

# The British Columbia Patient-Centered Care Framework

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## Introduction

Providing patient-centered care is the first of eight priorities for the B.C. health system as articulated the Ministry of Health's strategic plan, [Setting Priorities for the B.C. Health System](#) (February 2014). Under the strategic plan, the province will strive to deliver health care as a service built around the individual, not the provider and administration. This is not an overnight change, but a promise of a sustained focus that will drive policy, service design, training, service delivery, and service accountability systems.

The B.C. Health Quality Matrix, developed in 2008, describes seven dimensions of quality for health care: acceptability, appropriateness, accessibility, safety, effectiveness, equity and efficiency. These dimensions are patient-centered and have already started to drive B.C. towards a patient-centered care approach. Significant progress has been made on enhancing patient-centered care through the Triple Aim strategy, the Partners in Care consultation process, and in the work with Doctors of British Columbia (previously the British Columbia Medical Association). In addition, there are examples of excellent work being done within the B.C. acute care health system to promote patient-centered care and its benefits to the health system.

This framework for patient-centered care is intended to build on existing efforts and accelerate the adoption of patient-centered care practices in B.C. by creating a common understanding of what patient-centered care is and a shared vision for adopting patient-centered care.

## What is patient-centered care?

Patient-centered care puts patients at the forefront of their health and care, ensures they retain control over their own choices, helps them make informed decisions and supports a partnership between individuals, families, and health care services providers. Patient-centered care incorporates the following key components:

- self-management;
- shared and informed decision-making;
- an enhanced experience of health care;
- improved information and understanding; and,
- the advancement of prevention and health promotion activities.

Patients, families and caregivers are partners in health care, supported and encouraged to participate in:

- their own care;
- decision-making about that care;
- choosing their level of participation in decision-making;
- quality improvement; and,
- health care redesign.

## Vision

B.C. will pursue patient-centered care with a vision for achieving a health care system in which:

### ***The patient`s voice***

- is anchored in all behaviours and drives all activities of the health system.

### ***A culture of patient-centeredness***

- is self-evident across the health system and is integrated into existing health care programs.

### ***Health care programming***

- is built upon the patient-centered care principles throughout planning, implementation, and evaluation.

## Core Principles

Four core principles for patient-centered care will provide a foundation for the pursuit of patient-centered care in the province.

### **1. *Dignity and Respect***

This principle speaks to the need for active listening to patients and families and to honouring their choices and decisions. This is done through incorporating the patients and families values, beliefs and cultural norms into care plans and care delivery.

### **2. *Information Sharing***

Participative communication of timely, accurate and complete information with patients and families on what decisions are to be made, and validating with the patients and families what they have heard and understood, is the basis of this principle. This leads to supporting an informed decision by the patients and families.

### **3. *Participation***

Patients and families are encouraged and supported in participating in care and informed decision making at the level at which they feel comfortable and of their own choice. The level of participation is determined through the spectrum of engagement outlined by the International Association of Public Participation (IAP2). The spectrum of engagement range is *inform, consult, involve, collaborate* and *empower*.

#### **4. Collaboration**

Patients and families are provided meaningful opportunities to engage with care providers and leaders in the continuum of quality improvement, policy and program development, implementation and evaluation. This includes the potential for patient/family engagement in health care facility design, health care system redesign, professional education and the delivery of care.

## **Patient-Centered Care Practices**

Four patient-centered care practices are presented in this framework to help guide health care organizations in the pursuit of patient-centered care.

#### **1. Organization Wide Engagement**

Support for patient-centered care principles should be demonstrated by an organization's leadership through both words and actions. At the same time, health care providers should demonstrate support for patient-centered care principles at the patient care level, pushing up in a true partnership with leadership.

#### **2. Workplace Culture Renewal**

Health care providers and staff have a very important role in developing a culture of patient-centered care. A culture of patient-centered care requires a shift in thinking from a 'medical model' of care (providing information, guidance and expert decision making) to a model of care where the patient is a partner in making care decisions. Health care providers must feel they have the support of the organization to engage in patient-centered care activities. Health care providers need to have education and clinical opportunities for patient-centered care principles to become part of their day to day work.

#### **3. Balanced Patient-Provider Relationships**

In the patient-provider relationship, patients are in the position of needing help and providers have the knowledge and experience needed by their patients. This creates a natural power imbalance between patients and providers that requires conscious effort to overcome. Providers should be supported to shift their values, attitudes and behaviours to make patients true partners in the process of making care decisions. This will require creating opportunities for balancing the needs and expectations of the patients and families with the needs of the health care providers to complete their work.

#### **4. Tool Development**

The pursuit of patient-centered care can be supported by the development of tools to assist the organization in putting the needs of patients and families at the center of care. This includes planning, delivering and evaluating programs and services with the voice of the patient at the center. As several organizations have already developed tools and resources for this purpose, there may be opportunities to share information and jointly develop new tools aligned with the framework.

## **Conclusion**

This framework provides a consistent definition and approach for patient-centered care to be used in British Columbia. It is the responsibility of all partners in the health care system to embrace the patient-centered care approach and take action to achieve the vision of patient-centered care. Culture shifts take time, and often change is gradual. By embracing this framework, the B.C. health care system will take a significant step forward in achieving a culture change that will benefit patients and families.

