van Kemenade
Audit Coaching
Training

# W E L C O M E

## CLIENT CENTERED HEALTHCARE

Day 1

**Everard van Kemenade**
**Quality and Leadership Trainer**

Everyone of you
can make a difference
in a client's life….

# Program

Day 1

1.1. Who are we?

1.2. Our mindset on change

1.3. Presentation of the program

# 1.1. Who are we?

# YOU!!

Your name

Your role

Your idea on client centeredness?

(Your 1 minute presentation on day 3)

van Kemenade
Audit Coaching
Training

# Who is Everard?

**Everard van Kemenade**

**HEd Quality Expert and**

**Leadership Trainer**

ME

1953 born

# 1968-1975 hippie

1972 in love

and

1978 married

1981 Onno

and 1983 Nina born

# Armin: a state of trance

# 1980 first Quality management assignment: Van Kemenade ACT (audit, coaching and training)

2004 first assignment abroad (Quality in a university, Viet Nam)

# 2008 first visit to fitness centre

# 2009 PhD.

# 2011 First visit to Africa

# visit to Caribbean

2015

2017

# SYNERGY

My dream is

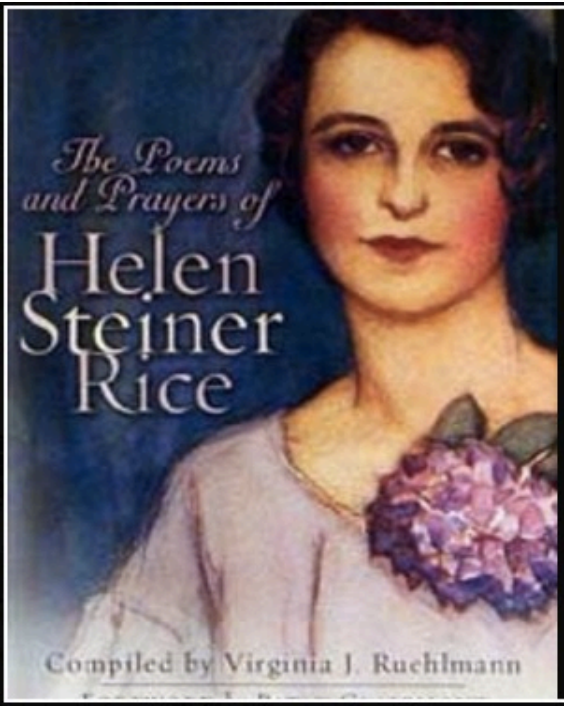
*to contribute to the continuous improvement of healthcare in the Caribbean by doing audits, coaching, training leaders and staff and by bringing people together.*

# 1.2. OUR MINDSET in this training

# 1. Everyone controls his own mind, so his results.

We have a free choice to create the kind of experience we want – a painful or a pleasant one.

We may not be able to control external events but we are capable of controlling our reactions and response to those events.




You cannot change reality, but you can control the manner in which you look at things. Your attitude is under your own control. Weed out the negative and focus on the positive!

