

We were in the process of re-designing our adolescent psychiatry unit's website. We were really pleased with how it was turning out...until we asked a young woman how she might look for information about us. 'I'd just pull out my phone and search for you,' 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.



# Two for One

## Implementing patient partnership and quality improvement at the same time

Helena Hvitfeldt & Cristin Lind

# This session

- Background and challenges
  - in patient partnership
  - In quality improvement
- Intervention – What did we do?
- Outcomes – What happened?
- Our learnings and your takeaway



# Background and challenges in patient partnership and QI



# A beloved child has many names

- Patient engagement
- Patient empowerment
- Patient involvement
- Patient activation
- Self-care, self-management
- Self-efficacy, agency
- 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.

# Partnering with patients on multiple levels



	Plan	Implement	Evaluate
<b>At the visit</b>	Self-care	Rounding with patients Shared decision making	Suggestion box  PROMs/PREMs
<b>In clinical improvement microsystem</b>	Co-design Shadowing	Patient in improvement teams	
<b>Organisation mesosystem</b>	Patients in steering committees	Patients orienting new staff	Patient surveys
<b>Region, state macrosystem</b>	Lobbying		Voting



## Intervention – what did we do

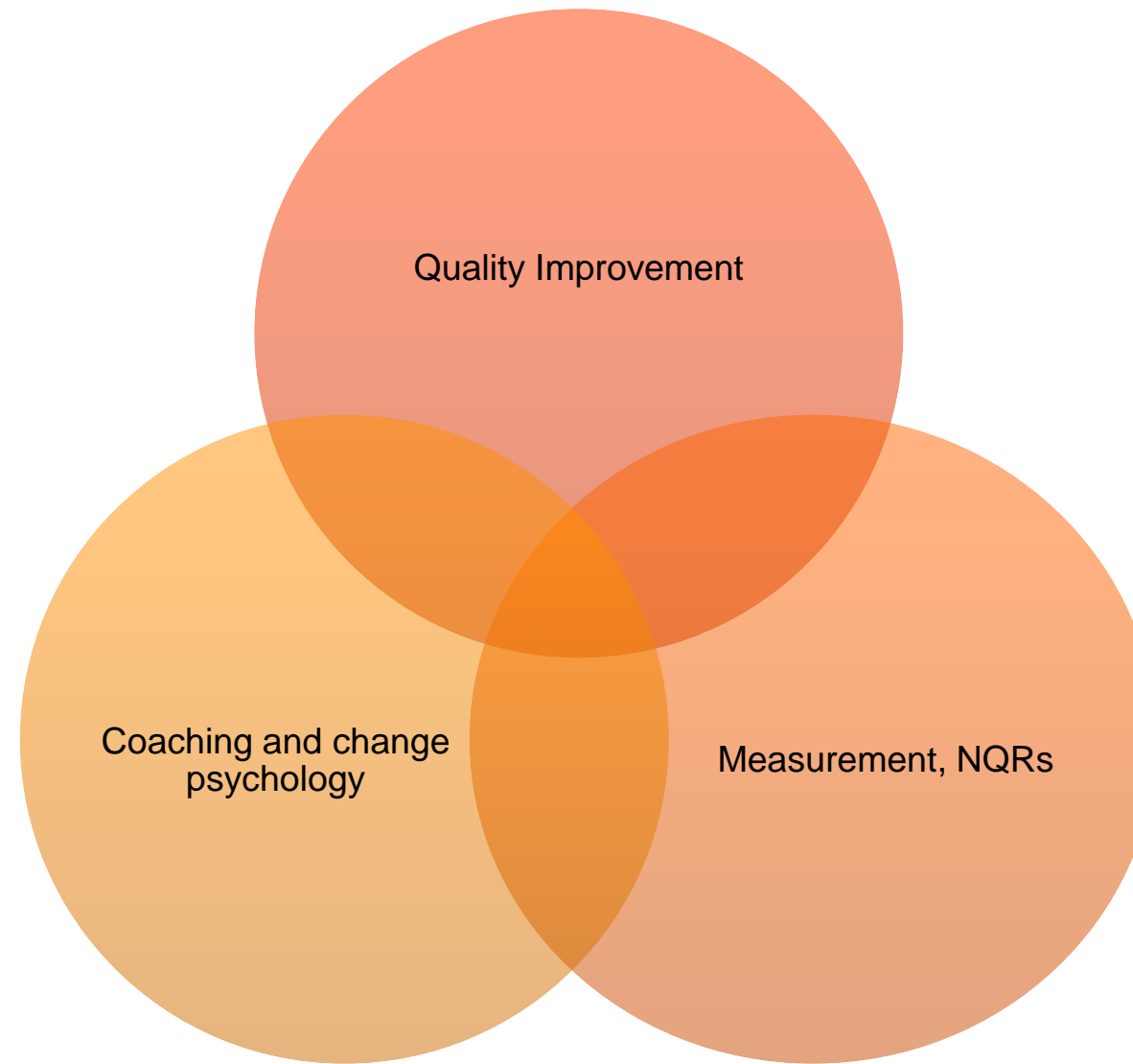
# QRC Coachingacademy (QRC CA)

