

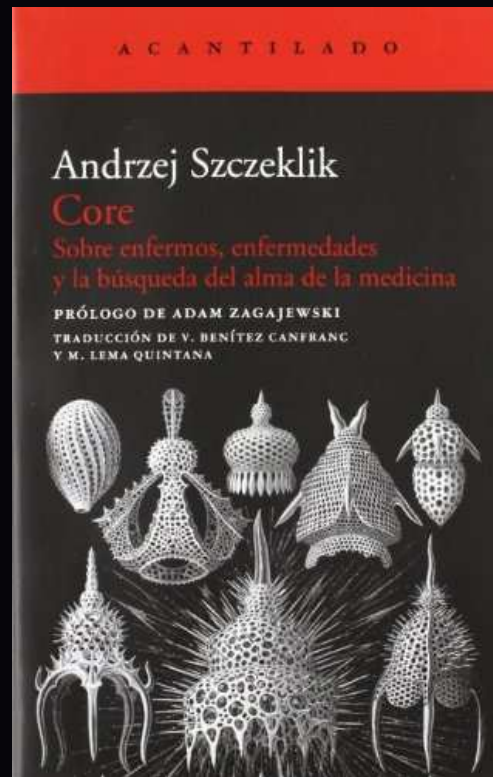
# ¿Que esperan/desean los pacientes? Necesidades, demandas, expectativas y preferencias en el entorno sanitario



Jornadas Nacionales de Enfermería XXIS. Santiago de Compostela 14/15 noviembre 2013

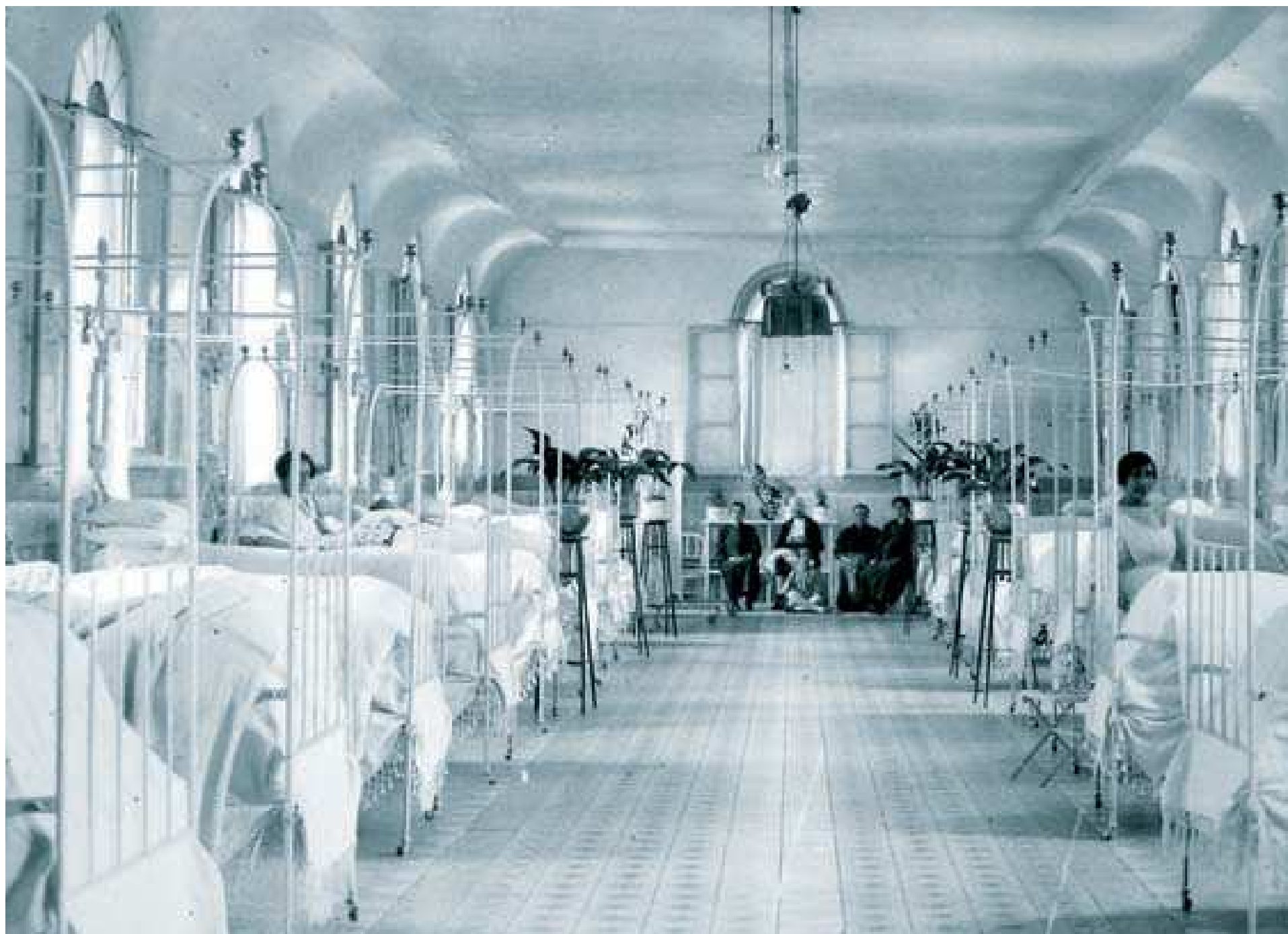


Rodrigo Gutiérrez Fernández  
Presidente de la Sociedad Española de Atención al Usuario  
(SEAUS)




“El campo de la salud debe estar más relacionado con la ‘*caritas*’ que con la economía.”

