

***IHI Person- and Family-Centered Care:  
Transforming the Patient Experience Seminar***

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*The following excerpt was written by a patient or family leader/advocate who shared insights from the [IHI Person- and Family-Centered Care: Transforming the Patient Experience seminar](#) in October 2013.*

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**Ready . . . Set . . . PARTNER!**

There is not a textbook definition of patient and family centered care. This is not because it is not attempted by healthcare leaders worldwide. The definition of patient and family centered care is defined by your facilities culture. Many attendees, including myself, have to look at our culture to understand what our facilities' definition will be. The definition is also ever evolving.

It is very important to consider what that patient and/or family need. Not all patients and families need or want the same type of care. It is very much individualized by the caregiver and the patient that the current caregiver is caring for. Every patient experience is going to be different. Every caregiver is different. Differences can range from clinical skill, communication skill, communication style and at what level of compassion that caregiver has to determine what that experience will look like.

The tone has been set, and our goal as leaders and inspirations of the patient experience is to encourage our facilities to begin engaging with us to increase our ability to ALWAYS offer a level of patient experience that promotes safety, trust, and compassion.

The days of random acts of kindness are over. There needs to be a clear vision for culture and behavior changes. We must recognize that these are the early days. Many healthcare professionals do not believe that the patient experience is a part of their job. We must usher in a new era of partnerships between clinicians and individuals where the values, needs and preferences of individuals are honored using best practices with a shared goal that is optimal for a functional health care environment.

“What patients want is not rocket science, which is really unfortunate because if it were rocket science, we would be doing it. We are great at rocket science. We love rocket science. What we're not good at are the things that are so simple and basic that we over look them.” – Laura Gilpin, Griffin Hospital

My role as Patient Advocate at Maury Regional Medical Center in Columbia, Tennessee is meaningful work. My work reminds us that we are to communicate with those that enter our facility no matter purpose or role. Defining patient centered care is to define for each of us why we are at Maury Regional Medical Center. Simon Sinek as said, “People don't buy what you do; they buy why you do it.” The discovery from a patient perspective to find out that their professional care giver is not providing care that promotes safety and respect can be catastrophic to the healing process. It is time for healthcare to have a conversation about our goals and that we are fully committed to achieving those goals. Also, to align with leaders to know that they can count on us – the advocates of patient and family centered care – to provide the support they need to achieve their goals and at the same time foster a relationship to continually communicate with one another...that relationships includes our patients.

***- Sarah Harris Barry, Patient Advocate, Maury Regional Medical Center, Columbia TN  
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