

PATIENT PARTICIPATION

When the patient are involved the safety of the patient are improved.

Elsebeth Heuser, Change and Development specialist, Nordic Improvement Agent, RN. Slagelse Hospital, Region Zealand, Denmark

BACKGROUND

The Geriatric department at Slagelse Hospital, Region Zealand, Denmark, has 20 beds and 755 yearly discharges. The average length of stay is 7,9 days (2015). The staff involved includes doctors, nurses and healthcare assistants. The patient group consists of older, fragile patients with infections, delirium, falls and dementia symptoms.

PROBLEM

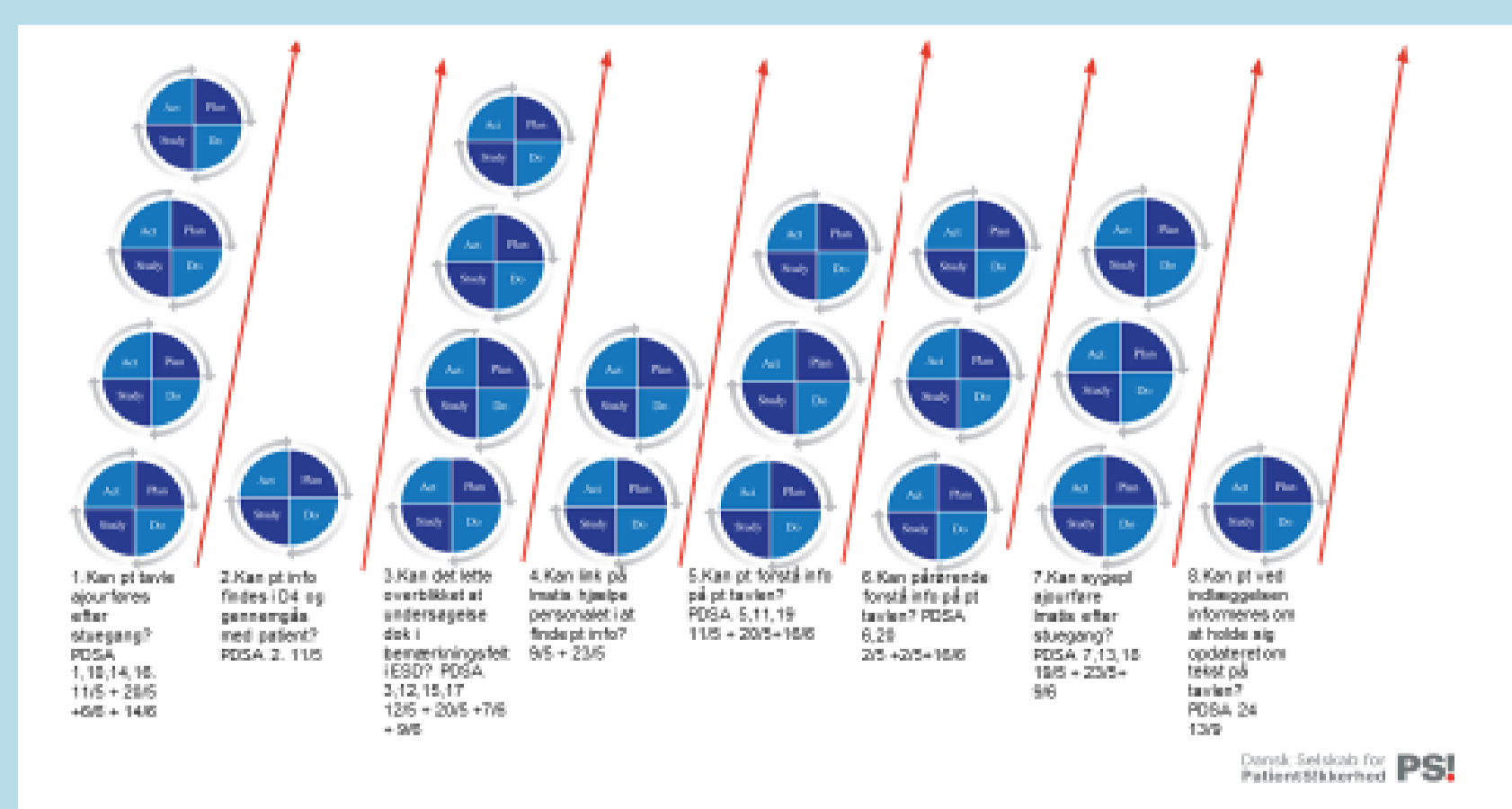
