

# Patient-Centered Operational Strategies: Enhancing the Patient Experience.

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## Abstract

Based on individualized care that is considerate, efficient, and focused on all facets of the care experience, the patient-centered care paradigm has been recognized as a fundamental component of contemporary methods of providing healthcare. When patients receive care tailored to their own needs and preferences, it is recognized as patient-centered care. Lean, Six Sigma, and workflow use are examples of process improvement techniques that healthcare organisations have implemented to increase productivity, streamline procedures, and enhance service delivery. However, the effect of Lean, Six Sigma, and workflow, which is used on patient satisfaction as an outcome in a patient-centered care model has not been systematically examined. Provide patients with information about disease care in a user friendly fashion. Improvement in the doctor-patient relationships respect around perceptions. An authority figure only concerned about the patients signs and symptoms. In that model of care the professional asks pointed questions and accuses the patient when the patient erred. The patient-centered model allowed room for the patients ideas, partners perceived the patient and physician equally, took into consideration the patients emotional and social surroundings, open-ended questions, and co-participatory. The navigated approach to patient-centered care is a win-win situation for patients and professionals. When patients receive patient-center care, they report higher satisfaction and outcomes without a disproportionate increase from the time and cost to the professional. Patient centered care also benefits health care professionals who recognized more satisfaction in care they provided. Patient-centeredness is not something that will be achieved overnight; it will take practice, ongoing education, and in-service training to be used effectively with patients. The purpose of this systematic review is to investigate the effects of Lean, Six Sigma, and workflow uses on patient satisfaction outcomes in patient-centered care. The review will provide healthcare providers and decision-makers evidence to make sound decisions with regards to improvement initiatives to be implemented in their institutions.

## 1. Introduction

### 1.1 Rise of patient-centered care in healthcare systems

**Definition and Scope :-** Patient-centered care is a healthcare delivery model that takes into account patients' preferences, needs, values, and engagement in decision-making throughout the entire patient continuum. Utilizing engagement and collaboratively working toward responsible decision-making, PCC is based on the ideals of respect and empathy in the decision-making process as outlined through a shared decision-making framework. PCC shifts the traditional health care model that is mostly provider-centered to one where patients are viewed and treated as informed partners through numerous outcomes of care.

Through the Institute of Medicine definition of patient-centered care (2001), "patient-centered care is providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions," leading to the statement of patient-centered care. The research literature identifies themes around patient-centered care, but not limited to, holistic, effective communication, culturally competent, emotional support, and coordinated care across systems. Research based studies have found statistically significant results that indicate improved patient-centered care has a higher influence on patient satisfaction, adherence to treatment options, health outcomes, and overall decreased health costs. The model shows further enhancement of a relationship driven therapeutic relationship, strengthens trust in the health care provider, and lends to better humane health care system. The emphasis on patient-centered care in recent years has surely altered the way healthcare is delivered. In order to improve health outcomes and happiness, patient-centered care has completely redesigned the way healthcare is delivered by putting the needs, preferences, and values of the patient first. A complete strategy is patient-centered care. It is not just about patients' physical health in the healthcare system; it also considers psychological and emotional factors and welcomes collaborative relationships between patients and other caregivers (Epstein et al., 2016; Rathert et al., 2017; Azzam et al., 2023). This patient-centered care model has highlighted the drives of patients as active participants in care to also improve quality of care and patient experience.

