**RNSG 2573**

**Professional Nursing Concepts 3**

**Concept –** PATIENT-CENTERED CARE

**Concept Definition**

Recognizes the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for patient’s preferences, values and needs.

**Exemplars**

Advocacy

Prioritizing Individual Care

**Objectives**

1. Explain the correlation between *advocacy* and *prioritizing individual care* to the concept of patient-centered care (including compromised antecedents, deficit measurement in attributes, a list of negative consequences, and the interrelated concepts which may be involved).

2. Identify conditions which place a patient at risk for negative consequences (outcomes).

3. Identify when a negative consequence (outcome) is developing or has developed.

4. Apply the nursing process (including collaborative interventions) for individuals experiencing negative consequences related to patient-centered care.

**Concept Analysis Diagram**

Note: Diagram is on a separate page.

Explanation of Patient Centered Care Diagram

Patient-Centered Care occurs when the nurse recognizes the patient or designee as the source of control and full partner in providing compassionate and coordinated care based on respect for the patient’s preferences, values, and needs.

To successfully achieve patient-centered care, the nurse must assist the patient in achieving health literacy; empower patients to self-manage their ailments; work in an autonomous manner ensuring that all the patients’ needs are met and no harm is done; and provide an optimal healing environment making it easier for patient’s to progress from illness to wellness.

The nurse recognizes the patient’s participation in patient-centered care occurs when they desire/exhibit behaviors for self-management; engage in partnership with the nurse; and becomes an active partner in cultural competence to facilitate their care. The nurse responds to the patient by exhibiting a respect for diversity, disparities, and self-expression; advocates for the patient/family’s desires, wishes, and needs; engages in cultural competence; becomes an empowerment coach; and acts as coordinator of care to meet the patient where they are and help them to progress towards an optimal level of wellness.

The nurse must possess these attributes in order to successfully participate in patient-centered care: non-judgmental; empathetic; cultural competence; respect for diversity; empowerment; integrity; self-awareness; adaptive; advocate; be present in caring for the patient/family; and provide an optimal healing environment.

When patient-centered care occurs, positive consequences (outcomes) are experienced as a result of the nurse & patient/family relationship. These include quality care; continuity of care; treatment compliance; cost containment; and psychological and physiological patient comfort.

When there is a breach in the nurse & patient/family relationship, negative consequences (outcomes) can result. These include never events; near miss; sentinel events; and psychological and physiological discomfort.

Other concepts that can affect patient-centered care include quality improvement; diversity; ethical and legal precepts; safety; health information technology; communication; collaboration and teamwork; evidence-based practice and health care organizations. If the patient’s attributes of these concepts are optimal then the concepts contribute toward positive consequences related to patient-centered care. In the absence of optimum attributes these concepts may contribute to a breach in patient-centered care leading to negative consequences and requiring nursing interventions.

**Prior to class Assignments**

Review the following Nursing Diagnoses and associated interventions

* Readiness for Enhanced Communication
* Readiness for Enhanced Self Health management
* Readiness for Enhanced Knowledge
* Readiness for Enhanced Comfort
* Risk-Prone Health Behavior
* Impaired Verbal Communication
* Ineffective Self Health management
* Deficient Knowledge
* Ineffective Health Maintenance
* Ineffective Family Therapeutic Regimen Management
* Impaired Comfort

Review the following references:

Internet

Cellular Regulation

* Patient-centered management of chemotherapy-induced nauseaby S Grunberg - ‎2012 [*www.ncbi.nlm.nih.gov/pubmed/22488023*](http://www.ncbi.nlm.nih.gov/pubmed/22488023)
* Patient-centered care: the key to cultural Competenceby DE Epner - ‎2012 [*www.ncbi.nlm.nih.gov/pubmed/22628414*](http://www.ncbi.nlm.nih.gov/pubmed/22628414)‎
* Applying patient- and family-centered concepts to bedside rounds<http://www.ipfcc.org/advance/topics/PH_RD_Applying_PFCC_Rounds_012009.pdf>

End of Life Care

* Teaching patient-centered care during the Silver Hour by Smith- Stoner, M.

<http://nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TableofContents/Vol-16-2011/No2-May-2011/Patient-Centered-Care-and-the-Silver-Hour.html>

Reproduction/Contraception

* Goal-Oriented Patient Care — An Alternative Health Outcomes Paradigm byDBReuben‎2012[*www.nejm.org/doi/full/10.1056/NEJMp1113631*](http://www.nejm.org/doi/full/10.1056/NEJMp1113631)‎
* A dimensional analysis of patient-centered care. Nurs Res. 2009 Jan-Feb ;58(1):52-62. doi: 10.1097/NNR.0b013e31818c3e79.[*www.ncbi.nlm.nih.gov/pubmed/19092555*](http://www.ncbi.nlm.nih.gov/pubmed/19092555)

**Content Outline**:

Concept: Patient Centered Care

1. Patient advocacy in the clinical setting
	1. Definition of patient advocacy
	2. Influence to prioritization of care
	3. Association with patient safety
2. Risks associated with inadequate or misapplication
	1. At risk conditions
	2. Signs and symptoms negative outcomes
	3. Interventions to address or mitigate
3. Application of nursing process to address patient centered care needs

**CONCEPT ANALYSIS DIAGRAM –** PATIENT-CENTERED CARE

**Nursing Care**

* Directed toward what contributes to a normal concept and is thereby related to all factors involved in or with the concept. Not always needed to have a normal outcome.

 Attributes

* Defining characteristics of the concept
* What must occur for the concept to exist

Antecedents

* What precedes the concept for it to exist
* Events or incidents that must happen before the concept

Consequences

* Untoward events or outcomes that occur due to malfunction within the concept
* Positive events or outcomes that occur due to proper functioning within the concept

Interrelated Concept

* Concepts which can affect change in the other
* Concepts which work together to ensure a normal process
* Concepts which if depleted or impaired can cause a negative consequence in the other

Sub- Concept

* Critical components of major concept

Quality Improvement

Diversity

Safety

**Attributes**

Non-judgmental

Empathetic

Cultural Competence

Respect for Diversity

Empowerment of Patient

Integrity/Self-Awareness

Adaptive

Advocate

Present

Optimal Healing Environment

**Nursing Care**

Ethics & Legal Precepts

Health Information Technology

Optimal Healing Environment

Collaboration & Teamwork

Evidence-Based Practice

Health Care Organizations

**Consequences**

**(Outcomes)**

Never Events

Near Miss

Communication

Sentinel Events

Discomfort:

Psychological & Physiological

Comfort:

Psychological & Physiological

Patient Satisfaction

Quality Care

Continuity of Care

**Antecedents**

**Nurse Focus:**

Respect forDdiversity/Disparities/Self-

 Expression

Advocate for Patient/Family

 Desires/Wishes/Needs

Cultural Competence

Empowerment Coach

Coordinator of Care

**Patient/Family Focus**

Desire/Exhibit Behaviors for Self-

 management

Engage in Partnership

Active Partner in Cultural Competence

**Sub -Concepts**

**Positive**

Health Literacy

Empowerment of Patients

Autonomy

Cost Containment

**Negative**

**Patient-Centered Care Recognizes the patient or designee as the souce of control and full partner in providing compassionate and coordinated care based on respect for patient’s preference, values, and needs. (QSEN)**

**Interrelated Concepts**

Treatment compliance