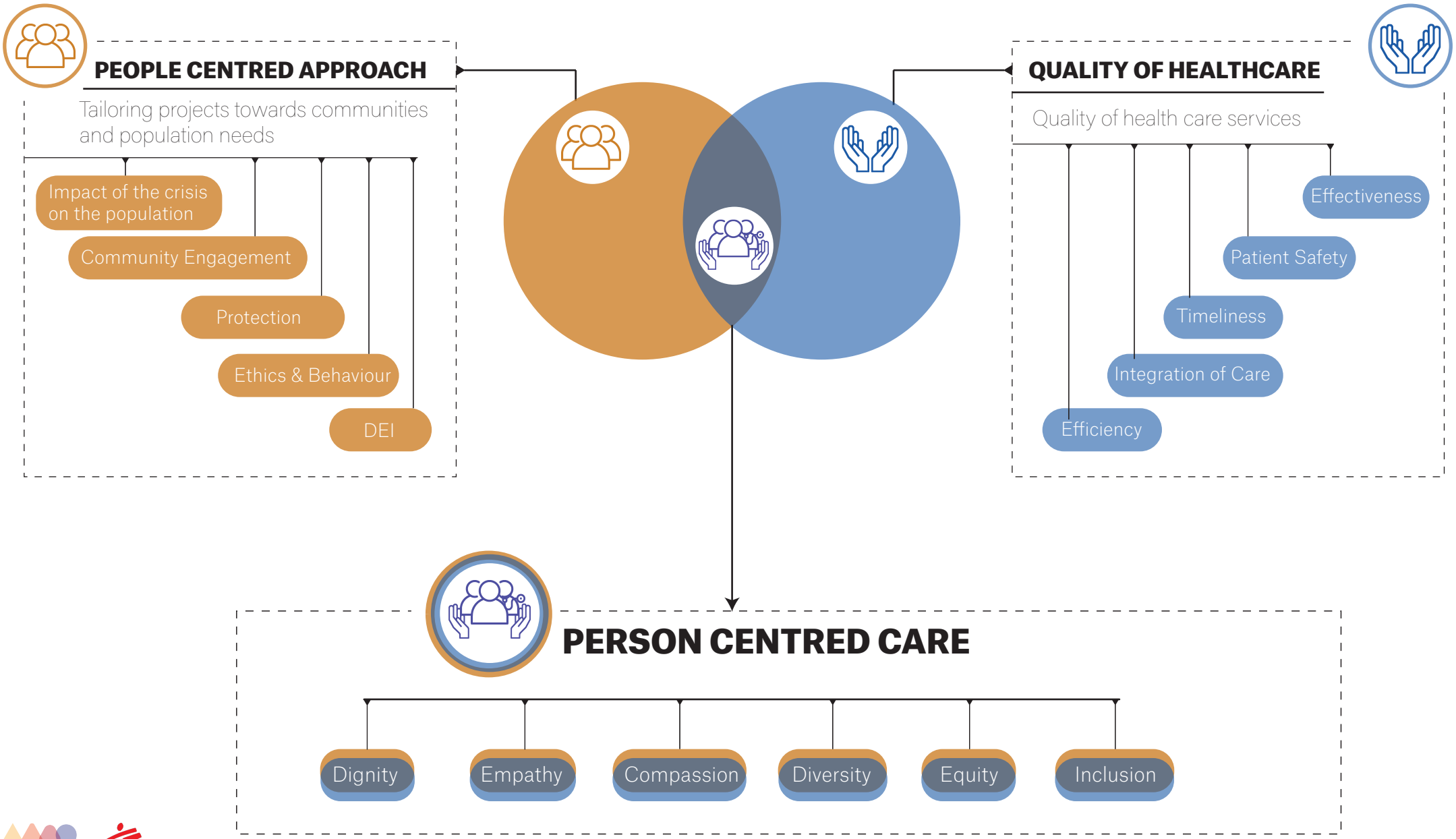
PERSON CENTRED CARE: THE INTERSECTION BETWEEN **PCA** AND **QoC**



KNOWLEDGE MANAGEMENT OPS

MEDICOS SIN FRONTERAS

PERSON CENTRED CARE: FRAMEWORK

DEFINITION: What is person centred care?

