

Book: *Putting Patients First: Designing and Practicing Patient-Centered Care*

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Publisher: Jossey-Bass, San Francisco, CA, 2003

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This book received the American College of Healthcare Executives' James A. Hamilton Book of the Year Award for 2004. It is a well-written book and should be of interest to administrators, clinicians, support staff, patients, their families and those who advocate for them. The book presents the philosophy, rationale, and successes involved in "putting patients first" by the Planetree Alliance, a group of more than 80 hospitals and healthcare organizations across the nation and Europe.

The book reveals the inner workings of an ongoing program of "transformation" of the "future of healthcare." The centerpiece of this transformation is a philosophy of "patient-centered care" that seeks to bring "health care back to its roots and thus back into balance." In the Planetree model the patient becomes the center of what we do and why we do it. Those of us who have spent a lifetime in the business of health services have heard many times that our true mission is service to those in need, yet all too often see attitudes and activities that contradict the meaning of this mission. We have all seen the smirks of our colleagues as someone offers, "if it was not for the patients around here we could really get on with something important." I have never seen a patient or family member smirk over such statements; lawyers, perhaps, but not patients. It is refreshing that an organization of some merit and influence not only has been able to articulate a philosophy of patient-centered care, but also to demonstrate that "doing the right thing" can bring rewards to health care workers, providers, and business interests as well.

The Planetree philosophy and action model has a number of facets, but can probably be honed to three key features. First is consumerism. The authors acknowledge the well documented point that the healthcare industry has traditionally been slow to both adapt to changing social constructs and adopt innovative management ideas. Consumerism is certainly one of these areas (Strategic management, TQM/CQI, information systems, and material control are some others.).

The authors believe “that the Planetree model’s greatest value is that it is designed from the health care consumers’ perspective, and therefore it is most effective in responding to the health care movement” (i.e., competitive advantage). Consumerism in health care is noted as “the collective expression of consumer demand for more responsive care and service by a growing mass of educated and empowered consumers.” This “is being driven by changes in society, improved access to information, and changes in the financing of health care.” As consumers gain access to information and become more sensitive to costs they tend to value providers who “deliver an exceptional patient experience.” Clearly, the Planetree philosophy concurs with Ernst & Young that “consumerism ‘will alter how health care organizations will operate, how they compete and, perhaps, why they exist.’” Consumerism is more than offering services to patients. It acknowledges that we are moving from a paternalistic to a partnership process in healthcare, involving providers, supporting infrastructure and changing modalities of services delivery.

Another facet of the book embraces the growing body of evidence that health is much more than conventional medical care, which is often characterized by stoic, paternalistic processes that have traditionally represented the profession and its institutions. In support of this perspective, a chapter deals with the “importance of human interaction” in the healing process, and another chapter is concerned with the integration of “healing partnerships.” This area ties in well with discussions about the future of the healthcare workforce, and the reader is brought up to date on the evidence of the importance of a partnership between management, all health care providers and supporting infrastructure. The authors support the contemporary view that if the leadership is there, if the staff believes in what they are doing, that their tasks are proper, necessary and meaningful, that they are valued, then that is going to be revealed in patient satisfaction, staff satisfaction, retention and recruitment, as well as in quality indicators, and, ultimately, the “bottom line.”

A third facet of the book revolves around activities within the Planetree Alliance concerned with “the nurturing aspects of food,” “spirituality,” “communicating through human touch,” and “the healing arts,” including the supporting structures and functions to incorporate these and other areas into patient-centered care. Anyone familiar with cutting edge research on healing processes recognizes the importance of these elements in healthcare. What the book does is show how they are applicable within

the framework of a working model. The book further discusses the importance of “healing environments”, including how “architecture and design” are “conductive to health.” Some enlightening ideas are presented concerning the importance of “health care environmentalism,” and the value of “green hospitals.” The book makes it clear that an obligation of the healthcare system is to “do no harm,” which includes unique consequences to community health emanating from the health care industry, as well as the impact on patient care.

More than a book about patient care per se, *putting patients first* embraces aspects about the human interaction, facility design and environmental constructs that are part of the complex, contemporary healing process. This book is not for the managerially squeamish. Like the fabled “mirror on the wall” in *Sleeping Beauty*, some readers might find it reflects aspects of their operational worldview, which they would rather not face. However, for those who strive to make things better, to enhance their professional capacity, and to better understand their changing profession it should be a welcome addition to their reading requirements.