

The image features a healthcare professional, likely a nurse or doctor, wearing a stethoscope and examining a young child's chest. The scene is overlaid with a blue tint. At the bottom, there is a horizontal band with a torn paper effect, revealing a brownish, textured background. The word 'ELSEVIER' is prominently displayed in white, serif font within an orange rectangular box in the center. Below this, the title 'Empowering Knowledge: Achieving Patient Centered Care' is written in white, sans-serif font. At the bottom left, the name 'Robert Nieves' and his credentials are listed in white, sans-serif font. The background also contains faint binary code (0s and 1s) and a network diagram of lines and nodes.

**ELSEVIER**

# Empowering Knowledge: Achieving Patient Centered Care

**Robert Nieves**, Juris Doctor, MBA, MPA, BSN, RN, VP Health Informatics

# Robert Nieves, Juris Doctor, MBA, MPA, BSN, RN

## Vice President Health Informatics



### Clinical Experience:

- 27 years as a Registered Nurse
- Clinical Areas:
  - Cardio Thoracic ICU
  - Emergency Room
  - Long Term Care
  - Community Case Management
  - Home Care

### Clinical Informatics:

- 16 year in Informatics
- EHR platforms
  - Epic
  - Allscripts SCM
  - McKesson HED
  - Meditech
  - Cerner
  - HP
  - Infomedika
  - ISH Med
  - Self Built
- 12 years with Elsevier





ELSEVIER

# Empowering Knowledge

# Elsevier Clinical Solutions across the Care Continuum



Self-Care



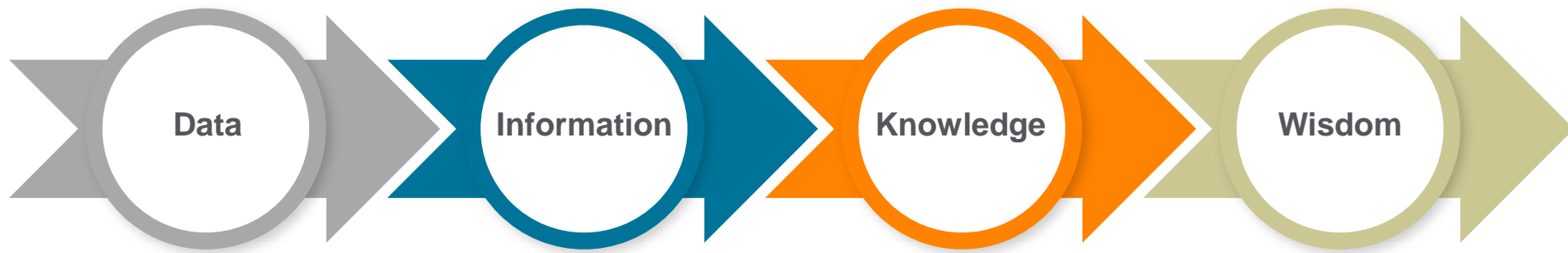
Assessment



Treatment



Continuing Care



**Content**

**Practice**

**Workflow**

**HIS**

**Standardized Terminologies**



Knowledge is a familiarity, awareness, or understanding of something, such as facts, information, descriptions, or skills, which is acquired through experience or education by perceiving, discovering, or learning.



**Without knowledge action is  
useless and  
Knowledge without action is  
futile.**

Abu Bakr



## Patient Centered Care

**Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.**

The IOM (Institute of Medicine) 2015

# The Patient Story

Medicine is much like reading a book -  
the patient story helps us explore and  
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DR NICK - THE INCREMENTALIST  
[WWW.INCREMENTALHEALTHCARE.COM](http://WWW.INCREMENTALHEALTHCARE.COM)

# PATIENT-CENTERED CARE



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## The Reality

- Patients spoke, uninterrupted, an average of 12 seconds after the resident entered the room.
- 25% of the time, residents interrupted patients before they finished speaking.
- The time with patients averages 11 minutes, with the patient speaking for about 4 minutes.
- Female residents interrupted their patients less often than did male physicians.
- All residents interrupted female patient's more often than male patients.

Speaking and interruptions during primary care office visits.

[Rhoades DR](#)<sup>1</sup>, [McFarland KF](#), [Finch WH](#), [Johnson AO](#)., [Fam Med](#). 2001 Jul-Aug;33(7):528-32.