A way to deliver **health care** where a **person's values, beliefs and preferences** are **considered**. The patients are not only seen as a "disease" or "a group of signs or symptoms" to treat, but are considered **as a whole**, by addressing physical, psychological, social and spiritual factors that impact on the person's well-being.

It promotes the engagement of people into their own care ("**partners in health**"), promoting their autonomy, self-care and self-management, and considers **not only patients' perspective but also families, caregivers and staff** involved in the provision of care.

VALUES for all: patients, family/caregivers and staff

DIGNITY: **the recognition that each individual holds a special value that's tied solely to their humanity**. Treating people with dignity implies respecting their views, choices and decisions as well as extending care and compassion.

EMPATHY: **the health care worker´s ability to understand patients' and/or caregiver´s emotions and circumstances**, which can facilitate more accurate diagnoses and more caring treatment.

COMPASSION: **the feeling** that arises when you are confronted **with another's suffering** and feel **motivated to relieve that suffering**. It is empathy in action.

DIVERSITY: **recognizing, understanding and respecting the various diversity characteristics** that make a person unique such as beliefs, faith, gender, ethnicity, sexual orientation among others.

EQUITY: **the fair treatment, access and opportunities for all people**, while at the same time striving to identify and eliminate barriers that have prevented the full participation of some groups.

INCLUSION: refers to practically **ensuring that any individual or group** of population can be and **feel welcomed, respected, supported, and valued to participate** in processes, activities, and decision- making throughout the project cycle.

A FRAMEWORK for Person Centred Care

STRUCTURES: physical aspects of health care, including organizational characteristics of the health care provider.

•Working culture and environment where communities, patients, caregivers and staff are considered:
Project tailored towards population needs, including community perspective in the design of facilities.
Co-designing of health education, promotion, preventive and therapeutic programs with patients and communities.
Partnerships with communities' organizations and "patients expert/support groups".
Adequate support to staff: positive working culture based on collaboration, teambuilding, training/ education and sufficient resources to enable person centred care.
Patient charter of rights and responsibilities on place.

•Healing environment:
Environments that are welcoming, respectful and culturally adapted.
Ensure security and protection during the health care process.
Spaces that ensure privacy and confidentiality are available.
Cleanliness and comfort.
Services clearly identified.
Availability of translation services.

•Systems in place to monitor person centred care:
Availability of patients and caregivers' feedback and complain mechanisms.

PROCESSES: the way we carry out the health care.

•Cultivating communication and patient engagement:
Empathic, respectful and transparent communication.
Information sharing: ensure whole process of care is understood.
Patients are provided with all the necessary information to make informed decisions in relation to their diagnosis and treatment plan.
Informed consent is taken after appropriate information (when all the doubts are solved).
Disclosure of healthcare related incidents.
Co-design of treatment plans and goals of care with patients: patient seen as a "partner in health".

•Compassionate and safe care:
Holistic care, including the provision of palliative care, MHPSS, health education or others as needed.
Health care provided is safe and efficient. Risks associated with the provision of care are minimised.
Being responsive to needs, values and preferences, including the person´s psychosocial and cultural context.
Supportive care, sensitivity to emotional, psychosocial and/or spiritual needs.

•Integration of care:
Communication and information sharing for coordination and continuity of care across the continuum of care.

OUTCOMES: results from health care provided that are measurable and that help the organization to improve.

•Degree (%) of patient/caregiver´s satisfaction with care (source: Patient Experience and Satisfaction Survey).
•Proportion (%) of healthcare incidents/severe medical adverse events reported, disclosed to patients and /or caregivers.
•Proportion (%) of complains related to abuse and discrimination addressed within 24h of reception.