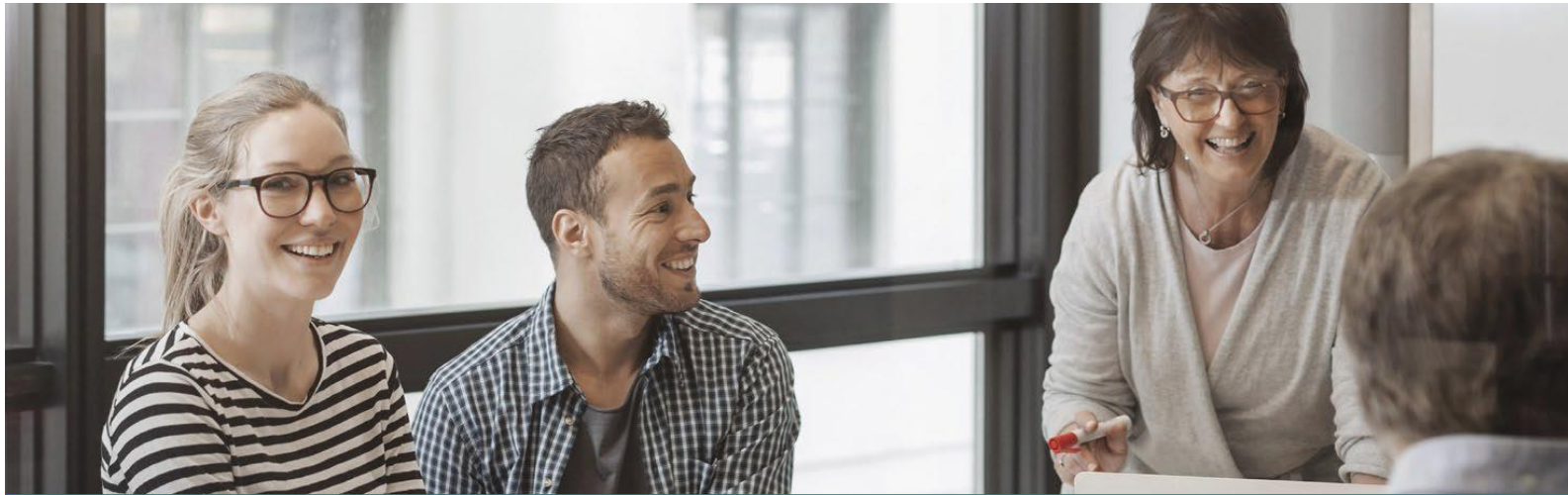


*We thought we knew
what our patients wanted
– but we didn't!*



**Two-for-one:
Patient partnership and quality
improvement**

Helena Hvitfeldt & Cristin Lind

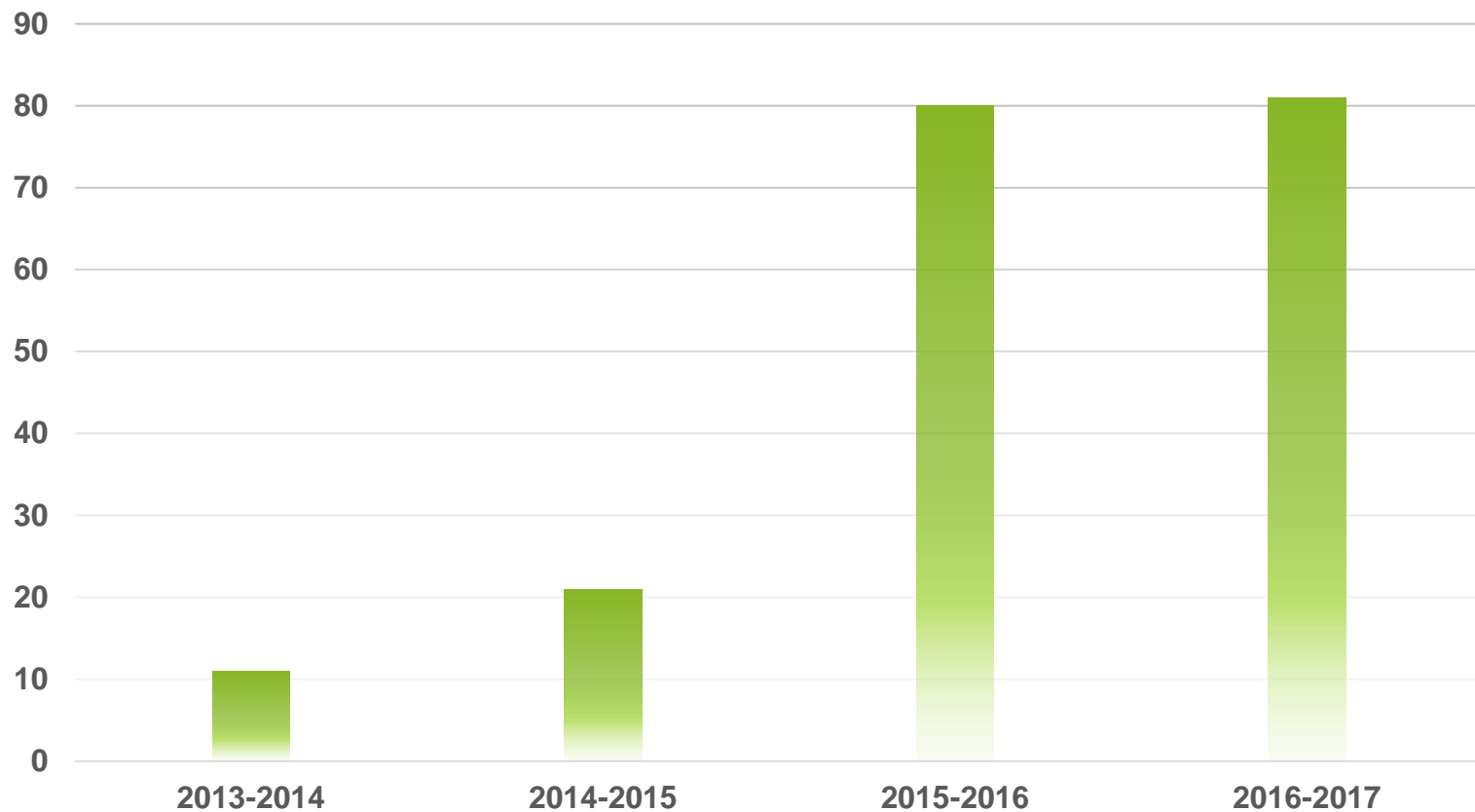
#Quality2017 @QRCStockholm

Non-disclosure

We have nothing to disclose.

Our take home messages

% TEAMS WHO INCLUDED PATIENT PERSPECTIVE IN QI



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