- QRC Coachingakademi started in 2013 as part of the national policy agreement on NQRs
- CA is a collaboration between QRC and Karolinska Institutet
- CA consists of
  - "Förbättringskunskap med stöd av kvalitetsregister", 15 HP
    - New course starts Sept 4th
  - Leadership program
  - QRC Kvalitetsnätverk – a network for alumni, senior coaches and leaders
  - Tailored programs
    - Maternity care, 6 clinics in SCC
    - Cancer care
    - Patient partnership

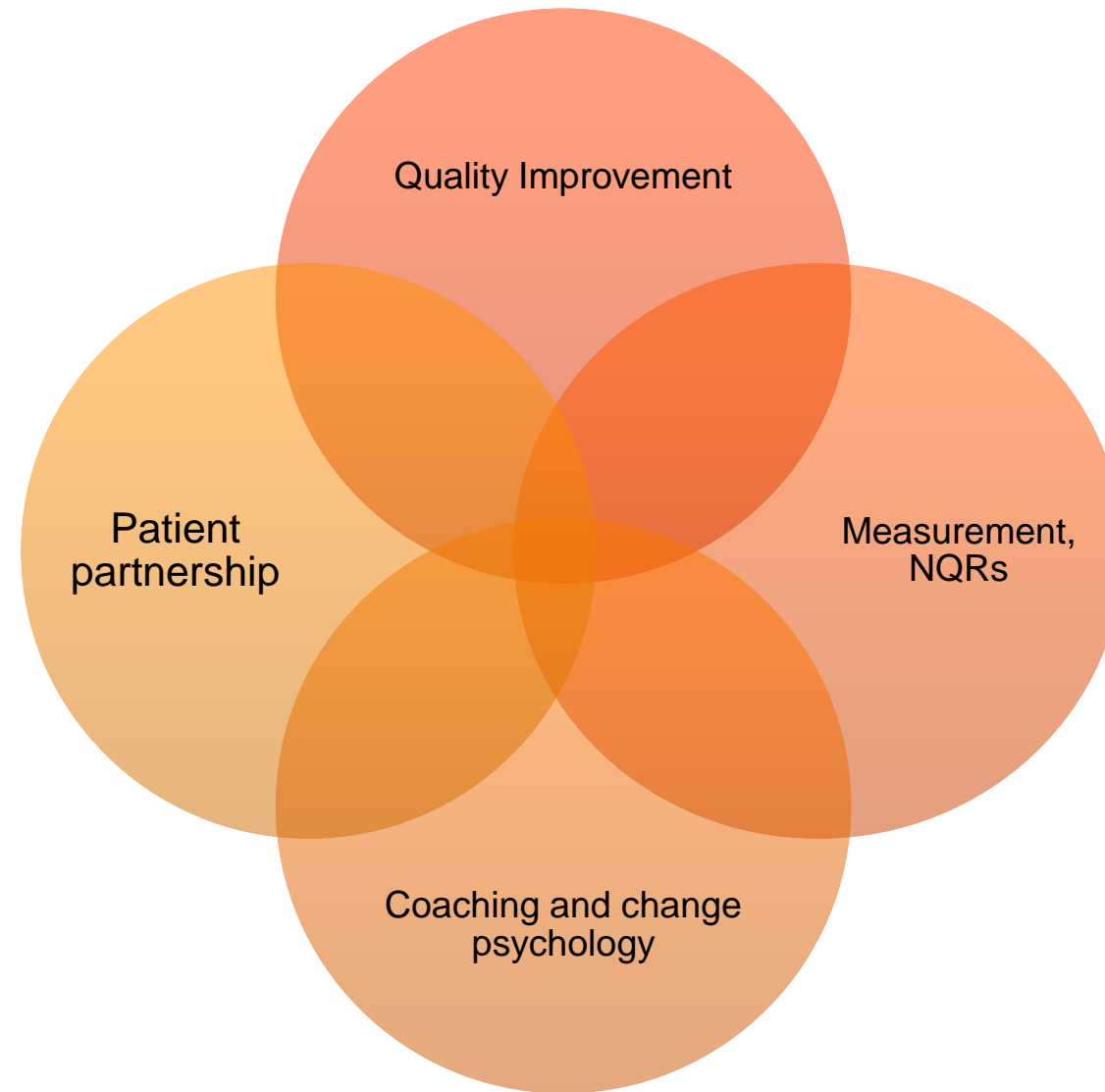


