The Patient-Centered Care Toolkit: a systematic iterature review

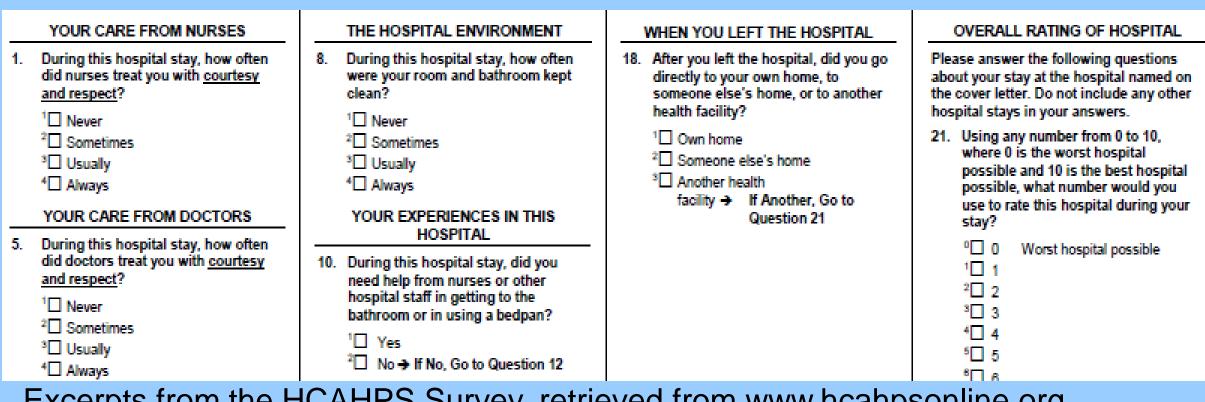
Hanan Aboumatar, Adrian Alday, Karen D'Souza, Sathya Elumalai, Xuanni Gu

The Johns Hopkins Armstrong Institute

Background

With the growing emphasis on the quality and safety of care delivery, hospitals are ardently seeking to improve their practice. Greater focus now lies with patient satisfaction and consumer perspective of care, and medical centers must select and adjust improvement strategies accordingly. Some have even started adapting techniques from other service industries, such as the hotel sector, to procure higher levels of patient satisfaction (Desombre & Eccles, 1998).

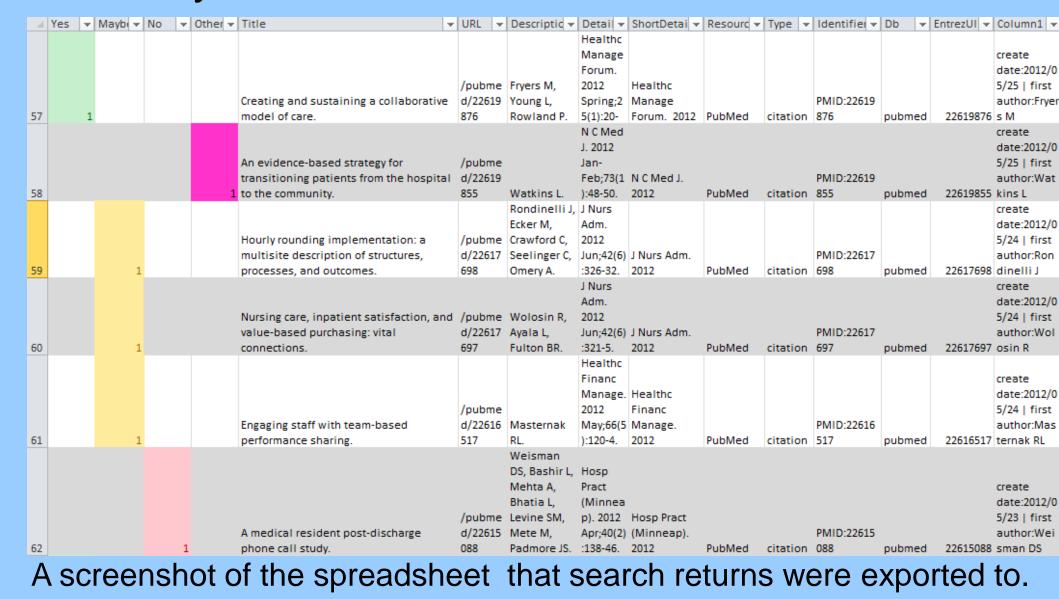
Hospitals can see patient appraisals of their quality of care through surveys developed by the The Centers for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research and Quality (AHRQ). The results of these surveys are available publicly on websites such as www.hospitalcompare.hhs.gov and www.hcahpsonline.org. Though hospital staff and administration can see how they are performing in the eyes of the patient (as the HCAHPS survey is, in a sense, a report card for the inpatient medical center), it is difficult to bridge the gap between the current level of performance and desired level of performance. In other words, there is no consolidated list or database of research-proven interventions that a hospital can implement when it is reported to be underperforming in a certain area of care. Surveys may show that Hospital A does not perform highly in the areas of staff responsiveness or communication with nurses; however, no proven interventions are readily suggested to improve staff responsiveness or communication with nurses. For such information, the hospital would have to dedicate resources to search the literature itself. The Patient-Centered Care (PCC) Toolkit project aims to bridge the gap between awareness and improvement by providing a resource that inpatient medical centers can reference to improve their functioning in patient-centered care.



