PERSONALIZED VS STANDARDIZED CARE
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OBJECTIVES
- Define personalized and standardized care
- Explain the relationship between standardized and personalized care
- Describe the gap analysis process
- Discuss change management as it relates to standardization techniques
- Identify techniques for standardization

TERMINOLOGY
- Personalized Care
  - “design or produce (something) to meet someone’s individual requirements.”[1]
  - “the tailoring of medical treatment to the specific characteristics of each patient. [It] does not literally mean the creation of drugs or medical devices that are unique to a patient. Rather, it involves the ability to classify individuals into subpopulations that are uniquely or disproportionately susceptible to a particular disease or responsive to a specific treatment.”[2]
- Standardized Care
  - One size fits all
  - “a level of quality or attainment.”[1]
  - “an idea or thing used as a measure, norm, or model in comparative evaluations.”[1]
LOOK BACK....

- 1819 Dr. John Sappington
- 1854 Florence Nightingale
- 1861 Clara Barton
- 1918 Dr. Rupert Blue
- Quarantine
- Sanitary Commission
- Mandatory medical exams
- Results of research

FAST FORWARD

- HIPAA
- CMS
- ONC
- The Joint Commission
- NCQA
- CARF
- HCAHPS
- Regulatory
- Certification
- Survey

GOAL

- Quality care
  - "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

THE GREAT DEBATE

- Industrialized medicine
- Formalization
- Standardization
- Automation
- One size fits all stigma
- Clinician disconnect dilemma
- Patients and participation
- Insurance companies
**TOOLKIT**

**AN INFORMATICS PROFESSIONAL'S GUIDE TO STANDARDIZATION**

**GAP ANALYSIS**

- Identify your goal
- Identify your problem
- Identify current state
- Identify future state
- Identify barriers to future state
- The WHY in the sacred cow
- Focus on goal
- Parking lot problems that don’t pertain to your current issue

**CHANGE MANAGEMENT (PEOPLE)**

- Lewin’s change management model
- The McKinsey 7-S model
- Influence
- Kotter’s theory
- Nudge theory
- ADKAR
- Bridges’ transition model
- The Satire change management model
- Bridges’ Transition Model
- The Satire Change Model
**KURT LEWIN**

- **Unfreeze**
  - Ensure employees are ready for change
- **Change**
  - Execute the intended change
- **Refreeze**
  - Ensure that the change becomes permanent

**MCKINSEY**

- **Role Modeling**
  - "I see my leaders, colleagues, and staff behaving differently"
- **People**
  - People react as individuals and groups who surround them – consciously and unconsciously
  - "Understand what is being asked of me and it makes sense"
  - "People seek congruence between their beliefs and actions, believe in the WHY"
- **Developing talents and skills**
  - "I have the skills and opportunities to behave in the new way"
  - "We can teach an old dog new tricks, our brains remain plastic into adulthood"
- **Reinforcing with formal mechanisms**
  - "I see that our structures, processes, and systems support the changes I am being asked to make"
  - "Assessments and consequences change behavior"

**INFLUENCER**

- **Focus and measure**
  - Find the vital behaviors
  - Encourage all six sources of influence

**Motivation**

1. Make the Unavoidable Obvious
2. Increase Your Limits
3. Harness Peer Pressure
4. Find Strength in Numbers
5. Design Rewards and Demand Accountability
6. Change the Environment
TECHNIQUES IN STANDARDIZATION

- Evidence-Based Practice
  - "Evidence-based medicine is the integration of best research evidence with clinical expertise and patient values." [1, 2] (to improve outcomes)
- Care Pathways
  - A methodology for the mutual decision making and organization of care for a well-defined group of patients for a well-defined period. [3]
- Other Standardized Process Sub-types [4]
  - Design
  - Terminology
  - Performance
  - Procedural

LEAN TECHNIQUES [5]

- Reduce waste
- Reduce variance
- Maximize

ENGAGEMENT AND PULLING IT ALL TOGETHER
MOVING FORWARD

The average person is likely to generate more than one million gigabytes of health-related data in their lifetime, equivalent to 300 million books.

IBM Watson Health

QUESTIONS

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