Personcentered care – a need for new roles!

Annika, Eje, Jenny, Joakim, Malin, Rodrigo, Annmargreth
Micael, Patrik

Agenda

• 13.15 Welcome!
• Macro, meso, micro
• Once upon a time
• Our experiences and roles
• Exercise
• 14.30-15.00 Paus and Fika
• 16.45 End of session

Annika, Annmargreth, Eje, Jenny, Joakim, Malin, Rodrigo, (Micael, Patrik)
Micael Edblom
Region Jönköping County, Sweden
Director Health Care, Physician, specialist in Rehabilitation Medicine. During many years engaged nationally and internationally in a team-based rehabilitation, with the patient as a natural and active team member. Co-author of the publication "Team Work and Improvement Knowledge, two core-competences for good and safe care." International surveyor in accreditation of rehabilitation, CARF. Today Director of psychiatry, habilitation, rehabilitation and medical diagnostics.

Patrik Blomqvist
Region Jönköping County, Sweden
Patrik Blomqvist works as a patient supporter at the Internal medicine department at Ryhov County Hospital, Jönköping, Sweden. Patrik has been living for many years with diabetes and renal failure and he has an experience of peritoneal dialyses and hemodialysis. These experiences are valuable when he provides support to other patients.
Microsystem festival
Personcentered care
Its all about people

Rehabilitation  Wedding
How is it to work as a Rehab Instructor?

First time by the beach using Freewheel
Rodrigo

Rodrigo’s microsystem
Reflection

- Do you have personal experiences of being a patient or related to a patient?
- If so, are you using these experiences in your professional role? How?

Write down your answers on a Post-It-note and put it on the whiteboard.
Share your reflection verbally with at least two people in the room and listen to their reflections.
Fika

15.00

Personcentered care

Joakim Edvinsson

Director of improvement
Medical care Region of Jonkoping
Sweden has the best health care in the world. . . Or?


Dialogue about the aim of the care

33 percent of de med kronisk sjukdom anser att vårdpersonalen diskuterat målsättningar med deras vård
Information at discharge

Persons with chronic condition has a care plan
Getting older - dying less

Several chronic conditions at the same time.

What is person-centred care and why now?

Person centered care is all about to see the person in front of you. The person’s story is the starting point for:
- a partnership
- the mutual planning of the care
- respect for each others knowledge.
Research in Sweden shows promising results

Person - Patient

Person
• Who
• Abilities
• Strengths
• Curious
• Aware of your vulnerability

Patient
• What/role
• Need
• Weaknesses
• Passive
• Protected from your vulnerability

"Homo Capax"
The patient in the center

The patient as a part of the team and their needs and preferences at the center

THE ESTHER NETWORK

The Esther Network is made of caregivers, clinicians, patients, and families who work to promote and improve the complex care in Region Jönköping county. “Esther” is a symbolic person, with complex care needs who requires the coordination and integration between hospital, primary care, home care, and community care. Esther is at the center of all our daily work.

(www.rjlse/esther)
Some results

- Hospital admissions fell from approximately 9,300 in 1998 to an estimated 7,300 in 2003.
- Hospital days for heart failure patients decreased from approximately 3,500 in 1998 to 2,500 in 2000.
- Waiting times for referral appointments with neurologists decreased from 85 days in 2000 to 14 days in 2003.
- Waiting times for referral appointments with gastroenterologists fell from 48 days in 2000 to 14 days in 2003.
- The number of unnecessary days in hospital decreased from 1113 in 1999 to 62 in 2011.
Strategy for spread

- Innovation network
- What's already in place – good examples
- Support to the managers – stories in senior management
- Design measurement system to track progress
- Identify key persons and key functions
- Communication, communication
- Spread conferences
- Specific processes like introduction of new nurses

Workshops for staff and leadership
In a time of drastic change it is the learners who inherit the future. The learned usually find themselves equipped to live in a world that no longer exists.
Eric Hoffer
Reflections?

What is recovery?
The most widely used definition of personal recovery is from Anthony (1993):

“… a deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills, and/or roles. It is a way of living a satisfying, hopeful, and contributing life even within the limitations caused by illness. Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.”

Clinical recovery is an idea that has emerged from the expertise of mental health professionals, and involves getting rid of symptoms, restoring social functioning, and in other ways ‘getting back to normal’.

Personal recovery is an idea that has emerged from the expertise of people with lived experienced of mental illness, and means something different to clinical recovery.
Recovery is something worked towards and experienced by the person with mental illness. It is not something services can do to the person.

The contribution of staff is to support the person in the journey towards recovery.

The journey of recovery is individual. The best way of supporting an individual’s recovery will vary from person to person.

This book offers guidance to 100 practical ways in which mental health staff can work in a person-centred and recovery-oriented way.

https://www.rethink.org/media/704895/100_ways_to_support_recovery_2nd_edition.pdf
The Dialogue Course

– reflecting on psychiatric care together

What is a Dialogue Course?

