Realizing Patient-Centered Care: Putting Patients in the Center, Not the Middle

Nancy J. Steiger and Agnes Balog

Summary • In these challenging times, healthcare executives must make difficult decisions when setting goals and allocating resources within their organizations. Patient-centered care means putting the patient in the center, not in the middle. Hospitals should view the world through the patient’s eyes and organize care around the patient. Investing in patient-centered care as an expression of mission, vision, and values is the right thing to do and has the potential to increase patient volumes and revenue. Realizing patient-centered care requires shared understanding, top leadership that can own and embrace the vision, engaged caregivers, and involved patients. There is an undeniable element of customer service in patient-centered care: Lessons from the retail industry can take us beyond merely meeting expectations to exceeding them.

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**Introduction**

Lately, times have been tough. The financial challenges of the past two years have left an indelible mark on healthcare in the United States. Many of us have struggled personally and professionally to survive in an inhospitable, uncertain climate. Those of us in senior leadership have had to ask our front line, the caregivers who make up the heart and soul of our organizations, to do more with less. It has strained the cultures we nurtured into existence with hard work and dedication. These cultures are based on collaboration, commitment to quality, and other values that define us. However, the strongest cultures have always kept the patient at the core of their mission, vision and values.

Patient-centered care is not a new idea. Nevertheless, enough divergent definitions float around that the concept has become almost nebulous. This article defines patient-centered care as a way of organizing care around the patient. Instead of putting the patient in the center, we frequently put patients in the middle, forcing them to navigate a fractured system where they can easily fall through the cracks. We have to look at our world through the patient’s eyes and organize their care from their perspective.

An Institute of Medicine (2001) report, *Crossing the Quality Chasm*, listed patient-centered care as one of the six aims of the healthcare system. It called attention to the fragmented and complex nature of the current healthcare environment that the average person is expected to navigate. It is hard to believe that the care for patient-centered care needs to be made among the dedicated leaders and caregivers that work in healthcare every day. However, many assume that a patient-centered organizational culture already exists where patient satisfaction scores tell us otherwise. Others live in silos, do not touch or see patients, and cannot appreciate the value of embracing this way of thinking. C-suite players are often called upon to beat the patient-centered drum but are often too preoccupied with daily operational challenges to devote the necessary time or resources.

A patient-centered way of thinking and performing is driven by visionary leaders. It requires them to speak the language and to translate it for the rest of the organization. Top leadership must embrace and own patient-centered care. Getting board members and the executive team to buy in is essential if the message of patient-centered care is to pass through the hierarchy to the place where it becomes real: the front line. Caregivers may lose their focus and become task oriented in their relationships with patients. It is important to reconnect staff with their purpose through the mission, vision, and values. Patients need to know that they are being heard and should be welcomed into healthcare organizations in their new roles as advisors and designers of their own care. Healthcare organizations have responded to the application of retail customer service principles with cynicism. However, being open to all avenues of improvement will help organizations become patient centered.

**Speaking the Language of Patient-Centered Care with Precision**

Although patient-centered care features prominently in the mission, vision, and value statements of many healthcare
organizations, ambiguity surrounding its definition has prevented a shared understanding. The term has taken on the flatness of a platitude or a buzzword, mitigating its potential to inspire. Visionary leadership is required to translate patient-centered care from an inscription on a plaque into a practical, implementable way of operating. Patient-centered care is a culture change that must be sought.

The Picker Institute interviewed thousands of patients and caregivers to learn what matters most to patients (Gerteis et al. 1993). However, keep two important considerations in mind when assessing your organization’s readiness to take on patient-centered care: Patients must be involved in providing consistent, meaningful, and actionable input to caregivers in the organization who can effect change, and caregivers at all levels of the organization must be receptive and responsive to patients’ expressed needs and concerns. The ideal strategic framework results when a precise, shared understanding of patient-centered care is woven through the mission, vision, and values. This forms the basis for strategic planning and the foundation for organizational culture change, but the message must be clear, practical, and inspirational.