**How many things have to  
happen to you  
before something  
occurs to you?**

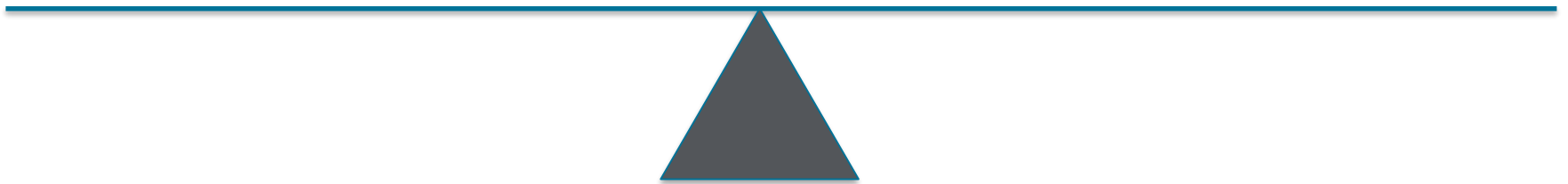
**- Robert Frost**







# Patient **AND** Clinicians



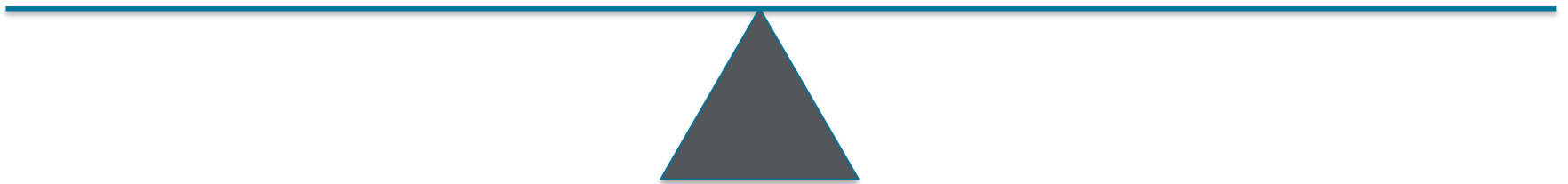


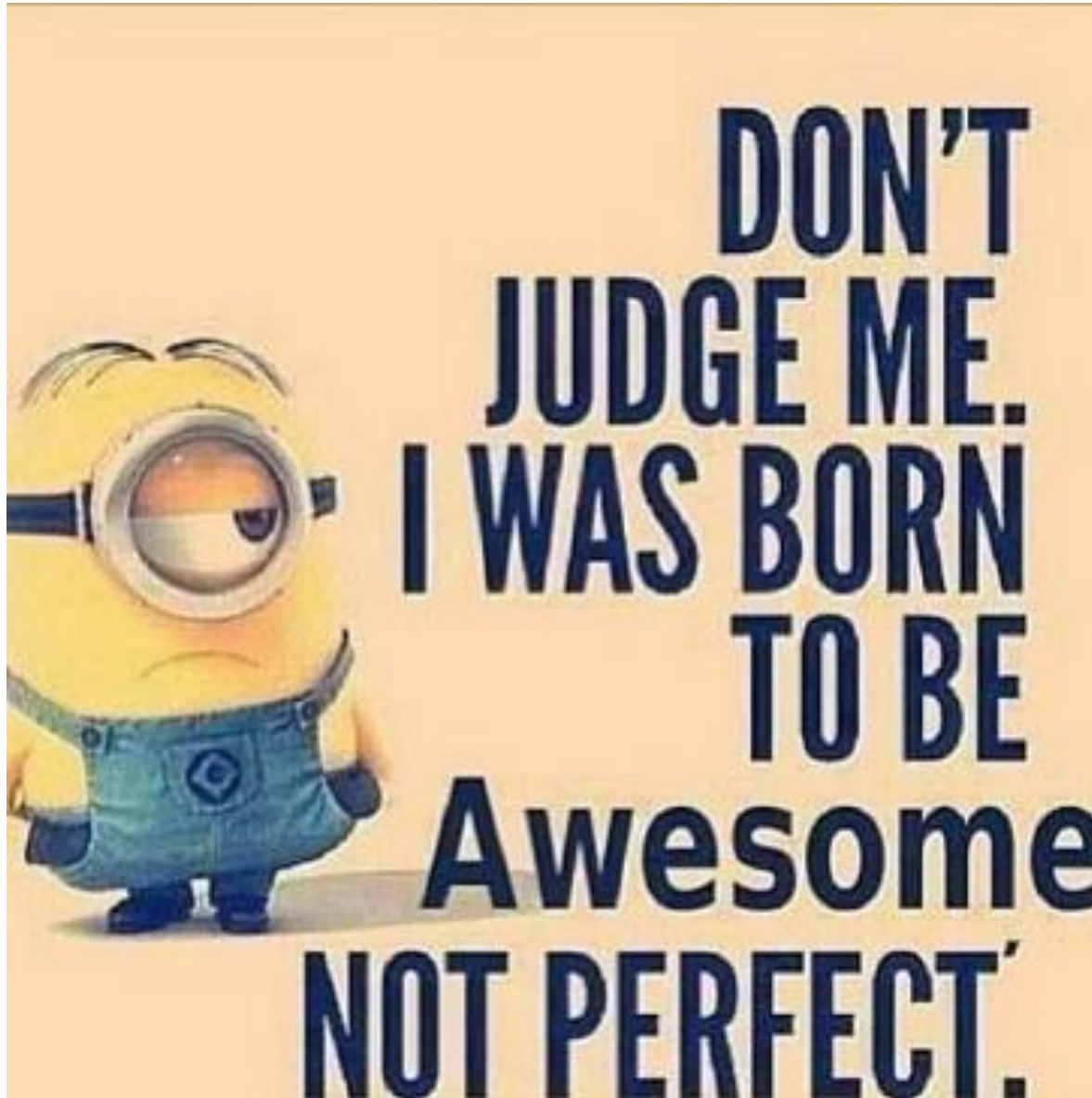
*Patient* **AND** *Clinicians*



Patient **AND** Clinicians

# Patient **AND** Clinicians









“Goodbye always makes  
my throat hurt.”

-Charlie Brown

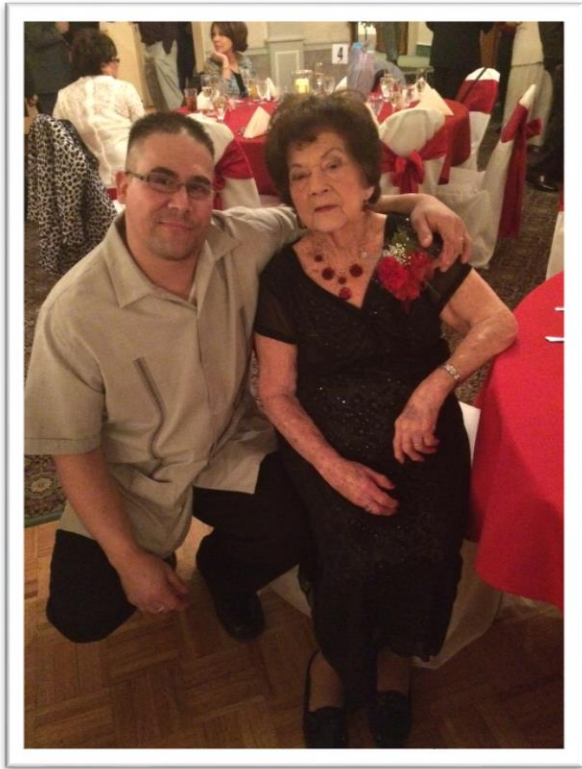






# The Patient

## The Patient: Rosa



### Demographics:

- Age: 90 year
- Widow
- Lives with her daughter(s)

### Family:

- 4 children
- 12 grandchildren
- 20 great grandchildren
- 3 great-great grandchildren

## The patient: Rosa



### Medical History:

- Heart Failure
- Diabetes
- COPD

### Admitted with:

- Bilateral Pneumonia
- Fluid Overload
- Anemia

## The patient: Rosa



23

### Heart Failure

- Cardiac Pump Dysfunction
- Dysrhythmia/Arrhythmia
- Respiratory Compromise
- Sleep Disordered Breathing
- Fluid/Electrolyte Imbalance
- Cardiac Cachexia
- Functional Decline/Self Care Deficit
- Situational Response
- Decreased Quality of Life