Excerpts from the HCAHPS Survey, retrieved from www.hcahpsonline.org.

Methods

The review was conducted with articles found primarily through the PubMed database, though other databases such as CINAHL were used based on search domain (e.g. CINAHL was thought to be particularly useful for the domain of staff responsiveness). The domains of research were communication, discharge planning and processes, general patient satisfaction, the hospital environment, pain management, and staff responsiveness. Each domain was systematically reviewed by one member of the research team.



The review process consisted of a title review, abstract review, and full article review. At each stage, the first 20% of the reviews were checked for inter-rater agreement of at least 90% with the team leader, Hanan Aboumatar, before proceeding with the review. The Fuld Fellow was responsible for the domain of general patient satisfaction—search query:

("patient satisfaction"[tiab] OR "family satisfaction"[tiab] OR "patient-reported" experience"[tiab] OR "patient experience"[tiab] OR "patient experience"[tiab] OR "patient experiences"[tiab] OR "Patient satisfaction"[Majr] OR "patient engagement"[tiab] OR "patient activation"[tiab] OR "patient empowerment"[tiab]) AND ("Hospitals"[Mesh] OR "Inpatients"[Mesh] OR "hospital"[tw] OR "hospitals"[tw] OR "inpatient"[tw] OR "inpatients"[tw] OR "HCAHPS"[tw]) AND ("interventions"[tw] OR "intervention"[tw] OR "improvement"[tw] OR "tool"[tw] OR "tools"[tw] OR "project"[tw] OR "projects"[tw] OR "program" [tw] OR "programs" [tw]) AND (("1990/01/01"[PDAT]: "3000/12/31"[PDAT]) AND English[lang])

This domain was a catch-all search that the team hoped would return pertinent articles not initially captured by search queries of the other more specific domains; the search returned 2,888 articles. In the title stage, 794 articles were kept for review. In the abstract stage—256. It is expected that many of these remaining articles will be screened out upon closer review at the full article stage.

Exclusion criterion for all domains were: missing abstract (suggesting that articles were commentaries or editorials instead of experimental studies), emergency department studies, interventions focused on too narrow of a

population (e.g. pediatrics, gerontological/palliative care, very specific diseases, etc.), and publication before 1990.

At the full article review, information was abstracted into a separate spreadsheet. Desired information included: title, authors, journal details, patient population, intervention area, location, year of data collection/duration of intervention, experimental design, control, intervention description, disease, number of participants, study measures, measure at point 1/baseline, measure at point 2/intervention, and significance.