98 improvement coaches  
49 leaders  
330 team members  
75 clinics  
32 NQRs

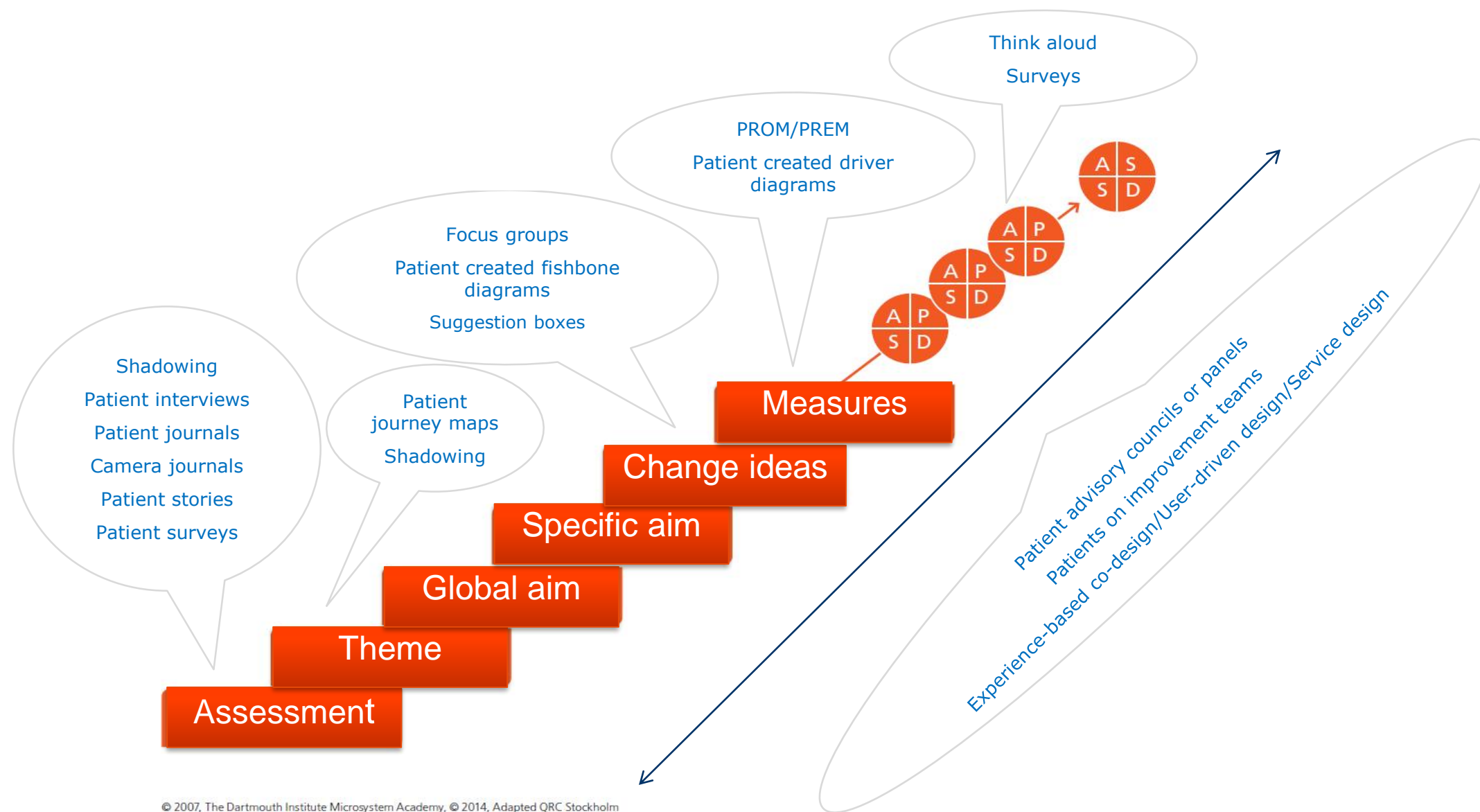
# Faculty development journey



# Faculty development journey

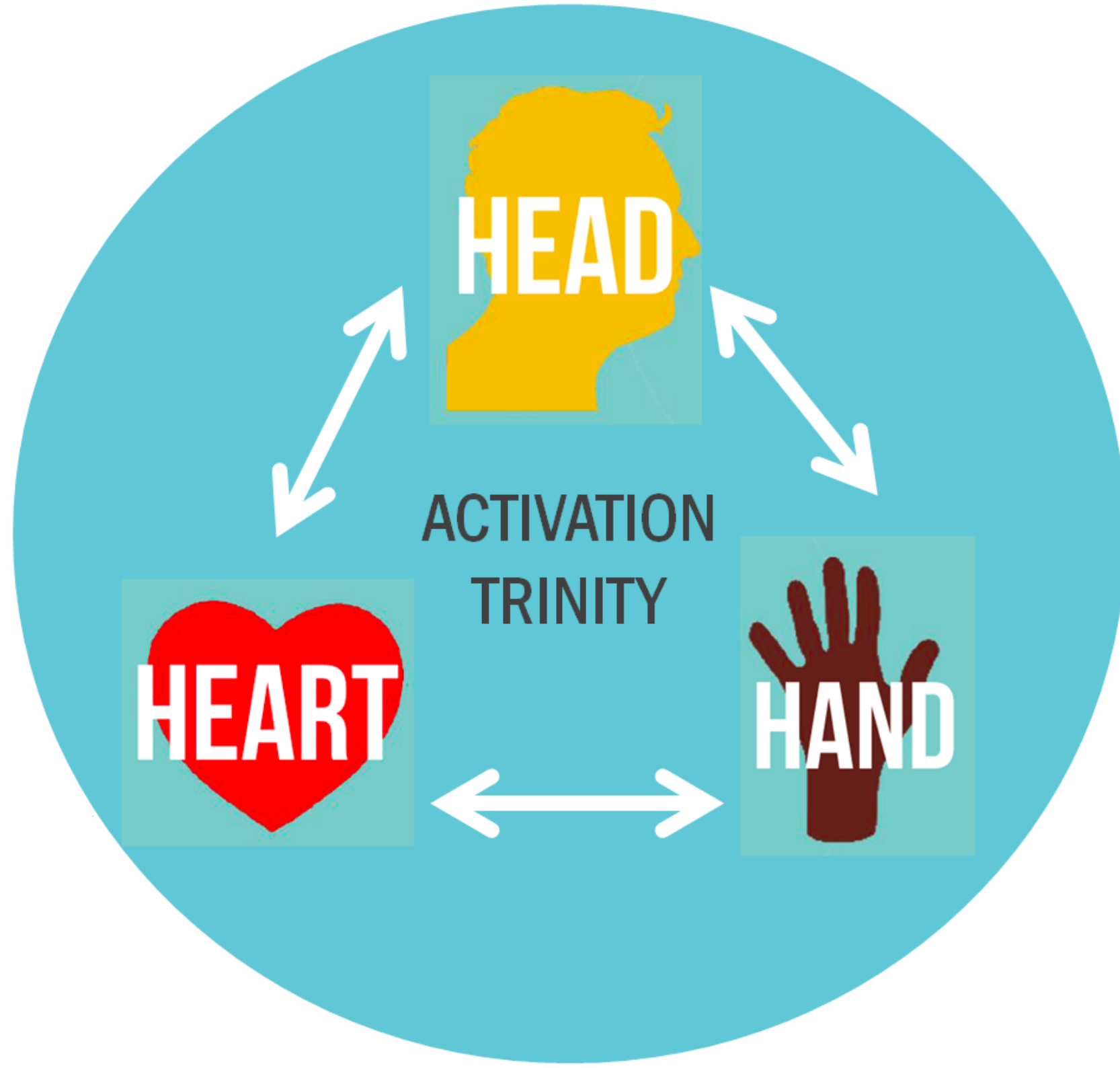


# Linking tools to the improvement ramp



© 2007, The Dartmouth Institute Microsystem Academy, © 2014, Adapted QRC Stockholm





# Creating step-by-step methods





## Skuggning

Skuggning gör det möjligt att uppleva vården från patientens eller närståendes perspektiv. Att följa – skugga – patienten genom en vårdepisod och observera miljö och händelser utifrån deras perspektiv kan öka empati och förståelse för patienten under en vårdprocess. Detta kan inspirera till utvecklingsarbete.



KATEGORI  
Case



TIDSÅTGÅNG  
1-4 timmar



ANTAL MEDVERKANDE  
1-2 personer



SVÅRIGHETSGRAD  
Lätt

### MATERIAL

- Paper
- Penna



Skriv ut/Spara

### När ska verktyget användas?

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

Skuggning är ett bra prova på-verktyg som kan användas när verksamheter vill veta hur patienten upplever olika vårdprocesser. Det tar kort tid att planera och utföra skuggningen och den medför inga direkta kostnader. Den kan göras på avdelningen under vanlig arbetstid av nästan vem som helst och den ger omedelbar feedback. Skuggning leder ofta till insikter som är svåra att få ifrån sitt professionella perspektiv.

### Hur gör man?

- Förbered inför skuggningen genom att välja ut en process att skugga. Identifiera och kontakta

