

## Standards of care to patients

The NHS is there for us from the moment we are born. It takes care of us and our family members when we need it most.

The NHS Constitution has been created to protect the NHS and make sure it will always do the things it was set up to do in 1948 – to provide high-quality healthcare that's free and for everyone.

No government can change the Constitution without the full involvement of staff, patients and the public. The Constitution is a promise that the NHS will always be there for you.

### What is the NHS Constitution?

For the first time in the history of the NHS, the constitution brings together in one place details of what staff, patients and the public can expect from the National Health Service. It also explains what you can do to help support the NHS, help it work effectively, and help ensure that its resources are used responsibly.

The Constitution sets out your rights as an NHS patient. These rights cover how patients access health services, the quality of care you'll receive, the treatments and programmes available to you, confidentiality, information and your right to complain if things go wrong.

### Your duty of care

Improving patient care has become a priority for all health care providers with the overall objective of achieving a high degree of patient satisfaction. Greater awareness among the public, increasing demand for better care, keener competition, more health care regulation, the rise in medical malpractice litigation, and concern about poor outcomes are factors that contribute to this change.

The quality of patient care is essentially determined by the quality of infrastructure, quality of training, competence of personnel and efficiency of operational systems. The fundamental requirement is the adoption of a system that is 'patient orientated'. Existing problems in health care relate to both medical and non-medical factors and a comprehensive system that improves both aspects must be implemented. Health care systems in developing countries face an even greater challenge since quality and cost recovery must be balanced with equal opportunities in patient care.

### Non - medical aspects

The fact that the patient is the most important person in a medical care system must be recognised by all those who work in the system. This single factor makes a significant difference to the patient care in any hospital. In developing countries financial constraints often lead to compromised quality of care. This can be corrected by the introduction of

management systems that emphasise cost recovery. Our experience shows that a system should first be developed to attract patients who can afford to pay for high quality services and such a system should then be extended to non-paying patients. This system has the advantages of high quality care and good cost recovery. Some of the issues that need to be addressed to improve patient care are listed below.

1. **Access.** Accessibility and availability of both the hospital and the physician should be assured to all those who require health care.
2. **Waiting.** Waiting times for all services should be minimised. In most developing countries, the high demand for services often makes this a huge problem. Nevertheless, it has to be addressed effectively through continual review of patient responses and other data and using this feedback to make the necessary changes in systems.
3. **Information.** Patient information and instruction about all procedures, both medical and administrative, should be made very clear. Well trained patient counsellors form an effective link between the patient and the hospital staff and make the patient's experience better and the physicians' task much easier.
4. **Administration.** Check-in and check-out procedures should be 'patient friendly'. For example, for in-patients, we have instituted a system of discharging patients in their rooms, eliminating the need for the patient or the family to go to another office or counter in the hospital and waiting there for a long time. This has been favourably received by patients.
5. **Communication.** Communicating with the patient and the family about possible delays is a factor that can avoid a lot of frustration and anxiety. The creation of a special 'Patient Care Department' with a full time Administrator has helped our institution significantly and has enhanced our interactions with patients and their families.
6. **Ancillary Services.** Other services such as communication, food, etc. should be accessible both to patients and to attending families.

### Medical aspects

The medical aspects of patient care are much better understood by most health care providers. This is dependent on the quality of medical and technical expertise, and the equipment and quality assurance systems in practice. The following factors contribute to the improvement of patient care.

1. **Trained Personnel.** A well-trained 'Eye Care Team' is critical to providing high quality care with desirable outcomes. Lack of adequate personnel and lack of adequate training facilities for the available personnel are major problems. The temptation to recruit untrained or poorly trained people should be resisted. The number of training programmes must be increased, and the existing programmes must be improved.

Making a uniform basic curriculum available for all training institutions/programmes should help bring about standardisation.