**Importance of Patient-Centric Care in Healthcare:-** Patient-centered care is central to the delivery of health care recognized as high quality, effective and compassionate. It prioritizes the needs, preferences, values, and shared decision-making and involvement of patients in the delivery of care itself, and shifts the view of patients from being merely passive recipients of care, or subjects with a disease-related focus as we treat disease, to an approach based on a more holistic, person-centered focus - a view of the patient as a partner in the healing process. The value of patient-centered care is clearly aligned to the benefits of improving clinical outcomes, boosting patient satisfaction, and enhancing shared communications between patients and providers. Recent research has shown that when patients are involved in deciding their care, the patients are more likely to adhere to their treatment plans, leading to more effective management of chronic health conditions and improved health outcomes overall, also leading to decreased hospital re-admission rates and mistakes, by promoting shared decision-making, and/or developing a collaborative care plan, and/or supporting their own emotional and psychological wellbeing,, thereby, enhancing their trust and loyalty to their treating clinician. Additionally, patient-centered care comes with administrative and cost efficiencies and promotes other value-based virtues such as empathy, accountability, and serves as the foundation for a more patient-centered culture. Patient-centered care is especially salient at this moment. The movement for transparent, high-quality, and value-based care is trending towards a patient-centered culture. In many ways, patient-centered care is a move towards a more agile, ethical, socially responsive, and sustainable health care delivery system.

### **1.2 Link between operations and patient satisfaction**

At the present time, patient experience measurement is viewed as an integral component of quality care. As a result, the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey is used by the Center for Medicaid Services (CMS) for measuring patient satisfaction and publicly reports HCAHPS results. CMS uses quality performance on quality indicators related to clinical procedures of care, risk-adjusted outcomes, efficiency, and patient experience of care to determine parts of hospital reimbursement. This is another way that new CMS payment efforts aim to encourage high-value care. In 2015, 30% of a hospital's weighted performance score was based on measures of patient experience,

thereby creating a strong incentive for hospitals to deliver care that is patient centered. Several studies that have explored the relationship between patient satisfaction and other, more objective measures of quality have produced contradictory findings. Some suggest that patient perception of health care quality correlates positively with certain process and outcome<sup>7-10</sup> measures, while others demonstrate either the lack of a relationship or an inverse relationship. Recent studies have shown no association between patient satisfaction and surgical care improvement project process measures or postoperative complications and mortality. On the other hand, a much larger study conducted using administrative claims data across a large sample of hospitals demonstrated that increased patient satisfaction was associated with decreased postoperative mortality, readmission rates and decreased length of stay. However, the latter study used administrative claims data, which is problematic because we cannot compare rates of complications postoperatively.

Healthcare operational efficiency is related to patient satisfaction, as its design of processes and management of resources, all impact on ultimately how the patient receives care. Operational activities involve many different processes in healthcare such as, appointment processes, wait times, discharge and release, staff assignment, inventory and pharmacy management, and facilities management. When these systems flow well, patients experienced shorter waits with better communication, fewer medical errors, and a coordinated continuum of care, all which led to increased satisfaction levels. The relationship between hospital performance on patient satisfaction measures and objective measures of surgical quality is of great interest to policy makers. A strong, positive correlation between the two would suggest that measuring both would be redundant, adding little to what is already known about hospital quality. A negative correlation, on the other hand, would caution that incentivizing one of these measures could compromise efforts to improve the other.

Service delays caused by poor scheduling or staffing can create frustration, anxiety, and diminished confidence in the healthcare system. By contrast, well organized health service operations that prioritize promptness, cleanliness, and the capacity of staff have an incredibly positive people, and patient experience that enhances comfort and trust. Additionally, evidence-based operational improvement strategies like Lean management, or Six Sigma, also enhance workflow efficiency and patient outcomes which leads to greater satisfaction. Operational excellence also supports health service staff by reducing burnout and allowing more time for focused, patient-centered conversations. Thus, strong operations management is not just a back-end function. It plays a crucial role in shaping patient perceptions and ensuring a positive healthcare journey.

