

Short communication

Patient Centered Model of Care - A Positive Impact on Treatment Outcome in a Rehabilitation Hospital in Saudi Arabia

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Patient-centered model of care (PCMC) is a philosophy and mindset that requires a high level of commitment and significant adjustments in organizational structures. The patient-centered care (PCC) concept is based upon communication and involvement of both patients and their families in the treatment options and the potential outcome, thus empowering the patient and family. The PCC is a quality benchmark that is multidimensional and entails all aspect of how services are delivered to patients. The objective of this study was to study the effectiveness of PCC on the treatment outcome of a Rehabilitation Hospital in the Kingdom of Saudi Arabia. The survey was conducted during the January 2009 to July 2010 at Sultan Bin Abdulaziz Humanitarian City (SBAHC), Riyadh, Saudi Arabia. A total number of 1125 patients participated in the questionnaire and surveys. This paper provides an in-depth discussion of the concepts and evidence regarding PCC, a comprehensive review of approaches, action plan and an examination of activities at SBAHC, Riyadh, Saudi Arabia.

Keywords: Patient centered model, Rehabilitation, patient satisfaction, Saudi Arabia

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Introduction

Patient-centered model of care (PCMC) is a promising approach in improving patient treatment outcome and decreasing burden of care for person and family served and other stakeholders. This paper provides an in-depth discussion of the concepts and evidence regarding patient-centered care (PCC), a comprehensive review of approaches, action plan and an examination of activities at Sultan Bin Abdulaziz Humanitarian City (SBAHC), Riyadh, Saudi Arabia. The paper focuses on strategies that can be used by health care organizations by implementing patient-centered care approach. The PCC includes but not limited to patient and family involvement in plan of care, family and caregiver education, achieving optimal patient satisfaction and ensuring patient privacy and respect. The objective of this study was to study the effectiveness of PCC on the treatment outcome of a Rehabilitation Hospital in the Kingdom of Saudi Arabia. The survey was conducted during the January 2009 to July 2010 at Sultan Bin Abdulaziz Humanitarian City, Riyadh, Saudi Arabia. A total number of 1125

patients participated in the questionnaire and surveys.

Patient and Family Involvement in Plan of Care:

In PCC, patients become active participants in their own care and receive services designed to focus on their individual needs and preferences, in addition to advice and counsel from health professionals¹. Patient or patients' advocate voices patients' needs and expectations. Every member of the treating team is an advocate of the patient. Patient and family participate with goal setting and active involvement of patients and family help us to change the manner and focus of the communication with our patients. Treatment team comes up with a patient-driven interdisciplinary collaborated and coordinated care plan. Accepting patients as partners led us to a problem-solving environment leading to an increased patient satisfaction. In this study we found that 80% of our inpatients said that family conferences were beneficial and 83% of our inpatients said that they were able to decide their goals in their plan of care².

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Patient, Family and Caregiver Education: In Saudi Arabia a paid care giver is generally involved with patient care. We have an interdisciplinary patient, family and caregivers education program in place. It starts right from the pre-admission phase and continues through booking, admission, length of stay and discharge process. Education is provided for post discharge, continuum of care in home or work set up through various modes according to patients' needs

and preference. Provided education is documented and checked for understanding and accuracy at the receiver's end through teach-back method.³ Patient education documentation is one of our service delivery efficiency outcome measures. It documents discussion of patient treatment, home exercise program and use of equipment/devices. Data shows not only high patient education documentation compliance but also increased compliance (Figure 1).

