The microsystem
Institution of Lavigny

how to enhance the quality of rehabilitation
with a partner patient concept

*from Hope to Reality*

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Unique in the French part of Switzerland

**Intitution Lavigny**

- Founded in 1905
- The institution welcomes a diversity of people suffering in their autonomy and/or their health
- 4 departments: hospital, professional reintegration, specialized school, place of life
- 41 Neurorehabilitation beds

**Espace Compétences SA**

- Founded in 2006
- Vocational training center for the health and social sectors, the most important in terms of its diversity
- Visit of more than 2000 professionals a year
- Organizing more than 1250 days of lectures and seminars
from Hope to Reality

"We, Sovereign People of Switzerland, voted in 2007, the law that governs the financing of our hospitals ..."

How to apply and enforce this political decision?

How to be sure to have “Human been first”?

Institution Lavigny decide to complete its approach with two other models coming from Jönköping and Canada Espace Compétences to teach them

Evolution of care approaches

From Building "For"... to Building "With" the Patient
Challenge to work with patient

16,000 persons/year have a stroke in Switzerland

- 1/3 recover their autonomy without suffering disabling sequelae.
- 1/3 reach with help to recover their autonomy in everyday life.
- 1/3 remain dependent.

Is the patient prepared to live with disability?

Evolution of care approaches in Lavigny

From Building "For"... to Building "With" the Patient
The interprofessional spirit of 2009

I do the best for him
I do the best for him
I do the best for him
I do the best for him
I do the best for him

International Classification of Functioning

Health Condition
(Disorder or Disease)

Body Structures
Body Functions
Impairments

Activities
Activity Limitations

Participation
Participation Restrictions

Environmental Factors

Personal Factors

ICF, OMS (2001)
Rehabilitation process
Clinical pathway

<table>
<thead>
<tr>
<th>3 day Entrance evaluation</th>
<th>Week 1</th>
<th>Week 2</th>
<th>Week 3 Etc...</th>
<th>Way out preparation</th>
<th>Way out Do links</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic project with patient</td>
<td>Follow goal and intervention plan</td>
<td>Follow goal and intervention plan</td>
<td>Follow goal and intervention plan</td>
<td>Links with homecare or other care services that patient need</td>
<td>Close patient record</td>
</tr>
</tbody>
</table>

Evolution of care approaches in Lavigny

From Building "For"... to Building "With" the Patient
PARTNER PATIENT

THE MONTREAL MODEL

May we introduce you to MAX

Why involving MAX?

More and more patients diagnosed at an early stage
→ claim the right to know, and
→ to be full actors their care

Whatever the stage of his illness,
from an ethical point of view,
the patient has to be the "subject acting "of his care.

Creation of the therapeutic project, project of Life
Inspire by Interprofessional 2017-19

Therapeutic project/
Life project focus

We do with Max!

And they day we meet Max, we questioned our practice

Is it the best for Max?
Evolution towards a partnership of care

- Self-determination
- Autonomy
- Self-regulation
- Skills

Acceptance
Reflexivity
Co-construction

Max and the System
Levels of patient engagement

**MICRO**
- **DIRECT CARE (MICRO + CLINICAL)**
  - Patients receive information (diagnosis, treatment)
- **ORGANIZATION AND QUALITY OF SERVICES (MESO + ORGANIZATIONAL)**
  - Documentation of their illness given to patients
- **HEALTH POLICIES (MACRO + POLITICAL)**
  - Information centers for patients' needs

**MESO**
- **PARTICIPATION LEVEL**
  - **INFORMATION**
    - Patients receive information (diagnosis, treatment)
  - **CONSULTATION**
    - Patients are consulted on their perceptions
  - **INVOLVEMENT**
    - Shared decisions concerning treatment preferences
  - **PARTNERSHIP CO-CONSTRUCTION**
    - Patients make their own decisions based on their preferences
      - Interdisciplinary intervention plan
  - **CONSULTATION**
    - Focus groups on specific themes
  - **INVOLVEMENT**
    - Creation of committees with patients
  - **PARTNERSHIP CO-CONSTRUCTION**
    - Co-construction of services, programs, quality improvement projects
  - **INVOLVEMENT**
    - Focus groups to collect public opinion
  - **PARTNERSHIP CO-CONSTRUCTION**
    - Recommendations made by patients on health care priorities
  - **PARTNERSHIP CO-CONSTRUCTION**
    - Co-construction of health policies with patients

**MACRO**
- **FACTORS INFLUENCING PATIENT ENGAGEMENT**
  - Belief, capacity, education, organization, culture, practices, society, standards, regulations, policies
If we have given sense to all professionals
Use information obtained from the patient in teaching, individual unframed patient involvement in classes (testimonials).

Involvement of trained patients with specific tasks (simulation).

Co-construction of programs and co-teaching with sharing of experiential knowledge.

Let's make it sense... for all.

And the dream comes reality.