

CLIENT-CENTERED CARE

The Key to Providing *Excellent* Holistic Care

By **Kimberly Wagenknecht**, BSN, RN, CRRN, CBIST
Rainbow Rehabilitation Centers



NOTE: In this article we will use the terms client and patient interchangeably.

Client-centered care is based on the deep respect for clients as unique living beings and the obligation to care for them on their terms.¹ “Every patient has different values, preferences, and desired health outcomes based on his or her unique background, experiences, and lifestyle. patient-centered care involves transforming the relationship between providers and patients from the traditional model in which a care provider prescribes the same treatment for most patients with similar diagnoses or conditions into a patient-provider partnership.”² It is a practice of caring for clients and families in a meaningful way and includes informing, involving, and listening to clients regarding their care. Care is provided that is respectful, responsive, and inclusive of individual client preferences, ensuring the unique concerns, preferences, and values of the client guide all clinical decisions.³

“One of the country’s leading proponents of client-centered care, Dr. James Rickert, has stated that one of the basic tenets is that ‘patients know best how well their health providers are meeting their needs.’⁴ The concept is being fueled by the information revolution. Due to ease of access to health information via mobile phones and computers, clients are better informed and are actively participating in their care.² When implemented

effectively, client-centered care extends beyond the client to encompass “a quality of personal, professional, and organizational relationships.”¹

CONTINUUM OF CARE

Rainbow’s Continuum of Care model fully encompasses the principles of client-centered care. We apply a transitional philosophy to injury recovery which covers virtually every aspect of the rehabilitation process. We understand that recovery is different for everyone, and that individualized, flexible treatment is necessary for success. Our philosophy addresses the unique needs of each client. Treatment professionals will work with clients, family, caregivers and providers to set collaborative goals to ensure that the person served is receiving the right care at the right time, and that treatment and therapy are delivered with dignity and respect. More self-determination and a stronger partnership between provider and patient ultimately results in more positive outcomes.

GOALS

“The goal of patient-centered health care is to empower clients to become active participants in their care.”⁵ Clients are partners with clinicians, and the clinicians treat clients not only from a clinical perspective but also from an emotional, financial, mental, social, and spiritual perspective.⁴ “An individual’s specific health needs and desired health outcomes are the driving force behind all health care decisions and quality measurements.”⁴

Continued on page 3

Continued from page 2

Clinicians must become strong advocates for their clients and strive to provide safe and effective care.⁵ Active collaboration and shared decision making between clinicians, clients, and families is required to design and manage a comprehensive and customized plan of care.⁴

BENEFITS OF CLIENT-CENTERED CARE

Improved individual client health outcomes are the primary goal and benefit of client-centered care, although population health outcomes are also positively affected.⁴

Some key benefits consist of:

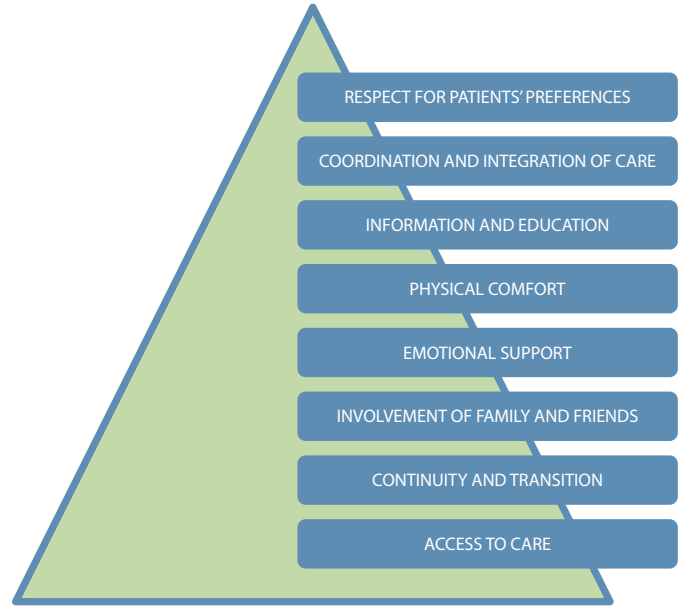
- Improved provider satisfaction scores among clients and their family members
- Enhanced reputation of providers among consumers of health care
- Improved productivity and morale among professional and ancillary staff
- Refined resource allocation
- Diminished expenses and accelerated financial margins throughout the continuum of care⁴