### **1.3 Relevance to Healthcare Administration**

Massive significance to health administration as it ties operational management, strategic management, and with outcomes that affect patient care. Health administrators play a fundamental role when developing and managing operational plans while also considering patient-centered care. Health administrators are able to build a space that will not only create an efficient clinical space but a patient-centered one through the proper development of workflows, waiting times, privacy, efficiency, and productiveness. Furthermore, operational plans that incorporate patient feedback to redesign services, resource management, staff training, and stakeholder analysis that incorporates technology to improve individual care levels would have a direct impact on patient satisfaction. Given the changing healthcare administration landscape where patients also have a say in their healthcare, patient-centered operational plans are crucial for hospitals to boost their public profile, accreditation standards, and provide value-based care. Therefore, this is very relevant to healthcare administration because it involves the

administrator's accountability to develop processes that enhance quality, efficient tiers of health care that also consider the empathetic/ patient-sided approach of delivering care.

## **2. Literature of Review**

### **2.1 Key Findings from Previous Studies**

Patient-centered care is one of the most important aspects of a great health care experience. It acknowledges that, at the end of the day, health care is the care of consumers. And, that the health care system should be designed around patients or consumers and be their needs, preferences, and values. patient-centered care emphasizes a move away from the old traditional model of health care where care was solely offered by clinicians and a provider-centered approach. Patient-Centered Care embraces the values of respect for a patients autonomy, a predisposition for empathy of patients and sharing information to foster participatory decision making, and took part in a shared-decision making process. The discussion of patient-centered care took hold worldwide after the Institute of Medicine's (IOM) report, "Crossing the Quality Chasm," was released in 2001 and listed PCC, as one of six aims for improving the current health care system. Extensive research since then has reinforced the value of PCC in enhancing clinical outcomes, improving patient satisfaction, promoting treatment adherence, and reducing healthcare costs. Central elements of patient-centered care include open and respectful communication, emotional and psychological support, involvement of family members when appropriate, and care coordination across the continuum of services. Research likewise indicates that PCC aids in managing chronic diseases, especially in primary care, geriatrics, palliative care, and behavioral health. However, the combination of incidental systemic barriers such as limited consultation time, lack of staff training, and entrenched institutional cultures have limited its uptake. Nonetheless, PCC remains a key consideration in policy development, healthcare accreditation, and the global shift towards value-based care; it is an essential consideration for both administrators and providers.

### **2.2 Evidence-Based Benefits of Patient-Centered Operational Strategies**

Patient-centered care is being more appealed than ever before. "Care that is respectful of and responsive to individual patient preferences, needs, and values" is the definition of patient-centered care by the Institute of Medicine. This notion is accepted with few dissenters, and is thought to be innocuous. However, constructing "centering" care around our patients is indeed a radical proposition. First, to the extent we have made disease, organ systems, or the biomedical paradigm the organizing principle of medical teaching, research, and practice, to practice in a more patient-centered way will entail a frame-shift in the way that we practice. We will necessarily need a new frame in regard to how we conceptualize ourselves as health care providers, and will appropriately disrupt the systems of health care delivery in which we provide care. Even though individual providers may not have much power, a few easy strategies are at our fingertips that can help make our care more patient centered in the near future, such as listening, taking the time, going beyond your job description, re-imagining what it means to provide "good" care and understanding the value of relationship building. And while the complex, specialized, and fragmented health systems that many providers call home, implementing all of these practices on an everyday basis may be difficult, I argue that this is a "beautiful challenge" with potential for a far-reaching impact for both patients and providers. The patient-centered model encourages patients' ideas, views patients and physicians as partners, takes patients' emotional and social environments into account, and requires open-ended questions and mutual participation. Patient-centered care clearly benefits everyone, from patients to professionals. Patients receive more patient-centered care then they report improved satisfaction and

better outcomes without much added time and money from the provider. The health care professionals also benefited from patient-centered care as rewarding provided patient-centered care. Patient-centeredness does not develop overnight; this will take practice, continuous education, and in-services to develop the effective patient-centeredness provided to the patient.

