"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.”
Hand in hand - patient partnership and healthcare quality improvement

Helena Hvitfeldt & Cristin Lind
This session

- Background and challenges in patient partnership
- How we have tried to overcome the challenges
- Our learnings so far
Background and challenges in patient partnership
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.”

“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.”

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

Han et al, 2013.
How we have tried to overcome the challenges
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 alumi, senior coaches and leaders
  - Tailored programs
    - Maternity care, 6 clinics in SCC
    - Cancer care
    - Patient partenership

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

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

HEAD

HEART

HAND
Partnering with patients on multiple levels

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**Patient-Professional Partnership: Examples, best practices and recommendations.**
Creating step-by-step methods
Skuggning


**När ska verktyget användas?**

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

Simulation of specific tools
Linking tools to the improvement ramp

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

- PROM/PREM
- Patient created driver diagrams

- Focus groups
- Patient created fishbone diagrams
- Suggestion boxes

- Patient journey maps
- Shadowing

- Assessment
- Theme
- Global aim
- Specific aim
- Change ideas
- Measures

- Think aloud
- Surveys

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

© 2002, The Dartmouth Institute Microsystem Academy, © 2014, Adapted QRC Stockholm
Our learnings so far
Partnership in QRC’s Coaching Academy

% teams who included patient perspective in QI

- 2013-2014
- 2014-2015
- 2015-2016
- 2016-2017
Improving care for patients with patients
Partnership in progress 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, focus groups and interviews

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?
What we learnt

• Pay attention to needs, be flexible

• Is the involvement authentic or just tokenistic?

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

• Will it stick?

• You don’t need to make it heavy, but acknowledge that it’s complicated and needs a lot of support

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

• Challenging to find course literature

• Of all tools tested, patient interviews seems to be the highest impact/low investment technique to try
Thank you!