The Mayo Clinic is a sparkling example of a healthcare organization that has translated its mission, vision, and values into action. Mayo Clinic’s (2010) primary value, “the needs of the patient come first,” spells out how patient-centered care is done the Mayo way. In addition to the data that demonstrate what the organization is doing right, the Mayo Clinic has an unparalleled reputation as a patient-centered organization. Why? Their journey to patient-centeredness is rooted in their values and visible in their culture. A multidisciplinary team convened to preserve and make visible Mayo’s culture and to define the ideal patient experience. The result was a remarkable document, the Mayo Clinic Model of Care, that served as the starting point for several operational strategies. The Mayo Clinic Model of Care highlights teamwork, the role of the primary care physician, and the use of advanced technology, education, and other elements that make up a framework for patient-centered care. The hospital developed a service essentials program as a key initiative to support the model of care. It describes the standards of behavior and conduct that staff must aspire to and patients should expect in every care encounter. The Mayo Clinic Model of Care is an expression of their commitment to patient-centered care and embodies the core values of the organization (Viggiano et al. 2007). However, the phrase “patient-centered care” does not appear in the Mayo Clinic’s mission, values, or principles. These statements do not have to be explicit to carry the message.

The mission, vision, and values at PeaceHealth St. Joseph Medical Center express a strong commitment to patient-centered care, but not explicitly. By treating people with love and care, we put the patient in the center. Providing highly reliable care for every patient, every time, with every touch, moves the patient to the center. In fact, giving people the safest care, which is grounded in research and fully compassionate, is the best way to fulfill the promise of patient-centered care.

The role of the chief executive is not only to light the fire but also to carry the torch to the whole organization. No one can argue that patient-centered care is not the right thing to do; however, in a challenging economic climate, some may
argue whether it should be a top priority. The CEO has the daunting task of convincing those who champion other priorities. Sometimes the biggest challenge lies in convincing senior leadership that patient-centered care is worth the investment. The argument can be summed up very simply: If you do good, you will do well.

**Challenging Assumptions in the C-Suite and the Board Room**

It would be a mistake to assume that our colleagues on the executive team and the governing board are fully engaged and committed to creating an environment of patient-centered care. An open and honest discussion with all participants will allow an accurate assessment of the predominant opinions. Patient-centered care is an easier sell when it is spelled out in the mission, vision, and values, as these are the origins of the strategic planning process and goal-setting. Patient-centered care can be incorporated into the strategic plan via specific strategic initiatives that show how the philosophy will live and breathe in the organization.

Operationalizing patient-centered care requires investment. And with limited resources available, making the financial case for patient-centered care is pivotal to ensuring buy-in. However, many senior leaders assert that the journey to patient-centered care is too costly and does little for the bottom line. Fortunately, a growing body of evidence refutes these claims. Patient satisfaction is the historical measure of choice to assess an organization's effectiveness in delivering patient-centered care (Gerteis et al. 1993). Numerous studies and surveys of healthcare executives have correlated increases in patient satisfaction with positive financial results: Increased patient loyalty is associated with revenue gains and enhanced reputation is associated with increased patient volumes and profits, reduction in malpractice claims, and greater efficiency (Hall 2008). Pointing out the potential gains in market share and return on investment are invaluable in making the business case for investing in patient-centered care as a strategic priority.

Once senior leaders have committed to making patient-centered care a reality, the battle begins in earnest. They must commit to serving as ambassadors of patient-centered care and coaching other leaders, including directors and managers. If the message of putting patients at the center of all we do is to travel through the organization, it must be on everyone’s agenda. The message could get lost in the middle of the organization and never make it to the caregivers who work on the front line. Crafting creative ways to bypass the organizational hierarchy and reach those on the front line is crucial.

**Reconnecting Caregivers with Their Purpose**

It is hard to ignore the effect the recent economic crisis has had on healthcare workers. Jobs that were once considered lifetime positions have disappeared. The wage increases to which many were accustomed have evaporated. Retirement accounts have dwindled. Organizations have dissolved, restructured, or merged just to survive. The political climate and the potential of healthcare reform to change the landscape have compounded...
the anxiety and fear that many already feel. Add to these factors the personal financial challenges that caregivers, patients, and their families have faced, and it should come as no surprise that morale has suffered.