### COPD

- Atelectasis
- Depression
- Dyspnea
- Functional Decline/Self-Care Deficit
- Hemodynamic instability
- Hypoxia/Hypoxemia
- Skin Breakdown
- Undernutrition

### Diabetes

- Hyperglycemia
- Diabetic Ketoacidosis
- Hypoglycemia

### Pneumonia

- Respiratory Compromise
- Fluid/Electrolyte Imbalance
- Progression of Infection

## The patient: Rosa



9

### Heart Failure

- Cardiac Pump Dysfunction
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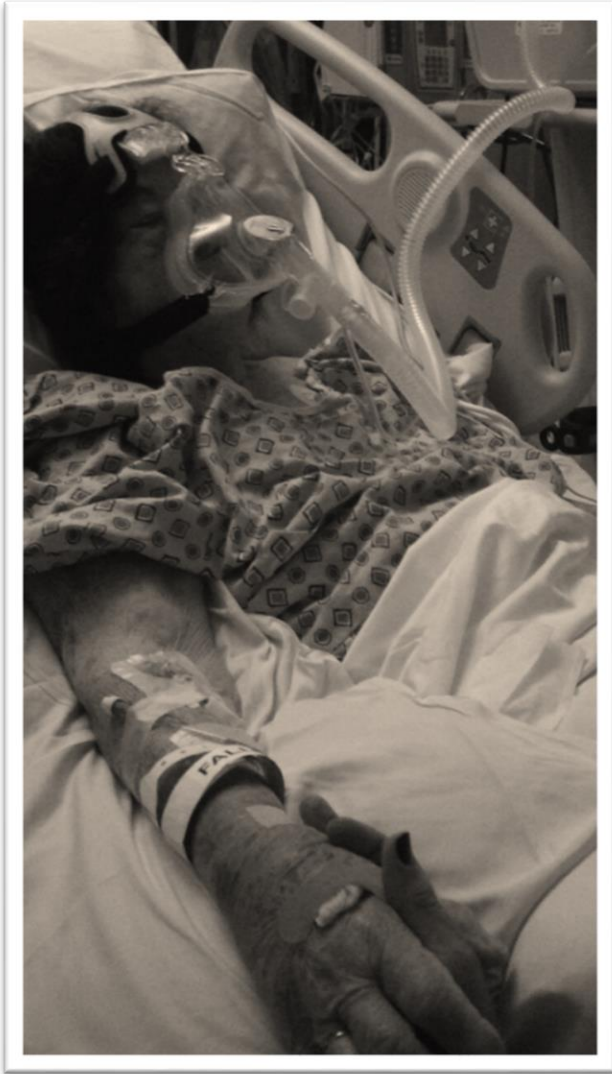
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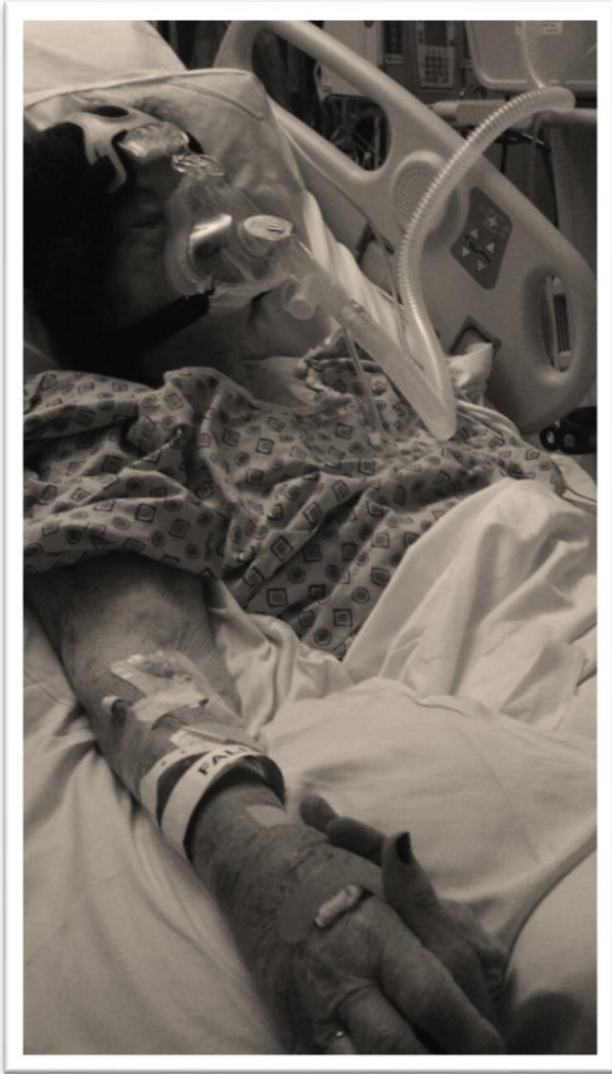
## The medical plan