• Led by two persons with lived experience of mental illness
• Offered to staff in the mental health service
• 8 hours in total, several occasions
• The main purpose is to create a dialogue between the group and the two facilitators
• Aims to create discussions, reflections and rethinking
• Everybody’s experiences are equally important
The Dialogue Course - Themes

1. Establishing contact – building alliance
2. Becoming co-workers
3. Working towards recovery
4. Creating change!

Establishing contact - building alliance

- Introduction
- Presentation
- Value Exercises: Alliance
- Narratives
- Facts
Becoming co-workers

- Reflection: Different perspectives
- Value Exercise: Co-operating
- Brainstorming: Relationships
- Narratives
- Facts

Working towards recovery

- Reflection: Successes
- Value Exercise: Recovery
- Narratives
- Facts
Creating change!

- Workshop: Improvements
- Narratives
- Summing up
- Evaluation

Being a Dialogue Course Facilitator
Evaluation of the Dialogue Course

The Overall Impression

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<thead>
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<th>Amount</th>
<th>%</th>
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<tbody>
<tr>
<td>A. 1 – Dissatisfied</td>
<td>0 0</td>
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<tr>
<td>B. 2</td>
<td>0 0</td>
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<tr>
<td>C. 3</td>
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<td>8 6</td>
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<td>52 37</td>
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<td>F. 6 – Very satisfied</td>
<td>80 56</td>
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<tr>
<td>Total</td>
<td>142 100</td>
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Response rate
95% (142/150)

Quotations

"The Recovery concept became more vivid and graspable with your personal stories”

"Narratives give us so much more than could be read in books”

"Every person is unique and as staff you need to be flexible in that cooperation”
Exercise

Grade if your organization works together *with* your patients (not only *for* them), to improve your service.

0 – 100 percent
Background

- Last year- started a project
- Wanted to make person centered care a bigger part of our daily work
- **Two week test period** – tested some new ways to approach our patients to make them more involved and responsibel for their care during their time of stay at our ward

Jenny Rejnefelt Matisic, Urology department

Results

- Three of the things we tested during the two week period gave results, positive and negative

1. Clear plan and goal – from a professional point of view
2. Person centered questions; asking for the patient´s goal with their stay at the ward, the reason the patient sought our care and how their illness effects their daily life
3. Using a diary during the hospital stay
1. Clear plan and goal for each patient

- First implemented to help the nurses get more structure – easier to plan ahead
- More advantages – doctors, nurses and patient share a common vision
- The patients get involved in their care when they know what to expect and what the professional plan is, and they have the possibility to interact and “take control of their care”

Clear plans and goals for each patient – How?

- Nurses were instructed to ask the doctors for the plan and goal for every new patient that came to our ward

  - template, 3 questions

    1. treatment plan?
    2. preliminary discharge date?
    3. criteria fulfilled before discharge?
The test period

- The doctors received a template with the questions
- Their responsibility was to answer them and to inform and discuss them with the patient making the patient involved

- The nurses then documented the plan and the goal in the patient’s record
2. Person centered questions
   • The nurses were instructed to ask the patients three questions when they were admitted to the ward:
     1. Why did you seek care?
     2. How does your health at the moment effect your daily life?
     3. What is your goal with this hospital of stay?
     The nurses then documented the answers in the patient’s record.

3. ”Diary” during the hospital stay
   • Contains:
     • - information about our ward (rounds, mealtimes)
     • - questions for the patient
     • - blank lines so the patient can make their own notes
     • During the two week period every patient admitted got a diary and a questionnaire to evaluate it.
Diary - questionnaire

During week 42-43, 36 patients were admitted. 31 diaries and questionnaires were handed out. 21 patients responded. 16 very positive, 4 negative and 1 partly.

“Diary during the hospital stay” - comments from staff and patients/relatives

- Helps the patient to memorize important information, and you make sure that information is correctly received - patient

- They were annoyed when I gave it to them - staff

- They’re not writing anything down in the journal - staff

- Are we really going to do this? - staff

- Doubtful whether there is value - staff

- Good initiative - patient

- Best thing ever - patient

- Helps to remember what the doctor said if you write it down - patient

- Difficult to understand - patient
Evaluation/reflection from the staff after the two week test period

Doubtful or what we could do better:

• Asking real sick patients about their health experience, patients from the emergency department
• Asking elective patients why they sought care
• Both patients and staff sometimes experienced that the question: "what is your goal with this hospital stay" sometimes felt strange both to ask and to answer, especially for the elective patients

Evaluation/reflection from the staff after the two week test period

Positive

• Establishing a clear plan and a goal for each patient, and documenting it in the patient’s record creates value for all involved parts, especially for the patients. Patients get involved, receive the same information from the different professions. The whole team around the patient aims for the same goal as the goal is written down in the patient’s record.
• Asking about a patient’s health experience and about the patients own goal with their hospital stay sometimes gives other answers than we expected and can provide important information about a patient.
How do we work today?

- The "Diary" is handed out to all our patients
- Setting up a professional plan and goal for each patient is a part of our daily work.
- It gives the patient a possibility to get involved in their care and to take a more active part in it.
- It is also a help for the nurses in their daily work with the patient, it is easier for them to do a good work when they know what the plan is.

Our future work..

We need to find out **when** to ask the questions:

1. Why did you seek care?
2. How is your health at the moment and how does it effect your daily life?

- Our experience – **not** in the first phase when the patient is admitted to the ward

Jenny Rejnfeldt Matisic, Urology department
Reflections?

Thank you!

Orinalet 17.00