Patient-Centered Care: The Role of Healthcare Leadership

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Throughout the year, we have been discussing the value of patient-centered care. The columns have focused on important aspects of this topic, such as the evolution of patient-centered care, patient satisfaction, community engagement, and technology. At the heart of all these components, however, is healthcare leadership.

HEALTHCARE LEADERSHIP REVISITED

Strong leadership is critically important to organizations, regardless of the setting. Researchers have defined leadership in many different ways, but it is often associated with risk taking, dynamic, creative, change, and vision (Hughes, Ginnett, and Curphy 1999). Applying many of these same concepts, the Healthcare Leadership Alliance and American College of Healthcare Executives (2011) define healthcare leadership as “the ability to inspire individual and organizational excellence, create a shared vision and successfully manage change to attain the organization’s strategic ends and successful performance.” Leaders determine, communicate, and guide the vision of any organization, and thus leadership engagement in any culture change initiative toward patient-centered care is crucial (Frampton et al. 2008).

HEALTHCARE LEADERSHIP AND PATIENT-CENTERED CARE

Changing the paradigm of care to a patient-centered model represents one such organizational culture change and requires the involvement of senior executives. Implementing a patient-centered model of care has profound implications for the way care is planned, delivered, and evaluated. Although most leaders in healthcare organizations today embrace the basic tenets of a patient-centered philosophy, it wasn’t always that way. Prior to 2001, healthcare leaders frequently identified barriers to the widespread adoption of patient-centered practices resulting from (1) a general resistance to change, (2) the perception that implementation would cost too much time and resources, and (3) a lack of clarity on how to initiate and maintain a culture change of this magnitude (Frampton and Charmel 2009).

The dynamics surrounding patient-centered care changed significantly when the Institute of Medicine (2001) identified patient-centeredness as one of six aims of improvement for the US healthcare system. Even today, however, leaders often find that moving toward a patient-centered model requires an unanticipated level of commitment and significant adjustments in organizational structures (Ponte et al. 2003).

A study commissioned by The Picker Institute in 2007 explored what steps would be necessary to achieve more rapid and widespread implementation of
patient-centered care in both inpatient and ambulatory healthcare settings. Its findings indicated that the single most important factor contributing to patient-centered care is “the commitment and engagement of senior leadership . . . the organizational transformation required to actually achieve the sustained delivery of patient-centered care will not happen without top leadership support and participation” (Shaller 2007).

The Institute for Healthcare Improvement embarked on a study in 2011 to identify key factors in achieving an exceptional patient and family experience of inpatient hospital care. It, too, found that a primary driver was leadership, and the study’s authors reinforced the idea that “effective leaders focus the organization’s culture on the needs of patients and families (i.e., providing care that is patient-centered, rather than provider-centered), tap into innovative ideas, and have the persistence and skills to create a patient and family-centered care culture. Leaders from executives to front-line managers share a commitment to this goal, and understand that it is led by senior leaders and is part of the organization’s core strategy” (Balik et al. 2011).

Leaders must clearly articulate a hospital’s commitment to meet the unique needs of its patients to establish an organizational culture that values patient- and family-centered care (Joint Commission 2010). Furthermore, they must demonstrate that commitment “by communicating openly, soliciting and responding to input from staff, patients, families and others, and ensuring staff members have the resources and flexibility they need to provide patient-centered care” (Frampton et al. 2008). In their own behaviors and values, leaders set the tone for the successful implementation of patient-centered care.

CASE IN POINT AT WINDBER MEDICAL CENTER
Windber Medical Center (WMC), a 54-bed hospital in western Pennsylvania, is a Planetree-Designated Patient-Centered Hospital. We are the only Planetree hospital in Pennsylvania and, at the time of this writing, one of only 13 hospitals in the country to have achieved Planetree Designation status. Former executive staff were responsible for the introduction of Planetree to WMC, and current executive staff continued the designation process and provided the ongoing leadership required to achieve and sustain it. Overall, the hospital leadership embraces Planetree by supporting and nurturing extraordinary patient- and family-centered care. As with a tapestry, we weave Planetree concepts into everything we do.

Do not underestimate the importance of leadership in the implementation and ongoing development, enhancement, and sustainment of patient-centered care. You may find it to be the most rewarding function of your leadership role.

REFERENCES


For more information about the concepts in this column, please contact Dr. Cliff at bcliff@windbercare.org.