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.”

[A systematic review of reliable and valid tools for the measurement of patient participation in healthcare. BMJ Qual Saf 2016;25:110-117 doi:10.1136/bmjqs-2015-004357](#)

Resistance to partnership in QI

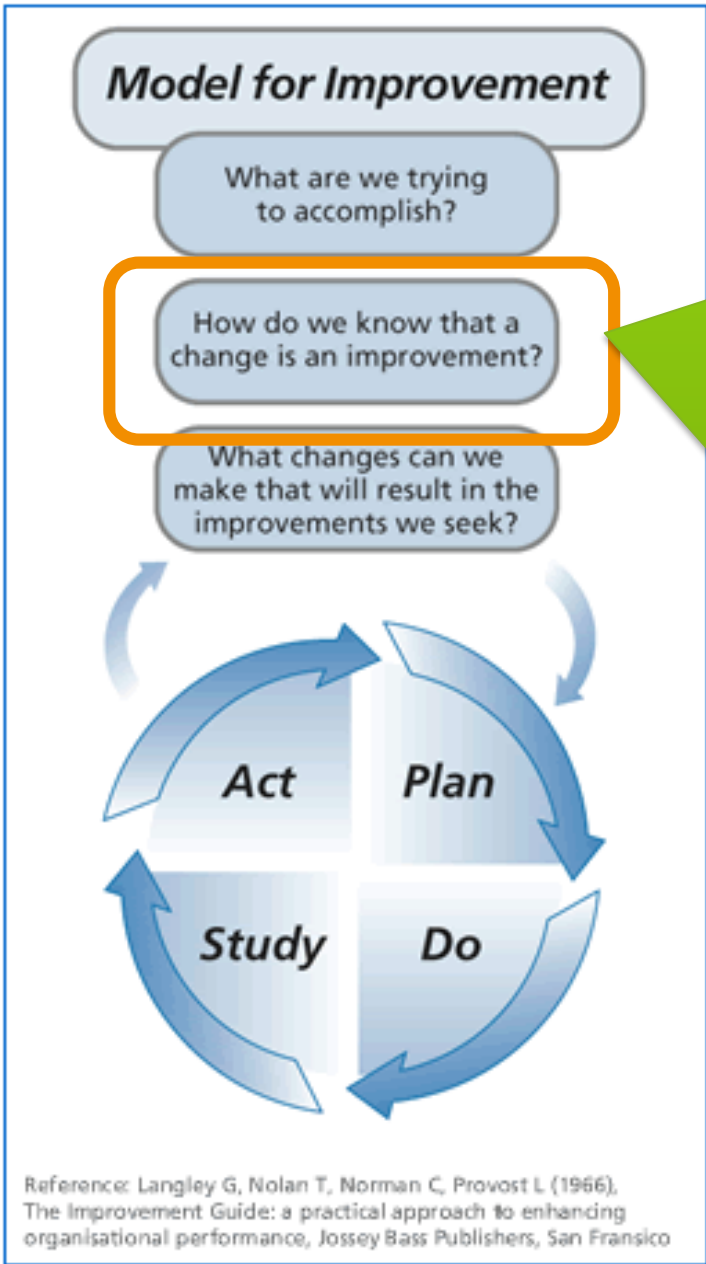
“Patients have no understanding of what [it takes] to run an office....They have no idea what goes into seeing a patient.”