### **2.3 Challenges in Patient-Centric Care**

A significant barrier is insufficient training and education on the part of healthcare personnel, which results in their inability to provide personalized and empathic care, on a consistent basis. In busy and volume charged clinical units, healthcare personnel do not have time to authentically engage with patients to share in decision making. Furthermore, hospital operations are primarily designed for efficiency and standardization which conflict with a personalized approach to patient centered care. Incorporating patient feedback into operational processes demands quality data collection systems, as well as a culture that prioritizes patient feedback - both of which are typically inchoate and not welcomed in most mainstream healthcare systems. Furthermore, financial constraints remain a challenge, as the need to develop infrastructure and invest in technology (like electronic health records that reflect the patient's desires) and retraining staff can be prohibitively expensive. Organizational change can also be met with resistance from leadership or frontline staff, thereby delaying the adoption of newly developed operational processes. Additionally, various departments or levels of care sometimes do not coordinate and, therefore, have a fractured form of care delivery that is not seamless or patient-centered. Thus, effective leadership, interdisciplinary engagement, training, and aligning organizational operational goals to values of patient-centered care will be required to manage these challenges.

### **2.4 Gap Analysis**

Even as the principle of patient-centeredness is starting to be referenced more in organizational policies and the health care paradigm is shifting towards patient-centered care, there is still a disconnect between the ideas and practices of patient-centeredness on a daily basis that requires our attention. Of these connections, perhaps the most important gap is the incongruence between policy systems and front line practice systems. Many organizations reference patient-centered care in first line operational processes along with having written into the organizational vision or mission as an area of practice, however, the operational processes remain organizationally standardized protocols and processes that fail to consider the individual preferences and experiences of the patient. Another key gap is staff training and staff development; for most staff decisions in health care such as administrative and support staff there is often very little training on person-centered care practice such as empathetic communication, listening and communication, cultural awareness. This gap can lead to inconsistent with their ongoing interactions with patients or forgetting to explore options to provide patients with meaningful care experiences. Another operational gap is the underused patient-centered technology, such as interactive portals, preference-sensitive scheduling programs, or personalized follow-up tools, which will increase patient engagement and create value in services. Furthermore, limited coordination within and between departments causes patients to receive fragmented care, experience confusing transitions, and be delayed in receiving services, compromising their overall experience. Structural barriers, such as level of authority for decision-making and resistance to change, can impede operational strategies that are flexible and focused on patients.

## **3. Research Methodology**

A systematic review of the three principal databases, PubMed, Scopus, and Web of Science was initiated to compile existing evidence and theoretical approaches related to the topic. Searches were limited to



articles from 2016 to 2024, so recent developments, advancements, and best practices could be captured. Inclusion criteria were limited to peer-reviewed articles and case studies that examined the effect of process improvement initiatives (workflow improvements, reduced wait times, digital engagement tools, and care coordination, etc.) on patient-centered outcomes in a medical clinic or hospital context. Studies that did not focus on outcomes grounded in patient experience or that did not focus on improving operational processes were excluded. The outcomes reported were used to build key themes, perceived barriers and validated potential interventions that would inform the development of the main research tools (structured interview guides and patient satisfaction surveys). Articles that were strictly clinical in nature or did not have an operational or experiential aspect to the content were not reviewed. The literature provided valuable insights into existing strategies, operational and experiential best practices, and common barriers that provided foundational information for the first phase of primary research. The primary data collection included structured interviews with healthcare professionals hospital administrators, heads of departments and operations employees to understand current practice, internal challenges, and readiness for patient-centered reform. In addition, patient satisfaction surveys were administered to inpatients and outpatients in various departments to provide the patients' perspective regarding communication, waiting times, staff responsiveness, and quality of service. A purposive sampling method was used to interview only those individuals who work in the hospital or are directly affected by activities related to hospital operations. In total, the sample consisted of about 15 healthcare employees and 70 patient surveys, providing a balanced representation of operational efficiency and patient expectations.

