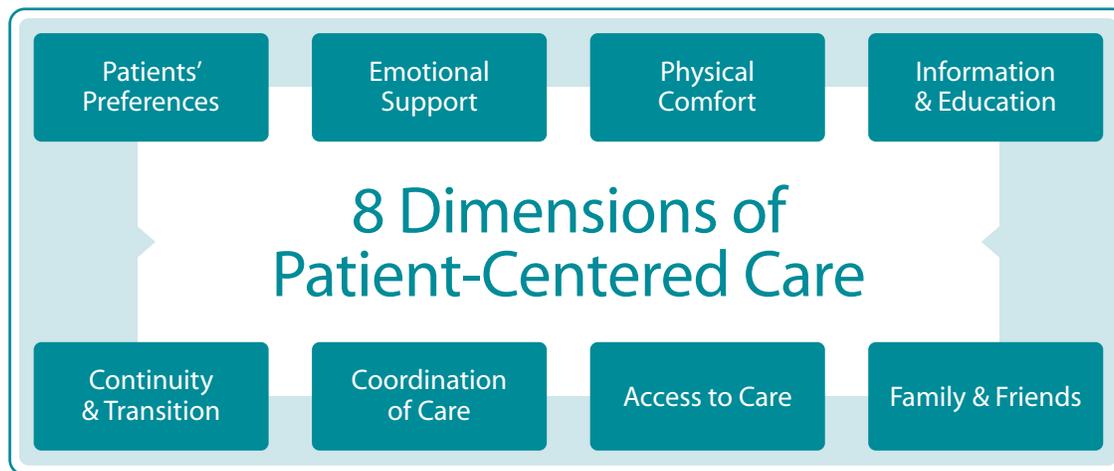


Appendix D: Eight Dimensions of Patient-Centered Care

The following eight dimensions of patient-centred care, also known as the Eight Picker Principles of Patient-Centered Care, were identified through research by the Picker Institute and Harvard Medical School. The research involved gathering information from diverse focus groups – including patients, physicians and other hospital staff, and family members – regarding their health-care experiences, and reviewing relevant literature to determine what matters most to patients. Figure 2 illustrates the eight dimensions of patient-centred care. The discussion of the eight principles below is adapted from the Picker Institute (1987).

Figure 2. Eight Dimensions of Patient-Centered Care



Source: Reprinted from *Eight Dimensions of Patient-Centered Care*, by National Research Corporation Canada. Retrieved from <http://www.nationalresearch.com/products-and-solutions/patient-and-family-experience/eight-dimensions-of-patient-centered-care>. Copyright 2015 by National Research Corporation Canada. Reprinted with permission.

Eight Principles of Patient-Centered Care

1. *Respect for Patients' Values, Preferences, and Expressed Needs*

- Treating individuals with respect, in a way that maintains their dignity and demonstrates sensitivity to their cultural values
- Keeping individuals informed about their condition and involving them in decision making
- Focusing on the person's quality of life, which may be affected by their illness and treatment

2. *Coordination and Integration of Care*

- Coordinating and integrating clinical and patient care and services to reduce feelings of fear and vulnerability

3. *Information and Education*

- Providing complete information to individuals regarding their clinical status, progress, and prognosis; process of care; and information to help ensure their autonomy and their ability to self-manage, and to promote their health

4. *Physical Comfort*

- Enhancing individuals' physical comfort during care, especially with regard to pain management, support with the activities of daily living, and maintaining a focus on the hospital environment (e.g., privacy, cleanliness, comforts, accessibility for visits)

5. *Emotional Support and Alleviation of Fear and Anxiety*

- Helping to alleviate fear and anxiety the person may be experiencing with respect to their health statute (physical status, treatment, and prognosis), the impact of their illness on themselves and others (family, caregivers, etc.), and the financial impacts of their illness

6. *Involvement of Family and Friends*

- Acknowledging and respecting the role of the person's family and friends in their health-care experience by:
 - Accommodating the individuals who provide the person with support during care
 - Respecting the role of the person's advocate in decision making
 - Supporting family members and friends as caregivers, and recognizing their needs

7. *Continuity and Transition*

- Alleviating anxiety about the person's ability to self-manage after discharge by:
 - Providing information regarding medication, physical restrictions, nutrition, etc.;
 - Coordinating ongoing treatment and services and sharing this information with the person and their family; and
 - Providing information regarding access to supports (e.g., social, physical, and financial) on an ongoing basis

8. *Access to Care*

- Ensuring, mainly with respect to ambulatory care:
 - Access to multiple health-care settings and services
 - Availability of transportation
 - Ease of scheduling and availability of appointments
 - Access to specialists and specialty services when needed

Reference: Picker Institute. (1987). *Principles of patient-centered care*. Retrieved from <http://pickerinstitute.org/about/picker-principles/>