# Simulation of specific tools



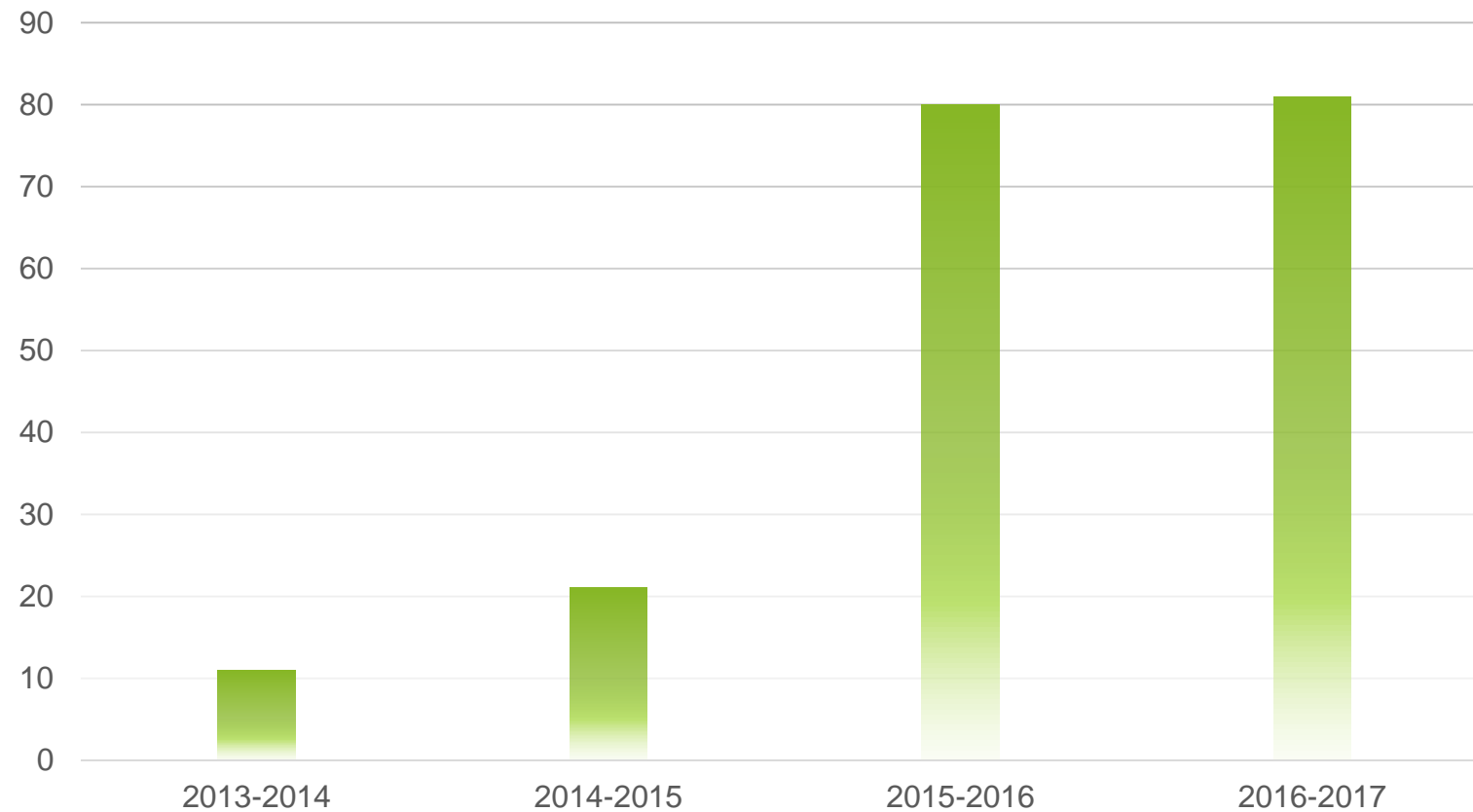
- Reflections in journals: What did I learn? How did it feel?
- Requirement "blame the course", "blame us"
- Meeting people where they are, coaching, generous, permissive approach
- Let go of definitions, focus on action
- Baby steps, minimum effort – maximum output



## Outcomes - Our learnings so far

# Partnership in QRC's Coaching Academy

## % TEAMS WHO INCLUDED PATIENT PERSPECTIVE IN QI



# Takeaways

- QI + Partnership work best together
  - Combination and interaction of two toolkits and methodologies
- Needs pushing, coaching and meeting people where they are
  - Pedagogical approach
  - Continuous baby steps – no revolution
  - Pay attention to needs, be flexible
- Of all tools tested, patient interviews seems to be the highest impact/low investment technique to try
- You don't need to make it heavy, but acknowledge that it's complicated and needs a lot of support
  - Challenging to find course literature and competencies (Cristin)

# Improving care for patients with patients Partnership in progress at TioHundra AB

We thought we knew what our patients wanted – but we did not!

Tools and methods for QI facilitates partnering with patients in QI

How do we involve leaders?

- 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, focus groups and interviews



# 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 much time does it take?
- How do we help leadership to “get it”?





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