Seamus Heaney



Sala de pago del Hospital de la Princesa de Madrid, en 1910





***“No hay una descripción única que sea capaz de expresar cabalmente lo que es ese ser humano, temeroso, esperanzado, y a menudo en estado lastimoso, que es el paciente. Para unos es un simple número, para otros un caso; para algunos es una unidad estadística, para otros un corazón que late; para unos es un fastidio, una molestia; para otros un espectro; y para él mismo es un enigma, que con frecuencia ignora su propia condición y estado, con grandes aprensiones en cuanto a sus perspectivas y desconcertado con respecto a la situación en que se encuentra.”***

**E. Todd Wheeler, 1976**



# MOTIVOS más frecuentes de QUEJAS y RECLAMACIONES

## DISCONFORMIDAD CON LA ASISTENCIA Y/O TRATAMIENTO RECIBIDO

(1.942 reclamaciones, 19.69 %)

## LISTA DE ESPERA

(1.884 reclamaciones, 19.10 %)

## CITACIONES

(1.677 reclamaciones, 17.00 %)

## ORGANIZACIÓN Y NORMAS

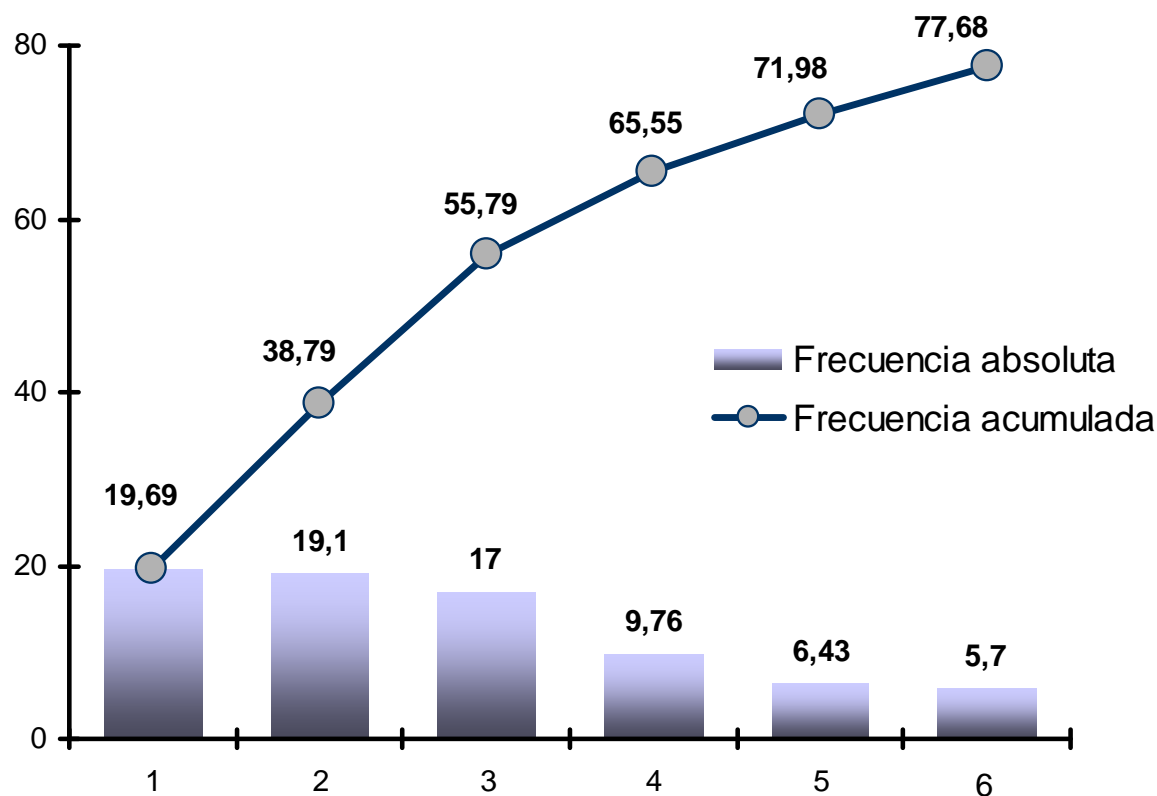
(963 reclamaciones, 9.76 %)

## TRATO PERSONAL

(634 reclamaciones, 6.43 %)