- Make her DNR (No resuscitation)
- Discharge home with Hospice
- Provide Comfort Care

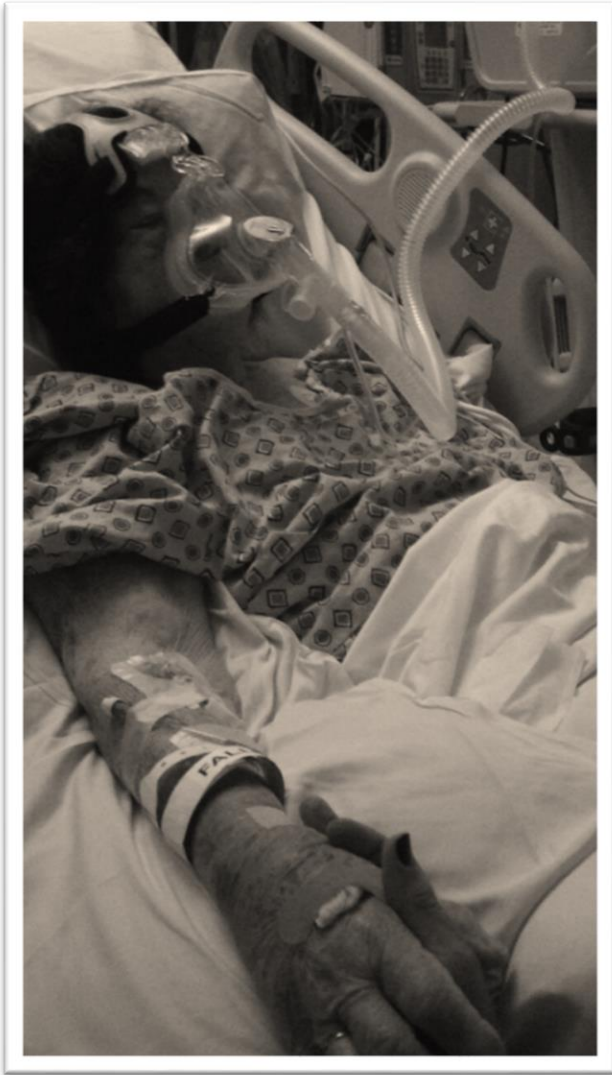
In addition to her bilateral pneumonia, Rosa developed a pneumothorax and a chest tube had to be inserted

## Rosa's Plan



- She wanted to get out of bed
- She wanted to return home
- She wanted to be able to take care of herself

## What we know...



- Evidence shows that there is a marked decrease in the ability to ambulate 2 days after hospitalization.
- 27% of geriatric patients that do not walk will develop a deficit that takes three months post discharge to recover from.
- Not walking patients result in:
  - ✓ **Delirium**
  - ✓ **Pneumonia**
  - ✓ **Pressure Ulcers**
  - ✓ **Increased LOS**
  - ✓ **Pain**
  - ✓ **Loss of muscle mass**
  - ✓ **Weakness**
  - ✓ **Self Care Deficits**



## What we know...

**Error of Omission:** is **forgetting** to do something like a task or intervention

- These lead to injuries arising from the patient's underlying disease that **could have been prevented by optimal care**.
- According to AHRQ, omissions are more difficult to recognize but represent a larger problem

### **Nine documentation elements regularly missed:**

Ambulation	Emotional Support
Turning	Hygiene
Delayed or missed feedings	Intake & Output
Patient Teaching	Surveillance
Discharge Planning	

