



The International Symposium:  
**People-Centered Health Care:  
 Competent and Responsive  
 Health Practitioners**

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BI-Regional Forum of Health Care Organizations  
 on People-Centered Care  
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**Trends in Health Care**

New knowledge / Research /  
 Advanced Technology



Disease - focused



Physician - centered



**Trends in Health Care**

*“Defensive” Medicine:*

- Highly dependent on technology
- Lab results were treated and not the patient
- Protect the physician
- Response & reaction to possible litigation
- Over-used and over-indicated
- Made health care more expensive



**Trends in Health Care**

*Specialization:*

- Traditional system of perfection
- Errors and mistakes are unacceptable
- Complex care
- Fragmented care
- Patient was “lost” in the system



**“To do no harm.....”**

Institute of Medicine (1999):

**TO ERR IS HUMAN**  
 Building a Safer Health System


LEON F. BERRY, QUINCY W. CRONIN, and  
 JAMES M. HAYES, Editors  
 NATIONAL ACADEMY PRESS  
 WASHINGTON, DC



**Quality and Patient Safety**



Joint Commission  
 International Center  
 for Patient Safety



**Patient - centred Care**

*Disease - focused*

↓

*Patient - centred*

↓

*Culture of Safety*



**Patient - centred care**

- Needs as a patient
- Needs as a person:
  - Values
  - Expectations
  - Preferences
  - Capacities
  - Over-all well-being

→ PEOPLE- CENTERED CARE



**AGENDA**


*Key policies and action domain:*

- Individuals, families & communities
- Health practitioners
- Health care organizations
- Health systems



**Health care practitioners**


- Physicians
- Nurses
- Paramedical clinical support - Medical/Radiation / technicians, clinical pharmacists / Staff
- Educators
- Leaders



**Physicians**

*Competence:*

- Verification of credentials from source
- Privileging
- Continuing Medical Education activities - outside or in - house



**Physicians**

*Standardization of care:*

- Protocols, Guidelines, CPG's, Pathways
- Monitor outcomes

*Quality and Patient Safety:*

- Prevent harm proactively
- 3 C's: communicate, coordinate, & collaborate
- Surface and learn from errors



## Physicians

- Continuity of care -after & beyond the hospitalization
- Health maintenance and disease prevention



## Physicians



## Physicians

- Address the non-medical but equally important needs of the patient:
  - Family and friends
  - Traditions and customs
  - Religion and beliefs
  - Cultural preferences



## Physicians

### Music Therapy Program



## Physicians

### Senior Arts & Music Wellness Program



## Physicians

### Supportive Care:

- Spiritual visits & consultations
- Psychiatric support
- Referral to lay support groups



## Nurses

- Spends the most time with the patient
- Front liner in care and defense against harm
- Provide bedside, compassionate care
- Quality of care delivery likewise affected by complex care



## Nurses

### Manpower shortage:

- Global problem with aging population
- Philippines: Migration of Health Care Workers



85 percent of the all Filipino nurses (estimate = 163,756 nurses) are working outside the Philippines in at least 46 countries. (Corcega, et al 2003)

Of all data that were accounted for, at least 100,000 nurses left the country in the last 10 years – the highest volume in Philippine history. (POEA, 2004)



## Nurses

### Migration:

- In urban centers: numbers and nurse:patient ratio maintained
- Expertise suffers
- Average = 2 years stay



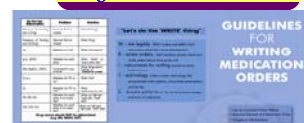
## Clinical Pharmacists

- One CP for every nursing floor for 2 shifts
- Provide complimentary patient care to the nurses
- Monitor: medication orders, ordering, dispensing, administration, prescription, reconciliation, interaction and education
- Collect and collate data on medication safety
- Unburdens the nurses for bedside nursing duties



## Medication Safety Programs

- HAM (High Alert Medications, Medications that bear a heightened risk of causing significant patient harm when used in error
- SALAD ("Sound-Alike, Look-Alike Drugs")
- BANDEM ("Banned Items")
  - Do not Use list
- PIH (Physician's Illegible Handwriting)





## Educator and Teacher

### *Philippine Medical Education - American System*

- Medical School
- Postgraduate Internship
- Residency
- Fellowship

### *Traditional System:*

- Disease - oriented
- "Read one - See one - Do one" model
- "Blame and Train" approach



## Educator and Teacher

### *New approaches to education & teaching:*

- Addresses quality and safety
- Emphasizes systems rather than human factors for errors
- Realization of the non-medical needs of the patient
- Models:
  - Simulated or situational training
  - Error training and prevention
  - "Training on not only "how to do things but also how not to do things"



## Educator and Teacher

### *Quality of life of trainees:*

- Reduced work hours
- Lessen fatigue factor
- More time for personal things



## Leaders

### *Clinical Head:*

- Ensure competence of staff
- Timely care provided
- Monitor performance & outcomes
- Incorporate Quality and Safety in education, training and practice



## Leaders

### *Hospital Leadership:*

- Non-punitive environment
- Organization direction
- Address needs of patients, staff, organization and community
- Celebrate and share success and good outcomes with the organization



## Leaders

### *Culture of Safety:*

- Just culture
- Systems-based solution: focus away from the individual
- Dig deeper: RCA
- Environment of Care
- Continuous improvement



## Leaders

Engage the patient:



## St. Luke's Medical Center



## St. Luke's Medical Center

- Established in 1903
- 650-bed private, non-stock, non-profit medical center
- Tertiary hospital; Major referral center
- Academic - Teaching facility
- 1,700 physicians
- 2,600 associates



## Doctor for the People



## Summary

*"Patients do not care how much you know until they know how much you care!"*

Gerard Healy, MD, FACS

Former President  
American College of Surgeons



## People-centred care

*Harmony of mind and body,  
people and systems*