## DEMORA EN LA ASISTENCIA

(563 reclamaciones, 5.70 %)



Fuente: Servicio de Atención al Usuario. SESCOAM 2011 (hasta 31 de agosto)

# Sobre la idea de calidad

**Table 2** *Dimensions of quality of care*

Donabedian (1988)	Maxwell (1992)	United Kingdom Department of Health (1997)	Council of Europe (1998)	NLHI of the JCAHO (2006)	Institute of Medicine (2001)
Effectiveness	Effectiveness	Effectiveness	Effectiveness	Effectiveness	Effectiveness
Efficiency	Efficiency	Efficiency	Efficiency	Efficiency	Efficiency
Access	Access	Access	Access	Access	–
Safety	–	–	Safety	Safety	Safety
Appropriateness	Appropriateness	–	Appropriateness	Appropriateness	–
Equity	Equity	(Equity)	–	–	Equity
–	–	Timeliness	–	Timeliness	Timeliness
–	Acceptability	–	Acceptability	–	–
–	Respect	–	–	–	Respect/
–	Choice	–	–	–	Patient-centredness
–	Information	(Satisfaction)	Satisfaction	–	–
Health improvement	–	Health improvement	–	–	–
–	–	–	–	–	Continuity
–	Technical competence	–	Efficacy	Availability	–
–	Relevance	–	–	Prevention/early	–
–	–	–	–	detection	–

Sources: Donabedian, 1988; Maxwell, 1992; United Kingdom Department of Health, 1997; Council of Europe, 1998; IOM, 2001, JCAHO, 2006.

Notes: NLHI: National Laboratory for HIV Immunology; JCAHO: Joint Commission on Accreditation of Health Care Organizations.





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### The Nurse Patient Relationship Is Central to Patient Satisfaction



# Satisfacción del paciente

**HEARTBEAT:  
WENDY'S  
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MONTHLY E-  
NEWSLETTER  
and receive  
your free,  
comprehensive  
Employee  
Recognition**

draw conclusions about the hospital based on their observations. Also, nurses' attitudes toward their work, their coworkers and the organization affect patient and family judgments of all the things they don't see behind the scenes.

Without a positive nurse patient relationship, there cannot be patient and family satisfaction. And there cannot be an environment that supports anxiety reduction and healing.

**BOOST  
HCAHPS  
Scores with...  
Leebov Golde**

# Patient Experience

The sum of all **interactions**, shaped by an organization's **culture**, that influence patient **perceptions** across the **continuum** of care.

- The Beryl Institute

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**[“rude doctor at Middlesex Hospital”](#)**

Hace 23 horas

cheesy on Central Middlesex Hospital

**[“the sharing of information at the eye clinic”](#)**

Ayer.

bullseye on NHS Bolton

**[“the help and care i received in a&e was great”](#)**

Ayer.

ell on Barnsley District General Hospital (Accident and emergency),  
Yorkshire Ambulance Service NHS Trust

### Su historia

Pacientes, usuarios,  
acompañantes, familiares,  
amigos, personal sanitario. Es  
para todos...

[Comparta su  
historia](#)

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Encuentre historias de servicios  
próximos a su domicilio por  
código postal.

Su código postal

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**“INDIVIDUAL PATIENTS** and their treatment are what really matters. Statistics, benchmarks and action plans are tools, not ends in themselves. They should not come before patients and their experiences.”

**“The patient must be the first priority** in all of what the NHS does. Within available resources they must receive effective services from caring compassionate and committed staff working within a common culture, and they must be protected from avoidable harm and any deprivation of their basic rights.”

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry, chaired by Robert Francis QC (London: Her Majesty's Stationery Office, 2013).



# Sobre la idea de calidad

**Patient experience:** The patient should be the definitive focus of healthcare delivery. 'Quality healthcare' may not be the same for every patient.

**Effectiveness:** Healthcare should be underpinned by the deployment of beneficial interventions at the right time and to the right patients.

**Efficiency:** Healthcare must make best use of limited resources. Avoidance of waste should apply to material and abstract (eg time, ideas) resources.

**Timeliness:** Timeliness is key to avoiding waits and potentially harmful delays in the delivery of healthcare, incorporating the deployment of health interventions to anticipate and prevent illness.

**Safety:** While risk in healthcare cannot be reduced to zero it must be actively managed with the minimisation of harm a definite objective.

**Equity:** Healthcare must strive for a level playing field, in which patients determine their own high-quality care, and in which the needs of the many and the few are balanced.

**Sustainability:** Sustainability should be viewed as a characteristic of healthcare which must run through and moderate other domains. Healthcare should be considered not only in terms of what can be delivered to an individual today, but also to the population in general and the patients of the future.

Fuente: Future Hospital Commission. *Future hospital: caring for medical patients*. A report from the Future Hospital Commission to the Royal College of Physicians. London: Royal College of Physicians, 2013.