## What we know...

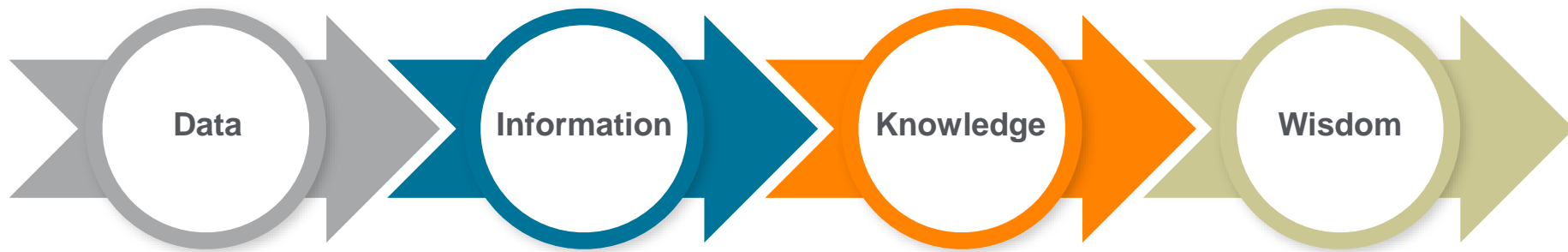
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<b>Discharge Planning</b>	

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“the adoption by the clinical care team of one appropriate specific management plan will, by virtue of standardization alone, yield results superior to those achieved by random application of several individually equivalent approaches.”



