

The Patient Is U Foundation



Mission Statement: To take care of patients as if you or your loved one is the patient

Action Items: (1) *To impart, educate and promote to all those who come into contact with the sick the importance of blending humanism with great outcome at a sensible cost. Knowledge to treat, heart to care.*

(2) *To educate the sick and their families to become better equipped to interact with the caregivers and navigate the complex system.*

TPIU™ FOUNDATION

Providing excellent scientific medical care and achieving superb outcome are expected by every patient, Humanistic, Compassionate Patient Care with unsurpassed “customer service” is paramount in any healthcare environment. We emphasize check and double check and the use of checklists.

TPIU Foundation’s goals are to teach and share its philosophies to institutional healthcare providers such as hospitals, surgery centers, nursing homes as well as non-institutional providers such as doctors, nurses, medical secretaries and anyone who comes into contact with patients and their families. We will sponsor seminars, tutorials as well as mentorships. The process of caring for a patient starts with the initial phone call or visit to the web site. Phone calls to be answered promptly by a human and appointments given in a timely manner with easy, early access. The rest of the care to be equally accessible and rendered according to the principles of TPIU.

TPIU’s other goal is to educate patients and potential patients on how to navigate a very complex healthcare system.

Part I

Samples of tutorials for healthcare providers

WELCOME, GETTING TO KNOW YOU

1. The first contact between a patient and the healthcare provider is when the patient calls for an appointment. The phone should be answered by a human being within three to five rings. If voicemail is absolutely necessary the voicemail should be easy to navigate to receive an appointment efficiently and assist the caller to reach the doctor when necessary. Doctors are advised to call into their patient phone lines periodically to experience what the patients experience. Calling your “private” line will not get you the “patient experience.”
2. Elective appointments to be given within ten working days unless the patient’s schedule necessitates a later appointment. Urgent appointments to be given within 48 hours. Emergency appointments within the same day.
3. The registration and wait times in the general waiting area to be under 15 minutes.

CARING FOR YOU

4. The Attending doctor is familiar with the patient's available medical history and condition *before* meeting the patient, and maintains attentive eye contact while the patient is presenting his/her symptoms and past medical history, medications, previous tests etc.
5. The Attending doctor examines the patient personally and not rely on physician extenders or students, interns, residents or fellows.
6. The Attending doctor reviews tests, imaging results and other clinical data and discuss them and the physical findings directly and thoroughly with the patient/family as well as advises the next steps.
7. The Attending doctors answer all the patient's questions and consider their wishes.
8. The scheduling of future tests or treatment is to be accomplished as efficiently as possible.
9. The Attending doctor reviews these new test results as soon as possible and discusses them with the patient/family. If the results are not ready when expected, the Attending doctor or his/her knowledgeable delegate is to call the patient to explain the delay and give an as accurate as possible, an estimate as to when the results will be ready.

10. The Attending doctor discusses treatment options (giving the pros and cons of each option as well as the risks for each option) and the post-operative care and expectations including but not limited to pain management. Following the UK acronym: BRAN – B=benefits, R=risks, A=alternatives, N=do nothing.

TREATING YOU

11. On the day of surgery/treatment, the Attending doctor (NOT a delegate) meets with the patient (before induction of anesthesia if anesthesia is needed) to triple check and confirm the type of surgery/treatment, site and side of the surgery/treatment to be performed.
12. As soon as surgery/treatment is finished, the Attending doctor or a delegate who is fully knowledgeable about the patient and the details of the care as well as the specialty meets with the family to go over the surgery/treatment. As soon as the patient is awake, the Attending doctor repeats this process with the patient directly as well as covering the postoperative care.
13. The Attending doctor makes rounds on the patient daily in a non-rushed fashion, answering all questions from the patient or family members. If he/she has to be out of town, a specific doctor can be delegated to care for the patient but he/she will have to be completely familiar with the patient's case and this doctor's credentials have to be commensurate with those of the original Attending doctor.

AFTER YOU LEAVE

14. The evening of the discharge, the Attending doctor or a delegate who is knowledgeable about the patient's care and that specialty speaks to the patient or family member by phone to see how things are and to answer any further questions. The responsible caregiver or a fully knowledgeable delegate to call again in another 48 to 72 hours.

ALWAYS

15. Phone calls to be returned efficiently and promptly within hours, definitely within the same day.
16. A knowledgeable physician extender or delegate should be conversant in that specialty of medicine as well as familiar with that patient's condition.
17. In most instances, any bad news is to be delivered by the Attending doctor. A physician delegate knowledgeable in that specialty and the patient's care can deliver the good news or routine results.
18. "A good doctor takes care of the disease; a great doctor takes care of the patient."

Part II

10 Suggested Questions for the Patient to Ask

Please be sure you ask all your questions to make certain that you understand what disease you have and what the treatment will be. The following sample of questions is to help you to get started. Make a list of questions ahead of time and bring the list to the appointment. You may have other questions you and your family need to ask. Please do not be shy about asking them and getting the answers. It may be necessary for you to ask the same question more than once to make sure you get and understand the complete answer.

1. What caused my problem?
2. Please list the reason for the treatment you are proposing. The pros and cons of this treatment and all the possible side effects or complications that may happen.
3. If there are any alternative ways to treat me, please describe them as well as their pros and cons, including "no treatment."

4. Could you give me an estimate of the length of hospital stay, and recuperation period. The amount of time it takes for the usual patient to recover enough to fly.
5. Please give me enough details on the postoperative care involved in terms that a layman can understand.
6. Please tell me the number of such cases the surgeon has performed, the good and the bad outcome/the results, the side effects and complications if any, the mortality rate if any, the re-admission rate, if any.
7. Could you kindly give me a copy of the curriculum vitae (CV) of the surgeon and/or the responsible physician?
8. Please give me a copy of all my medical reports including doctors' notes and all tests results. If imaging studies were done, please give me the typed written report as well as an electronic copy of the images; for example, a disc or a flash drive or e-mailed them to me.
9. If there are pathology reports, please give me a copy of the typed report.
10. Is there anything else you need or want to tell me and my family?

Ten Commandments of Patient Care

1. *A patient is the most important person in any medical practice.*
2. *A patient is not dependent upon us . . . we are dependent on him/her.*
3. *A patient is not an interruption of our work . . . he/she is the purpose of it.*
4. *A patient does us a favor when he/she calls . . . we are not doing him/her a favor by caring for him/her.*
5. *A patient is part of our business . . . not an outsider.*
6. *A patient is not a cold statistic . . . he/she is a flesh-and-blood human being with feelings and emotions like our own.*
7. *A patient is not someone to argue or match wits with.*
8. *A patient is one who brings us his/her wants . . . it is our job to fill those wants to the best of our ability.*
9. *A patient is deserving of the most courteous and attentive treatment we can give him/her.*
10. *Caring for patients is the reason for our jobs.*

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