— Helen Steiner Rice —

AZ QUOTES

# 2. Respect for the other person's model of the world.

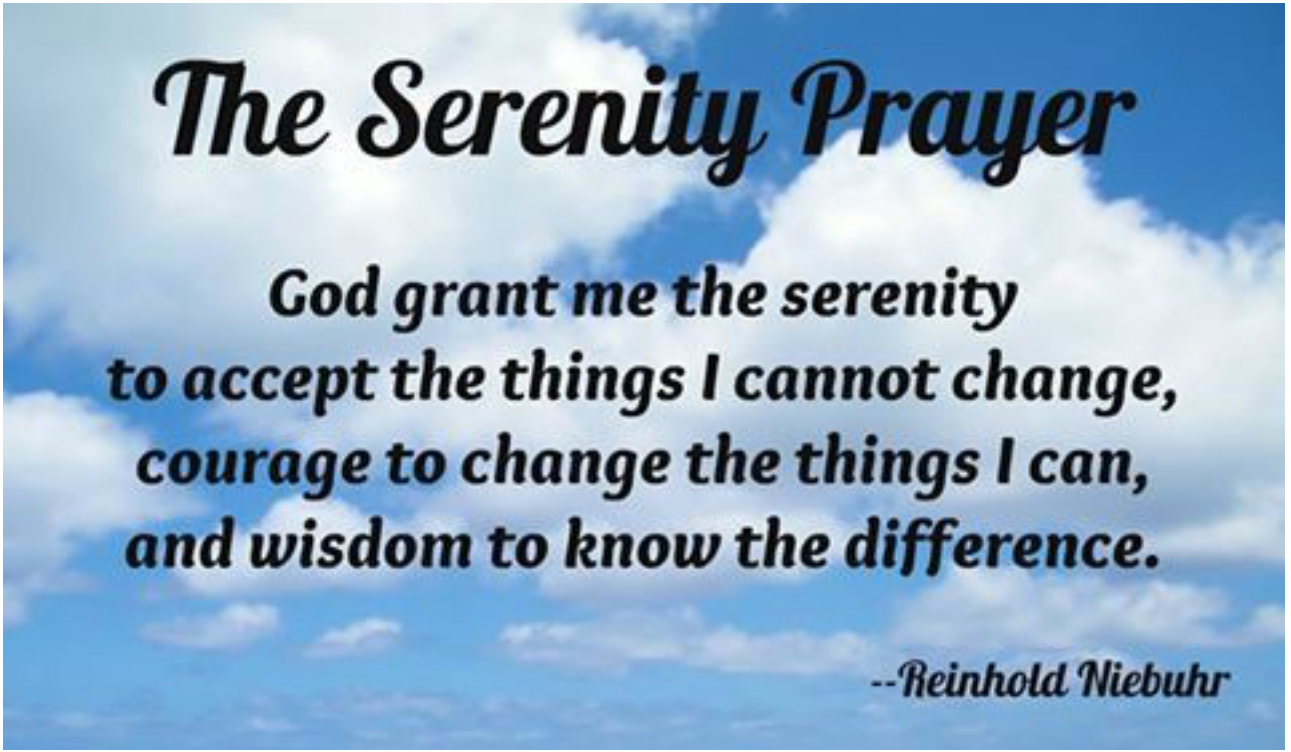
We are all unique and experience the world in different ways. Everyone is individual and has their own special way of being. Respect also means that what happens here, stays here.

# 3. You need a Growth mindset

In a growth mindset (versus fixed mindset) you believe that your most basic abilities can be developed through dedication and hard work—brains and talent are just the starting point. This view creates a love of learning and a resilience that is essential for great accomplishment. Virtually all great people have had these qualities. It enhances relationships.

CREATED USING
BOWTOON

# 4. ACT


The Serenity Prayer
God grant me the serenity
to accept the things I cannot change,
courage to change the things I can,
and wisdom to know the difference.
--Reinhold Niebuhr

# 1.3. Three day program

CCC

- Day 1: Health, CCH, Fish
- Day 2: High heeled shoes, mangos and , Life Story and happiness
- Day 3: Coping and  passion, purpose, power

https://www.youtube.com/watch?v=a9zHr1SbdRY

# Concerns towards CCH

- Providing patient-centered care is **too costly**
- Being patient-centered is **too time consuming**. Staff is streched thin as it is.
- Patient-centered care is **'nice' but not important**
- Providing patient-centered care is **only the job of nurses**
- To provide patient-centered care, we will have to **increase our staffing ratio**
- Patient-centered care can only be truly effective in a **small, independent** hospital
- We may think patient-centered care is an effective model for care delivery, but there is no **evidence** to prove it
- Many patient-centered practices **compromise infection control** efforts, and therefore, cannot be inplemented
- The first step to becoming a patient-centered hospital is **renovation or construction**
- We have already received a number of **quality awards**, so we must be patient-centered
- Our patients are **not complaining**, so we must be meeting all their needs

# Why CCH?

# 1.3.1. Health is….

# WHO

- World Health Organization (WHO), defined Health as being “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity” in 1948.
- “Holistic”

# Ability

**“ Health is the ability to adapt and to self manage” (Huber).**

“Health can be defined negatively, as the absence of disease, functionally, as the **ability to cope with everyday activities**, or positively, as fitness or well-being” (Blaxter, 2004).

Client centered healthcare does not mean absence of disease, but teaching people to adapt, to cope and self manage

# What is CCC?

**IMPROVING QUALITY AND SAFETY BY FOCUSING ON THE CARE OF PEOPLE**

# Example 1

# Example 2

# CCH is about

- Client participation/ empowerment
  - Self cooking…….
- Client responsibility

- Client in the centre
  - Client satisfaction

Client participation
= Empowerment of the client/ shared decision making
= Making the client responsible too for his/her well-being

# Giving the client options

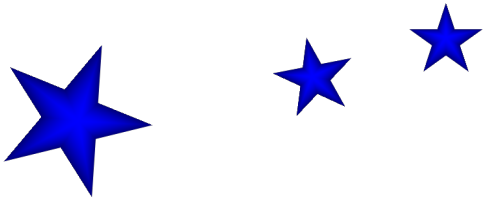
Meeting the doctor?
3 good questions

1. What are my possibilities?
2. What are the advantages and disadvantages of these possibilities?
3. What does that mean in my situation?

