



# Putting Patients First: Little BIG Things in Patient Care



*In Francis Ford Coppola's 1972 film *The Godfather*, there's a scene between Tom Hagen (Robert Duvall) and Sonny Corleone (James Caan), which is often repeated in corporate settings: "This is business, not personal". Ironically, though, that statement is actually bad business advice, especially in a health care setting.*

The "patient-centeredness" which is the latest buzz-word in health reform, combines the best of modern medicine with old-fashioned care and ejects "strictly business" out of the relationship and builds more of a friendship.

First coined in 1969 by British psychoanalyst Enid Balint, the term implied taking into account a patient's social context to deal with illness. Patient-centered care seeks to make patients feel better, both physically and emotionally. A patient-centered physician might be described as someone who "tries to enter the patient's world, to see the illness through the patient's eyes."

As calls are made for a more patient-centred health care system, it has become critical to define and measure patient perceptions of health care quality and to understand more fully what drives those perceptions. Arguably, the two main influences are the media and personal experience. While shock headlines may influence some patients to view health care with a jaundiced eye, those who have used the service and the way they feel were treated have always coloured their opinions of a hospital.

When a patient was admitted to the Cleveland Clinic for a bone marrow transplant, he was surprised to get a hug from a receptionist who saw the "sheer fear" on her face.

When a nurse at the Celilo Cancer Centre at the Mid-Columbia Medical Centre in The Dalles, Oregon, found out that his patient was scheduled to receive chemotherapy on her wedding anniversary, he asked the woman and her husband what song they'd first danced to on their wedding day. It was "Save the Last Dance for Me," and the next day, when the couple rose from their chairs after the patient's six-hour infusion, the song began playing. Right there in the infusion area, with their arms around each other, they danced.





More surprises were to come for the 52-year-old cancer patient. As she settled into her room, a social worker came in to offer a menu of healing services including massage, reflexology and music therapy.

Patients form expectations prior to their encounter with the services. They develop perceptions during the process of service delivery and then they compare their perceptions with their expectations in evaluating the outcome of the service encounter. Interestingly, a single negative experience, particularly if it's perceived as unkind or grossly insensitive, could tarnish a patient's entire experience of care. As pointed out by one of the patient "My wounds are healed but the heart is broken"

- Cleveland Clinic Chief Executive Delos "Toby" Cosgrove, a heart surgeon by training, says he had an epiphany several years ago at a Harvard Business School seminar, where a young woman raised her hand and told him that despite the clinic's stellar medical reputation, her grandfather had chosen to go elsewhere for surgery because "we heard you don't have empathy." Dr. Cosgrove says that in his own days as a surgeon, he focused so intently on reducing complications from cardiac procedures that he gave little thought to the feelings or experiences of patients. But after that incidence, in 2009, Cleveland Clinic opened an Office of Patient Experience, and began putting "caregiver" on the badges of all employees.



- On rounds with medical students, Dr. Arnold P. Gold, professor of clinical neurology and pediatrics at Columbia University's College of Physicians and Surgeons, witnessed a disturbing incident. A child was being treated for a neuroblastoma, and one of the residents, who knew everything about the tumour, knew nothing about the child, not even the name and was addressing the child by case and room number.



- A patient consults an orthopaedist because of knee pain. The surgeon determines that no operation is indicated and refers her to a rheumatologist, who finds no systemic inflammatory disease and refers her to a physiatrist, who sends her to a physical therapist, who administers the actual treatment. Each clinician has executed his or her craft with impeccable authority and skill, but the patient has become a shuttlecock. Although, the Hippocratic Oath itself enjoins physicians to maintain their deportment and privileges while keeping the patient's interests foremost but probably the patient must have become a hassled, frustrated, and maybe bankrupt shuttlecock. – This is loss of caring.





A patient's perception of how they have been treated during an event can have a greater impact on their future behavior and loyalty more than the actual outcome of the event. Researchers at Rush University Medical Center compared a year of Rush's Press Ganey data with patients' actual returns to providers. They estimated that "moving the satisfied group to a highly satisfied level would yield an increase in utilization, resulting in \$2.3 million in additional revenues annually from additional repeat customers."

