We thought we knew what our patients wanted – but we didn’t!
Two-for-one: Patient partnership and quality improvement

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Non-disclosure

We have nothing to disclose.
Our take home messages

% TEAMS WHO INCLUDED PATIENT PERSPECTIVE IN QI

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Our take home messages

• Quality improvement and patient-professional partnership need each other

• Helping professionals feel competent and motivated required much more support than we expected

• Support included techniques to activate QI students’ head (evidence), heart (reflection), and hands (tools and practice)

• Combining the QI and partnership resulted in better improvement, partnership partnership, and increased joy in work

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Background and challenges
A beloved child has many names

- Patient engagement
- Patient empowerment
- Patient involvement
- Patient activation
- Self-care, self-management
- Patient partnership
- Patient/family-centered care
- Patient-centered medical home
- Co-production, co-design
- People-driven health care
Why do we need patient participation?

“Patient participation in healthcare is a key component of high-quality care. It is associated with improved patient outcomes, including shorter hospital stays, reduced readmission, improved functional status and reduced mortality. Patient participation contributes to enhanced decision-making, reduced medical error and adverse events, improved adherence, optimized self-management and increased staff retention.”
“Patients have no understanding of what [it takes] to run an office….They have no idea what goes into seeing a patient.”

“It’s useful, but it’s extra work—if it’s another minute on every patient, well that’s more than we have.”

“If you ask, there’s the implication that you’ll do something with the answer and that you’ll try to give them what they say they want.”

The feedback is “overwhelmingly positive” and “our patients seem happy.”

Han et al, 2013.
We were in the process of re-designing our adolescent unit’s website. We were really pleased with how it was turning out…until we asked a young woman how she would search for info about us. ‘I’d just look on my cell phone,’ she said.

At that moment we realized that our website wasn’t optimized for mobile use—it only worked when viewed on a computer. What a mistake on our part.
QRC Coaching Academy (QRC CA)

- A collaboration between QRC Stockholm and Karolinska Institutet

- Training program in quality improvement coaching since 2013
  - University accredited
  - Tracks for coach and leader
  - Theory and practice

- QRC Kvalitetsnätverk, alumni network

- Tailored programs for hospital systems or diagnosis-based collaboratives

98 improvement coaches
49 leaders
330 team members
75 clinics
32 NQRs

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Intervention – what we did
Give the subject attention

Quality Improvement

Coaching and change psychology

Measurement, NQRs

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Give the subject attention

- Quality Improvement
- Measurement, NQRs
- Coaching and change psychology
- Patient partnership

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## Clarify key concepts

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<th>Implement</th>
<th>Evaluate</th>
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<td>Birth plans</td>
<td>Rounding with patients</td>
<td>Patient-reported outcome measures</td>
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<td>Co-design Shadowing</td>
<td>Patient in improvement teams</td>
<td>Suggestion box</td>
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<td><strong>Organisation</strong></td>
<td>Patients in leadership</td>
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<td>Co-developing policy</td>
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Offer options…

http://qrcstockholm.se/patientsamverkan/verktygslada/
...and step-by-step instructions for each option

Skuggning


När ska verktyget användas?

Skuggning är en bra "prova på"-metod för verksamheter som vill lära sig om patientens upplevelse av sina processor.


Hur gör man?

- Förbered inför skuggningen genom att välja ut en process att skugga, identifiera och kontakta
Linking tools to the improvement ramp

**Assessment**
- Shadowing
- Patient interviews
- Patient journals
- Camera journals
- Patient stories
- Patient surveys

**Theme**
- Focus groups
- Patient created fishbone diagrams
- Suggestion boxes

**Global aim**
- PROM/PREM
- Patient created drivers diagrams

**Specific aim**
- Think aloud
- Surveys
- ASPD

**Change ideas**
- ASPD

**Measures**
- ASPD
- ASPD
- ASPD

**Change ideas**
- Patient advisory councils or panels
- Patients on improvement teams
- Experience-based co-design/
  User-driven design/
  Service design

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Practice in a safe environment

Shadowing
Walking the Walk
An in-depth look at how to shadow

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Activate through all means necessary
Outcomes - Our learnings so far
How we learn and build knowledge

• Close interaction with our improvement teams

• Base line and follow up measures

• Regular follow up – coaching

• Learning together

• Data collection:
  - Surveys
  - Interviews
  - Focus group discussions
  - Reports

New knowledge – Testing – Reflection and evaluation

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Partnership in QRC’s Coaching Academy

% TEAMS WHO INCLUDED PATIENT PERSPECTIVE IN QI

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Improving care for patients Partnership at TioHundra AB

• Patient partnership in the operational plan

• Tailored training program on QI and patient partnership
  - Including 6 learning sessions
  - Working in teams in between sessions
  - Coaching between sessions

• Evaluation through surveys, documentation analysis and focus groups.
"Finally I’m working in the way I have always wanted to"

"It’s great that you forced us to try"

"Tools and methods for QI facilitates partnering with patients in QI"

“How do we involve leaders?”
It’s really strange. I feel like I could do anything with this toolbox…even take over the world!
I did an interview with one of my patients. The conversation lasted about 30 minutes. Before we met I thought that would be too little time, but it turns out that I was wrong.

I got so many improvement ideas in those 30 minutes!
Learnings and next steps
Our next steps

• Is the involvement authentic or just tokenistic?

• How can we help teams reach the critical “aha” moment without overwhelming them?

• Will it stick?

• How do we help leadership to “get it”?

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Two types of knowledge

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<th>Improvement knowledge</th>
<th>Patient and family knowledge</th>
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<td>• Medical science</td>
<td>• System theory</td>
<td>• Their own condition</td>
</tr>
<tr>
<td>• Evidence guidelines</td>
<td>• Variation</td>
<td>• Gaps in treatment and the system</td>
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<tr>
<td>• Ethics</td>
<td>• Change psychology</td>
<td>• Their own resources</td>
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<tr>
<td></td>
<td></td>
<td>• What matters to them</td>
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Thank you!

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