

PUTTING PATIENTS FIRST: THE POWER OF PATIENT-CENTERED CARE



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TEXAS DEPARTMENT OF AGRICULTURE
COMMISSIONER SID MILLER

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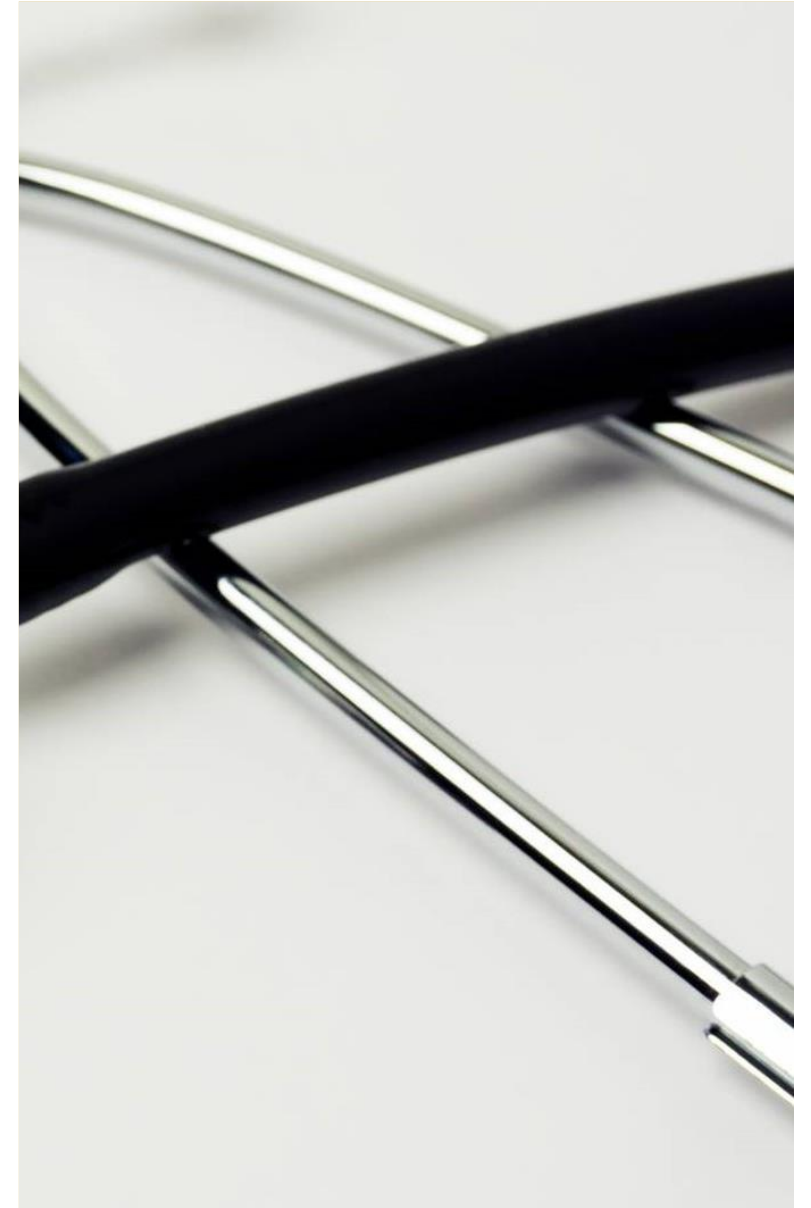
The evaluation link will be sent out via email at the completion of the series

For those watching in groups:

- Only one email will be sent with evaluation if only one person is registered
- Make sure you each go in and actually register for the series

LEARNING OBJECTIVES

- Define patient-centered care and its importance in healthcare settings.
- Identify key principles of effective communication with patients.
- Identify active listening skills to understand patient needs and preferences.
- List strategies for involving patients in their own care decisions.
- Assess the impact of cultural competence on patient interactions.
- Identify methods for gathering and incorporating patient feedback into care practices.





WHAT IS PATIENT – CENTERED CARE?