“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.

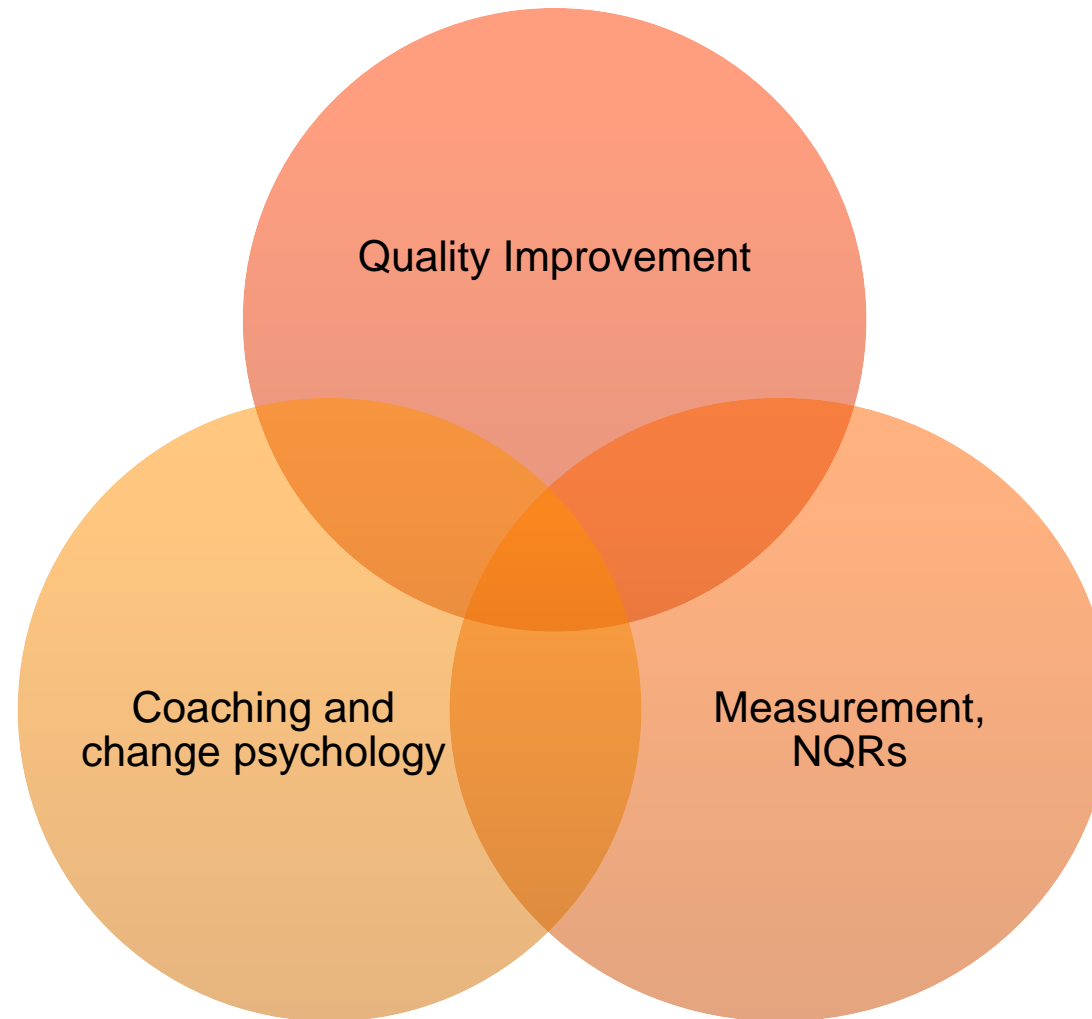
QRC Coachingacademy (QRC CA)