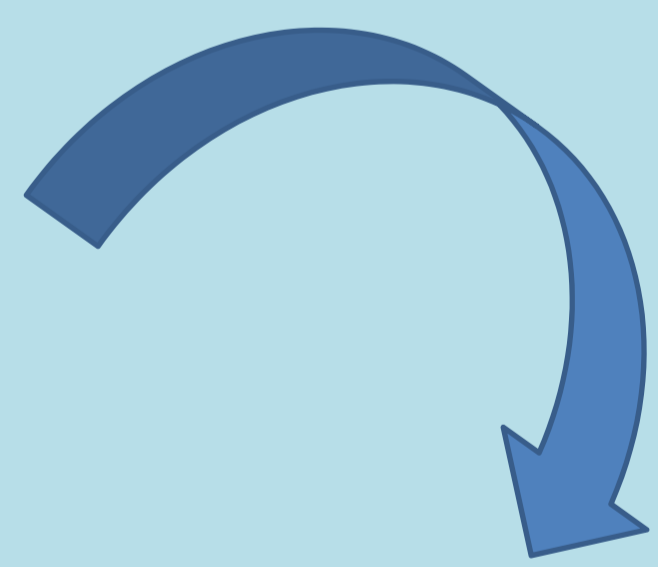
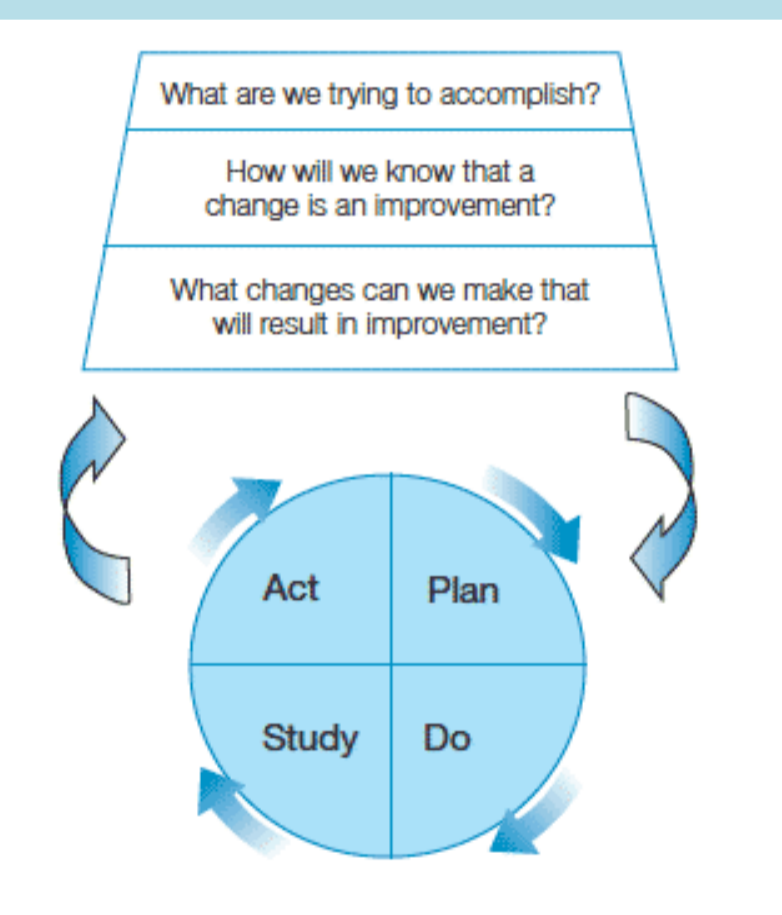
Insufficient involvement and lack of information of planned examinations may lead to concern for the patient and the relatives. External survey 2014 and 2015 showed that the department had significant potential for improvement in this area. The insufficient involvement and lack of information can affect the patients in many ways e.g. uncertainty, inability to refuse an examination and lack of preparation such as fasting. That may affect length of stay, experience, and quality of life for the patient.

