Center for Evaluation of Practices & Experiences of Patient-Centered Care (CEPEP)

PATIENT-CENTERED CARE

EVALUATION UPDATES Spring 2013

The *Center for Evaluation of Practices and Experiences of Patient-Centered Care (CEPEP)* is funded by the VA Office of Patient-Centered Care and Cultural Transformation and the Quality Enhancement Research Initiative. The purpose of CEPEP is to evaluate the processes and outcomes of approaches to implementing patient-centered care (PCC) at the patient, family/ caregiver, provider/ employee, and organizational/ system levels within and across the VHA Centers of Innovation (COIs) to identify the most effective ways to change (improve) culture throughout the organization.

PCC Evaluation UPDATES is disseminated to VA leadership, health care providers, and to Veteran consumers of VA health care. It provides information related to the implementation and impact of PCC interventions ongoing at VA COIs and designated pilot sites.

The Director of *CEPEP* is Dr. Sherri LaVela who leads a superb team of talented scientists, clinicians, and evaluation staff with years of valuable experience.

For more information about the resources available through CEPEP and for past issues of Evaluation UPDATES, please visit http://www.cmc3.research.va.gov/CEPEP.asp .

Evaluation Features

What is Photovoice?

Salva Balbale, MS

"A picture is worth a thousand words." Sometimes a picture is worth more than words alone. What if a picture could help us learn about people's unique experiences, inspire creativity, and empower individuals to create positive change in their lives and environment?

Photovoice is a participatory technique designed to better understand people's perspectives and engage them in improving their health and health care. In this method, participants are provided with cameras and invited to take pictures to visually interpret a particular subject.[1] Guided by questions and prompts on the topic of interest, participants are given the opportunity to take pictures of elements in their environment - capturing objects, landscapes, and events meaningful to them.

Once participants have taken their pictures, in-depth interviews are conducted to examine their photographs in detail. During follow-up interviews, the pictures create a platform to stimulate discussion on the topic and allow participants to share their unique narrative and experiences. Participants are encouraged to elaborate on the meaning of their photographs and describe how they represent their perspective. This may be shaped by individual beliefs as well as sociocultural context and physical environment. Through this process, evaluators can get a deeper understanding of the target population's perceptions, preferences, and needs around the topic of interest.

Photovoice has been used to explore factors that influence beliefs and behavior in multiple areas, including physical activity, pain, and chronic disease management.[2,3,4] Pioneering studies have found the technique to be beneficial in (1) learning about perceptions and needs related to health and (2) empowering communities to share their views about their own health and environment.[4]

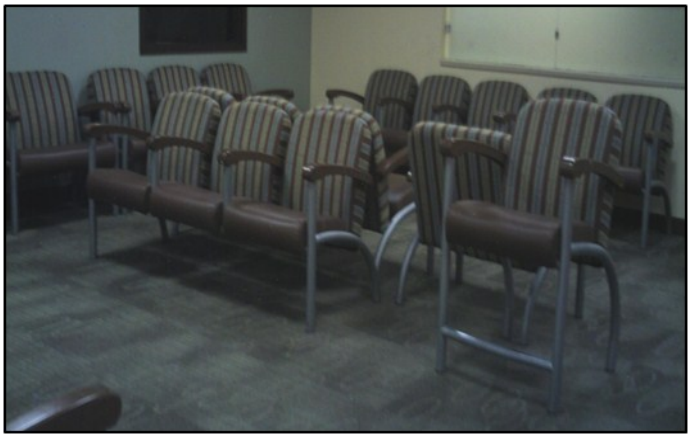
Furthermore, photovoice may foster a sense of partnership between evaluators and participants, giving participants a voice to help improve health initiatives tailored around them.[1]

This method is currently being utilized in our evaluation project to explore perceptions of patient-centered care (PCC) in the VA. Veteran patients as well as VA employees and health care providers are a part of this creative project, and data collection is in progress at VA facilities. We anticipate that this qualitative method will enable us to obtain valuable insight into the drivers of perceptions of PCC. The participatory approach provides an opportunity for individuals to engage in the evaluation process. This information contributes toward improvements in the delivery of PCC within the VA. Note: Please see *Veteran Experiences and Views* section for early findings.