**Content**

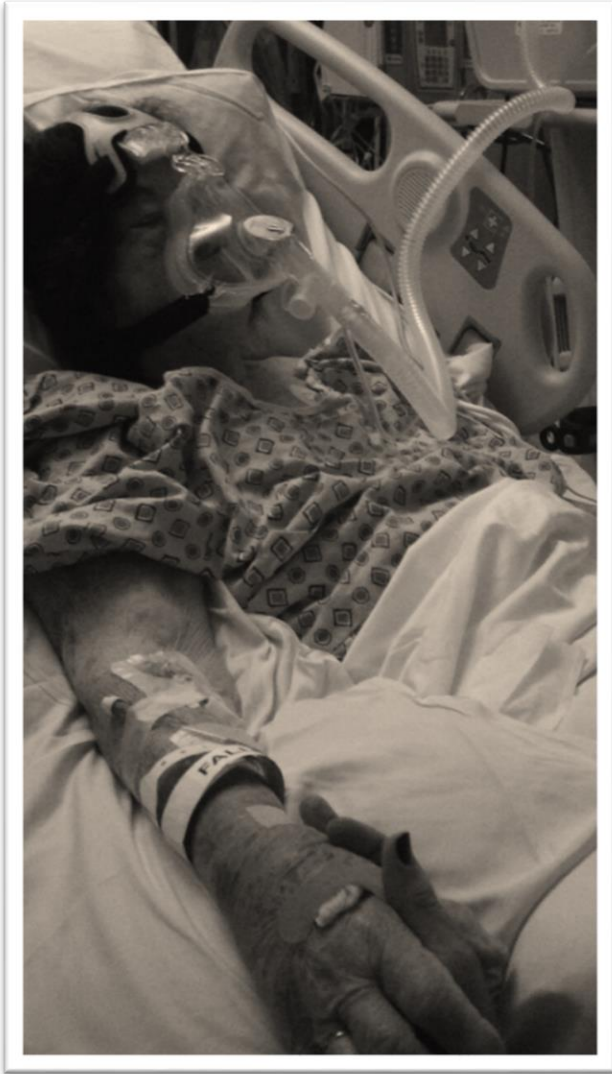
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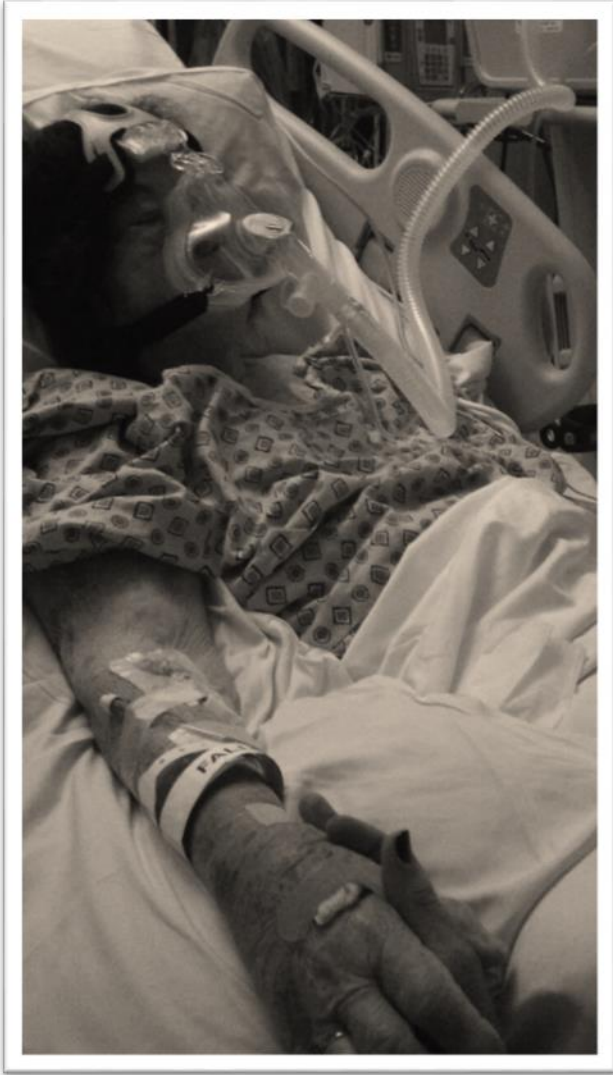
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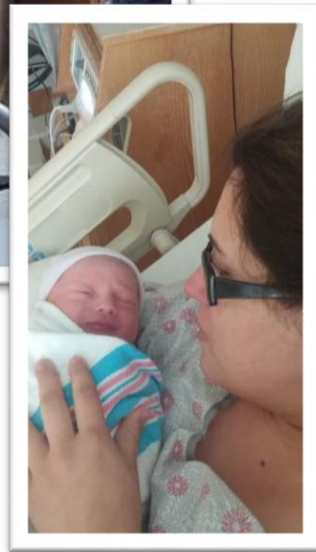
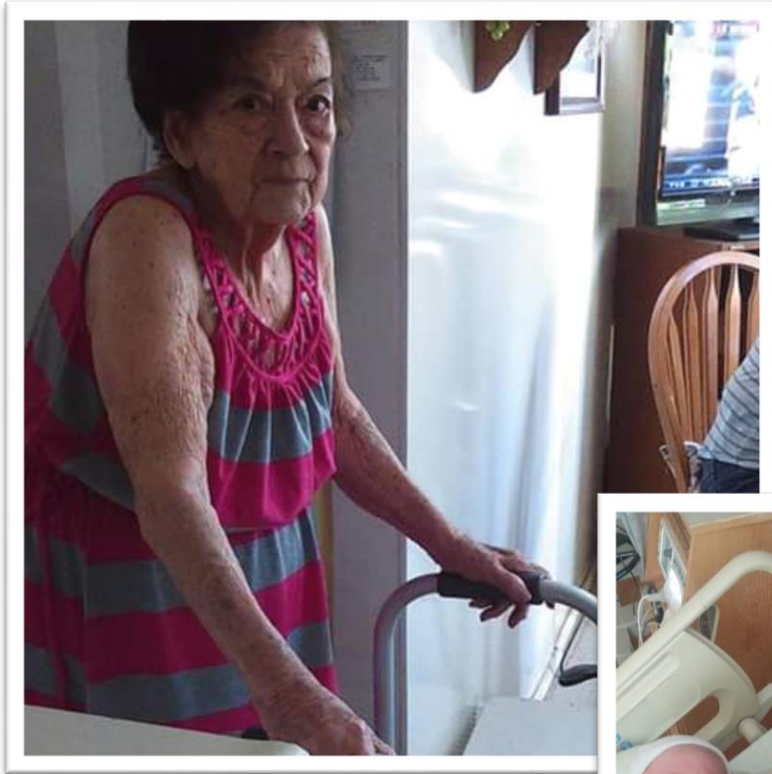
- She wanted to get out of bed
- She wanted to return home
- She wanted to be able to take care of herself