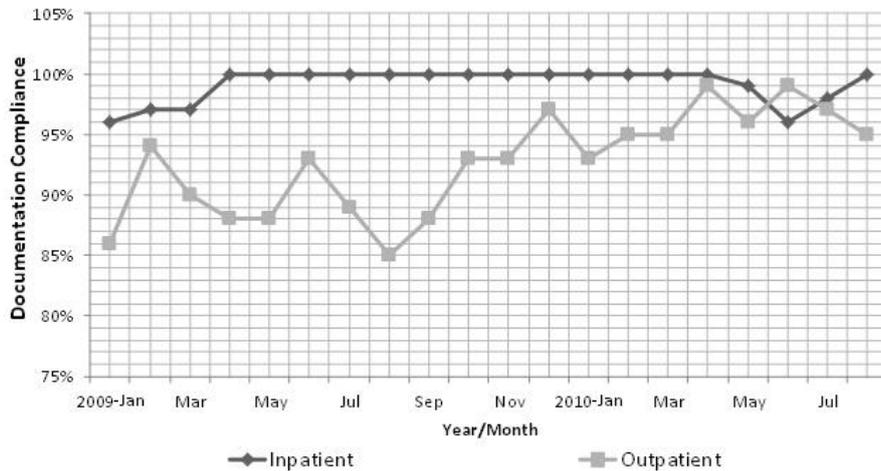


Figure 1. Patient Education Documentation

Patient Satisfaction: The World Health Report emphasizes responsiveness of health systems as a crucial component of their overall performance defining responsiveness as the way the system responds to non-health aspects, and whether it was meeting or not meeting patient expectations⁴. In this study patient satisfaction survey is conducted monthly for all service areas. It shows to our patients and their families that we value their input and are interested in quality, and continuously looking for ways to improve. We get a lot of positive reinforcement about the many

things that we are doing well. Patient satisfaction and infection control reporting emphasized the need of hot and cold tray line that was implemented as proposed by the team. In the past the SBAHC has organized improvement projects around areas of patient dissatisfaction that resulted in improved satisfaction results. As per Jan 2010 – Sep 2010 patient satisfaction results shows that 96 % of our inpatients and 93 % of our outpatients said that they would recommend our services to family and friends (Figure 2 & 3).

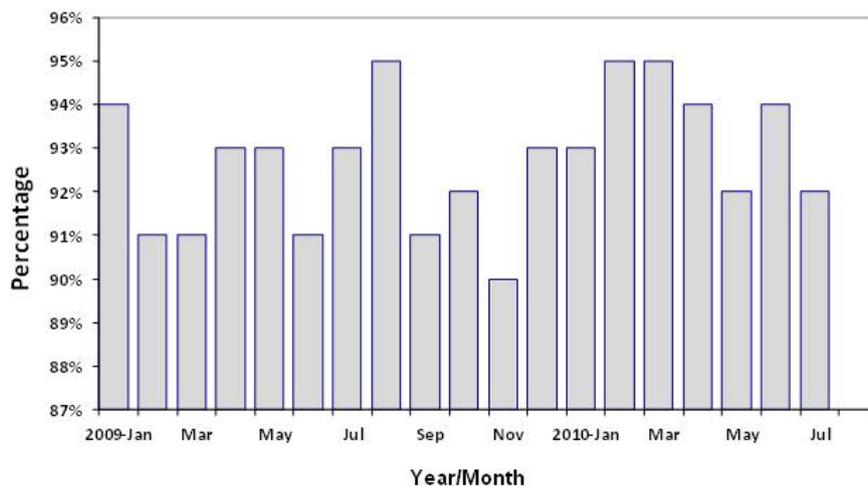


Figure 2. Inpatient Satisfaction

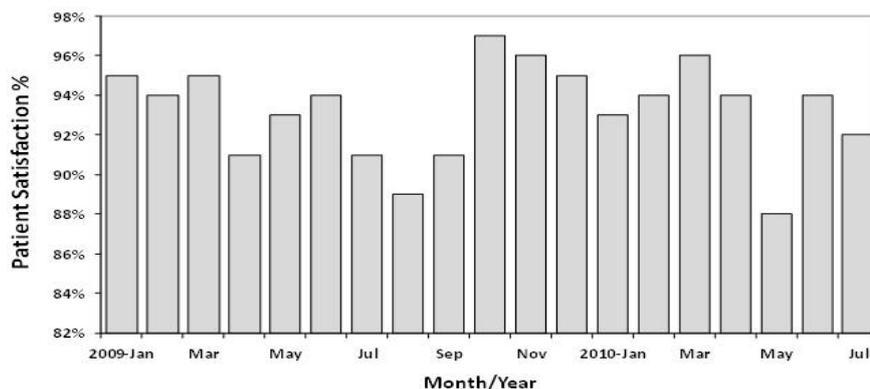


Figure 3. Outpatient Satisfaction

Patient Privacy: Respecting privacy and patients' satisfaction are amongst the main indicators of quality of care and one of the basic goals of health services⁵. In this study we ensure that patients are treated with dignity and respect, in environments that meet their needs for personal privacy. Demonstration of preservation of

patient dignity, privacy and confidentiality is a component of the job description of all staff. The results indicated that, during Jan 2009 - Aug 2010, our inpatient satisfaction results showed 96% satisfaction towards patient privacy (Figure 4).

