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Transforming into a patient-centered healthcare organization: What does it take and where should we start?

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1. The "true north" of healthcare system reform

To Err is Human concluded that between 44,000 to 98,000 patients die annually because of preventable medical errors. This Institute of Medicine landmark report, and the sequel report *Crossing the Quality Chasm* galvanized numerous organizations into redesigning their healthcare system to reduce the prevalence of preventable medical errors. In redesigning healthcare, Donald Berwick, the former CEO of the Institute of Health Improvement, urged system reformers to attend to four levels of healthcare; 1) the experience of patients; 2) the functioning of microsystems; 3) the functioning of organizations supporting the microsystems; and 4) the institutional environment in which healthcare organizations operate. The "true north" of the model, in Berwick's words, is the "experiences of patients, their loved ones, and the communities in which they live."

The rationale for focusing on the experiences of patients is intuitive and well accepted by healthcare professionals. Evidence of the benefits of patient-centered care, such as its association with greater patient satisfaction and quality of care are widely available. The crux of the problem for most organizations is this: how can we transform into a truly patient-centered organization? And where should we start? Achieving such a transformation requires solutions at the systems level because that is where the inherent challenges in healthcare exist. Additionally, it is increasingly acknowledged that safety is an emergent property of systems and not of individuals within them.

2. Problematic assumptions about organizational change

Systemic changes in healthcare are notoriously difficult to achieve because of its complexity. They are often characterized as "wicked problems" - problems that are ill-formulated in which information is confusing and decision makers have conflicting values. Solutions developed absent consideration of their system ramifications can sometimes be worse than the symptoms themselves. Harvard Professor John Kotter, an expert of organizational change, found that most organizational transformation efforts fail. These failures are usually due to problematic assumptions people make about the change process.

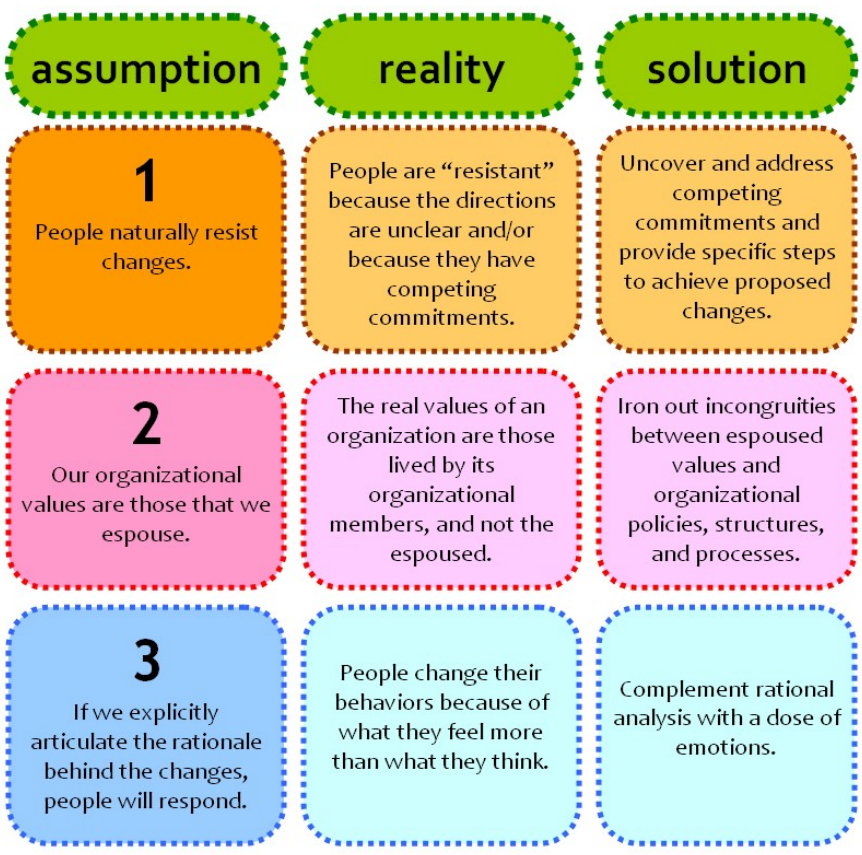

Figure 1. Faulty assumptions about change and proposed solutions

Assumption 1: People are resistant to changes.

Managers frequently assume that humans are naturally resistant when people do not respond to call for changes. This phenomenon is what Stanford social psychologist Lee Ross calls the "Fundamental Attribution Error" – a tendency to ignore the situational factors that individuals are in and attribute their behaviors to their inclinations. When people "resist changes," it is usually either because the changes required of them impose competing commitments because of the role they are occupying, or because the directions given were unclear.

To facilitate changes, system reformers must diligently uncover and address competing commitments, and provide specific steps to show how the proposed changes can be achieved.

Assumption 2: Our organizational values are those that we espouse.

Central to an organization's transformation is its ability to learn. Indeed, while many organizations espouse "organizational learning" as a centerpiece of their transformational efforts, few could detect the incongruity between their espoused values, and their organizational policies, structures and processes that are actually in place. For example, research has shown that the extent in which an organization learns from its mistakes depends on the psychological safety that front-line workers have in asking for help and reporting medical errors. However, many organizations are unaware that their punitive culture of blaming and shaming people who report errors runs against their aspirations.

True transformation requires an organization to move beyond the rhetoric to ruthlessly iron out its internal incongruities. As was well-articulated by Leonard Berry and Kent Seltman of the Mayo Clinic, the real values of an organization are those lived by its organizational members, and not the espoused.

Assumption 3: If we explicitly articulate the rationale behind the changes, people will respond.

After studying organizational changes for several decades, John Kotter came to the conclusion that "people change what they do less because they are given analysis that shifts their thinking than because they are shown a truth that influences their feelings."

For change to occur, emotions have to complement rationality. Project Esther in Sweden is often held up as a sterling example of a program that achieved dramatic improvements in patient outcomes. Its achievements include substantial decreases in hospital admissions, fewer hospital days for heart failure patients, and reduced waiting times for neurology and gastroenterology referral appointments. The project was called "Esther" to personify the patient as a gray-haired, ailing, woman with a chronic condition and occasional need for acute attention. This personification was important because it helped the team of doctors, nurses, and allied-health professionals to not only understand why it was important for Esther, but also to empathize with Esther.

3. What does transformation take and where do we start?

Given the complexities of the healthcare system, what does it take and where do we start the process of transformation? It takes empathy, and we start with developing deep empathy for our patients and fellow healthcare workers. We need to understand the needs of our patients holistically, and the issues our healthcare workers have to grapple with when providing that holistic patient-centered care.

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