A	В	С	D	Ε	F	G	Н	1	J	
Title	Journal Details	Author (Last, First Initial), gear	Description (Paste Abstract here- or summarize article)	Patient population (e.g. surgical, medical, pediatrics)	Intervention area (e.g. Communicati ons HCAHPS domain)	Location (e.g. NY state)	duration of intervention (e.g. 1992/6	RCT, Quasi Experimental	Control	Intervention (Paste inter or method section.)
investigation into the effects of quality improvement method on patients' satisfaction: a semi experimental research in Iran.	2011;49(1):38-43.	Nayeri ND, Hooshmand A Zargar MT.	patient satisfaction in surgery units of hospitals affiliated to Tehran Medical University Then manipulation implemented as post-operation care process selected. Modelling and opportunity statement Diagrams prepared and improvement team organized. Flow process, convergences and cause- effect charts used to prepare list of items to be improved. Executive program was written. This include personnel training, standard implementation, election and training of quality control nurses (Q.C.Ns), daily QC of caring and providing appropriate feed back to personnel, forming group session for determining corrective actions. Then after 1 month patient satisfaction was assessed. Statistical analysis shows this process increase patient satisfaction and it leads to care effectiveness FOCUS PDCA is effective method for access to various objectives especially patient satisfaction. It is suggested other researcher assess effects of this strategy for other indexes and total care process effectiveness.	Surgical	Patient Satisfaction HCAHPS domain		duration not specified.	experimental, non-equivalent design/Pre- test—post-test, self-report by questionnaire with control and test group, experimenters double-blinded	Control group was used.	The intervention was based on care process for the initial two important and a prevalent proc all the process steps as they sh process was organized (O). The suitable quality improvement te with the chosen process. At the function were clarified. Using the post operative nursing care wa regarding the current process f (C). At the fourth stage (U) usin natural process function were I constructed. Finally, the most econsultation with the team mer drawn (S). The improvement primplemented. At the implement respect to the wards? routine processing for the patients (D). The satisfaction (C). The final phas involved conveying the findings the light of process effectivene (A).
The impact of advance care planning on end of life care in elderly patients:	BMJ, 2010 Mar 23;340:c1345.	Detering KM, Hancock AD, Reade MC, Silvester V.	elderly patients, participants were randomised to receive usual care or	receiving end of	Patient Satisfaction HCAHPS domain, end of life care	Single centre study in a university hospital in Melbourne,	Participants followed for 6 months or until death.		Control group was used; control group received usual care, test group	Intervention patients received ((nurse or allied health worker) (extra on bmj.com), developed based on the Respecting Choi to advance care planning wher
Menu selection, glycaemic control and satisfaction with standard and patient- controlled	Care, 2010	Dinardo M,	An administrative decision to gradually replace standard consistent-carbohydrate (CCMP) (standard group) with patient-controlled meal plans (patient-controlled group) presented the opportunity to compare menu selection, adherence to CCMP, glycaemic control and satisfaction as a quality-improvement initiative. Information was obtained from consecutive inpatients with diabetes admitted to units receiving standard or patient-controlled meal plans. Patients received the meal plan according to unit location The standard group	General medicins cardiac units	Patient Satisfaction HCAHPS domain, meal services	Univeristy of Pittsburgh Medical Center	4 months	experimental (standard group vs. test	Two units from which data was collected were given standard diabetic meal plans (test condition group = 2 units given	The standard meal plan menu is healthy foods with fewer concedietary computer system which with substitutions when meal so The patient controlled meal pla monitoring of patient's daily mincludes a broad variety of fooden wironment. Unlike the standard behalf as a possess of a monitoring of the standard behalf as a content of a monitoring of the standard behalf as a content of a monitoring of the standard behalf as a content of a monitoring of the standard of
	An investigation into the effects of quality improvement method on patients' satisfaction: a semi experimental research in Iran. The impact of advance care planning on end of life care in elderly patients: Menu selection, glycaemic control and satisfaction with standard and patient-controlled	An investigation into the effects of quality improvement method on patients' satisfaction: a semi experimental research in Iran. The impact of advance care planning on end of life care in elderly patients: Menu selection, glycaemic control and satisfaction with standard and patient-controlled experiments.	An investigation into the effects of quality improvement method on patients' satisfaction: a semi experimental research in Iran. The impact of advance care planning on end of life care in elderly patients: Menu selection, glycaemic control and satisfaction with standard and patient-controlled coexistent. Acta Med Iran. Divisional Navipour H, Nayeri ND, Hooshmand A Zargar MT. BMJ. 2010 Mar 23;340:c1345. Hancock AD, Reade MC, Silvester W. Qual Saf Health Curll M, Dinardo M, Noschese M, Korytkowski MT.	An investigation into the effects of quality improvement method on patients' satisfaction in semilar assistation and satisfation in semilar assistation and satisfation in semilar assistation and satisfation in semilar assistation as a quality improvement initiative to omit of advance care planning and patient-controlled particular assistation as a quality improvement initiative to consider future medical treatment preferences; to appoint a surrogate; And montrol and satisfation in semilar plan assistation as a quality-improvement initiative compare ment selection, adherence to CCMP, glicaemic controlled meal plans. Patients received the melalpan association to gradually replace standor on states.	An investigation into the effects of quality improvement method on patients' statisfaction: a serial experimental research in Iran. Acta Med Iran. 2014;49(1):38-43. Nayer IND, Hooshmand A cargar MT. Various per International Program of Acta Med Iran. 2 argar MT. Various per Iran and Acta Med Iran. 3 argar MT. Various per Iran and Acta Med Iran. 4 argar MT. Various per Iran and Acta Mt. Acta Acta M	Details Clast, First Initial), year	Clast, First Initial), year Patient Survivors Patient Satisfaction Patient Satisfac	Details Clast, First Initial), year	Details (Last, First Initial), gear Patient Initial, gear Patient	Details (Last, First Initial), sear e.g. MY (e.g. surgical), medical, medical, pediatrics c.g. stage c.g. MY (communication) c.

Conclusions and Future Directions

Currently, the review is still in progress—some team members have finished reviewing their domain and are now helping to review others. All domains have passed the abstract stage.

Future directions for this project include compiling and perhaps further classifying/categorizing selected interventions and their data. Along those lines, the team has to decide how the PCC Toolkit will be presented, e.g. in a research article format to be published in a journal, as an online resource or database, or as a manuscript.

References

- 1. Centers for Medicare & Medicaid Services. (2013). HCAHPS: Hospital Care Quality Information from the Consumer Perspective. Retrieved from http://www.hcahpsonline.org
- 2.Desombre T., Eccles G. (1998). Improving service quality in NHS Trust hospitals: Lessons from the hotel sector. International Journal of Health Care Quality Assurance, 11 (1): 21-26.

Funding Source: The Helene Fuld Leadership Program for the Advancement of Patient Care Quality and Safety