When a client feels respected, engaged, known, involved, and knowledgeable, it may help decrease a client's distress associated with their illness.¹

CULTURAL SHIFT

The Commission on Accreditation of Rehabilitation Facilities (CARF) strongly encourages programs to utilize person-centered care that fosters a holistic culture.⁶ The persons served are the experts regarding their care, and their wishes and needs drive service delivery.⁶ It is theorized that clients judge the quality and standard of their healthcare providers on non-technical aspects, such as a clinician's communication skills and personal skills such as friendliness, empathy, and timeliness.⁵

Client centered care "is associated with a higher rate of client satisfaction, adherence to suggested lifestyle changes and prescribed treatment, better outcomes and more cost-effective care."⁵ "Leadership needs to commit to continuous learning and growth, teamwork, empowerment, responsiveness, and spontaneity."⁶ "A person-centered care community is a place where persons served want to live, people want to work, and both choose to stay."⁶ ■



PICKER'S EIGHT PRINCIPLES OF PATIENT-CENTERED CARE³

1. **Respect for clients' preferences**, values and expressed needs
2. **Coordination and integration of care** to help alleviate feelings of vulnerability and powerlessness related to clinical care, ancillary and support services, and coordination of front-line care
3. **Information and education** regarding: clinical status, progress, and prognosis; processes of care; and to facilitate autonomy, self-care and health promotion
4. **Physical comfort** regarding pain management, assistance needed with activities of daily living, and their environment
5. **Emotional support** and alleviation of fear and anxiety regarding physical status, treatment and prognosis; the impact of illness; and financial concerns
6. **Involvement of family and friends** in providing accommodations, involvement in decision making, support for caregivers, and recognizing the needs of the family/friends
7. **Continuity and transition** of care and services after discharge should include understandable information regarding care needs; coordinated ongoing treatment; and access to clinical, social, physical, and financial support
8. **Access to care** regarding location of physician offices, availability of transportation, scheduling appointments, referrals, etc.

MEDICAL MODEL	PATIENT-CENTERED MODEL
Patient's role is passive (Patient is quiet)	▶ Patient's role is active (Patient asks questions)
Patient is the recipient of treatment	▶ Patient is a partner in the treatment plan (Patient asks about options)
Physician dominates the conversation (Does not offer options)	▶ Physician collaborates with the patient (Offers options; discusses pros and cons)
Care is disease-centered (Disease is the focus of daily activities)	▶ Care is quality-of-life centered (The patient focuses on family and other activities)
Physician does most of the talking	▶ Physician listens more and talks less
Patient may not adhere to treatment plan	▶ Patient is more likely to adhere to treatment plan (Treatment accommodates patient's cultures and values)

Comparing the Medical Model to Patient-Centered Care

References

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About the author



Kimberly Wagenknecht, BSN, RN, CRRN, CBIST

Clinical Director, Nursing

Kimberly Wagenknecht is Rainbow's Clinical Director of Nursing. She is responsible for supervision and oversight of medical, nursing, dietary, and respiratory services across the Rainbow continuum. She is also involved with coordination and development of client and staff education materials, along with policy and procedure development and review as it relates to client care.

Kimberly graduated from Eastern Michigan University with a BSN and earned a specialty certification in general rehabilitation in 1999 (Certified Rehabilitation Registered Nurse – CRRN). She became certified as a Brain Injury Specialist in April 2011 and a Certified Brain Injury Specialist Trainer in 2016, and has been involved with the Greater Michigan Association of Rehabilitation Nurses board of directors since October 2014.