# What Patients Really Want From Health Care

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Allan S. Detsky, MD, PhD

JAMA, December 14, 2011—Vol 306, No. 22



## What the Public Wants Most

**Restoring Health When Ill.** Patients want a health care system that responds when care is needed; that is, when they develop signs or symptoms causing pain, disability, or anxiety.

**Timeliness.** Patients desire access to services in a timely fashion. While many patients procrastinate seeking medical attention, those who do not delay seeking care want it immediately.<sup>2</sup>

**Kindness.** Patients want to be treated with kindness, empathy, and respect for their privacy. In the days before health insurance, patients paid for care that consisted primarily of kindness.

**Hope and Certainty.** Even if patients are in a health state for which cure is exceedingly unlikely, they want to have hope and be offered options that might help. Patients are uncomfortable with uncertainty about diagnoses and prognoses and often request tests to help alleviate those anxieties.

**Continuity, Choice, and Coordination.** Patients want continuity of care and choice. They want to build a relationship with a health care professional or team in whom they have confidence and have that same person or team care for them in each episode of a similar illness. They want the members of their health care team to communicate with each other to coordinate their care.

## What the Public Wants Most

**Private Room.** Patients want to be hospitalized in their own room, with their own bathroom and no roommate.<sup>4</sup>

**No Out-of-pocket Costs.** Patients want to pay as little as possible from their own pocket at the point of service delivery. They also want to be assured that insurance or third-party coverage is always available to them.

**The Best Medicine.** Patients want to know that the clinicians delivering their care are highly qualified. Indeed, some seek “the best” physicians. Patients want information about clinician qualifications but they do not want it to be statistical. They prefer testimonials from other patients or clinicians they trust.

**Medications and Surgery.** Patients prefer treatments that they perceive will require little effort on their part. Medications and surgical procedures are preferred over clinical strategies that involve behavioral changes (eg, diet or smoking cessation) or exercise regimens.



## Second-Level Priorities

**Efficiency.** What patients mean by efficiency is that *their* time is not wasted. No one likes to have an appointment with a physician scheduled for 9:00 AM only to be seen at 11:30 AM. Rapid scheduling of tests and reporting of results is also important. However, to most policy analysts, efficiency means something different. To them, efficiency is delivering the most value with the least resources.

**Aggregate-Level Statistics.** Most patients care little about the average patient; they primarily care about themselves. As such, evidence that does or does not support the use of treatments based on large groups of people is of much less interest to patients than whether those treatments work in their specific case. Again, testimonials trump scientific evidence.

**Equity.** Although everyone recognizes that health care is a “merit good” (ie, all members of society should have the right to it regardless of income), most patients put equity lower on the priority list than whether they are receiving adequate health care services. Illness, like other stresses, inherently breeds selfishness.

**Conflicts of Interest.** Although most patients would be disappointed to learn that some treatments are recommended partially for the purpose of increasing the income of the prescribing health care professional, most patients do not fundamentally care as long as the service helps make them better without increasing the costs they have to bear.



## **Lowest Priority**

**Real Cost.** Individual patients have virtually no interest in costs they do not bear. Presenting patients with bills that are sent to insurance companies listing real costs or full charges is meaningless unless the patients face those costs.

**Percent GNP Devoted to Health Care.** The amount of gross national product (GNP) spent on health care is just a number and has absolutely no relevance for individual patients. Similarly, expenditure trends, international comparisons, and government debt mean little to patients.

# **WHAT PATIENTS REALLY WANT FROM THEIR NURSES**

**Roberta L. Messner**

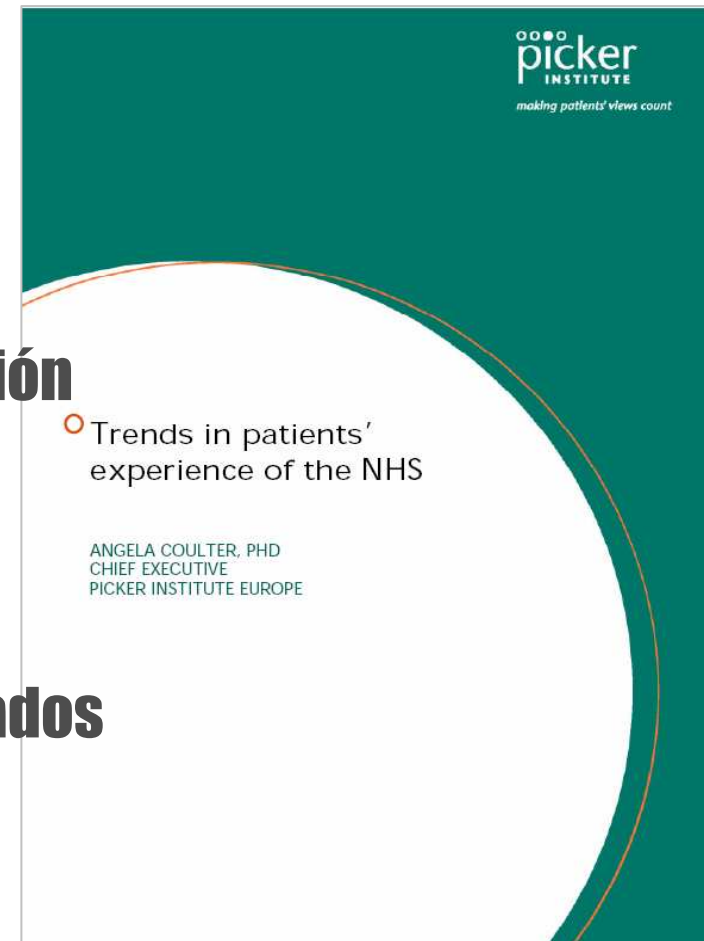
*The American Journal of Nursing*. Vol. 93, No. 8 (Aug., 1993), pp. 38-41