PATIENT – CENTERED CARE

PCC means seeing the patient as a person

Not seeing patient as a:

- Not a condition
- Not a procedure
- Not a room / bed number

Putting focus on what matters to them, not just what's the matter

A close-up photograph showing an elderly person's hand, characterized by deep wrinkles and a reddish-pink hue, being gently held and supported by a younger person's hand. The younger hand is positioned over the older one, with fingers interlaced, conveying a sense of care, protection, and support. The background is blurred, showing a person in a blue shirt.

PCC VS TRADITIONAL CARE



PCC VS TRADITIONAL CARE

Traditional patient care

- Focuses on tasks
 - Giving medications
 - Completing procedures
 - “work” oriented
- What’s the matter?

PCC

- Focuses on person
 - Dietary preferences
 - Timing of medications
 - Time they wake / sleep
- What matters to you?

WHY DOES THIS
MATTER?





IMPACT OF PATIENT – CENTERED CARE

Better patient outcomes

Higher patient satisfaction

Fewer readmissions

Improved teamwork and morale

Increased staff satisfaction



CORE PRINCIPLES OF PATIENT – CENTERED CARE

- Respect for patient preferences
- Communication and education
- Physical comfort / emotional support
- Family involvement
- Continuity and transition

STAFF ROLE IN PATIENT – CENTERED CARE



EFFECTIVE COMMUNICATION

KEY PRINCIPLES OF EFFECTIVE COMMUNICATION

Active Listening

- Give full attention without interrupting
- Use verbal and nonverbal cues to show engagement(think eye contact)
- Reflect and summarize to ensure understanding

Clarity and Simplicity

- Use plain language; avoid medical jargon
- Break information into digestible pieces
- Confirm understanding using the teach-back method

KEY PRINCIPLES OF EFFECTIVE COMMUNICATION

Empathy and Compassion

- Acknowledge emotions and concerns
- Use affirming statements (I understand this is difficult)
- Maintain a warm tone and open body language

Cultural Sensitivity

- Be aware of cultural, religious, and personal values
- Use interpreters when language barriers exist
- Avoid assumptions about beliefs or preferences

KEY PRINCIPLES OF EFFECTIVE COMMUNICATION

Respect and Dignity

- Involve the patient in decision-making
- Ask for preferences regarding care and communication
- Maintain privacy and confidentiality

Nonverbal Communication

- Be mindful of facial expressions, gestures, posture, and eye contact
- Ensure your tone of voice matches your message
- Adapt to the patient's comfort level with touch and proximity

KEY PRINCIPLES OF EFFECTIVE COMMUNICATION

Timeliness and Responsiveness

- Provide information in a timely manner
- Answer questions patiently
- Follow up when appropriate

Encouraging Questions and Feedback

- Create a safe space for patients to ask questions
- Check in frequently: “Do you have any concerns so far?”
- Validate their voice and participation in care

KEY PRINCIPLES OF EFFECTIVE COMMUNICATION

Consistency and Honesty

- Be truthful, even when delivering difficult news
- Set realistic expectations
- Be consistent in messaging across the care team

Supportive Environment

- Ensure a quiet, private setting when possible
- Minimize distractions and interruptions
- Sit down when talking to build rapport

ACTIVE LISTENING



Pay full attention

- Face the patient and make eye contact
- Eliminate distractions
- Show genuine interest



Use body language

- Nod occasionally
- Maintain open body posture
- Lean in slightly to show attentiveness

ACTIVE LISTENING

- Don't interrupt
 - Let them finish speaking
 - Avoid jumping in with solutions or judgments too early
- Use verbal encouragers – shows listening without taking over conversation
 - “I see”
 - “Go on”
 - “That must be difficult”
- Reflect and paraphrase – confirms understanding and helps clarify any confusion
 - Repeat back key points
 - “so what I am hearing is...”, It sounds like you're feeling...”