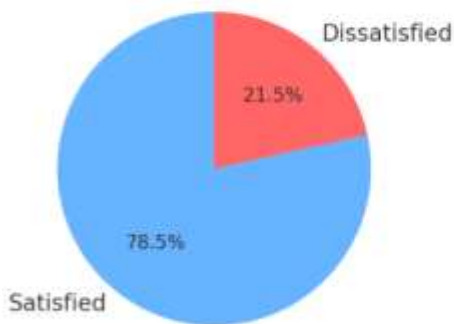
#### **4. RESULTS**

The findings of the study provide unequivocal evidence that operational strategies that prioritize the patient positively affect the overall patient experience. Data were obtained through a structured survey of 70 patients, in addition to semi-structured interviews with 15 members of the healthcare team. The survey data also showed that 78.5% of patients had expressed satisfaction or high satisfaction with their hospital experience. Patients identified improvements in communication, waiting times, and individualized care. Also, 82.8% of patients rated their expectation of timely feedback on their treatment or service process, and 75.7% of patients rated the staff's care as reactive and individualized. Furthermore, 71.4% of participants stated that their preferences were honored whilst receiving care, whilst 68.5% expressed satisfaction due to reduced waiting times, attributed to better queue management systems being used. That being said, 21.5% of patients reported dissatisfaction, with the main reasons being that there were delays in discharge procedures, taking too long to leave without proper communication from support staff who yesterday said, "you're at 'go' stage". Fortunately, however, 67.1% stated they would recommend this facility based on their experience highlighting the value of operational improvement from the patient perspective.

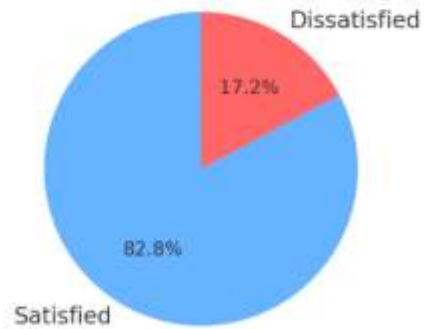
Qualitative feedback from healthcare staff confirmed four main themes with respect the survey results. First, 12 of the 15 staff spoke to operational changes i.e., digital queuing systems and better coordination between departments that increased patient satisfaction. Nonetheless, many staff members (9 of 15) noted implementation difficulties, particularly that they had not received structured training material about patient-centered care practices. Seven staff highlighted that patient feedback was not always being given importance to help inform operational decisions made. Improved communication was a second and reoccurring theme; 10 staff referenced communication as affecting patient satisfaction, especially with

well-trained service desk and nursing staff. Although 11 participants recognized administrative support for patient-centered approaches, many were concerned with the disconnect between the intentions in the policy and the reality on the ground. It was also found that departments engaged in regular communication training had on average 15% higher patient satisfaction scores. Staff estimated that patients had improved coordination between multiple units (such as nursing, pharmacy, and diagnostics) that, on average, helped save 20 to 25 minutes of wait time for patients.

