

Introduction

- Patient-centered care: “what is the matter with the patient” vs “what matters to the patient”(1)
- Patient-centered outcome measures (PCOMs)
 - Personally meaningful to patients
- PCOMs have been studied in specific contexts
 - Stroke, DM, communication(2)
 - Broader investigations limited
 - Not in-hospital monitoring
- More insight is needed:
 - How do patients perceive monitoring?
 - Do they understand its role in their care?
 - How does it align with their preferences and values?
 - Does increased patient awareness of monitoring practices contribute to greater satisfaction with care?

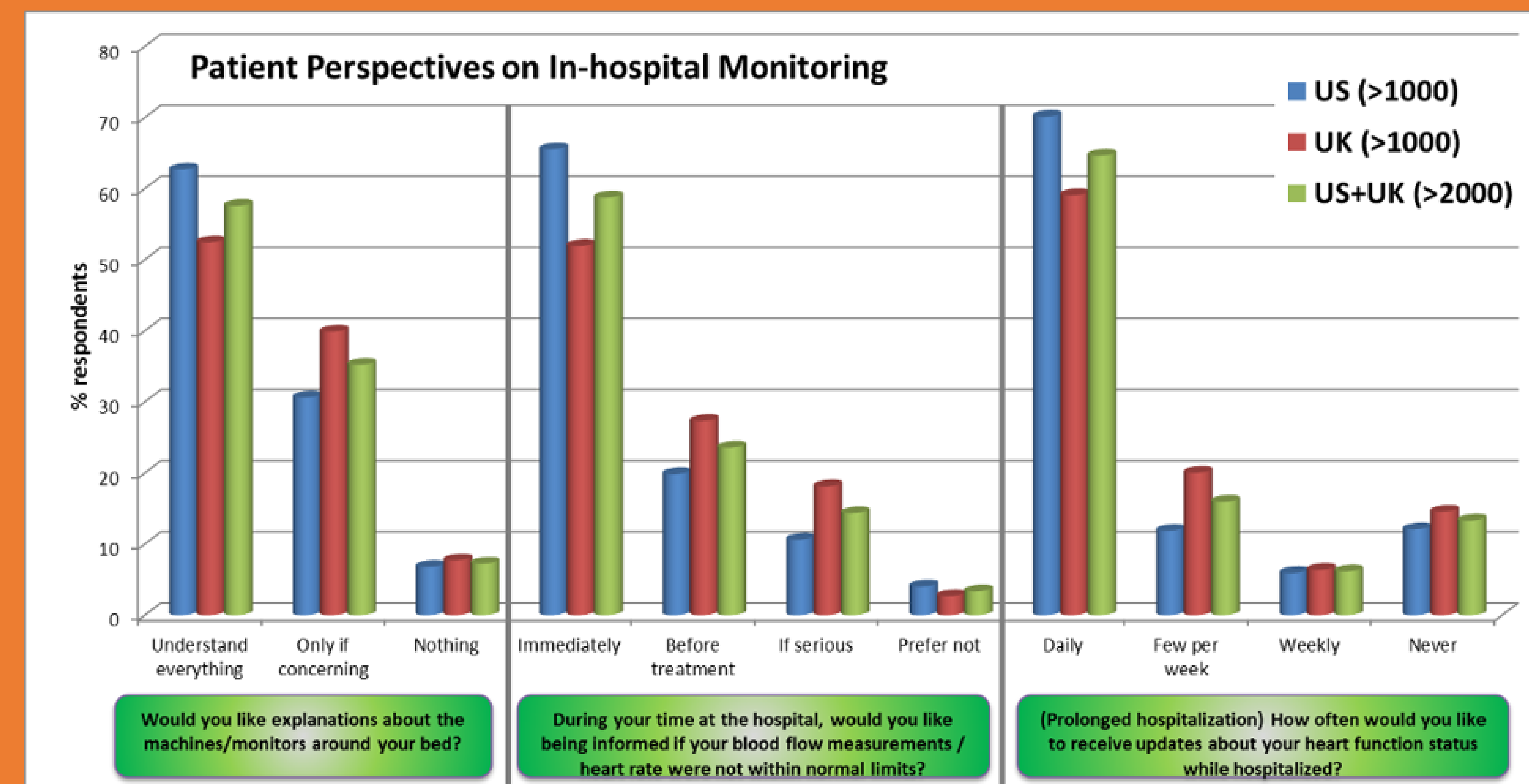
Results

- Respondent preferences were recorded as per figure
- These preferences were consistent across both national cohorts, highlighting a strong desire for transparent communication

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Design / Method

- Cross-sectional online survey (2024)
- Utilized the Clinician and Patient Experience Registry (CaPER, <https://riwi.com/caper>)
 - Anonymized, web-based platform designed to collect patient and clinician perspectives on care delivery
 - Focus on patient-centered practices
- Aimed to investigate patient preferences regarding in-hospital monitoring and communication
- Over 2,000 adult respondents—equally distributed between the US and UK
 - Voluntary, non-incentivized survey
 - Anonymous online interface
- Sub-analysis of 3 questions relevant to patients' perceptions of physiologic monitoring and communication preferences
- These targeted questions were designed to assess patients' desire for transparency, understanding, and engagement in their care—key components of a patient-centered monitoring approach



Conclusion

- Hospitalized patients seem to strongly desire clear and frequent communication about monitoring and care
- Patients are more informed, less anxious, and more confident if they understand what monitoring devices do and are informed promptly about vital signs and overall status (3)
- These findings are aligned with patient-centered care principles
 - Communication as an intervention
 - Satisfaction, anxiety, compliance, safety
- Proposed improvements:
 - Standardized hospital practices
 - Introducing monitors on admission, with explanations
 - Standard information on blood-draw timing and necessity
 - Introducing “communication” to the routine vital sign in checklists
 - Interventions tailored to patient preference
 - Consistently empathetic implementation
- Investment:
 - Time, training, expertise
 - Near minimal dollar cost
- ROI: high-impact improvements
 - Patient trust
 - Clinical outcomes
 - Patient safety
 - Patient satisfaction: shared decision-making

References

1. Andersson. BMC Geriatrics. 2024.
2. Kynoch. Int Journal Environ Res Public Health. 2024.
3. Bocchi. Eur Journal Card Nurs. 2023.