

Carolinas Medical Center – Mercy, Carolinas HealthCare System, North Carolina, United States

Overview of the organisation

Carolinas Medical Center – Mercy (CMC–Mercy) is a full-service community hospital that provides general medicine and emergency care, but specialises in care of seniors, complex orthopaedic surgery, bariatric surgery, and women’s pelvic health.

The hospital has been in the community for over 100 years, having been founded by the Sisters of Mercy and supported by the Catherine McCauley MERCY Foundation, a Catholic charity and healthcare organisation with hospitals and other facilities around the world. In 1995, the Sisters sold Mercy to Carolinas HealthCare System and in 2012, Mercy joined the same licence as Carolinas Medical Center. Through these changes, Mercy became part of a large integrated health system.

Figure 1: About CMC–Mercy



Moderate-sized private hospital with 196 beds



Urban hospital located in Charlotte, NC (US)



On average, 16,000 discharges per year



Total of 1,000 workforce members and volunteers



Ethnically and linguistically diverse patient cohort



Broad range of inpatient services, specialising in care for seniors and complex orthopaedic surgery, bariatric surgery, and women’s pelvic health

Person-centred care at CMC–Mercy

In 2008, CMC-Mercy leadership decided to pursue the Planetree Person-Centered Care designation. In doing so, the hospital built on the foundation of providing care and compassion that was established by the Sisters of Mercy. As a result, person-centred care is the culture of the hospital. It is not something they do, it is who they are.

Mercy received Planetree designation as a person-centred care site in 2011 and has maintained it through two cycles of redesignation. Person-centred care is a core component of the organisation's identity. It is infused in strategic, business, and operational decisions. When making decisions, the leadership, management, and the workforce ask themselves: 'Is this in the best interest of the patient?' If the answer is yes, the leadership, management, and members of the workforce implement the decision in the most effective way possible. This directly affects programs, service offerings, staffing, and investment of resources.

CMC–Mercy has made significant progress in becoming a high-performing person-centred care organisation. However, challenges to providing a high level of person-centred care exist. These include:

- Shortages of key professionals, in particular, nurses
- Difficulty finding qualified candidates that also understand and desire to work in an organisation with a strong culture of person-centred care
- Effectively using finite resources, whether financial or otherwise, to put in place programs and services that will benefit patients and further the hospital's objective to provide person-centred care
- Maintaining leadership that understands, supports, and is committed to the hospital's culture of person-centred care.

CMC–Mercy is committed to the delivery of person-centred care and will focus on identifying new and innovative ways to continue to do so. The leadership at CMC–Mercy is very supportive of innovation and those interviewed find the leadership open to new ideas and willing to pursue innovations that will benefit patients.

Key features of person-centred care

CMC–Mercy has many attributes that support the delivery of high-quality, person-centred care. This case study is not intended to be a comprehensive account of all these attributes. Rather, it seeks to highlight some key examples that other health organisations can learn from.

Leader's actively nurture and model a person-centred culture

CMC–Mercy's culture of person-centred care was cultivated, strengthened, and supported by its leadership. This includes the executive leadership of the hospital, but also through physician and nurse champions. These champions not only support the delivery of person-centred care in concept, but practise person-centred care delivery (in other words, they not only talk the talk, they walk the walk). A physician and nurse champion are important components to building buy-in and were particularly important in 2008 as CMC–Mercy began to design and implement its program.



In addition to executive leadership, CMC–Mercy has a team dedicated to the advancement of person-centred care goals within the organisation. This team consists of a dedicated Director of Patient Centered Care Programming, who is a physician, and a Patient Experience Coordinator. The Patient Experience Coordinator is responsible for monitoring performance. She analyses the performance data and works with leadership to address any areas in need of improvement, as well as identifies what is working well so that it can be maintained. The Director serves as the Physician Champion and helps guide the person-centred care program.

About five years ago, the leadership structure at CMC–Mercy changed, with many of the most senior leaders moving to the large, acute care facility, Carolinas Medical Center. This change in leadership structure and integration with the larger facility left many staff at CMC–Mercy feeling like they had lost some of their identity, which affected the culture.

The leadership structure had recently changed and is similar to how it was previously. Many individuals interviewed viewed this as a highly positive change, particularly since the new facility executive is one of the influential leaders that helped to drive Planetree person-centred care designation and has been committed to delivering high-quality person-centred care since its early inception. These changes highlight the significance of leadership in creating, maintaining, and improving a person-centred care organisation.

“There is a lack of bureaucracy here and an openness to innovation”

Director

Innovative programs support and empower patients and care partners

CMC–Mercy has put in place a number of innovative programs that support person-centred care (see Table 1). Many of these innovations do not require significant resource investment, but some do. For example, in 2008, the hospital made a \$90 million investment in upgrading the facility, modernising it and designing the hospital so that it has a calm and open feeling. While the physicality of the building is important, many interviewed noted that what matters the most is how people are treated while they are in the building.

A fundamental part of providing person-centred care at CMC–Mercy is transparency and communication. A key objective for the healthcare providers at CMC–Mercy is to set clear expectations for patients, provide communication along the care pathway, and then follow through on what the patient was told would happen. In addition, CMC–Mercy strives to care for the ‘whole person’ and not just the medical condition. This is seen through the many programs put in place to support patients, including integrative services and through the Spiritual Care and Education program (see Table 1). In addition to caring for the patient, CMC–Mercy strives to make family and friends feel supported. Family and friends are openly communicated with and included in decision-making (subject to patient agreement).