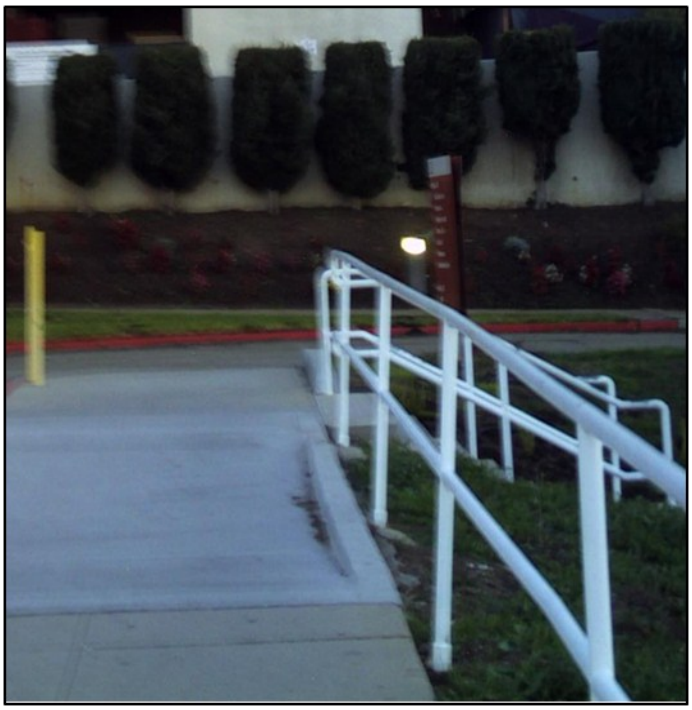
Veteran Experiences and Views

Salva Balbale, MS

Veterans participating in the photovoice project have been enthusiastic in sharing their views on the patient-centered care (PCC) they receive at the VA. This page contains pictures taken by Veterans to depict their thoughts.



Picture: VA waiting room
"Good idea to have a variety of chair sizes. That was thoughtful."
~Veteran



Picture: Handrails
"Handrails, the VA has many of them. I'm impressed."
~Veteran

"These photo examples are meant to show that the 'little' things stand out for me. I can't talk to the Board of Directors for the VA, but they talk to me through the 'little' things. It is as if the VA is an essay and I have the chance to edit it."

- Voice of the Veteran

Employee/Health Care Provider Views

Professional Quality of Life of VA Employees

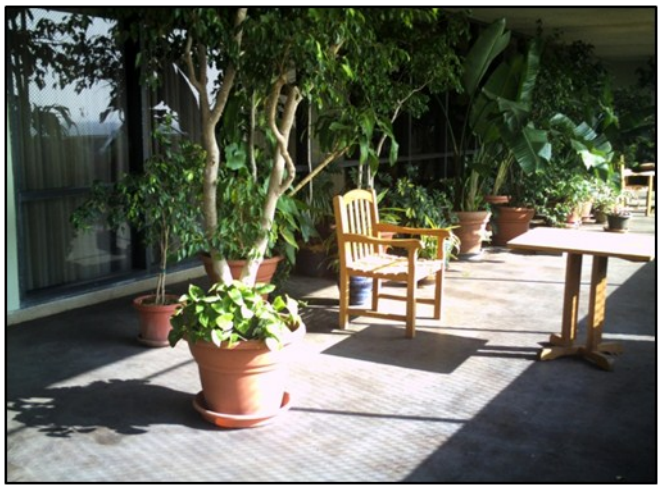
Sara Locatelli, PhD

Health care employees at VA Centers of Innovation (COIs) who completed the Professional Quality of Life Scale reported experiencing average levels of satisfaction with helping others; and some had high scores that suggested high compassion satisfaction. However, employee burnout scores were high overall. Other results showed that many individuals felt highly able to be present for patients and meet patients' needs. Taken collectively, these findings suggest that employees at VA COIs are able to derive average to high levels of pleasure from their jobs, are able to be attentive to patients, but are also experiencing feelings of burnout.