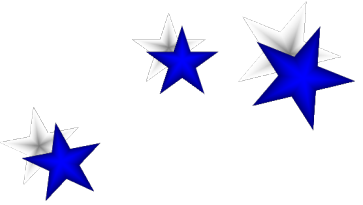
# Examples

Resuscitation refusal

Terminal patient and continuous treatment



# How to?

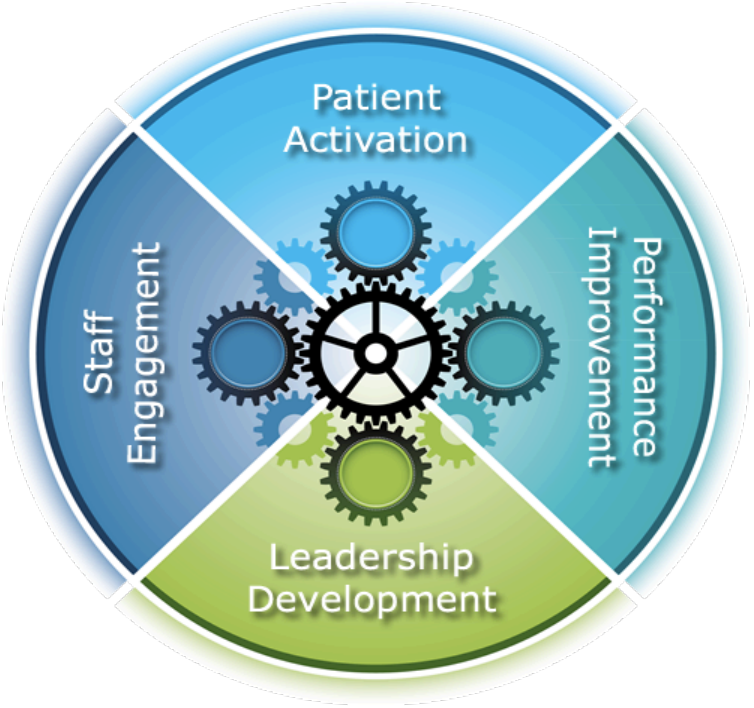


# Planetree

Planetree is a non-profit organization that provides education and information in a collaborative community of healthcare organizations, facilitating efforts **to create patient-centered care in healing environments.**

http://www.planetree.org.

# Planetree approach



# Patient activation

In order to activate patients to participate in their care we first need to give them access (to family, resources, information) and then actively include them in their care process.

Cfr. Patient Empowerment

# Staff engagement

In order to be patient centered, we first need to be **staff centered**. Our staff engagement offerings restore purpose and then bridge the gap between intentions and outcomes. We help caregivers reconnect with each other to create a supportive interdisciplinary environment with a unified goal: exceptional patient centered care.

Cfr. Commitment

# Performance improvement

Now more than ever before, healthcare organizations are being asked to meet measurably **higher quality standards**, increase service efficiency, and create optimal patient experiences all with significantly reduced capital and environmental resources.

# Leadership development

Every effective patient centered organization has an **engaged and effective leadership team**. By redefining goals, developing new structures, and aligning efforts with existing priorities, we help create a framework for success. Furthermore, we aid leaders to develop and sustain behaviors that lead to ongoing patient centered success