- 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

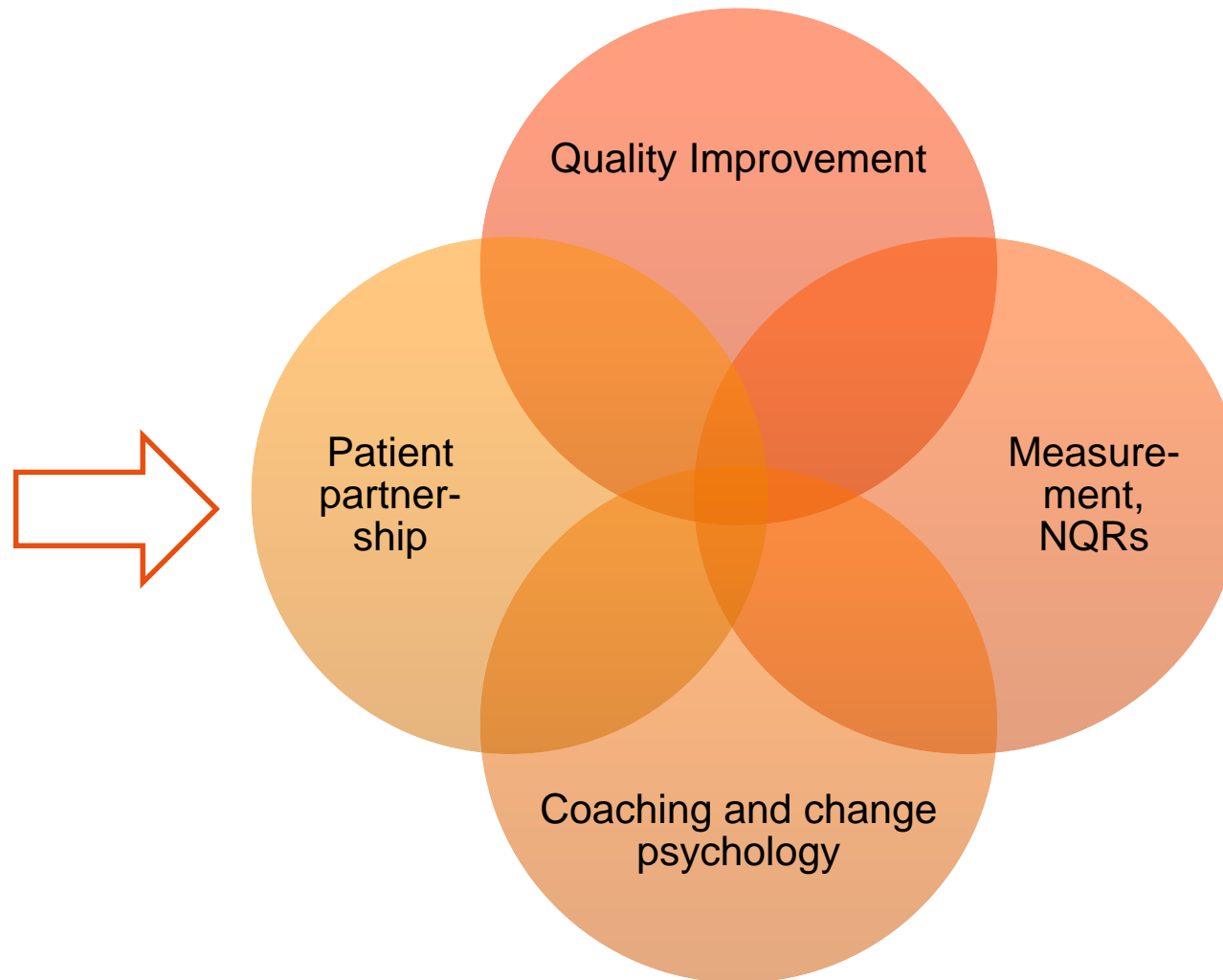


Intervention – what we did


Give the subject attention



Give the subject attention



Clarify key concepts

	Plan	Implement	Evaluate
At the visit	Birth plans	Rounding with patients	Patient-reported outcome measures
 In clinical improvement	Co-design Shadowing	Patient in improvement teams	Suggestion box
Organisation	Patients in leadership	Patients training staff	Surveys
Region, state	Co-developing policy		Voting

Offer options...