ACTIVE LISTENING

- Ask open-ended questions
 - Encourage patients to share more:
 - “can you tell me more about that:?”
 - “How has this been affecting your daily life?”
- Summarize
 - Briefly restate the main ideas at the end of the conversation to ensure clarity
 - “let me make sure I understand everything correctly...”
- Acknowledge emotions
 - Validate feelings
 - “It’s completely understandable to feel that way”
 - “I can see this is really upsetting”

STRATEGIES TO ENGAGE PATIENTS IN THEIR CARE DECISIONS

- Create a welcoming environment
 - Greet patients warmly
 - Sit at eye level and make eye contact
 - Use plain, respectful, language
- Build trust and rapport
 - Take time to get to know the patient's values and concerns
 - Acknowledge their feelings and experiences (trauma informed care)
 - Be nonjudgmental and show empathy
- Use shared decision making
 - Present all reasonable options, including benefits and risks
 - Ask about the patient's goals, preferences, and lifestyle
 - Collaborate to make a decision that fits their values – not just the clinical standard

STRATEGIES TO ENGAGE PATIENTS IN THEIR CARE DECISIONS

- Ask open ended questions
 - “What matters most to you right now?”
 - “How do you feel about the options we discussed?”
 - “What are your biggest concerns or fears?”
- Use teach – back
 - “Just so I know you understand things clearly; can you tell me how you’ll manage this at home?”
- Provide decision aids
 - Use visual tools, brochures, or videos to explain conditions or treatments
 - Allow time for review and follow-up questions

STRATEGIES TO ENGAGE PATIENTS IN THEIR CARE DECISIONS

- Encourage family / caregiver involvement
 - Ask if the patient would like to include support person in discussions
 - Make sure that the patient's voice is still central
- Empower with self-management tools
 - Provide clear, written instructions
 - Offer apps, logs, or tools to track symptoms or progress
- Respect cultural and personal beliefs
 - Tailor care plans to accommodate spiritual, cultural or social needs
 - Use interpreters when needed

STRATEGIES TO ENGAGE PATIENTS IN THEIR CARE DECISIONS



- Follow up and reassess!!!!
 - Ask how the decisions are working out
 - Be flexible!
 - Adjust the plan as needed



IMPACT OF CULTURAL COMPETENCE ON PATIENT INTERACTIONS



CULTURAL COMPETENCE

Builds trust and respect

- Patient feels seen and heard
- Trust improves when they believe caregivers respect their background and belief

Improves communication

- Reduces misunderstandings from language barriers or differing norms
- Encourages asking of questions or sharing concerns
- Increases use of professional interpreters rather than relying on family

CULTURAL COMPETENCE

Enhances patient engagement

- More likely to participate in their healthcare decisions and follow care when aligned with values
- Culture sensitivity increases patient confidence in providers and healthcare system

Prevents stereotyping

- Providers avoid generalizing or making judgments
- Encourages personalized care instead of “one-size fits all”

CULTURAL COMPETENCE

Minimizes non-adherence and resistance

- Patients may resist care if conflicts with cultural or religious beliefs
- Cultural competence allows the provider to adapt recommendations or find acceptable alternatives

Promotes patient satisfaction

- Patient who feel respected and understood are more satisfied
- Improves retention, compliance, and positive word-of-mouth about experiences
- Example: Understanding a Muslim patient's need to fast during Ramadan might lead providers to adjust medication timing or suggest non-oral routes of administration – leading to better adherence and trust

CASE STUDY EXAMPLES

CASE STUDY: POOR PCC

- A patient discharged from the hospital after 4 day stay related to new onset diabetes. At discharge patient provided handouts and asked if they had any questions. No questions were voiced at that time.
- Patient returns to ED within 24 hours
- What could have gone wrong with this scenario?

CASE STUDY: GREAT PCC

- Patient being discharged with new onset diabetes. Patient receives detailed education on use of insulin with teach-back to confirm understanding.
- Education and instructions provided with family at bedside who will assist with care at home
- Follow up appt with primary care made prior to patient discharge
- Patient and family given time to digest information and formulate any questions prior to discharge.
- Staff confirmed once again prior to discharge correct understanding of insulin use and follow up care / instructions
- The patient and family feel heard and confident.

REFLECTION

Think of a time you provided or witnessed great PCC.

What did it look like?

What made it effective?

How did patient / family react or engage in the process?

What was the outcome?