Only engaged and empowered caregivers can deliver patient-centered care. A caregiver engagement survey establishes a baseline that helps leaders assess organizational readiness for delivering patient-centered care. If scores are borderline or low, improving the engagement level should be the first order of business. To do otherwise would put the cart before the horse. Dispirited and unhappy caregivers lack the passion to deliver patient-centered care, and the link between patient satisfaction and caregiver satisfaction has been well-documented (Lindberg and Kimberlain 2008). Caregiver engagement can take many forms, but senior leadership plays an important part in relighting the spark that may have dimmed.

Patient-centered care starts with a caregiver-centered organization. Using a combination of communication vehicles and tangible efforts, leadership must reconnect caregivers with their purpose by reinforcing that they are the conduits to achieving the organization's mission and vision. Retooling the working environment to meet the needs of your caregivers can express that they are valued and important. Create opportunities to engage caregivers in the discussion of how they can create a sustainable environment for patient-centered care.

Involving Patients at Every Level

During times of economic uncertainty, the prevailing attitudes of patients about the quality of their care may shift. Often, patients believe that organizational belt-tightening means they will have to accept a lower standard of care. However, the external influences on patients’ perception of care are miniscule compared with the effects of the current healthcare organizational culture. Without meaning to, caregivers and administrators often take patient preferences and opinions for granted. Feeling confident that we know our patients, we make decisions based on what we think they want. A culture of patient-centered care is about truly listening to patients, and there are many ways to do this effectively. The best approach is multifaceted and considers input from a variety of sources.

Caregivers are the organization’s closest contact point with patients. However, even the most highly-skilled caregiver can fail to anticipate what matters most to a patient. Patients are vulnerable and sometimes fearful while they are in the hospital, and they do not feel that they can voice their opinions as freely as they would under normal circumstances. Patient surveys can reach patients who may have kept silent while they were in our care. The new breed of patient surveys go beyond the data we get from HCAHPS. Behaviorally-based patient experience survey data reveal not only what matters to patients but how they interpret our behaviors and attitudes. This is powerful from an improvement perspective, because it takes us beyond satisfaction and leads us to patient-centered care. The behavioral and attitude component to patient-centered care is substantial. It is not just doing the right thing, but doing it in the right way. Patient survey data are foundational, because they facilitate conversations with leaders and caregivers about how we put the patient in the center.
Unlike patient surveys, management of patient concerns or complaints has not changed appreciably over the years. While many organizations have focused on service excellence programs with great success, those breakthroughs happened because of a fundamental shift in culture rather than the implementation of a specific strategic initiative or program. Others still cling to an outdated and ineffective model that focuses heavily on risk management without providing patients with real and satisfying resolutions for their concerns. Practicing patient-centered care is primarily proactive and only reactive when necessary. Patients have to feel that their feedback is not only welcomed but acted upon. Coaching caregivers to make time to listen to patients in the moment is mutually beneficial. The work done up front to address patient needs pays off in huge dividends down the road. Patients who feel heard are less likely to monopolize caregivers’ time. Fewer patient complaints mean less paperwork and damage control on the part of risk management. Risk management is reactive by nature; however, it is necessary in a culture of patient-centered care. The challenge is to play down the defensive and protective associations. Many caregivers are culturally programmed to respond defensively to patient complaints, and leaders must reorient that mindset. While listening and responding to patient concerns drives some process improvements, the participation of patients on teams is a gold mine for creating patient-centered care.

Healthcare executives are often accused of being out of touch with what patients need from their healthcare organizations. Integrating patients into the fabric of the organization through patient/family advisory councils and the inclusion of patients on committees and teams has been a revelation in terms of advancing patient-centered care (Johnson et al. 2008). The role of the patient has historically been passive—the receiver of delivered services—and, indeed, nothing in this thinking violates the spirit of patient-centered care. However, the advent of patient participation in healthcare organizations has signaled a shift in the paradigm.