ASSESSMENT OF PROBLEM

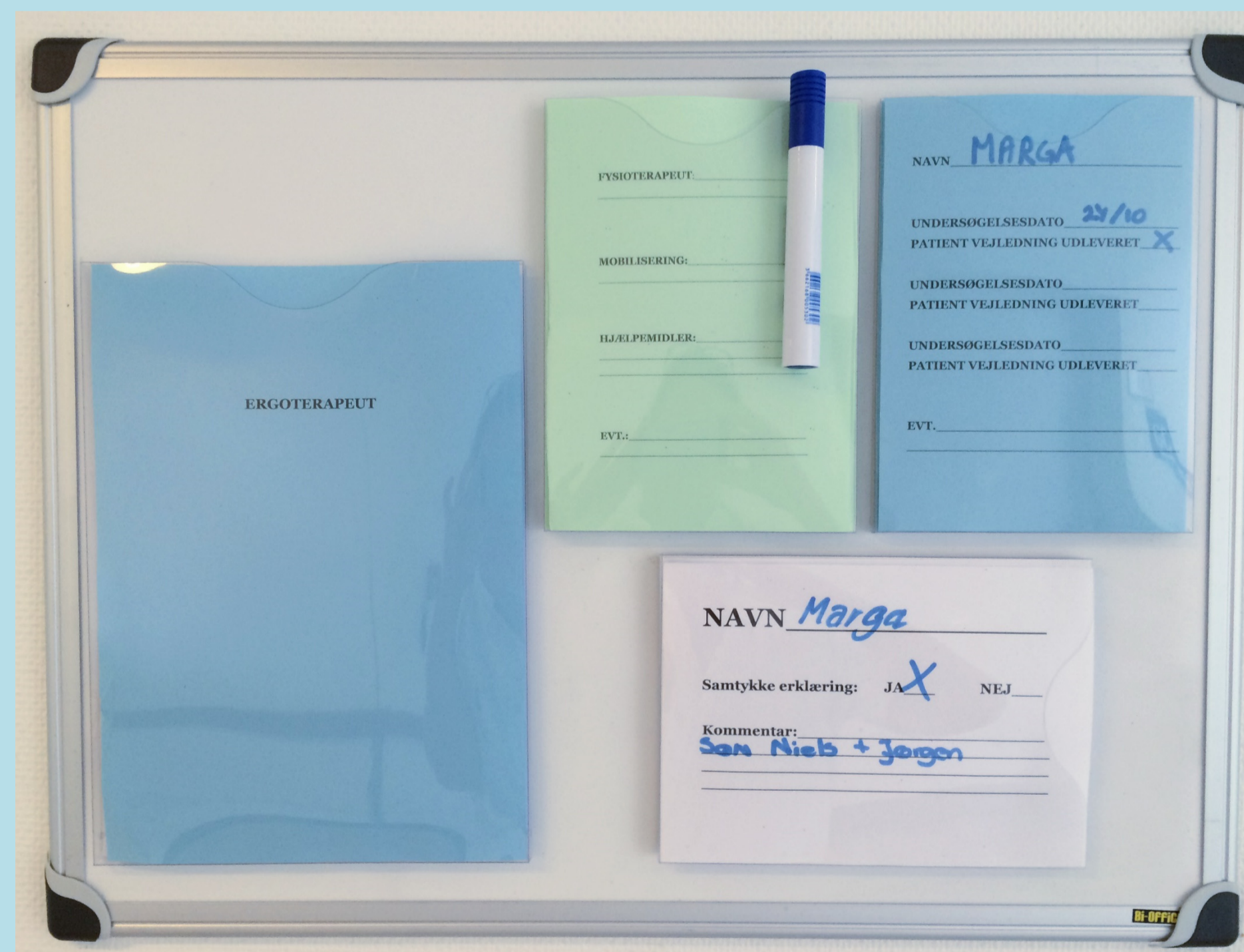
Only 16.7% of the patients had obtained written patient instructions about the examinations at baseline. A systematic workflow analysis involving four staff members (nurses and healthcare assistant) was carried out. The staff's inability to find the patient instructions in the computer system was the root cause for the missing patient involvement and information. Furthermore, there was a lack of an overview over the examinations the patients were prescribed. The results were disseminated to the staff primo 2016 at a meeting, and the patients/ relatives were asked for solutions to the problem.