- 1. Escúchame (de verdad)**
- 2. Pregúntame lo que pienso (no dar nada por sentado)**
- 3. No desestimes mis preocupaciones**
- 4. No me trates como una enfermedad, sino como una persona**
- 5. Háblame a mí, no sobre mí**
- 6. Respeta mi privacidad**
- 7. No me hagas esperar**
- 8. No me digas lo que tengo que hacer sin decirme cómo hacerlo**
- 9. Mantenme informado**
- 10. Recuerde quien fui (o cómo era)**
- 11. Déjame saber qué es lo que te importa**



# Dimensiones de la atención sanitaria más importantes para los usuarios

- **Accesibilidad a cuidados eficaces**
- **Respeto, privacidad e intimidad**
- **Coordinación de los cuidados**
- **Información, comunicación y formación**
- **Comodidad y confortabilidad**
- **Apoyo emocional**
- **Implicación de la familia y amigos**
- **Transición y continuidad de los cuidados**



## **Las expectativas/demandas de los usuarios en la Sociedad actual**

- **Inmediatez**
- **Individualización**
- **Eficacia/Utilidad**
- **Comodidad**

# **Inmediatez**

**El recurso más escaso es el tiempo. El cliente no quiere esperar, no quiere hacer colas. Es impaciente y quiere las cosas rápido y bien. La gente demanda una adecuada gestión del tiempo, inmediatez, **agilidad** y **rapidez** para resolver sus problemas.**



SEGÚN UN ESTUDIO DE CONSUMER SOBRE 162 CENTROS DE TODA ESPAÑA

# Esperamos menos al médico que al autobús de la EMT

Los usuarios califican el servicio como bueno y consideran que lo más complicado es conseguir la cita previa con el doctor. Suspende el trato del personal administrativo

MIQUEL BORDABUENA  
FOTOS: JOSÉ GONZÁLEZ  
<http://elpais.com/elpais/2006/11/28>

Se espera más en la parada del autobús que en el Centro de Salud. Mientras la llegada del autobús se hace de rogar durante seis minutos de media, según CC OO, el retraso medio en la atención médica al paciente en la Comunidad de Madrid, según un estudio de Consumer Broski, es de cuatro minutos y medio. Se trata de la más baja entre las 18 ciudades que se incluyen en el trabajo, que se ha realizado con los casos de 3.250 pacientes en toda España y 318 en Madrid. De ellos, un 57% de los pacientes entraron a la consulta a su hora o con antelación.



La espera media en los centros de salud está por debajo de los cinco minutos.

## UNO DE CADA CUATRO ES ATENDIDO MENOS DE DIEZ MINUTOS

**Casi el 59% es atendido diez minutos**  
El 59,7% de los pacientes observados estuvieron atendidos por el médico dentro de la consulta durante al menos 10 minutos. Un tiempo igual que la media nacional, 9 minutos y 58 segundos.

## Los servicios nos parecen buenos

La calificación que los usuarios dan a los centros es buena en limpieza, accesibilidad, seguridad y servicios de información. Una apreciación que vascos, riojanos o malaqueños consideran igual o mejor en sus centros.

Fuente: Periódico Qué! (28 de noviembre de 2006)



**Urgent** ☒

**Immediatez**

**Out**



**Las expectativas/demandas de los usuarios en la Sociedad actual**

# **Individualización**

**Las personas quieren ser tratadas de forma diferente a los demás. Frente a la estandarización universal de los productos y servicios, se demanda la **personalización** y la **exclusividad** del trato individualizado, de lo fabricado “a medida”.**



*“It is more important to know what person has the disease than the disease itself...”*

**Sir William Osler (1849-1919)**



# individualización



A close-up, side-profile view of a vibrant red BMW 335i. The car's glossy paint reflects the surrounding environment, including a large window with a grid pattern. The rear wheel features a silver multi-spoke alloy design with the BMW roundel in the center. The '335i' badge is visible on the rear fender. The car is parked on a light-colored tiled floor.

**Exclusividad**



# Eficacia/Utilidad

Los servicios y productos ofrecidos por las organizaciones y empresas deben responder a un objetivo principal: **satisfacer las demandas** de los usuarios. Si el recurso escaso es el tiempo, nada es tan importante como para perderlo. Si lo que ofrecemos no merece la pena, no es útil o **eficaz** para los consumidores, la razón de ser de la empresa/organización pierde su sentido.