According to Frederick Reichheld, "raising customer retention rates by five percentage points could increase the value of an average customer by 25 to 100%." The more patients we keep from year to year, the more each is worth. So it's even imperative to deal with disgruntled customers and use the opportunity to turn a negative situation into a positive one. Instead of an upset customer who becomes a noisy distracter, the goal is to convert him into a brand loyalist who sings the hospital's praises.



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A hospital patient who consistently refused to follow medical orders, gave all the doctors bad reviews in customer surveys regardless of quality of care, and eventually threatened to strip naked in the hospital lobby and threw a tantrum. At that point the hospital faced an ethical dilemma. Should it refuse to treat the patient further because he was bad for business, even though his life depended on future treatment? The hospital's legal team even advised refusing treatment; but the doctor, who was often the recipient of the patient's anger, disagreed, noting his oath to always be there for the patient.

Providing greater information, access and autonomy, so often successful in consumer settings, does not necessarily always drive better care or experience in a healthcare setting.

After years of struggling with her weight, a New York mother underwent bariatric surgery. She was inundated with information from her medical team about how she would need to change her behavior. Guidelines around when, how, and what to eat or not eat - the rules were overwhelming and constraining. Before long, her weight had jumped again. For this woman, an excess of information (along with an assumption that she was prepared to absorb it) was part of the problem, not the solution.

Unfortunately, the laudable era of openness and encouragement of patients to voice their dissatisfaction has also led to high and perhaps unrealistic expectations on their part.





Paradoxically, even though the effectiveness of medical technology has improved considerably, with massive gleaming hospitals, expensive computerized equipment and sophisticated scanning machines which appear very impressive and reassuring at times of distress, however, undoubtedly personalized service still remains a stronger value proposition and differentiator than ever before.

No doubt clinical transformation and clinical process improvement are the essential work required for health care organizations. But the success of any clinical transformation initiative is dependent on how value is driven

through the organization with the appropriate involvement/integration of people, process and technology. So while embarking on the journey to service excellence, it is critical that leadership maps out specific goals and understand how they are going to get there, assigning specific accountability for service delivery. A strategy that involves the right people using a disciplined process with the appropriate technology will not only result in improved patient safety, better clinical outcomes and an enhanced patient experience but it also helps to increase employee and provider engagement and retention.



In order to have a culture where patients want to come for care, where providers want to practice and where employees want to work, there needs to be a spirit of service that prevails in every encounter.



Health care has been evolving away from a disease-centered model and toward a patient-centered model but often debate rages about patient versus physician-centred care, but the reality is health relies on strong doctor-patient alliance... where both parties share information with the common goal of having the best experience possible. And it is not just about doctors and nurses, but the attitudes and behavior of frontline staff, allied health care professionals, support staff etc. all plays a key role for patient care and efficiency at every stage of the health care experience. Patient and care givers must therefore meet as equals, bringing different knowledge, needs, concerns, and gravitational pull perhaps like a double helix, whose two strands encircle each other, or - to return to medicine's roots - the caduceus, whose two serpents intertwine forever.







A. MacDougall’s quote, “In business you get what you want by giving other people what they want - the way they want it,” is truly one that should resonate with all of us and unquestionably applies to the patient-centred health care system. Probably taking little extra steps will make a BIG difference to patients’ experience of care and may help to return medicine to its Oslerian and Hippocratic roots, roots that care for the patient in all domains.

**About the author:**

Praveen Pillai is a Health care management professional with over 11 years of progressive experience and successful track record, working across geographies including India & UAE.

A consummate Marketing professional with a creative flair, he is today an outspoken evangelist for healthcare management and an active industry essayist, blogger and tweeter. Management professional executing on leading edge projects in strategy, marketing, business development and brand development for healthcare companies. Management career has ranged from senior management of hospitals and medical care services, to entrepreneurial business development and management. These quality exposures bring solid strengths in the realm of leadership development, team building, organizational de-

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