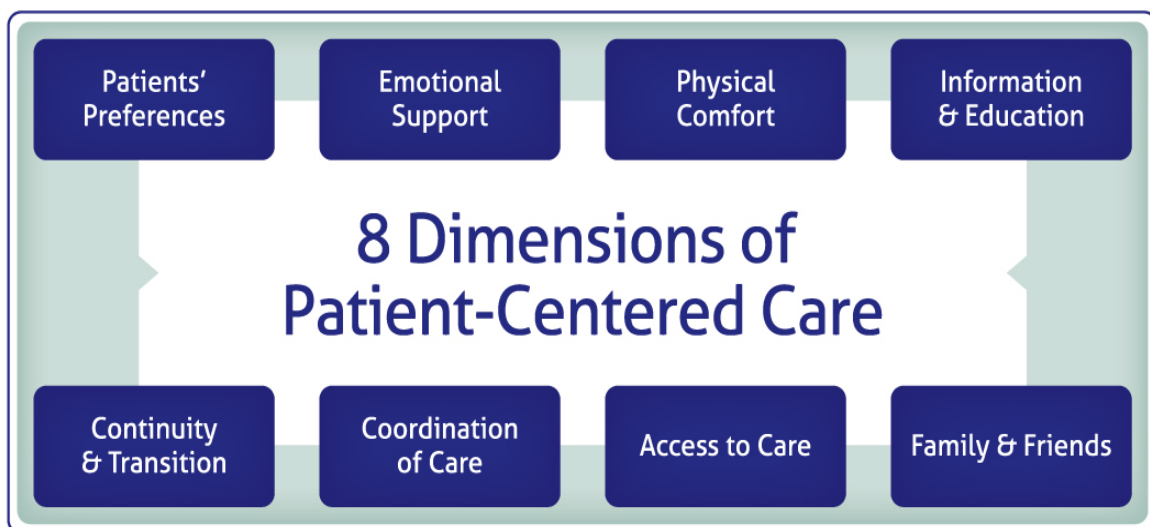


## Eight Dimensions of PCC

What if someone told you exactly what behaviors would ensure a quality patient care experience? Behaviors that would help your patients heal better and faster, with a decreased likelihood of returning?

Harvard researchers conducted thousands of interviews to understand just what matters most to patients in the healthcare experience. That research revealed the Eight Dimensions of Patient-Centered Care.



There is no one type of patient and no single way of treating everyone. Moreover, every patient has a different view on the quality of his meal or her environment. But there is a way to be sure each patient gets the care needed in a nurturing environment – by providing care “that consciously adopts the patient’s perspective.” (Through the Patient’s Eyes, pg. 5)

The Eight Dimensions of Patient-Centered Care grew out of years of research by the Picker Institute and Harvard Medical School, thousands of interviews, and the experiences of caregivers and patients. Analysis of this industry-changing research showed that there are certain things, certain behaviors no less, that are instrumental to patients’ healing, feeling cared for, and having a positive patient experience. From that research, we now understand what matters most to patients.

There are literally hundreds of questions you could ask patients about their experiences at your facility. But with limited time, resources, not to mention patient attention span, shouldn’t you be asking only the most important questions?

## Overview of Patient-Centered Dimensions

### Respect for patients' values, preferences and expressed needs

Patients indicate a need to be recognized and treated as individuals by hospital staff. They are concerned with their illnesses and conditions and want to be kept informed.

- An atmosphere respectful of the individual patient should focus on quality of life.
- Involve the patient in medical decisions.
- Provide the patient with dignity, and respect a patient's autonomy.

### Coordination and integration of care

Patients report feeling vulnerable and powerless in the face of illness. Proper coordination of care can ease those feelings. Patients identified three areas in which care coordination can reduce feelings of vulnerability:

- Coordination of clinical care;
- Coordination of ancillary and support services; and
- Coordination of front-line patient care.

### Information and education

Patients express a fear information is being withheld from them and staff is not being completely honest about their condition and prognosis. Based on patient interviews, healthcare organizations can focus on three communication items to reduce these fears:

- Information on clinical status, progress and prognosis;
- Information on processes of care; and
- Information to facilitate autonomy, self care and health promotion.

### Physical comfort

The level of physical comfort patients report has a tremendous impact on their experience. Three areas were reported as particularly important to patients:

- Pain management;
- Assistance with activities and daily living needs; and
- Hospital surroundings and environment.

### Emotional support and alleviation of fear and anxiety

Fear and anxiety associated with illness can be as debilitating as the physical effects. Caregivers should pay particular attention to:

- Anxiety over physical status, treatment and prognosis;
- Anxiety over the impact of the illness on themselves and family; and
- Anxiety over the financial impact of illness.

## Involvement of family and friends

Patients continually address the role of family and friends in the patient experience, and often express concern about the impact illness has on family and friends. Family dimensions of patient-centered care were identified as follows:

- Providing accommodations for family and friends;
- Involving family and close friends in decision making;
- Supporting family members as caregivers; and
- Recognizing the needs of family and friends.

## Continuity and transition

Patients often express considerable anxiety about their ability to care for themselves after discharge. Meeting patient needs in this area requires staff to:

- Provide understandable, detailed information regarding medications, physical limitations, dietary needs, etc.;
- Coordinate and plan ongoing treatment and services after discharge; and
- Provide information regarding access to clinical, social, physical and financial support on a continuing basis.

## Access to care

Patients need to know they can access care when it is needed. Focusing mainly on ambulatory care, the following areas were of importance to the patient:

- Access to the location of hospitals, clinics and physician offices;
- Availability of transportation;
- Ease of scheduling appointments;
- Availability of appointments when needed;
- Accessibility to specialists or specialty services when a referral is made; and
- Clear instructions provided on when and how to get referrals.

\*This information is taken from the NRC Picker website: <http://www.nrcpicker.com/member-services/eight-dimensions-of-pcc/>