Eficacia





# Utilidad

# Comodidad

El acceso a los servicios debe ser cómodo y resultar sencillo. La **facilidad** para conseguir lo que se demanda está directamente relacionada con el grado de satisfacción y la calidad percibida. También la **información** que se facilita al consumidor o usuario de los servicios forma parte inseparable de esta valoración.



# Comodidad




# Facilidad



# Sencillez



# **Sobre la Información Sanitaria**



**La información** es esencial para las personas que tienen que afrontar un problema de salud. Su actitud ante la enfermedad y las actuaciones posteriores que realizan, tanto ellos como sus familiares, y que van a condicionar su calidad de vida, dependen en gran medida de la ayuda que puedan tener para obtener información y comprenderla. Cada vez más, se considera que el buen profesional es el que es capaz de dar la información sanitaria de forma individualizada, siendo éste un criterio de competencia profesional.



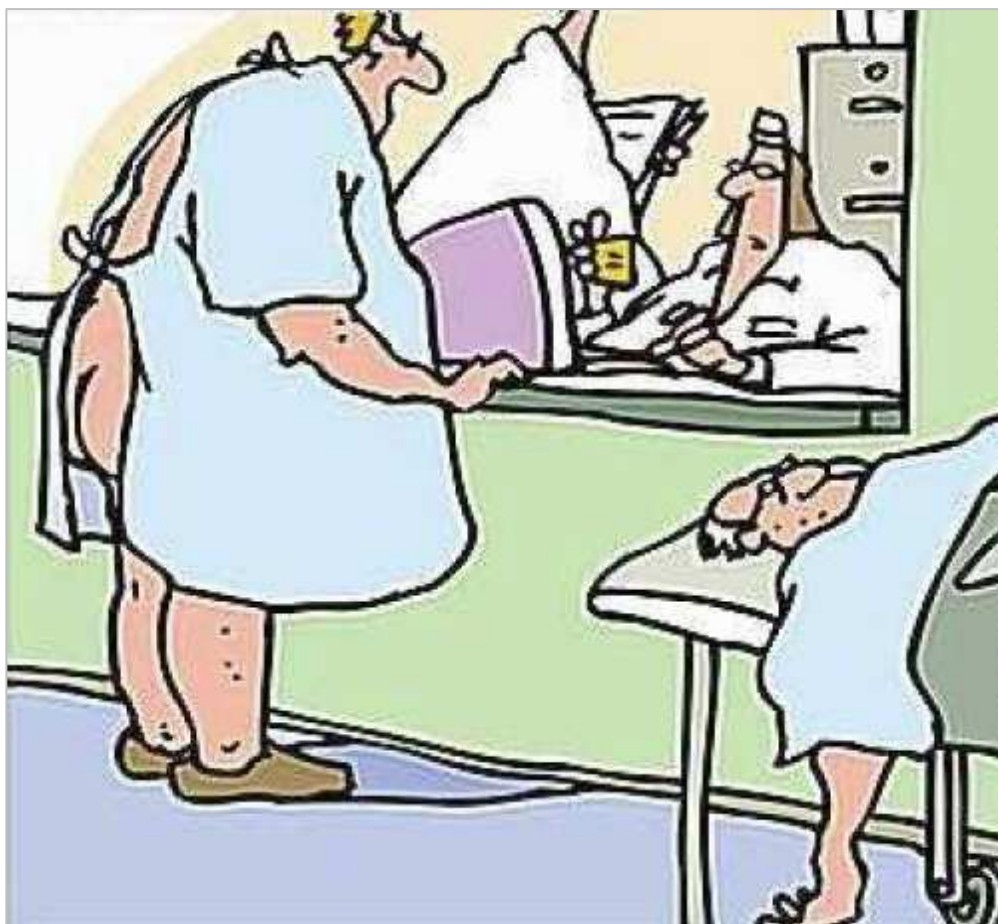
**El paradigma de la era industrial, en el cual los profesionales sanitarios eran vistos como fuente exclusiva de conocimiento médico y sabiduría, está dando paso gradualmente al de la era de la información en la que los pacientes, sus familiares y los sistemas y redes que éstos generan son considerados cada vez más como recursos fundamentales de la asistencia sanitaria.**



# Privacidad







Mike Baldwin

**“No se preocupe, su historial clínico está seguro con nosotros. Nos tomamos la privacidad de nuestros pacientes con mucha seriedad.”**





Mike Baldwin

**"De algún modo, su historial clínico fue enviado por fax a un desconocido.  
Él tampoco tiene ni idea de qué le pasa a usted."**



# Seguridad



## Eleven principles of patient care

### **1 Fundamental standards of care must always be met<sup>13</sup>**

Patients must:

- i be treated with kindness, respect and dignity, respecting privacy and confidentiality
- ii receive physical comfort including effective pain management
- iii receive proper food and nutrition and appropriate help with activities of daily living
- iv be in clean and comfortable surroundings
- v receive emotional support and alleviation of fear and anxiety about such issues as clinical status, prognosis, and the impact of illness on themselves, their families and their finances.

