

Healthcare Transformation Collaborating and Leading

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Abstract

Transforming the healthcare model to team-based patient-centered care is the direction healthcare systems are heading to, this millennium. This aspired contemporary health model is the core of Healthcare Transformation, which when favorably achieved, will positively impact both the patient and the system through enhancing patient experience and satisfaction, improving health outcomes and reducing unnecessary redundant interventions as well as healthcare cost. Nursing professionals, who drive and steer the healthcare service delivery, are integral to materializing this transformation through collaborating, leading and successfully routing this reform. Hence, understanding how nursing practice should be considerably different is vital to delivering the expected level of patient-centered care and pronounces the intensity of the role of nurses. Consequently, to effectively coordinate and lead, nurses need to be proactively, passionately and efficiently involved in this transformation which requires a renewed skill set that focuses on patient-centered care, care coordination, and quality advancement.

Keywords: Patient-centered care, Healthcare professionals, Nursing, Transformation, Healthcare transformation, Leading, Collaborating, Patient-provider relationship, Healthcare system, Delivery model

FROM THE AS IS TO THE TO BE

Model of Care, what is it and what does it mean?

It is simply the way we deliver the healthcare services, being best practice care throughout the continuum whilst ensuring that patients get the four "rights". The right care at the right time, by the right professional/team and at the right place.

Healthcare Transformation is the process of progressing from the status quo, which is "as is" to where we desire to be the "to be"^{2, 12, 20}. Why is this shift needed? Patients have complex needs that often make healthcare delivery challenging and hard to manage. The present healthcare system, referred to as the "as is", is not tailored to optimally meet the diverse needs of patients that include the physical, psychological and social well-being.

The "as is", the traditional disease-centered care, primarily focuses on treating the disease rather than the person, placing the patient and their family on the passive side in the cycle of care. In the disease-centered care approach, where care is delivered and undoubtedly not discussed, the patient and their family are inactive contributors that are simply informed of decisions made by the healthcare. Patients and their family do not participate in the care process, they do not really have a say and if they do, it is a basic one.

Hence, the approach to care is fragmented²¹ and undesirably impacts all care components, which ultimately affect the patient and their adherence to the plan of care, the care itself (quality, pace and effectiveness), the patient-provider relationship and hence patient-centered interactions that are meant to increase patient's involvement in their own care, care coordination, the use of decision support systems, enhanced patient access to care, reduced duplication of services and desired health outcomes including

recovery time and patient satisfaction at large¹⁷.

The provision of high-quality, value-based healthcare triggers implementing a comprehensive approach to care and deems healthcare transformation imperative! This triggers a shift of attention to a process that focuses on treating the patient as a person -rather than a disease- and considering the patient and their family partners in care. This partnership is fundamental to improving effectiveness and outcomes of care attained through enhancing patient safety, intensifying responsiveness, boosting patient satisfaction and reducing redundant steps and cost. Thus, transforming the healthcare model to team-based patient-centered care and paying attention to the patient's collective needs, the core of healthcare transformation, which have become universally accepted as core dimensions of quality of care⁵, contribute to enhanced outcomes and bring about effective improvements in the service delivery.

The "to be", is the patient-centered care model that focuses on the patient as a whole person where the care is coordinated with the patient and their family, is an enhanced version of the equation, a partnership, where the patient and his family are actively involved in the care process and strongly influence care decisions. The support system is remarkably sought after, to the degree that the whole environment is transformed to a home like setting to accommodate both the patient and their family.

HEALTHCARE IS DEMANDING!

Studies reveal that healthcare, by nature, is demanding and stressful. Being a nursing professional, our practice involves working with others, be it the patient, their family and other healthcare professionals. Those "others" are from different

ages, have different issues and problems and require different approaches. So, nursing professionals, in specific, face numerous challenges collaborating and leading within the complex setting of modern healthcare services. The needs are diverse and forever changing, the expectations are high and continue to increase and the system is there, yet it is very tricky.

Knowing that professionals vary in their ability to achieve a clear understanding of the perspectives, makes the aspired patient-centered care more challenging.

THE NEED FOR CHANGE

The interpersonal variance in health priorities render disease-centered medical care disadvantageous, as it leads to either under treatment, overtreatment, or mistreatment. Clinical decision-making for all patients should be based on the attainment of individual goals and determining the treatment need to take into consideration the physical, psychological and social well-being of the patient, rather than focusing solely on the treatment of the specific disease²¹.

With this understanding, health care systems around the world are emphasizing the need for patient-centered care and, accordingly, principles of patient-centered care are increasingly stressed³.

All Australian governments have signed the 2020–2025 Addendum to National Health Reform Agreement (NHRA)²⁰ that aims to improve health outcomes for all Australians and ensure the health system is sustainable. Two of the four goals of the NHRA focus on delivering safe, high-quality care delivered in the right place at the right time and on prioritizing prevention, and helping people manage their health across their lifetime. This consequential step reflects the significance of patient-centered value-based care as a step to enhance care outcomes.