Patientberättelser



Patientcentrerad rapport



Patienter i förbättringsteam



Patientresa



Personas



Resultat av vård (PROM)



Tänka högt



Upplevelse av vård (PREM)



Upplevelsedagbok

...and step-by-step instructions for each option



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

- Papper
- Penna



Skriv ut/Spara

När ska verktyget användas?

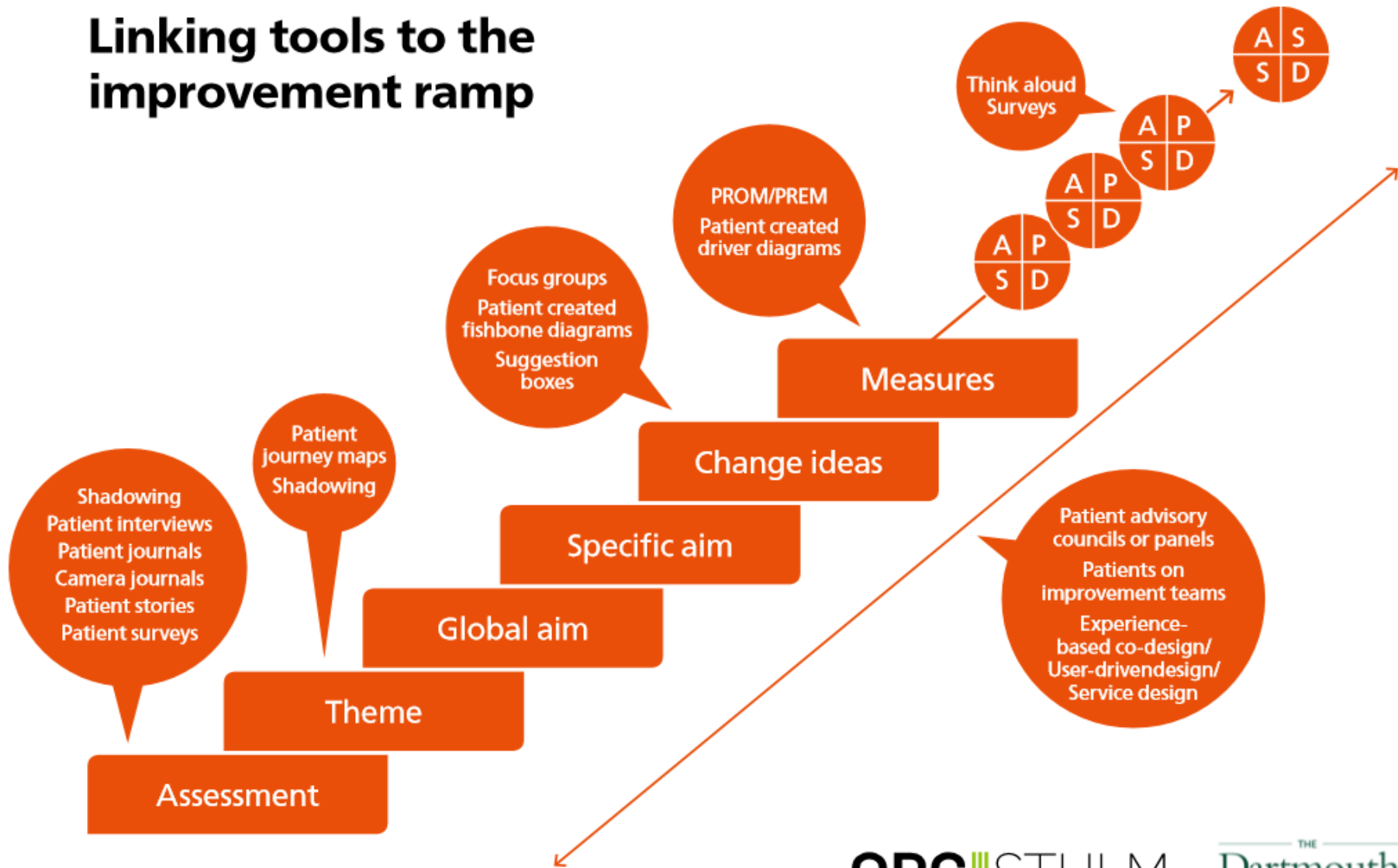
Skuggning är en bra "prova på"-metod för verksamheter som vill lära sig om patientens upplevelse av sina processer.

