PROFESSIONAL?

- More complete collection of accurate information essential to correct diagnosis and treatment
- Increased patient understanding and recall
- Greater patient compliance
- Better clinical outcomes overall
- Greater job satisfaction
- Saves time

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WHAT'S IN IT FOR THE HEALTH SYSTEM?

- Better patient satisfaction
- Reduces medical errors
- Fewer complaints, negative press, or legal suits
- Shorter hospital stays for patients
- Better clinical outcomes
- Greater retention of staff
- Using existing resources
- Saves time and money

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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