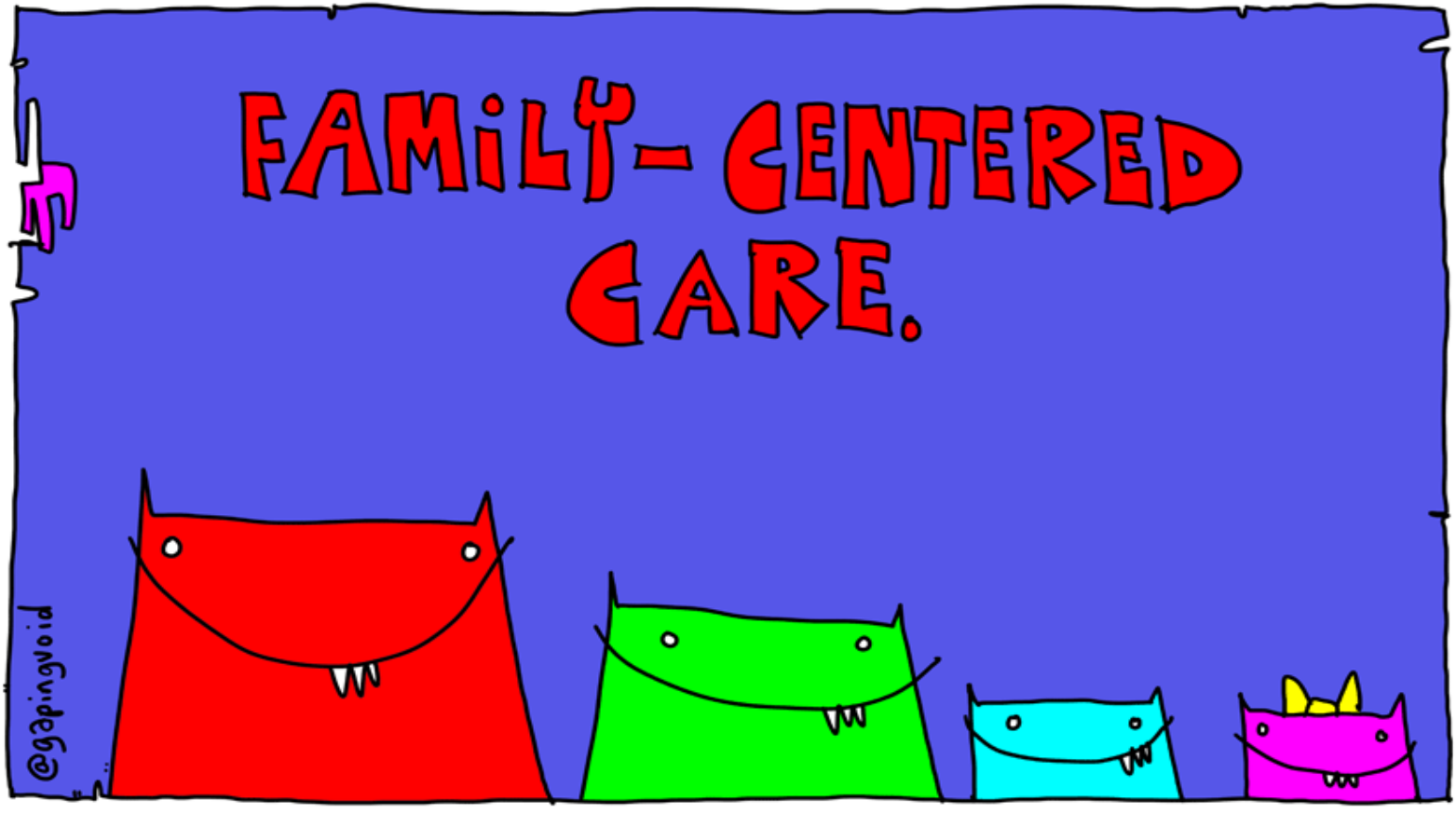
# PRACTICAL APPROACHES TO BUILD A CLIENT CENTERED CULTURE

# I SETTING THE STAGE

1. Leadership
2. Strategy
3. Everyone, Everywhere, Everytime Engagement

# II APPROACH

1. Communication with pt/families
2. Personalization of care
3. Continuity of care
4. Family involvement


FAMILY-CENTERED CARE.
@gapingvoid

# II APPROACH

5. Environment of care
6. Spirituality
7. Integrative medicine
8. Caring for the community
9. Caring for the caregiver
10. Data and technology

# Get up, stand up

# lunch

**C O C O N U T**

1. Fill in PCH questionnaire

2. Choose three priorities

3. Put in ‘smart’ action plan

| What? CCC Organisation | By whom? | With whom? | When? | How? | Evidence of success |
|---|---|---|---|---|---|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |

| What? CCC Organisation | By whom? | With whom? | When? | How? | Evidence of success |
|---|---|---|---|---|---|
| 6. | | | | | |
| 7. | | | | | |
| 8. | | | | | |
| 9. | | | | | |
| 10. Structure pt-nurse | | | | | |