Table 1: CMC–Mercy innovative Programs

| | |
|---------------------------------|---|
| Patient and Family Guide | CMC–Mercy has developed a patient and family guide that is available on the website and is provided to patients and care partners. This guide provides important information about what to expect during the stay, visitor information, patient rights, and contact information for offices and departments within the hospital. |
| Open medical records | CMC–Mercy shares the patient’s complete medical record with the patient upon request. Family and friends may also review the record with authorisation from the patient. If the patient has questions about what appears in his or her record, the physician or other care provider discusses the issues at the next visit with the patient, usually during the patient’s stay. This helps patients take an active role in their health. |
| Bedside journal | A complimentary journal is provided to the patient or care partner. This journal can be used to write down questions, symptoms, etc. that a patient or care partner wishes to discuss with the care team. The patient or care partner can also write down information received from the care team. |
| Bedside report | The daily bedside report occurs at the patient’s bedside as nurses transition shifts. The bedside report includes the patient or care partner’s details and presents an opportunity to speak with the nurse about the plan of care and ask questions. |
| Care partner program | CMC–Mercy acknowledges that family and friends (loved ones) are a vital part of a patient’s healing and support. Once admitted, the staff ask the patient if they want to designate someone as his/her care partner – someone who will assist the patient with his/her care during the hospital stay. If so, the care partner is included in discussions with the patient and the patient’s care team. The care partner receives a care partner badge, is oriented to the clinical area, and receives a discount in the hospital cafeteria. |

Table 1: CMC–Mercy innovative Programs (continued)

| | |
|---|--|
| Care partner lounge | CMC–Mercy invested in care partner lounges on each floor of the hospital. This is a comfortable area, separate from the patient’s room and the other areas of the hospital floor, where family and friends can take a few moments for themselves. The area has comfortable chairs, drinks, and snacks. |
| Opening visiting hours | The hospital has open visiting hours, meaning someone can visit a patient at any time of the day or night, including staying with a patient overnight. Visiting hours are open for patients on the Intensive Care Unit (ICU), except 6pm to 8pm. |
| Spiritual care | This program is led by a Director and has volunteers and members of the workforce who work with patients to assure that their spiritual needs are addressed. This is not a program focused on religion, but is intended to help patients feel spiritually or emotionally supported. Chaplains are available to patients to address their spiritual or emotional needs, whether that is through prayer or just through listening. |
| Integrative services | CMC–Mercy provides a variety of integrative services that are designed to address the whole-person-needs of patients. These include aromatherapy, massage therapy, healing touch, and pet visitation from certified pet therapy dogs. |
| Patient and Family Advisory Committee (PFAC) | The PFAC is a committee that consists of previous CMC–Mercy patients, family or friends of patients, and members from the community surrounding the hospital. The PFAC serves many roles, but the most important is to put themselves in the position of the patient and think about things from the patient perspective and then use that knowledge to help inform decision-making at the hospital. This includes, for example, reviewing written materials that will be provided to patients and providing feedback to assure that the materials are informative and understandable. |

The workforce is integral to high-performing patient-centred care

Another influential attribute that all interviewees acknowledged is the workforce. From the time of hiring, Mercy looks for candidates who will be a good fit for the culture.

The leadership at Mercy believes firmly that the workforce cannot provide person-centred care if they do not feel cared for and supported. As a result, the hospital emphasises training, education, support, and acknowledgement. This occurs in many ways:

- Members of the workforce, regardless of position or role, are referred to and treated as team mates; this helps contribute to the feeling that everyone in the hospital is part of a team and that they are in it together
- Members of the workforce receive orientation and training on person-centred care and the Planetree program
- Wellbeing programs and supports are put in place, such as ‘Schwarz Rounds and HeartMath training (see Table 2)
- Members of the workforce are recognised for their good work through appreciation days and performance awards.



Table 2: Support programs for the workforce

| HeartMath training | Schwartz Rounds |
|--|---|
| <p>When CMC–Mercy launched its patient-centred care program, the hospital brought all members of its workforce through HeartMath training. This was based on the idea that they need to address their own wellbeing in order to provide high-quality person-centred care to others.</p> <p>HeartMath is a program that endeavours to help people connect their heart, mind and emotions so that they are prepared to engage in transformation.</p> <p>Given the transformation CMC–Mercy was going to engage in, setting this foundation was a priority. All members of the workforce participated in the training at an offsite location over a two-day period.</p> | <p>CMC–Mercy holds Schwartz Rounds for hospital staff only. All members of the workforce, regardless of role at the hospital, are welcome to participate.</p> <p>Schwartz Rounds are designed for healthcare professionals as a means to help them openly and honestly talk about issues that they encounter in their work day. With the increasing demand in health care to do more, faster and with fewer resources, healthcare professionals are experiencing increasing rates of stress, anxiety, and frustration.</p> <p>Schwartz Rounds create a safe environment where healthcare professionals can engage in interdisciplinary discussions about their experiences. The objective is to help the professional better understand his or her own responses and feelings, so that he or she is better prepared to connect with patients.</p> |