### **2 Patient experience is valued as much as clinical effectiveness**

Patient experience must be valued as much as clinical effectiveness. Patient experience must be measured, fed back to ward and board level and the findings acted on.\*

## The Royal College of Physicians The Future Hospital Commission

### **3 Responsibility for each patient's care is clear and communicated**

There must be clear and communicated lines of responsibility for each patient's care, led by a named consultant working with a (nurse) ward manager. Consultants may fill this role for a period of time on a rotating basis.

### **4 Patients have effective and timely access to care**

Time waiting for appointments, tests, hospital admission and moves out of hospital is minimised.

### **5 Patients do not move wards unless this is necessary for their clinical care**

Patients should not move wards unless this is necessary for their clinical care. Care, including the professionals that deliver it, should come to patients.

### **6 Robust arrangements for transferring of care are in place**

There must be robust arrangements for the transfer of care:

- i between teams when a patient moves within the hospital
- ii between teams when staff shifts change
- iii between the hospital and the community.

(continued overleaf)



## The Royal College of Physicians The Future Hospital Commission

### **7 Good communication with and about patients is the norm**

Communication with patients is a fundamental element of medical professionalism. There must be good communication with and about the patient, with appropriate sharing of information with relatives and carers. Medical and other staff must be trained in communication with patients and their families, including diagnosis and management of dementia and delirium.

### **8 Care is designed to facilitate self-care and health promotion**

Working with, and empowering, patients is a fundamental aspect of medical professionalism. Shared decision-making should be the norm. Patients should have access to information, expert advice and education concerning their clinical status, progress and prognosis. Care should be designed to facilitate autonomy, self-care and health promotion. Medical staff must acquire skills for shared decision-making and encouraging better self-management by patients (eg motivational interviewing techniques, explanation of risk).



Fuente: Future Hospital Commission. *Future hospital: caring for medical patients*. A report from the Future Hospital Commission to the Royal College of Physicians. London: Royal College of Physicians, 2013.

## The Royal College of Physicians The Future Hospital Commission

### **9 Services are tailored to meet the needs of individual patients, including vulnerable patients**

Services must be tailored to the needs of individual patients, including older patients who are frail, patients with cognitive impairment, patients with sensory impairments, young people, patients who are homeless and patients who have mental health conditions. The physical environment should be suitable for all patients (eg those with dementia). Services will be culturally sensitive and responsive to multiple support needs.


### **10 All patients have a care plan that reflects their specific clinical and support needs**

Patients must be involved in planning for their care. Patients' care preferences are checked and measures taken to optimise symptom management. Patients and their families must be supported in a manner that enhances dignity and comfort, including for patients in the remaining days of life.

### **11 Staff are supported to deliver safe, compassionate care and committed to improving quality**

Hospitals will support staff to collectively and individually take ownership of the care of individual patients and their own contribution to the overall standard of care delivered in the health system in which they work. This should be supported by the development of a citizenship charter, based on the NHS Constitution.<sup>14</sup> Doctors will be supported to embed the principles of medical professionalism in their practice. Staff well-being and engagement will be a priority, in order to promote good outcomes for patients.





**“...el «principal problema bioético» es cómo humanizar la relación entre aquellas personas que poseen conocimientos médicos y el ser humano, frágil y frecuentemente angustiado, que vive el duro trance de una enfermedad que afecta hondamente a su persona”.**