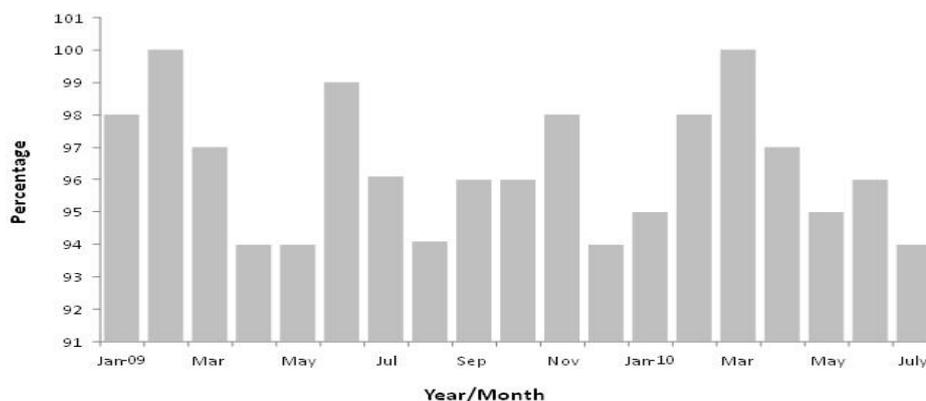


Figure 4. Inpatient Privacy Respected

Information Sharing with Patient and Family: Sharing health information with patients and family through accessibility to medical record upon request is yet another adjunct to patient empowered care. Based

on the 'Patient and Family Information Needs Assessment Analysis', it is evident that our inpatient population prefers paper based information (Figure 5).

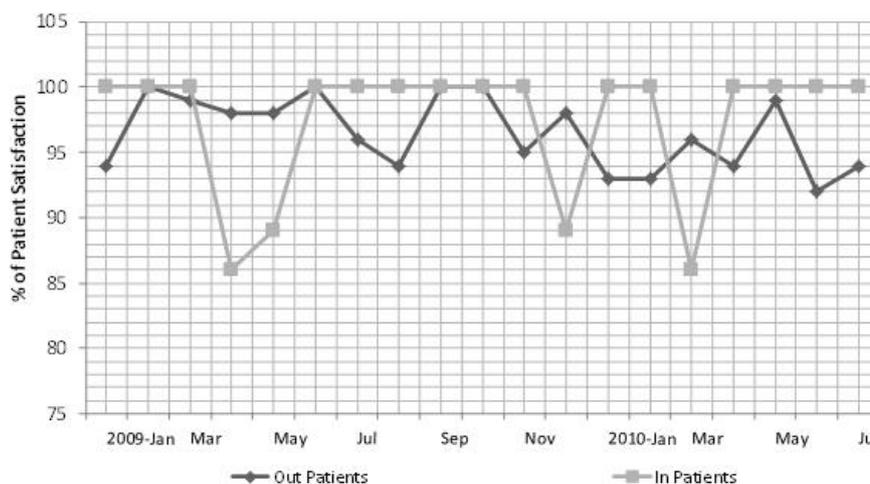


Figure 5. Information provided to patient rights and responsibilities

Patient Outcome Analysis: Research shows that orienting the health system around the preferences and needs of patients has the potential to improve patients' satisfaction with care as well as their clinical outcomes. We regularly and systematically reviews data from outcomes of the person served that is related to goals achieved and their satisfaction with services delivered. 99% of our patients returned to their home/community after their discharge.

Conclusion

The SBAHC identified and implemented new tools and ways towards PCC culture and philosophy. A PCC campaign was launched to educate and

empower staff with tools for delivering services with PCC approach. Although our work is in process, we believe we have made significant progress in coming up with a model of care: one that places the patient and family in the centre of our service delivery. A patient and family centered model of care is a journey not a destination. As we go forward, we are planning to study more thoroughly to measure the impact of our PCMC on our patients and staff. We hope that others will benefit from our experience, and will join us in finding new ways to integrate the voices of patients and families into the pattern and delivery of healthcare.

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