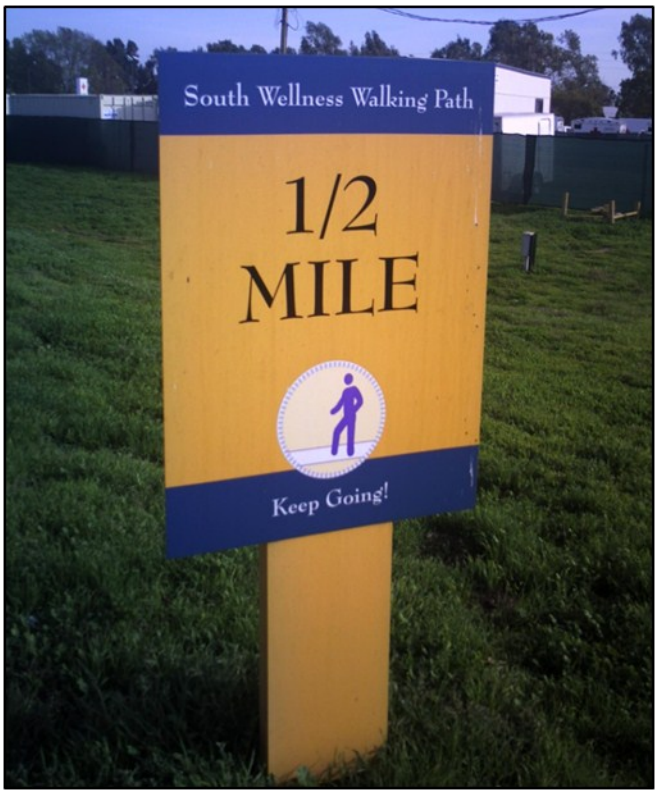
Photovoice: Employee Perspectives

Salva Balbale, MS

Employees and health care providers in the VA have a very special role in caring for our Veterans and their individual needs. Employee photovoice participants have shared their perspectives on patient-centered care (PCC) with us too. This page contains pictures taken by employees when asked what PCC means to them.



Picture: Mediation garden on VA campus



Picture: Handrails
"Handrails, the VA has many of them. I'm impressed."
~Veteran

"...you have to meet the Veteran consumer where they are. And of course, treat them with the dignity and respect that they've earned."

~ Psychologist, VA Center of Innovation

Sound Check

Keeping it Quiet – the Impact of Sound

CEPEP team

Impacts of noise in the health care setting have been well-documented and may include annoyance, sleep disturbance, and low patient satisfaction, and in some populations may be associated with decreased rate of wound healing and higher re-hospitalization rates.[5] The World Health Organization (WHO) recommends that background noise in patient rooms be kept below 35 decibel level (dBA) during the day and 30 dBA at night, with a maximum at any time of 40 dBA.[6]

Preliminary data from our sound assessment shows that at one COI, patient room sound levels were as follows:

- averaged 42.06 dBA over a 24 hour period
- lowest dBA level was at 11 am (Tues) with 40.34
- highest dBA level was at 11 am (Wed) with 53.33
- daytime and nighttime averages were essentially the same, 42.06 and 42.05dBAs, respectively

Although these levels are above the WHO recommended levels, they are much closer than the averages reported in a synthesis of 35 published studies over 40 years, which found increases in average noise levels during the day from 57 dBA in the 1960s to 72 dBA now, and noise levels at night from 42 dBA in the 1960s to 60 dBA now in health care settings.[7]

VA COIs have ongoing efforts to reduce the level of noise in the patient care environment including:

- "quiet zones" or "quiet campaigns which encourage people to be mindful of the level of their voice, especially in hallways with patient rooms
- selective use of overhead paging systems for important messages and emergency use only
- use of earplugs or sound machines depending on patient preferences
- visual cues such as sound meters in the shape of traffic lights where green = acceptable noise level, yellow = noise level almost too high, and red = noise level too high
- sound-proofing materials in the walls and storage spaces in patient rooms to deflect noise

