One patient, one responsible consultant

Regional evaluation of a national initiative in Denmark

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Background

- Patient experience: Contact with several consultants and fragmented pathway
- National initiative to enhance the continuity of the pathway and the professional care
- Patient Responsible Consultant with 20 defined tasks
- Trials to test how to structure a system where one consultant has the overall responsibility of the patient’s pathway
Overall purpose

• To insure a better continuity in the patients pathway
• Increase the clinical quality in the professional care
• Increase the patients feeling of safety
Goals

• Increased patient satisfaction
• Reduction in patient claims
• Reduction in waiting time
• Increased job satisfaction
• A culture change towards patient centered care
The trials in the Region of Southern Denmark

5 trials were completed between January and November 2016

<table>
<thead>
<tr>
<th>Trial no.</th>
<th>Units</th>
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<tbody>
<tr>
<td>Trial 1</td>
<td>Occupational Medicine Department</td>
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<tr>
<td>Trial 2</td>
<td>Emergency Department (ACU)</td>
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<td>Trial 3</td>
<td>Psychiatric Outpatient Clinic</td>
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<td>Trial 4</td>
<td>Heart Medicine Department</td>
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<td>Trial 5</td>
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<td>Oncological Department</td>
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<td>Thoracic Surgery</td>
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The Evaluation of the trials

• Two studies:
  – A survey study of the patients’ experience
  – A qualitative study of organizational challenges

• This presentation focuses on the qualitative study
The qualitative study

- Functional Resonance Analysis Method (FRAM)

Hollnagel, E, 2012: FRAM: the FUNCTIONAL RESONANCE ANALYSIS METHOD. Modelling complex socio-technical systems. ASHGATE.
Work-as-imagined
The qualitative study

- Sample size: 23 semi structured interviews
- For each trial the 20 tasks (functions) were described
- Across the 5 trials trends and patterns were identified

Hollnagel, E, 2012: FRAM: the FUNCTIONAL RESONANCE ANALYSIS METHOD. Modelling complex socio-technical systems. ASHGATE.
Conclusion

• The role as a Patient Responsible Consultant is meaningful and increases job satisfaction

• To make the logistics work in practice is challenging

• Multi disciplinary fora as a key element for the Patient Responsible Consultant
Trends and patterns

- Existing routines have been used to implement the role of the Patient Responsible Consultant
- The logistics is typically delegated to other professions (Nurse, Secretary, Patient Pathway Responsible)
- Tools for controlling the logistics are needed
- Professional satisfaction is gained
Trends and patterns

- Aspects of resource – a hot issue
- Involvement of patients and relatives was enhanced
- Legislation and access to data – a change is needed
- The cooperation with the General Practitioner (GP) and the Patient Responsible Consultant – no change
Points to pay attention to

• The number of patients per Consultant?

• Professionally, does it make sense to assign a Patient Responsible Consultant for patients with only one or very short contact with the healthcare system?

• Which tools are needed to support and control the logistics?

• How to be the Responsible Consultant across departments, hospitals and regions?
Thank you for your attention

www.centerforkvalitet.dk
Here you can find an english handbook – how to use FRAM

www.functionalresonance.com
Homepage for users of FRAM

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