# Conclusion

**We have to agree on Client Centered Healthcare (CCH) in our organisation.**

**Everybody has to work on CCH on organisational, team and personal level.**

**CCH is about client satisfaction and client empowerment.**

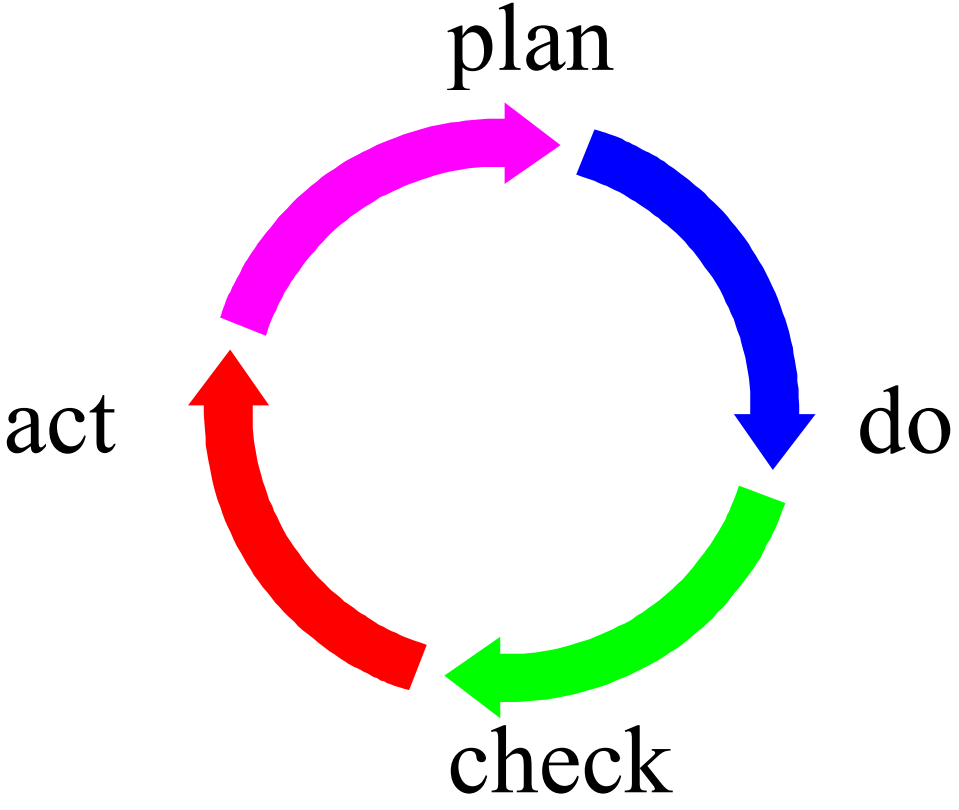
# Conclusions

We have an idea about what PCH can be.

We still have work to do.

- individually
- as a team
- on organisational level

# Action Plan



| What? AH Organisation | By whom? | With whom? | When |
|---|---|---|---|
| 1. Discuss the organization of nurses related to amount of clients served. | | | |
| 2. Discuss self management like cooking with new elderly clients? | | | |
| 3. Expectations in job descriptions | HR? | | |
| 4. Family defined | Quality Committee | | |
| 5. Resident may request procedures for personal schedule | Head nurse | | |
| 6. Advisory council | Activity coord | | |
| 7. R and family encouraged to ask questions (besides family rounds after MDO's) | Unit leaders | | |
| 8. Meet with members of HCteam | | | |
| 9. Communication ccc | Bregje | | |
| 10. MT walk the talk | Bregje | Jaap, all | |
| 11. Acknowledgment of staff, formal (appraisal/evaluation meeting) and informal | Everyone | all | |

| What?<br>Team | By whom? | With whom? | When? | How? | Evidence of success |
|---|---|---|---|---|---|
| 1. Build trust with clients | | All staff involved | | Organize meeting | Minutes of the meeting |
| | | | | | |
| | | | | | |
| | | | | | |

| What? Individual | By whom? | With whom? | When? | How? | Evidence of success |
|---|---|---|---|---|---|
| 1. Build trust with clients. | | | | | |
| 2. | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

# References

Frampton S. et al. (2008) *The Patient-Centered Improvement Guide*, PlaneTree, Camden , ME
Guba and Lincoln (1989) Fourth Generation Evaluation
Warfield, C. And Manley,K. (1990), Developing a new philosophy in the NDU*, Nursing Standard*, vol 4. No 412 pp. 27-30

everard@onsnet.nu

# Person Centred Healthcare