## Rosa's Interventions



- She insisted on getting out of bed
- Family took on the accountability and got her out of bed

## Rosa's Outcome



- She was discharged and went home
- She walks
- She bathes herself
- She cooks
- She cleans her own room



# The Patient Story

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the patient story helps us explore and  
learn about our patients so we  
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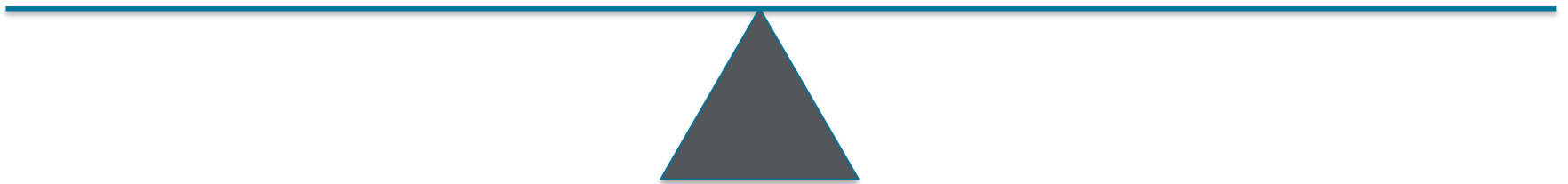
## Transformation starts with each one of us



## What can you do starting today...

- Try to understand who the patient is and what has brought him to the hospital
  - Do not interrupt them when they are talking
  - Hear and Listen
- The patient is a member of the interdisciplinary team
- Ensure that the patient takes part in the decision making
  - Assign someone to be bring the voice of the patient
  - Designate an empty chair to represent the patient
  - Ask patients to participate in focus groups
- When you are working on hospital initiatives ask yourself if you are doing this because it is easier for me or is it the best thing for the patient
- Consider doing change of shift report at the bedside with the patient.

# Patient **AND** Clinicians



# Me

## ~~PATIENT~~-CENTERED CARE

I am the patient



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I am the patient!

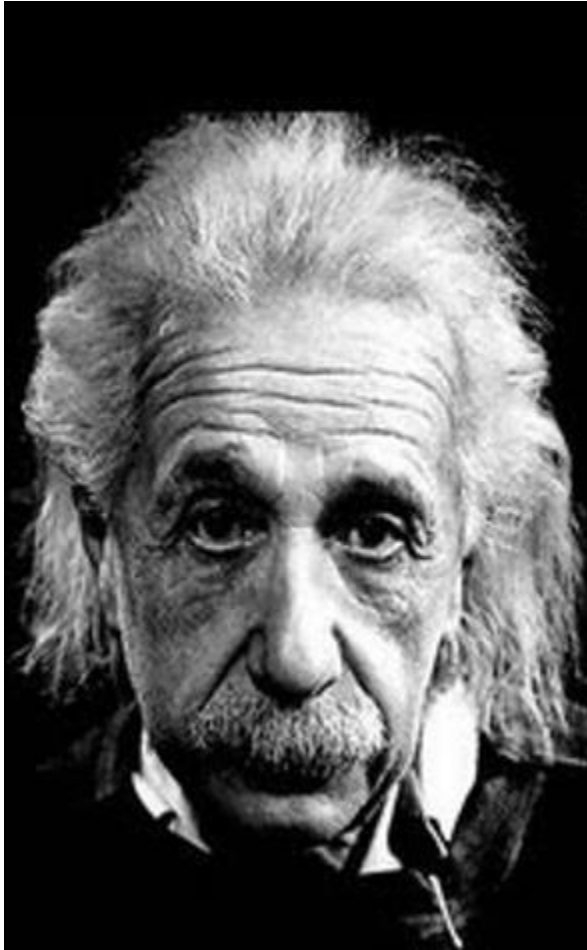


**Thank You!**

[r.nieves@elsevier.com](mailto:r.nieves@elsevier.com)

**Robert Nieves**, Juris Doctor, MBA, MPA, BSN, RN  
Vice President Health Informatics

**ELSEVIER**



**If you want different results,  
do not do the same things**