Environment of Care

Creating a Healing Environment: Physical Improvements

CEPEP team

Past studies have linked poor health care setting design to negative patient outcomes such as increased anxiety and elevated blood pressure.[8] The VA has made efforts to improve the physical environment in which care is delivered. Although implementation of these strategies varies across facilities, some common improvements include:

- renovations of waiting rooms, patient rooms, and provider work areas
- creation of private meeting spaces for providers/ patients, patients/families
- use of interior designers to improve color schemes, update art, and natural light throughout the hospital
- aromatherapy in waiting areas and patient rooms
- improvements to outdoor areas; i.e. landscaping, gardens, resting/meditation spaces, exercise areas

Literature shows a significant impact on patient satisfaction with the transformation from a sterile, provider-focused institution to a more home-like, person-centered environment.[9] Data also shows significant relationships between the physical work environment and staff perceived stress, job satisfaction, and turnover intention.[10] Next steps include exploring associations between the physical environment at COIs and outcomes.

Implementation Tips

The Importance of Leadership Involvement

Jennifer N. Hill, MA; Marylou Guihan, PhD

Involvement. Implementation of patient-centered care (PCC) programs requires a team effort and strong leadership involvement will often result in creating an ***implementation team*** to address who is responsible for what and how to use resources most effectively.

Involvement leads to …

Excitement, Necessity, and Potential Benefits. When organizational leaders share excitement with others, it creates a culture of excitement! Leadership is also key in helping others understand why a program is needed, the potential benefits to be gained from implementation, and the costs of not implementing the program.

Follow-through and Follow-up. Implementation is dynamic, and therefore it needs to be monitored not only by an implementation team, but also by the leadership that supports that team through communication. This monitoring process ensures that the need for any "mid-course corrections" be identified, and that the resources required for these alterations are provided. It is also vital to communicate progress and evaluation measures to the broader audience to motivate everyone to either stay the course and/or change things up in order to promote implementation success.

Looking Toward the Future. It is important for leadership to communicate future goals of implementing PCC programs so that everyone involved understands why each step or phase in the process is important. The most successful implementation strategies usually include milestones along the way so that mid-stream successes are celebrated and used as a way to keep energy and excitement high.

Center of Innovation Spotlight

VA Greater Los Angeles (VAGLA)

Sandy Robertson, RN, MSN, PH-CNS

Veterans expressed an overwhelming desire for more complementary approaches to facilitate healing and reduce narcotic use. In response, VAGLA launched "Healing Programs/Healing Spaces" as a way to provide holistic opportunities to our Veterans. The focus of this program was a Train the Trainer approach for clinicians, giving them empowering tools for Veterans and for self care. The three main programs were Mindfulness Based Stress Reduction (MBSR), Tai Chi, and Breathing Stretching Relaxation (BSR).

"…the hard sell comes from the executive leadership team, and it's very important to have strong leadership, because they're the ones who have to sell the idea. I know you're used to the flavor of the month, but this is one flavor that's going to stick with you for a long time."

~ Leadership, VA Center of Innovation

Measuring Patient-Centered Care: Tools and Recommendations

Defining PCC

Daisy Sherry, RN, PhD; Carol Kostovich, RN, PhD

A search of the literature identified many definitions of patient-centered care (PCC) and various constructs, measures, and associated outcomes. These concepts were endorsed by professional health care organizations, e.g., the Institute of Medicine, the Patient Centered Primary Care Collaborative, and the Robert Wood Johnson Foundation. A total of nine organizations were examined using PCC descriptions provided on their internet websites. Descriptions of PCC were compared to the VA Office of Patient Centered Care & Cultural Transformation definition of PCC. Organizational definitions shared many similarities and included common terms such as 'personalized', 'proactive', 'patient-centered', and 'patient-driven'. Descriptions addressed the experience of care, including social support and relationships; emphasized prevention and well-being; and included key constructs such as: mindful awareness, cultural sensitivity, emotional support and compassion. Next steps include identifying existing measures of PCC constructs, PCC-related outcomes, and identifying gaps in measurement.

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