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

Linking tools to the improvement ramp

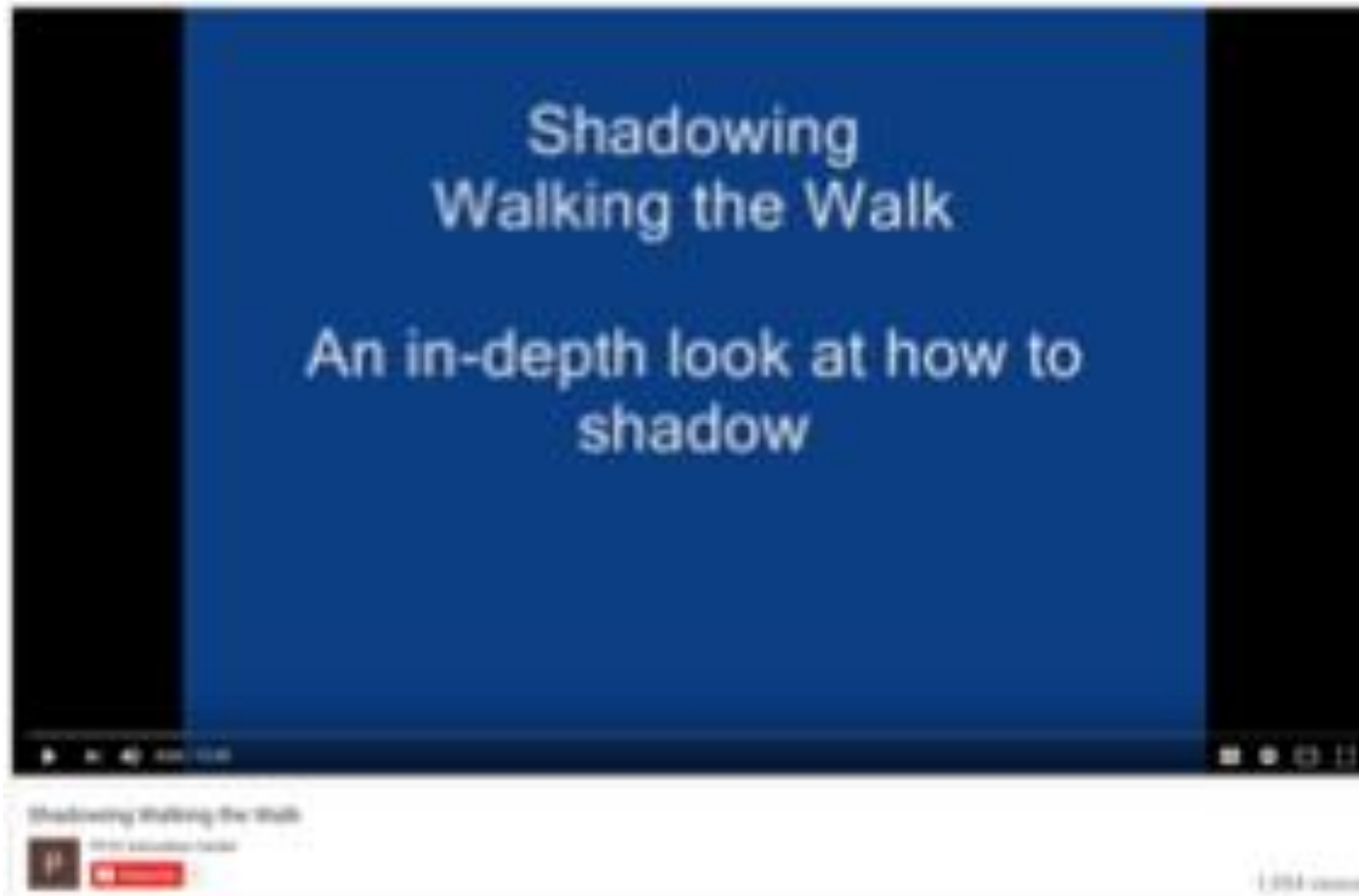


© 2007, The Dartmouth Institute Microsystem Academy, © 2014, Adapted QRC Stockholm