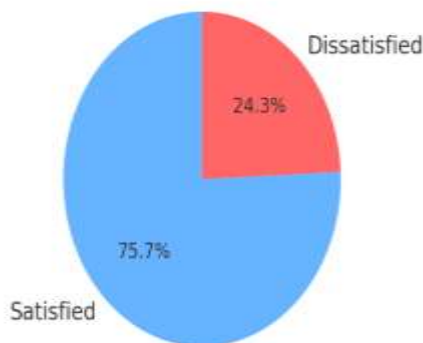
Patient Satisfaction



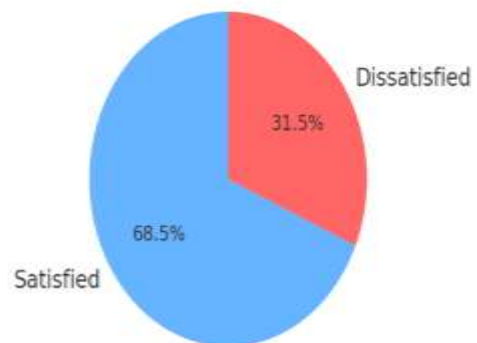
Communication Satisfaction



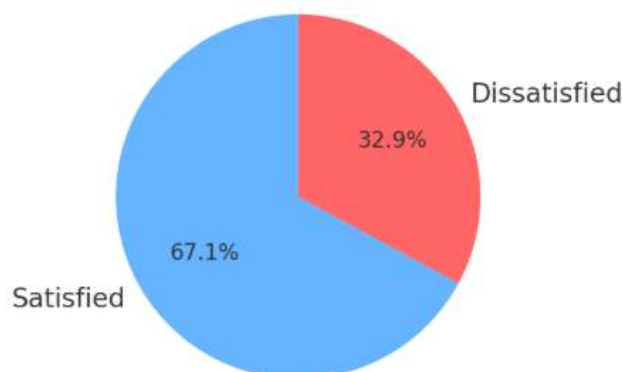
Personalized Care Satisfaction



Waiting Times Satisfaction



Likelihood to Recommend



## 5. CONCLUSION

Patient-centered care is a healthcare delivery model that takes into account patients' preferences, needs, values, and engagement in decision-making throughout the entire patient continuum. Utilizing engagement and collaboratively working toward responsible decision-making, PCC is based on the ideals of respect and empathy in the decision-making process as outlined through a shared decision-making framework. PCC shifts the traditional health care model that is mostly provider-centered to one where patients are viewed and treated as informed partners through numerous outcomes of care. Through the Institute of Medicine definition of patient-centered care (2001), "patient-centered care is providing care that is respectful of and responsive to individual patient preferences, needs, and values, and ensuring that patient values guide all clinical decisions," leading to the statement of patient-centered care. The research literature identifies themes around patient-centered care, but not limited to, holistic, effective communication, culturally competent, emotional support, and coordinated care across systems. Healthcare operational efficiency is related to patient satisfaction, as its design of processes and management of resources, all impact on ultimately how the patient receives care. Operational activities involve many different processes in healthcare such as, appointment processes, wait times, discharge and release, staff assignment, inventory and pharmacy management, and facilities management. Health administrators play a fundamental role when developing and managing operational plans while also considering patient-centered care. Health administrators are able to build a space that will not only create an efficient clinical space but a patient-centered one through the proper development of workflows, waiting times, privacy, efficiency, and productiveness. Furthermore, operational plans that incorporate patient feedback to redesign services, resource management, staff training, and stakeholder analysis that incorporates technology to improve individual care levels would have a direct impact on patient satisfaction. Patient-centered care is one of the most important aspects of a great health care experience. It acknowledges that, at the end of the day, health care is the care of consumers. And, that the health care system should be designed around patients or consumers and be their needs, preferences, and values. patient-centered care emphasizes a move away from the old traditional model of health care where care was solely offered by clinicians and a provider-centered approach. Patient-Centered Care embraces the values of respect for a patients autonomy, a predisposition for empathy of patients and sharing information to foster participatory decision making, and took part in a shared-decision making process. Patient-centered care clearly benefits everyone, from patients to professionals. Patients receive more patient-centered care then they report improved satisfaction and better outcomes without much added time and money from the provider. The health care professionals also benefited from patient-centered care as rewarding provided patient-centered care. Patient-centeredness does not develop overnight; this will take practice, continuous education, and in-services to develop the effective patient-centeredness provided to the patient. A significant barrier is insufficient training and education on the part of healthcare personnel, which results in their inability to provide personalized and empathic care, on a consistent basis. In busy and volume charged clinical units, healthcare personnel do not have time to authentically engage with patients to share in decision making. Furthermore, hospital operations are primarily designed for efficiency and standardization which conflict with a personalized approach to patient centered care. . Many organizations reference patient-centered care in first line operational processes along with having written into the organizational vision or mission as an area of practice, however, the operational processes remain organizationally standardized protocols and processes that fail to consider the individual preferences and experiences of the patient. Another key gap is staff training and staff development; for most staff decisions in health care such as administrative



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