Patients are now our partners in designing and creating the healthcare organization of their choice. Involving patients requires that everyone be on the same level and engaged in a fully collaborative process. The selection of patients who reflect the makeup of their communities and exhibit high motivation is critical. The involvement of patients on teams keeps the process honest and keeps the spotlight on the patient perspective of care. The benefits of having patients as partners are realized immediately. As patients have a greater voice throughout an organization, the opportunities to implement patient-centered care multiply.
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**Customer-Oriented and Patient-Centered**

Even a mention of the words “customer service” to healthcare workers can elicit eye-rolling, muffled groans, or outright protest. Many leaders have tried to achieve a culture of customer service in healthcare organizations and failed because the frontline resistance was insurmountable. Much of that resistance has centered on the language and delivery of the message. Many caregivers cannot accept the proposition that a patient can also be a customer. Customers are always right. Customers are demanding. Customers buy goods and services, and surely, healthcare is more than a service to be bought and sold. The propensity to elevate healthcare to something more than a service is laudable and appropriate in some ways. After all, healthcare can save lives, restore well-being, and give people back their quality of life. Nevertheless, the customer service approach has a role in healthcare. By taking a page from the retail industry, we can use customer service principles to advance our journey toward patient-centered care.

Betsy Sanders’s (1995) book, *Fabled Service: Ordinary Acts, Extraordinary Outcomes*, examines Nordstrom’s legendary customer service. The parallels between this customer service giant and our current discussion of patient-centered care are illuminating (See Exhibit 1). Sanders highlights the importance of having customers define fabled service and letting their feedback drive change. With patient-centered care, we find out what is most

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**Exhibit 1: Parallels Between Nordstrom’s Customer Service Philosophy and the Principles of Patient-Centered Care**

<table>
<thead>
<tr>
<th>Nordstrom</th>
<th>Patient-Centered Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>The customer comes first.</td>
<td>Patient safety is the top priority.</td>
</tr>
<tr>
<td>Customers define excellent service.</td>
<td>Caregivers must listen to patients to determine how best to meet their needs.</td>
</tr>
<tr>
<td>What’s best for the customer is best for the organization.</td>
<td>Higher levels of patient satisfaction lead to better care outcomes and positive financial results.</td>
</tr>
<tr>
<td>Managers are responsible for spreading a culture of service to the employees.</td>
<td>Leadership is responsible for keeping caregivers engaged in providing patient-centered care.</td>
</tr>
<tr>
<td>Providers of customer service must pay attention to every detail of the customer experience.</td>
<td>Caregivers should involve patients in every decision about their care.</td>
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</tbody>
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important to patients about their health-care experience and build the care processes to serve their needs. Sanders also describes fabled service as “a way of life,” in other words, it must be the culture. The same is true of patient-centered care. The fabled service of Nordstrom is led into existence by transformational leaders who create a compelling vision, focus on empowering their caregivers, and promote a shared understanding of what it takes to get there. Again, patient-centered care is best achieved by the same kind of leadership. Sanders talks about how fabled service rests on the shoulders of everyone in the organization. Patient-centered care is also everyone’s job. The journey toward patient-centered care intersects the road to fabled service often enough that the two concepts begin to look very similar.

The Disney approach to customer service has already found a welcome audience among those in healthcare who are interested in providing a quality service experience. We have already illustrated the necessity of engaged and empowered caregivers in providing patient-centered care. Disney does an incomparable job of preparing its cast members to create the magical kingdom that its guests expect (Disney Institute 2001). Its orientation program communicates the culture; defines the symbols, heritage, and traditions of Walt Disney World; and inspires enthusiasm for the work. Disney also looks to the guest to inform the behavior of the cast. The Disney Guidelines for Guest Service are succinct and clearly-defined, and they spell out the responsibilities of cast members who are held accountable for them. Furthermore, Disney’s separation of onstage and backstage areas creates a clarity about “being on” when guests are present versus being yourself, which may include behaviors that do not conform to what guests expect (Disney Institute 2001). This is particularly important in terms of delivering patient-centered care. Patients do not want to hear staff complaining or confidential information being discussed in the cafeteria, outside of patient rooms, or in hallways. Expectations about caregiver conduct should be shaped by the fact that our environment almost always includes patients and their families. Great customer service is patient-centered, so the two are inextricably linked and cannot be discussed in isolation.

**The PeaceHealth St. Joseph Medical Center Approach to Patient-Centered Care**

The compelling vision of PeaceHealth St. Joseph Medical Center drew us to work here. The reliability of the vision, “every time, every touch,” speaks directly to how we achieve patient-centered care. At PeaceHealth St. Joseph Medical Center, the patient perspective is reinforced in our words and actions at every juncture. Every opportunity to communicate the mission, vision, and values is used through such venues as CEO forums, caregiver town hall meetings, leadership retreats, new caregiver orientation, and the monthly management meeting that all directors and managers attend. Deliberate thought and communication strategies link our work directly to our mission, vision, and values.