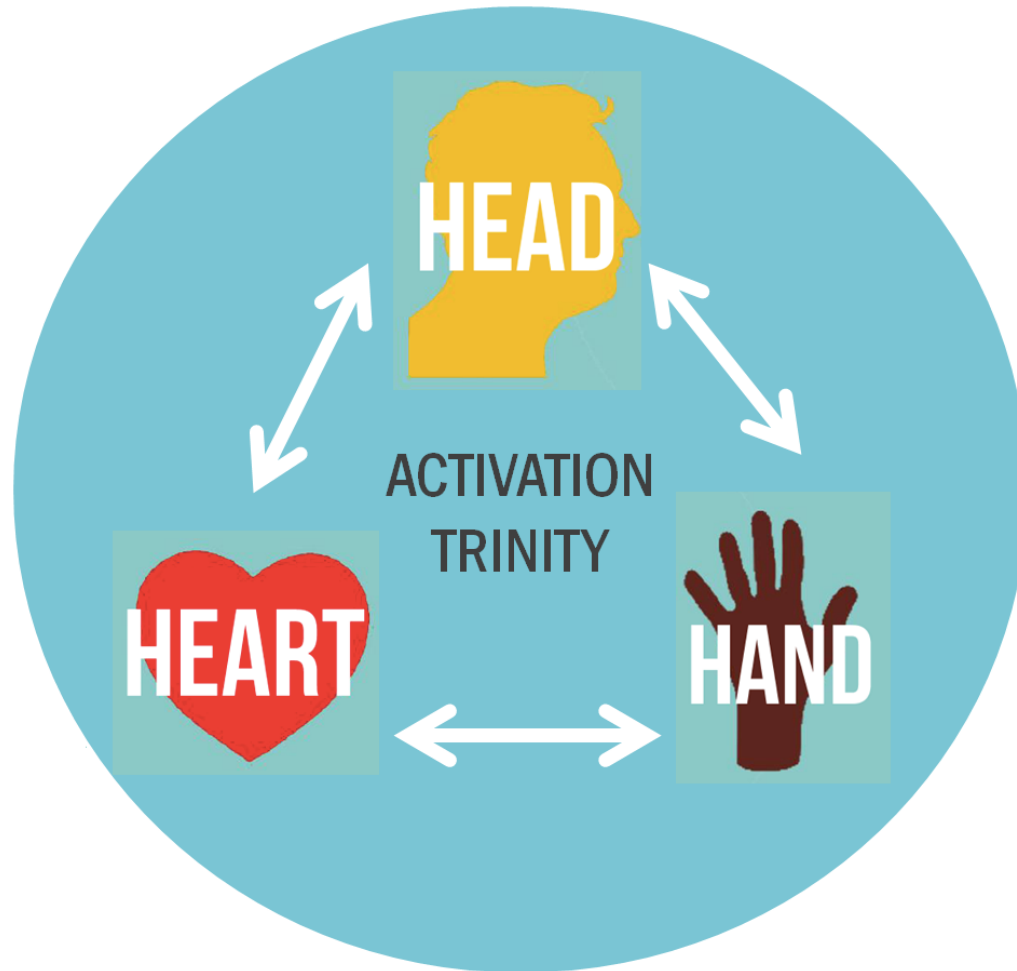
QRC || STHLM
COACHING AKADEMI

THE
Dartmouth
INSTITUTE
FOR HEALTH POLICY & CLINICAL PRACTICE

Practice in a safe environment



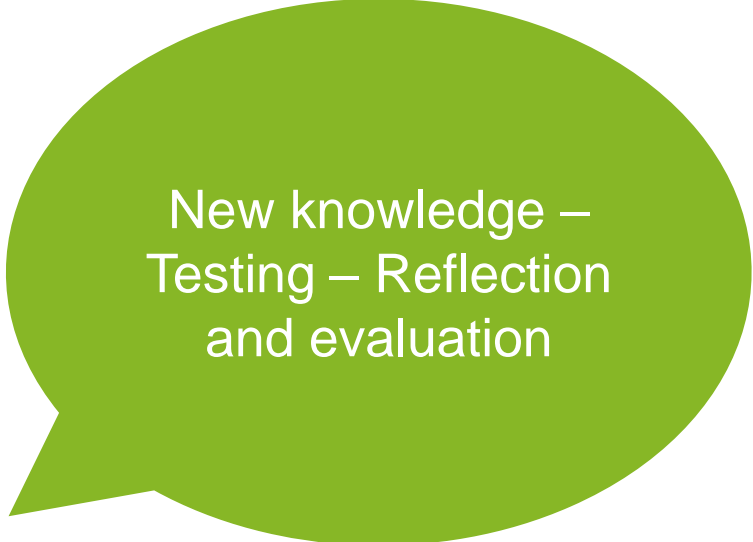
Activate through all means necessary



Outcomes - Our learnings so far

How we learn and build knowledge

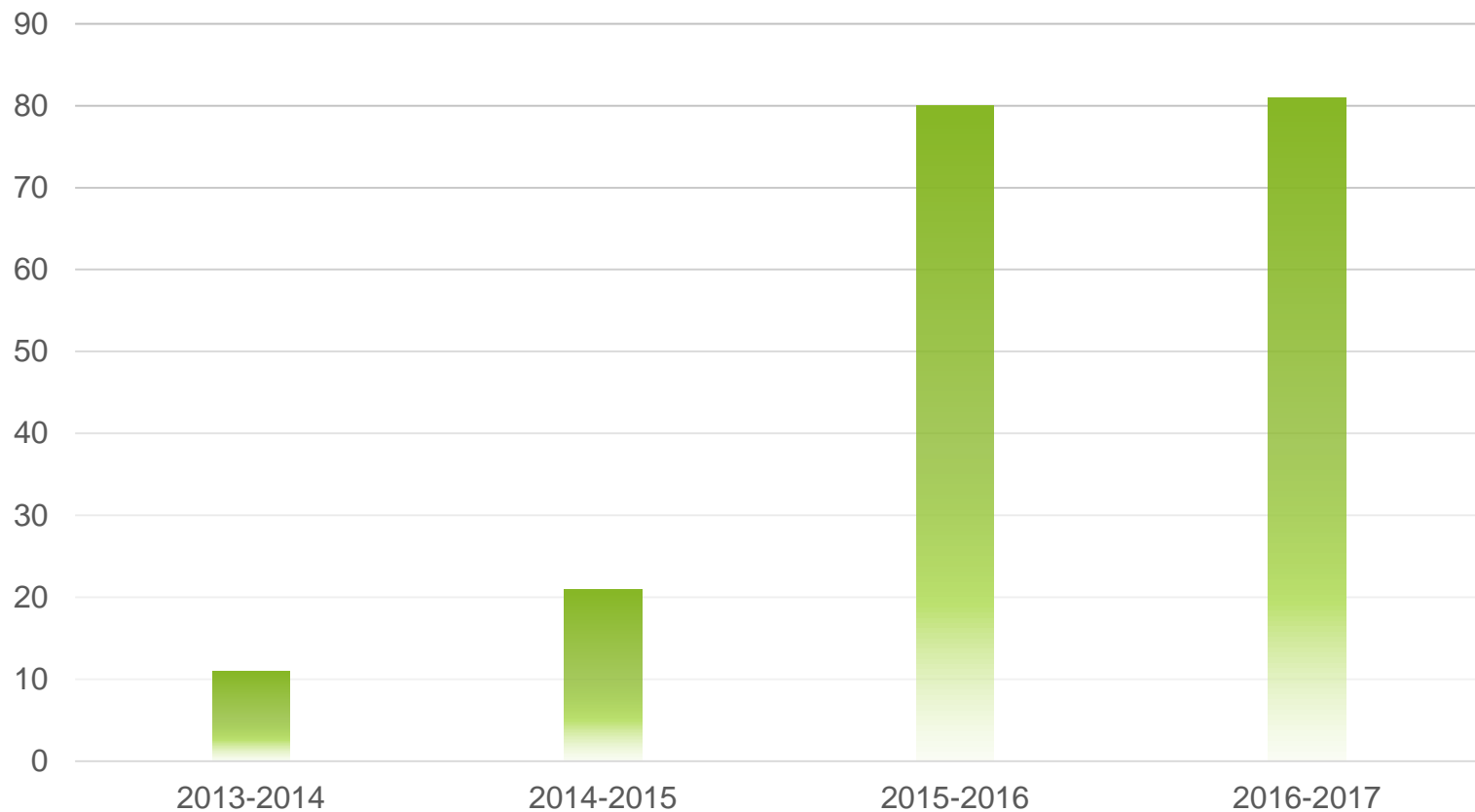
- Close interaction with our improvement teams
- Base line and follow up measures
- Regular follow up – coaching
- Learning together
- Data collection:
 - Surveys
 - Interviews
 - Focus group discussions
 - Reports



New knowledge –
Testing – Reflection
and evaluation

Partnership in QRC's Coaching Academy

% TEAMS WHO INCLUDED PATIENT PERSPECTIVE IN QI



Improving care for patients with 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”?

Two types of knowledge

Professional knowledge

- Medical science
- Evidence guidelines
- Ethics

Improvement knowledge

- System theory
- Variation
- Change psychology

Patient and family knowledge

- Their own condition
- Gaps in treatment and the system
- Their own resources
- What matters to them

Our take home messages

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Thank you!



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