PCC IS AN INTERDISCIPLINARY COLLABORATION

- PCC requires teamwork.
- Respect everyone's role
- Share information clearly

CREATE YOUR ACTION PLAN

WHAT'S ONE
SMALL THING YOU
CAN DO THIS
WEEK TO PUT
PATIENTS FIRST?

FINAL TIPS AND TAKEAWAYS

Start with evaluating your own mindset

- Ask yourself, do I focus on what's the matter or what matters?
- Think about your own preferences and how you would want to be treated
- Consider the patient preferences and do your best to accommodate
- Engage leadership and your colleagues to develop action plan for patient – centered care

- **Meet people where they are**
- **Small actions matter**
- **You make a difference**



QUESTIONS??

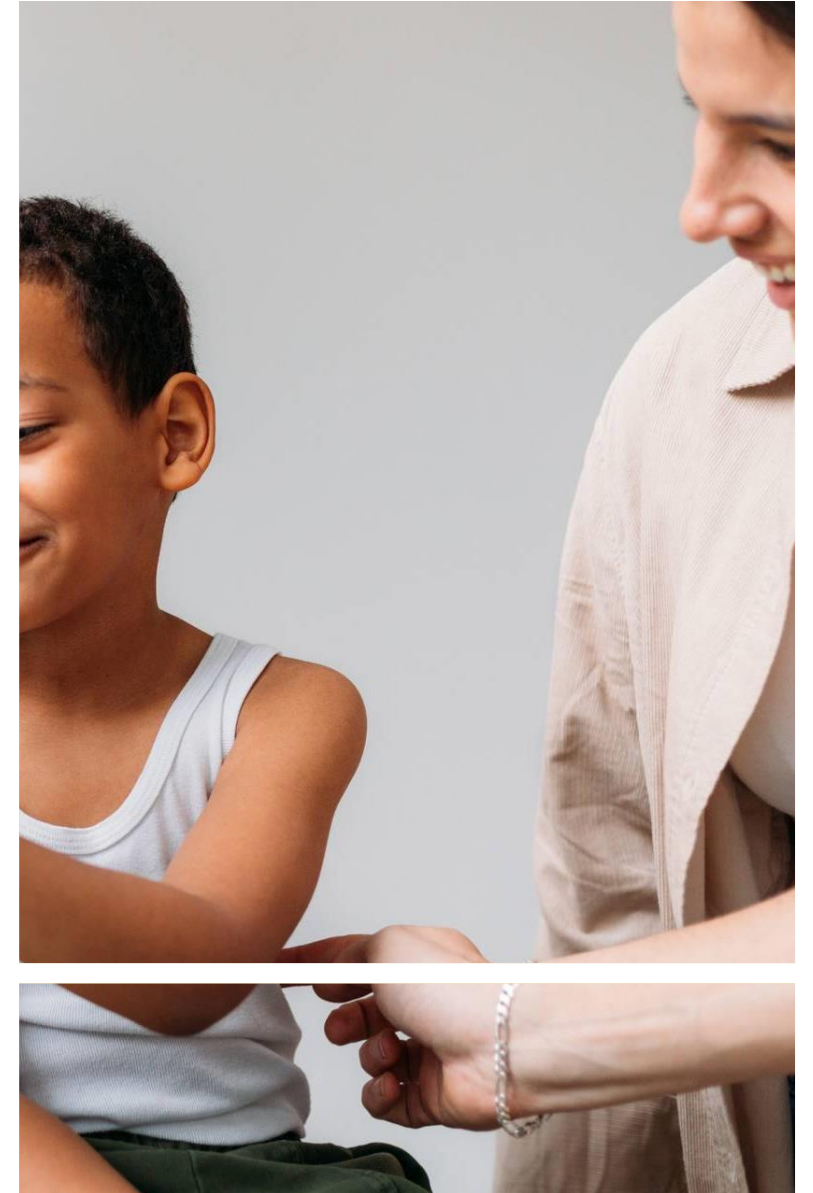
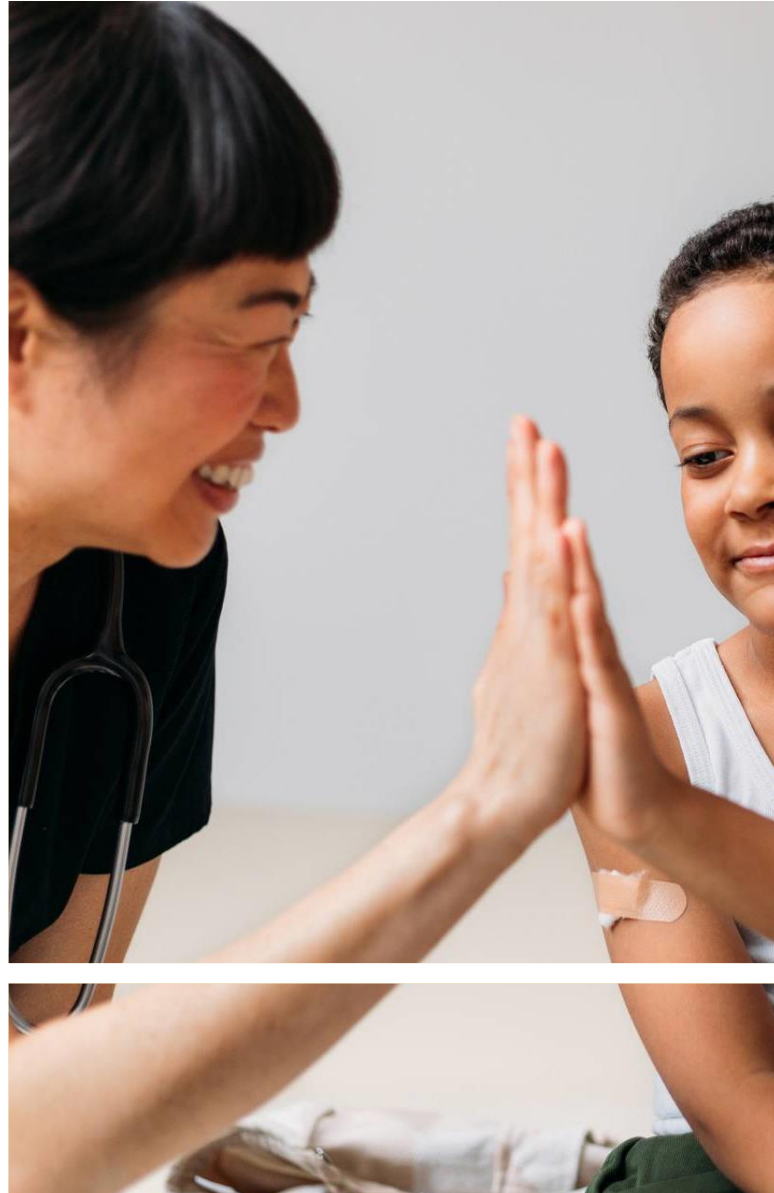