Additionally, as officially reported through Khaleej Times²², the United Arab Emirates government is actively discussing the future of health and medical services, emphasizing the need for shifting from a traditional healthcare model to building a personalized healthcare model. Similarly, in the United States of America, numerous current studies underline the need to employ a user-centered design framework to develop and refine a value-based patient priorities care process- that aligns care with patients' health priorities^{9,21}

Patient-centered care is a multi-dimensional concept, addressing the patient's needs, viewing the patient as a whole, taking into consideration their physical, psychological, and social needs- the need for a support system- promotes harmony and enhances the patient- provider relationship¹³.

To implement a patient-centered care approach, where care is collaborative, coordinated and accessible, a review of the organization's mission, values, goals, policies and mode of practice is required. In addition to that, flexibility and creativity, much-needed factors, are essential to aligning the medical care with the individual patient's goals. Hence, organizations need to ensure the patient's physical, emotional and social well-being are collectively

considered a top priority. Consequently, patients' and families' viewpoints are to be considered and valued. They need to always be included in decisions and they should feel welcome in the care setting that is guided by full transparency and timely delivery of information. Subsequently, patient-centered care necessitates the act of collaboration and shared decision making, with the patient and their family, as a pre-requisite to designing a customized comprehensive care plan.

As patient-centered care is based on and revolves around the patient, developing and maintaining effective relationships with the patient and their family become key.

TRUST

What is the nursing professional's role in ensuring trust?

Trust is the cornerstone of the patient-provider relationship that improves the provision of patient-centered care¹⁹.

In the event that the patient and their family do not meet trust and respect between healthcare professionals, what implications would that have on the patient's trust in the professional and in the system and, hence, on the patient-provider relationship? How would that affect the provision of patient-centered care and, consequently, patient satisfaction at large?

NURSES' ROLE IN TRANSFORMING HEALTHCARE SYSTEMS

Transforming healthcare systems is not easy! It is rather a complex endeavor that requires robust multi-dimensional efforts at all levels, starting with the nursing professionals.

Patient-centered care requires a shift in both the way healthcare systems are designed and managed and the way we practice.

Nursing professionals are positioned at the core of contributing and leading these transformative changes, which makes them instrumental to transforming the care culture. Where are nurses placed in this equation and what is their role in all this?

As nurses, we are required to consider the needs of everyone- starting with our own needs all the way to patient's needs, family's needs and other professionals' needs. Many times, this becomes a bit too much, especially when the pressure is high and stress is gripping.

Pressure creates confusion, confusion is uncertainty and uncertainty leads to stress. When stress is left unmanaged, it overpowers the mind and affects decisions and performance.

Therefore, to anticipate and prevent high levels of stress- that will stand in our way and cloud our vital role as contributors and leaders- proactive planning is required and is very essential. Proactive planning redeems our ability to effectively contribute and lead the process. When we plan, we create the means to perceive all available resources and strategize accordingly.

Proactive planning provides nothing less than a clearer comprehensive picture of how to efficiently deliver the desired timely and appropriate patient-centered care.

Proactive planning is substantial; however, it could be unproductive if not materialized. Materializing the plan requires empowerment to act through implementing Clinically-Led Service Improvements. This involves giving more autonomy to, empowering and supporting professionals in making decisions and acting on them. Implementing Clinically-Led Service Improvements advances the quality and efficiency of healthcare services. Empowered professionals exhibit the sense of ownership and, accordingly, seek excellence that improves performance at large. This, in itself, positively impacts the patient experience by cutting down on unnecessary steps that delay the delivery of timely appropriate care.

Employing Functional Result-Oriented Model endorses our mission of contributing and leading the healthcare transformation initiative.

Compared to the traditional functional model that encompasses the patient, the service we are delivering and the healthcare professionals, the Functional Result-Oriented Model incorporates the desired “results” as an element and positions it at the core of the equation.

Focusing on the process to deliver the favorable results meets the needs of the four parts, who are the patients and their families, the multi-disciplinary team at large, the tasks themselves and the results/desired outcomes.

A DISTINCT NURSING APPROACH

Understanding how the nursing practice should be considerably different, is vital to delivering the expected level of patient-centered care. This understanding pronounces the intensity of the role of the nurses and the importance of the role.

To be successful in collaborating and leading healthcare transformation, we need to modify the approach and move away from “us” versus “them”, we need to adopt the “all of us” concept. Working together, in harmony, with allied healthcare professionals, medical staff, patients, their families and the healthcare system itself is the turning point.

For nurses to become proactively, passionately and effectively involved in this transformation, a renewed skill set is required. A new skill set that focuses on patient- centered care, coordination of care and advancement of the quality.

Studies prove that healthcare systems are fragmented, which leads to recurring communication failure as well as undesirable avoidable levels of error.

There is minimal to absent communication, especially when the care is happening across multiple providers, which makes the healthcare system tougher to navigate and enforces the barriers to access. This increases the rates of readmission, morbidity, mortality which, in return, defies desirable outcomes and hikes the healthcare cost.