**Javier Gafo**

Foto: AFP





**“El secreto del cuidado del paciente es cuidar al paciente”**

**Francis Weld Peabody, 1925**

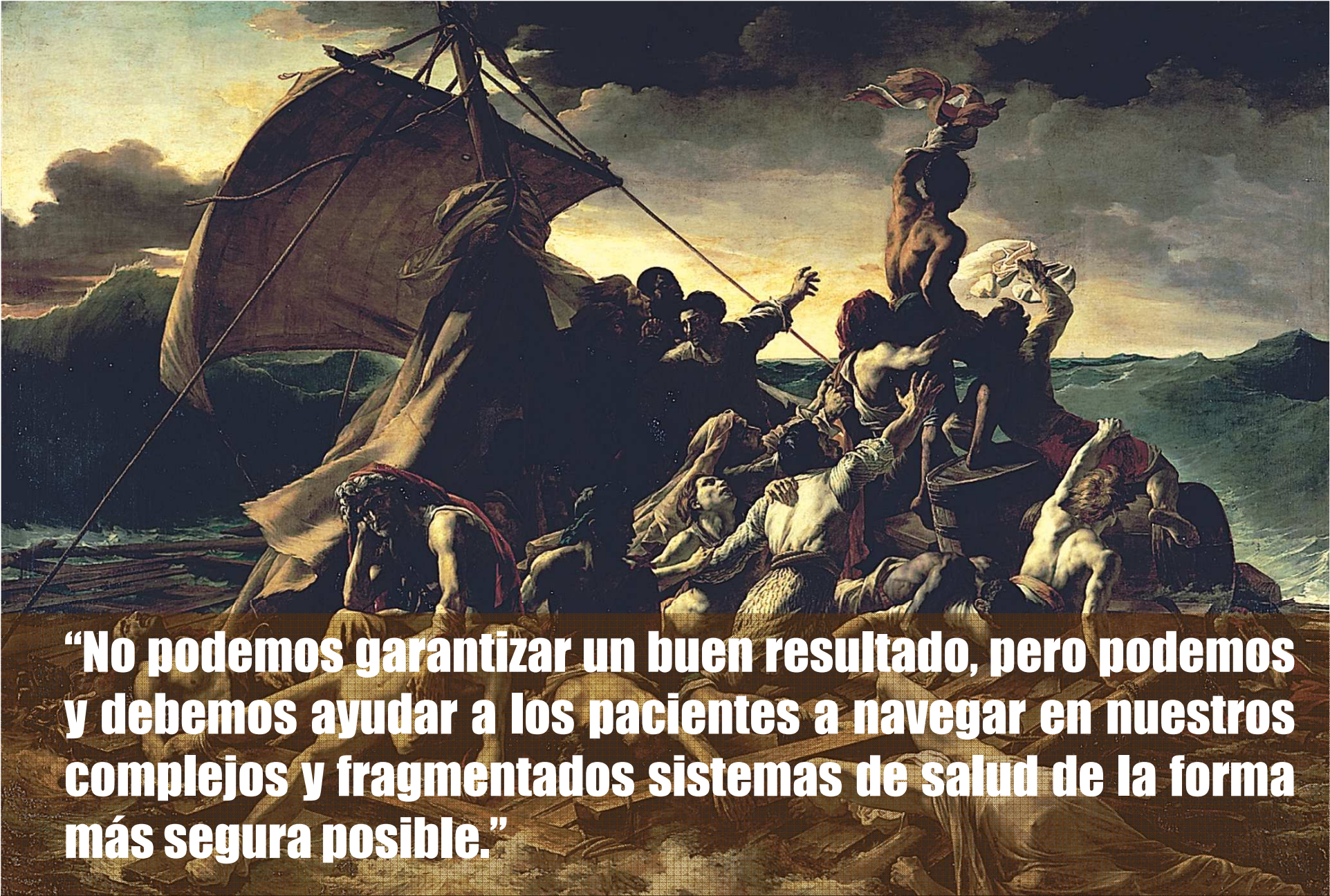


**“Hay algunos pacientes a los que no podemos ayudar, pero no hay ninguno al que no podamos dañar”.**

**Arthur Bloomfield (1888-1962)**

Profesor y Jefe del Departamento de Medicina Interna, de la Universidad de Stanford entre 1926 y 1954



A dramatic painting depicting a ship's crew struggling against a storm. The scene is set on the deck of a ship, with a large, tattered sail visible on the left. The sky is dark and stormy, with a bright light source (the sun or moon) breaking through the clouds, creating a dramatic silhouette effect. Several figures are shown in various states of distress and action: some are crouching or lying on the deck, while others are reaching out or standing. A central figure stands on a raised platform or the mast, holding a flag aloft, symbolizing leadership or triumph amidst the chaos. The overall mood is one of intense struggle and resilience.

**“No podemos garantizar un buen resultado, pero podemos y debemos ayudar a los pacientes a navegar en nuestros complejos y fragmentados sistemas de salud de la forma más segura posible.”**

Richards T. Who is at the helm on patient journeys?

BMJ 2007;335:76



**Cuando una persona tiene una relación con el Sistema Sanitario busca no sólo la competencia técnica de los profesionales, también espera encontrar personas capaces de transmitirle **seguridad, confianza y respeto** acerca de sus decisiones.**



<http://diferenciate.org/>

**“The most important innovation in medicine to come in the next 10 years is the power of the human hand.”**



**Dr. Abraham Verghese**






**“Aunque la medicina moderna cuente con la ayuda de un deslumbrante despliegue de tecnologías, como resonancias magnéticas de alta resolución y análisis de ADN de gran precisión, el lenguaje sigue siendo la piedra angular de la práctica clínica.”**







*COURTESY*  
*PROFESSIONALISM*  
*RESPECT*

**CORTESÍA**  
**PROFESIONALIDAD**  
**RESPETO**

# Los fines de la Medicina (Informe Hastings (1996))

- **Prevenir enfermedades y lesiones y promover la conservación de la salud.**
- **Aliviar el dolor y el sufrimiento causados por la enfermedad.**
- **Atender y curar a los enfermos y cuidar a los incurables.**
- **Evitar la muerte prematura y procurar una muerte tranquila.**



The Hastings Center

a nonpartisan research institution dedicated to bioethics  
and the public interest since 1969



<http://www.thehastingscenter.org/>





**Muchas gracias**

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**@rogufe**

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