2. **Quality Eye Care.** There is significant concern about the outcomes of cataract surgery, and other common surgical procedures. Incorporation of quality assurance systems in every aspect of patient care is critical. For example, adherence to asepsis in the operating rooms will help reduce post-operative morbidity and proper training of ophthalmologists in diagnostic techniques will help achieve better control of sight-threatening diseases.
3. **Equipment.** All the necessary equipment must be in place and properly maintained. This is vital to the performance of the medical system and contributes significantly to better results. Eye-care equipment of acceptable standards is now available at reasonable prices, and this must be accompanied by appropriate maintenance systems.
4. **Use of Proper Instruments.** Good quality instruments are now available at lower costs. With the development of proper inventory control systems for a given operation, the costs can be lowered.
5. **Use of Appropriate Medications.** Access to low cost medicines is an absolute necessity for appropriate care.
6. **Use of Newer Technologies.** It is important to continually employ newer technologies that improve the quality of care. Of course, this must be done with reference to cost-efficiencies.

Improvement of patient care is a dynamic process and should be uppermost in the minds of medical care personnel. Development and sustenance of a patient-sensitive system is most critical to achieving this objective. It is important to pay attention to quality in every aspect of patient care, both medical and non-medical.

### **Communicating Effectively With Patients and Families**

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 conveyed. Patients who understand their providers are more likely to accept their health problems, understand their treatment options, modify their behaviour and adhere to follow-up instructions. If the single most important criterion by which patients judge us is by the way we interact with them, it stands to reason that effective communication is at the core of providing patient-centred care. Patient surveys have demonstrated when communication is lacking, it is palpably felt and can lead to patients feeling increased anxiety, vulnerability and powerlessness.

In one-on-one interactions with patients, and in organizational systems in place to promote dialogue, patient-centred hospitals are demonstrating the profound difference between communicating to patients and families and communicating with them. This section of the Improvement Guide details ways that these hospitals are humanizing and personalizing even the most routine interactions with patients, and how they are working to open up the

lines of communication between patients and families and providers. The representative patient comments below corroborate the profound importance of communication to the overall patient experience.

### **Personalization of Care**

Building in processes and mechanisms to customize and personalize 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.

### **Continuity of Care**

While health care professionals interact with the health care system regularly, it is important for us to remember that for many patients, health care can feel like a complex and intimidating maze that they are forced to navigate without the benefit of a map or a guide to help them find their way—a metaphorical Oz minus the helpful and ever-present yellow brick road. Patients do their best to steer a clear course, but many report feeling left to wonder why? 'what now?' and what if?' with inadequate support from caregivers to help answer these pressing questions.

These patient experiences reinforce the importance of systems and tools to assist patients and their loved ones in anticipating what to expect for the duration of time that they are in our care, to address their anxiety and questions, and to help them plan for their needs once they leave the hospital. Providing information on the discharge plan from the onset of treatment (and in some cases, even before) is an extension of this work to foster continuity of care, equipping patients and their loved ones with the knowledge, skills and confidence that will enable them to better manage their health once they are no longer in our care.

By providing patients with the tools and information they need to manage their own health care needs, patient-centered hospitals are emphasizing the important role of the patient as the one constant for the duration of their health care experience. Nonetheless, patients rely on us, as the health care professionals, to help guide them through the maze. Unfortunately, many patients express frustration with their perception that caregivers are not talking with one another about their condition and plan of care, which in their view is

compromising care coordination efforts and leaving the often daunting task up to patients on their own. In a patient-centered setting, care is delivered in a manner that is coordinated among numerous caregivers and that involves the patient and family in the exchange of information between providers.

### **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. 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.

As health care institutions, we treat thousands of patients with cancer, heart disease and other chronic and terminal illnesses every year. Many of these patients are elderly or critically ill and may undergo difficult medical treatments that require lengthy and/or frequent hospital stays or outpatient visits. During their treatment, family caregivers are often a critical source of care for their loved ones. Family caregivers can offer providers a valuable source of help as well as 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.

### **Environment of Care**

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 colour, 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.

## **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. Patient-centered hospitals recognize the wide range of patient and family needs, and are implementing unique programs geared toward supporting the mind, body and spirit.

## **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. Top performing patient-centered hospitals are integrating CAM programs in both inpatient and outpatient settings.

## **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 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. Included in this section are some innovative approaches in reaching out to, educating, and caring for the community.

## **Care for the Caregiver**

Providing patient and family-centered care requires staff to give tremendous amounts of themselves—both physically and emotionally. Acknowledging and being responsive to the experience of staff, 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. So, despite efforts to understand and be more responsive to patient concerns and comfort, what we hear from patients is that it is they who are considering care from the perspective of staff who they perceive as over-worked, stressed and burdened for time. 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.