The CEO’s job is to carry the torch for patient-centered care to the executive team and to make sure that everyone is
emboldened to set priorities and act with the patient’s perspective in mind. During the annual leadership retreat, the executive team focuses on giving our leaders the tools to translate the vision for caregivers in their departments. The patient survey results are communicated to all levels of leadership so that everyone knows how far we have to go on our journey to patient-centered care.

One of the most important strategies used to improve the patient experience was the creation of the patient experience coordinator position. Obtaining the resources for this position was a challenge, but the organization prioritized it over other strategies because of the projected return on investment and strong link to our mission and values. Without someone to help build awareness about the patient experience in the organization, help our leaders interpret their patient survey results, develop initiatives to advance patient-centered care, and act as a patient advocate, the executive team felt that patient satisfaction results would not significantly improve. Having a full-time, dedicated person in this role also demonstrates the organizational commitment to supporting improvement of the patient experience.

The patient experience coordinator regularly attends staff meetings across the organization, not only to deliver patient satisfaction scores but to educate staff on customer service best practices. Scripting is employed so that patients feel well-informed and emotionally supported during their care; however, scripting by itself can be demeaning to staff and disingenuous to patients. Rather than the script, caregivers need to focus on compassionate communication with a direct link to the mission and values of the organization.

Caregiver engagement and patient satisfaction are linked. If an organization wants caregivers to create a patient-centered healing environment, it must make the knowledge, tools, and outcomes measurement available to staff in a timely fashion. At PeaceHealth St. Joseph Medical Center, we actively promote communication and transparency, which strongly empowers our staff to meet the needs of our patients. We created a “Safe to Speak Up” campaign that facilitates critical conversations among caregivers. Initially, the campaign focused on the patient safety aspect. However, we have expanded it to include communication among all caregivers. It is critical that staff feel safe to speak up within a framework of respectful and meaningful communication. Open, honest, and purposeful communication is a cornerstone of patient-centered care.

PeaceHealth St. Joseph Medical Center has wholeheartedly embraced the Lean A3 problem-solving method. A3 is a tool and a way of thinking developed and utilized by the Toyota Corporation. It relies on a team-based approach to process improvement using an 11 x 17-inch size sheet of paper to visualize the work and devise solutions. It empowers the people most intimately connected with the work to identify and solve problems close to the front line. A3 training workshops are held regularly to give staff the knowledge to harness this powerful tool. From a patient-centered care perspective, it makes sense for the people closest to the patients to be engaged in this work.

The experience with patients on teams and committees at PeaceHealth St. Joseph Medical Center has been overwhelmingly positive. Our Medical Executive Committee
is one of the first in the nation to include a patient as a participating member. Another patient with a unique medical condition has been a key advocate in promoting medication safety and improving the medication reconciliation process. In addition, the Joint Quality Committee of the Governing Board includes at least one patient as a dedicated advisor for each service line. While much progress has been made, we have only scratched the surface in terms of co-creating the ideal patient experience with members of the community.

While this list of interventions is not exhaustive, it will give the reader insight into how we at PeaceHealth St. Joseph Medical Center have chosen to improve the patient experience. Truthfully, we are not there yet. Acknowledging that patient-centered care is a journey, we believe we have taken the first critical steps along that road.

Conclusion

Healthcare organizations that thrive and flourish in challenging times do so because they continue to do what is right for their patients even in the face of adversity. Patient-centered care is the right thing to do. Clarifying what patient-centered care means and how it works in each organization within the scope of the mission, vision, and values is only the first step. Laying the groundwork means getting everyone on board and leveraging your resources so that your investment reflects your commitment to patient-centered care. Part of that investment must be directed at inspiring and supporting the caregivers who make the mission, vision, and values come alive. The evolution of the role of patients as partners has ushered in a new era of collaboration between those who deliver care and those who receive it. As patient-centered care moves from concept to reality, patients will move from the middle of a complex and fragmented healthcare system to a new healthcare reality where they are at the center of all we do.

References