JOIN US FOR THE REST OF OUR SESSIONS!!!

- **August 5, 2025: Quality Improvement – It Takes a Village – understanding the role we all play in Quality Improvement and how each department can impact patient care**
- **August 12, 2025: Ownership on the Frontline: Moving toward high reliability – Building a culture of safety and facilitating change from the frontline**
- **August 19, 2025: AI in Healthcare – taking a look at the role AI is playing in healthcare, how things are changing, and how we can be ready for the future of AI in what we do**

THANK YOU

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RESOURCES

- NursingEducation, January 15, 2024, Nurse Insights: How do nurses approach patient-centered care?, <https://nursingeducation.org/insights/patient-centered-care/>
- **PLANE TREE** <http://planetree.org/>
- **Joint Commission Patient Safety** http://www.jointcommission.org/patient_safety_systems_chapter_for_the_hospital_program/
- **The Institute for Healthcare Improvement (IHI)** – [Click here](#) for Link
- An [Always Events](#)® is a clear, action-oriented, and pervasive practice or set of behaviors that provide the following:
 - A foundation for partnering with patients and their families;
 - Actions that will ensure optimal patient experience and improved outcomes; and
 - A unifying force for all that demonstrates an ongoing commitment to person- and family-centered care.
 - Always Events Getting Started Kit
- - AHRQ <https://www.ahrq.gov/topics/patient-centered-healthcare.html>