

SpaceMed Feature

Redefining Patient-Centered Care



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Background

A lot has changed since the concept of patient-centered care was first introduced several decades ago. The old definition of patient-centered care used to be bringing care of the patient to the bedside. That model — which included decentralizing diagnostic equipment, pharmacies, and supply rooms to each inpatient floor — proved too costly both from a facility and labor perspective. Today, the patient-centered care concept has moved to a relationship-based care model focused on orienting a health care organization around the preferences and needs of patients with the intention of improving the patient's satisfaction with care and improving his or her clinical outcome. Today, the definition has also been expanded to include family members and is often referred to as the patient- and family-centered care (PFCC) model.

Patient- and Family-Centered Care

The Institute for Family-Centered Care (www.familycenteredcare.org) defines the following four core concepts of patient- and family-centered care:

- **Dignity and respect.** Healthcare providers listen to and honor the perspectives and choices of patients and their families — however they are defined.
- **Information sharing.** Healthcare providers communicate and share information with patients and families — timely, complete, and unbiased — in order for them to effectively participate in care and decision-making.
- **Participation.** Patients and families are encouraged and supported in participating in care and decision-making at any level they chose.
- **Collaboration.** Patients, families, healthcare providers, and associated personnel collaborate in policy and program development, healthcare facility design, and professional education, as well as in the delivery of care.

Impact of Facility Renovation and Reconfiguration

Although there is a renewed effort by healthcare organizations to put the patients and their families at the center of everything — from moving more patient care to the bedside, better coordinating care delivery among disparate providers through re-engineered work processes and technology, and implementing new web-based and social media communication tools — facility renovation and reconfiguration is often necessary to fully realize the potential of moving to this model of care. In some cases, the existing facilities may impede achievement of the expected benefits. For example, it is difficult for care providers to provide patient- and family-centered care in an under-sized semiprivate or multiple-bed patient room. Nurses who must walk extended distances to retrieve supplies, medications, and equipment on inpatient nursing units, or rely on paper-based health information and outdated communication systems, have limited time to spend with their patients and families. At the same time, outpatients and their families may not perceive that they are the focus of the organization if diagnostic and treatment services are physically dispersed throughout the healthcare facility — hampering wayfinding and requiring them to walk significant distances.

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New Operational and Facility Configuration Models That Are Focused on Patients and Their Families

Based on the early attempts at implementing the patient-centered care concept, it was assumed — until recently — that this concept was more expensive from both a capital and operational cost perspective. New organizational models are emerging that are not only patient and family friendly but also provide more efficient utilization of staff, equipment, and space. For example, the physical reorganization and consolidation of similar patient care or support functions around the patient and his or her family can create opportunities for cross-training of staff and reduce the number of managers and supervisors. This may result in a reduction in space need because smaller staffs require fewer offices and workstations; quicker throughput lessens the need for expensive procedure rooms and large patient and family waiting areas. Moreover, future flexibility is achieved by co-locating similar types of space — patient reception and waiting areas, procedure rooms, prep and recovery spaces, and clinical and staff support space — that can be redeployed over time for different types of patients or procedures with minimal renovation.

Some examples where facility reconfiguration promotes patient- and family-centered care — as well as the efficient use of resources — are described below. The concept of patient-centered care is no longer focused solely on the inpatient. The reorganization of clinical and support services to provide “one-stop shopping” for outpatients also improves patient and family satisfaction.

- **Providing private patient rooms that are organized into smaller clusters.** A private patient room — with space for family members — provides dignity and respect for the patient and allows family members to participate in care delivery. When charting areas and supplies are decentralized to a small cluster of patient rooms, the care providers will spend more time with the patients and families. Space and equipment may be provided on the nursing unit for the family to assist in food preparation or help the patient with mobility or physical therapy. All of this provides optimal use of the caregiver’s time and improves the quality of patient care delivered.
- **Co-locating outpatient imaging and other diagnostic services.** Many healthcare organizations are co-locating and consolidating traditional diagnostic and therapeutic departments — creating a single diagnostic center — to optimize the short-term sharing of resources and long-term flexibility. By the way, this also simplifies wayfinding for outpatients and their family members and facilitates coordinated scheduling. The reality is that regardless of the specific imaging modality, all of these services use essentially the same types of spaces — patient reception and family waiting area, several sizes of rooms for procedures depending on whether the equipment is small and portable or large and fixed, optional recovery space, and the associated clinical and administrative support space. Rapidly advancing technologies require more flexible, generic procedure rooms that can easily be re-equipped over time with minimal renovation. The converging of many imaging technologies is also necessitating the cross-training of staff and elimination of the traditional department boundaries.

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- **Consolidating express testing services.** Routine, quick turnaround diagnostic services may be further consolidated into an express testing center that is conveniently located near a major entrance with adjacent parking. These services may include routine blood and urine collection, electrocardiograms (EKGs), simple bone x-rays, and preadmission or pre-surgery consultation. In this model, the staff all work together as a team to provide quality care in an expedient manner. Patient satisfaction generally improves as access becomes more convenient, waiting time is minimized, and the continuity of care is improved.
- **Creating a customer service center.** In the traditional healthcare facility, multiple departments and staff are involved in customer intake, access, and processing activities — reception, admitting and registration, coordination of multiple appointments, cashiering, insurance verification, and physician referrals. This typically results in fragmented customer service and complicated wayfinding. Although many of these departments are located on the first floor of the facility, only a few staff in each department actually have face-to-face interaction with patients and their families. With the continuing focus on patient-centered care, information technology, and reengineering techniques, the trend is to consolidate these services into a single operational unit. The customer service center serves as the primary patient and visitor intake, processing, and communication area for a healthcare facility or campus and also includes centralized patient and family amenities. The customer service center is located directly inside the primary entrance to the healthcare complex to serve as the initial access point for visitors and most scheduled outpatients. This area can also function as a “home base” for family members and visitors who are spending increased time at the facility as more treatments and procedures are performed on a same-day basis.

Conclusion

Many of the concepts of patient- and family-centered care can be achieved through re-engineered processes and improved technology. However, often the physical reorganization of services and spaces is required as well and the patient's and family's perception of the organizations mission and values is impacted by the physical environment.

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