INDIVIDUALIZED PATIENT CARE: A SIMPLE CONCEPT THAT IS DIFFICULT TO GET RIGHT

By Alida Zamboni, RN, MS

As we deliver care and medical expertise, it is imperative that we frequently assess patient concerns and priorities. But despite our efforts to do this, it is still common for patients to express concern that caregivers do not adequately listen to them.

I’ve been a Studer Group coach for over 10 years and a nurse for 34 years. During that time, I’ve found that Individualized Patient Care (IPC) is one of the most simple but underutilized tactics when it comes to patient care.

IPC is part of a patient care model that addresses this challenge by simply asking the patient what is most important to them. Using IPC tells the patient we are treating them as a person, not just as a patient. As caregivers, we often focus on what our priorities are in order to care for the patient. Of course, this focus is critical to quality outcomes. However, we also need to listen to what the patient feels is important during our interactions. In doing so, physicians and nurses create trust and decrease patient anxiety.

Individualized Patient Care takes the patient’s preferences and anxieties into account when caring for the patient. The tactic can be used in the inpatient setting, emergency department, ambulatory surgery and medical practices. The “how” of IPC will vary depending on the setting, but the main concept is that caregivers get answers to the questions: What is the patient’s “one thing”? What is the patient most worried about? What is most important to the patient (or parent) while in our care?

Examples of IPC in Action

Recently my 96-year-old aunt was admitted with right lower leg cellulitis, but her main concern throughout her stay was keeping warm. Correctly, this was noted on her patient communication board and asked about consistently during Bedside Shift Report™. When incorporated in existing practices or conversations, IPC doesn’t have to be complicated or become just one more thing for nurses to do.

An ED patient admitted with a possible bowel blockage may have only one thought: “Has my colon cancer returned?” Or, consider the scenario where a mother brings in her 18-month-old child into primary care with complaint of earache and fever. It is possible she has one question or concern on her mind: “Am I going to get antibiotics?”

A Studer Group coach shared with me a story of seeing the word “fishing” on a care board during rounds. The patient was an elderly man who had dementia, and his hospitalization increased his confusion and agitation. The staff noticed that if they talked to him about fishing, he would become more cooperative and calm. This is a simple example of how that staff individualized his care to obtain a positive outcome.
In our attempt to provide the best quality care and ensure patient engagement it is vital to identify and sincerely address the patient’s concerns. When utilized consistently IPC helps take the guesswork out of how to best care for a patient because the care team is working with a known set of expectations.

## Results of IPC in Action

The positive impact IPC has on a patient’s perception of care is clearly demonstrated when we consider metrics such as HCAHPS. In the HCAHPS survey, research shows that the Nurse Communication domain is highly correlated to improving Overall Rating of a patient experience. Often the question that influences this domain is “How well did the nurse listen to the patient?”. The same question exists in the Physician Communication domain and often presents an opportunity for improvement. For the patient to feel “listened to” we must ask what they care about.

![Bar Chart: Key Drivers of Patient Overall Rating of Hospital](image)

Many hospitals incorporate a line on patient communication boards that asks, “What is most important to you”? However, in practice, that line is often blank or a nurse fills in what he or she feels is most important. It is up to leaders to drive accountability and consistent use of IPC in order for it be effective.

It does not take long to find out what is important to our patients, whether it is during an emergency department visit, a trip to see the physician or a lengthy inpatient admission. Think about the difference you can make by asking the right questions and sharing that information with the care team.

For Studer Group partners, please visit the Individualized Patient Care Toolkit for specific guidelines and templates to implement IPC. Additional information can be found in the Medical Practice Toolkit: Individualized Patient Care.