All this, clearly, denotes gaps in coordination. Gaps that are avoidable and could be reversed. As nurses, we are instrumental in reversing this gap provided we possess the required skills set. This “skills set” goes beyond technical skills, it is the “power” to collaborate, coordinate and effectively lead the process. How can we enhance these skills set?

i. Start by placing the patient and their family at the core of the association- ensure they are active partners in all aspects of their care. Recognize the patient as a whole, pay attention to their needs, listen to and consider their viewpoints and, most importantly, be empathetic.

ii. Be the playmaker- lead a coordinated practice to effective attainment. Own the process and coordinate effectively. Ensure that the appropriate necessary is done and timely.

iii. Be a potent communicator- communicating is beyond talking to the patient, their family and other team members. It is rather being potent by ensuring clarity, using easy-to-understand language, listening rather than hearing and verifying their full understanding. Make sure that the patient and their family know and comprehend their options, so they can take an active role in choosing and deciding on their care. It is of utmost importance that patients and their families know and feel that they are partners not recipients.

iv. Be consistent and follow the guidelines. Here’s the dilemma! There are guidelines and we are committed to adhere to them, but that does not always meet the individual patient’s needs because expectations vary and our role embraces meeting expectations.

v. What aligns the patients’/families’ expectations and our role with the guidelines is customization! Follow guidelines; however, customize it to meet the needs of the patient. It is not about implementing the guidelines literally; it is more about enforcing the guidelines in a practical and applicable way. The guidelines are meant to guide our practice, not limit it.

vi. Surmount the inhibition of “I am doing it this way, because the policy says so” and progress to the stage of allowing the guidelines guide your performance. Think of the guidelines as an air-conditioning system whose function is to regulate the room temperature. However, the room temperature has to be to one’s comfort, so adjusting the temperature to our preference remains one’s role.

vii. Lastly and most importantly, provide decision support. To efficiently collaborate and effectively lead, providing decision support is vital. Support to our team in specific, the multidisciplinary team at large, the patients and their families as well as to the healthcare system itself.

viii. Decision support systems are not always available; yet, it is always an option to construct and develop one. When it is not there, find ways to create one; this is what outweighs.

ix. Support is about what I can do to assist, by going to great lengths whilst following guidelines, policies or procedures.

x. Support is magical, it ignites the cooperation and active participation of everyone- staff, counterparts, other healthcare professionals, as well as patients and their families. When included and supported, people tend to be more cooperative, less resistant and compliant as they feel they are partners in decisions and, hence, spontaneously occupy the advocate position.

As nurses, we are accountable for making quality happen; consequently, we need to be the resource. We are the ones who orchestrate it all, specifically, peer accountability. So, once again, it is not us versus them, it is about all of us together.

All this makes the nursing approach a game changer. Our approach has the power to either ignite collaboration or extinguish it. Regardless of the hierarchical structure in the healthcare organization, nursing professionals- when equipped and geared up with the required skills- can tactically orchestrate the transformation process.

CAPACITY AND ABILITIES

Changes to service delivery are implemented by key health care professionals one among them the nurses. Therefore, it is essential to ensure that nurses are prepared to lead this initiative. Assessing the capacity and abilities of the nursing staff is key to identifying the type of support needed to lead fertile changes. Obtained insights determine the required degree of support and identify the need for either a new or an enhanced skill set to attain the renewed focus on patient care coordination and quality enhancement.

The transformation- the change- required is not easy, neither at an individual level nor at a system level.

At an individual level, it requires individuals to appraise, scrutinize and acknowledge own capacity, abilities, and attitude- attitude towards change- in order to identify whether they are ready to contribute to and lead the desired change.

At a system level, it requires the analysis of the goals, the processes, leadership, and staff readiness at large as everybody's role will change (the patients/families, medical staff, nurses, other healthcare professionals and leadership).

Hence, understanding how nursing practice must be dramatically different to continue to deliver the expected level of quality care and to proactively and passionately lead the change is central. It is, rather, a critical step to planning the success of the transformation. Success will only conquer if all healthcare professionals work together as a team- harmonize and cooperate- to transform the contribution of each member working at their full scope of practice.

CONCLUSION

In conclusion, leading the transformation process requires assessing one's readiness and perceiving own capabilities and capacities. The starting point is to recognize your own perspective,

identify your readiness and stipulate the support you may need. Once that is figured out, you start working on developing your plan; planning is a vital, yet a delicate stage. To actively and effectively lead the transformation process, it requires a sound grip. So, ask yourself, have "I got this"? However, before you establish that "you've got this", you need to ascertain that you are prepared, ready and you can.

Nursing professionals, when rightly equipped, are capable of facilitating both effective and efficient patient-centered value-based care services and successfully steering the healthcare reform. The aspired contemporary healthcare model, when favorably achieved, will enhance experience and satisfaction of both the patient/family and the healthcare professional through boosting efficiency, reducing redundant steps, condensing unnecessary health care costs and improving health outcomes.

Healthcare transformation, the "to be", is a major cornerstone to maintaining sustainability in today's ever-changing healthcare environment. Studies ascertain that patient-centered value-based care enhances patient safety, intensifies patient engagement, responsiveness and compliance, brings about effective improvements in the service, improves care effectiveness and outcomes, boosts patient satisfaction and reduces redundant steps and cost.

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