STRATEGY FOR CHANGE

Both intervention and implementation have been developed in an iterative process involving staff and using the principles of the Model for Improvement. Small scales testing of ideas were repeated while using continuous feedback from the multidisciplinary team at a weekly board meeting with repeating measurements to monitor processes and outcomes. The patients are asked (interview) if they feel involved and informed about the examination. Their comments are very motivating for continuous improvement among the staff.



New boards (45x60 cm) were provided, 1 nearby each patient's bed. On these boards the staff notes the date for an examination. It is marked on the board when patient examination information has been provided. When the patient and the relatives arrive at the department, they are informed about the board and it's function. The staff members have trained their ability in searching for the patient's instructions assisted by an experienced nurse. Flowchart at the wall. Progress Study-Act at weekly board meetings, including systematic use of patient feedback. Celebrating successful results.

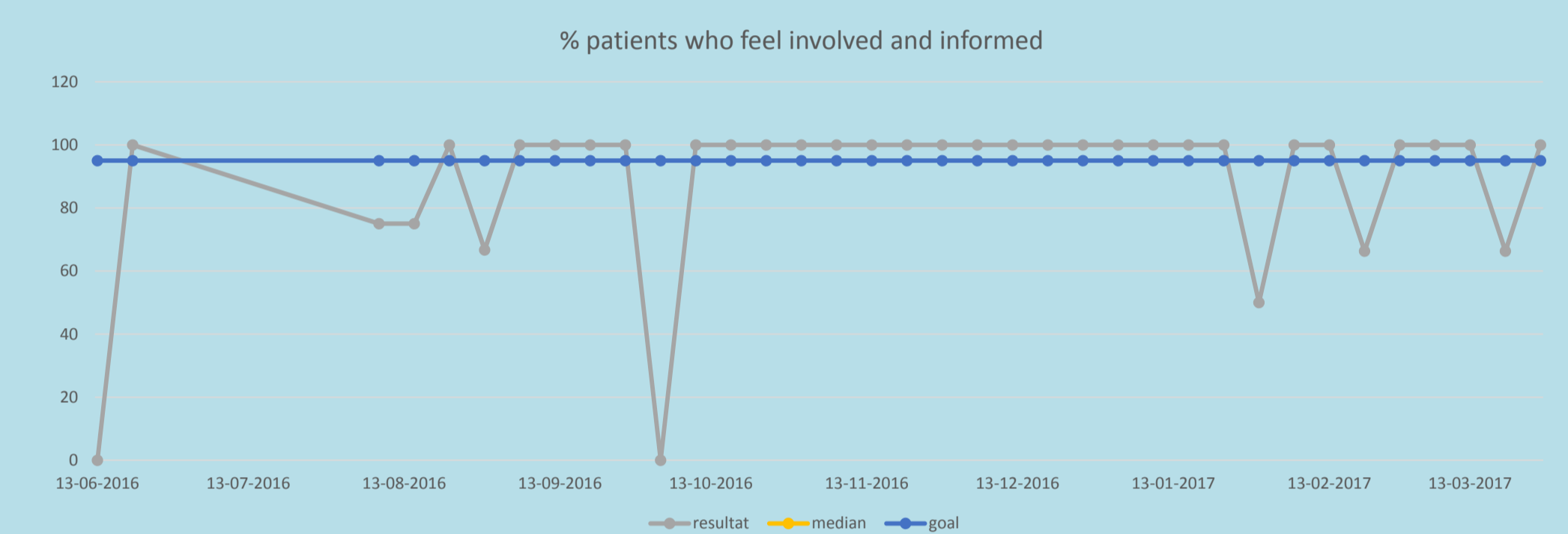
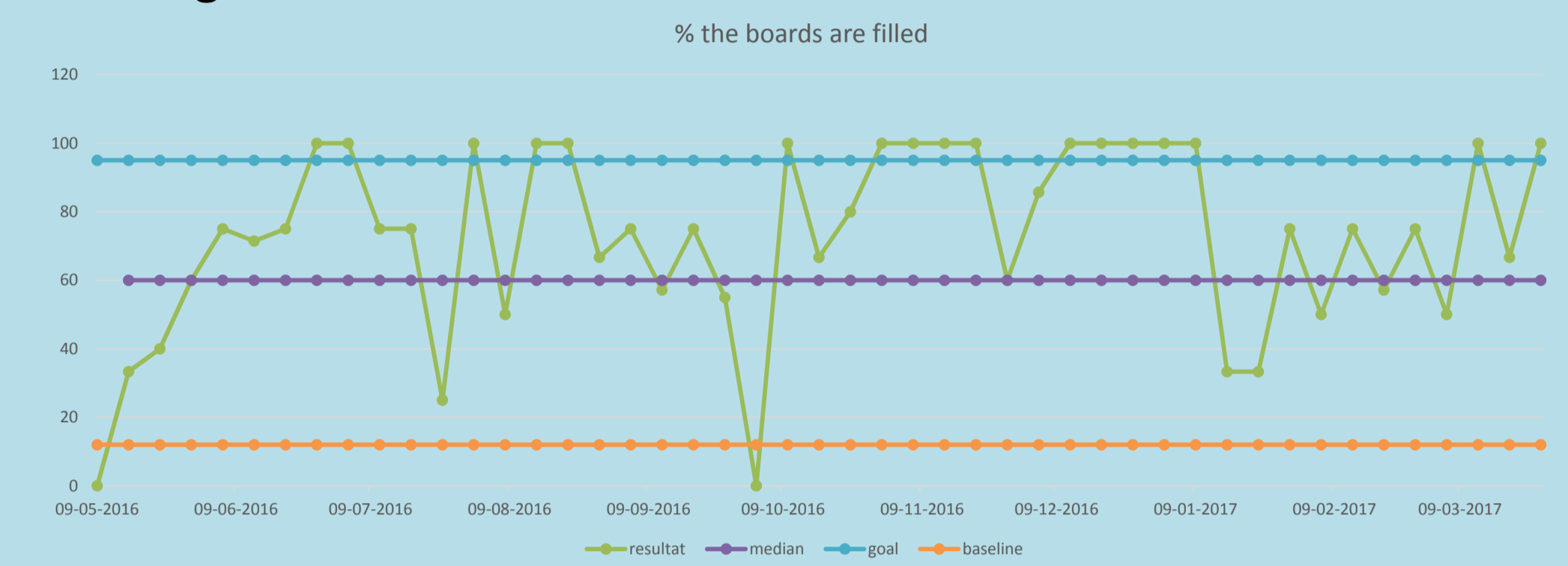


MEASUREMENT OF IMPROVEMENT

Process and outcome measures are monitored weekly at unit level. Measures are displayed in run charts added annotations to understand and analyse variation. The rule of a SHIFT (seven or more data points on the same site of the median) used to detect signals of change.

In December 2016, the results show that 100% of the boards are used as intended and 100% of the patients feel involved and inform – We reached the goal for both endpoints.

But in January 2017 the department moved to new locations, and it had negative influence on the work.



EFFECTS OF CHANGES

The improvement resulted in a standardized workflow that ensures information and sufficient involvement in planned examinations. For the patients, it means that they feel secure, and they are prepared for examination.

When the board is completed, the patient and the relatives feel involved. The staff knows when the patient has an examination, and whether consent has been given.

LESSONS LEARNT

Involve the patient and the relatives from the beginning of the project. Invite them to talk about their ideas for improvement. The patients' feedback and ideas are important. When the patient are involved the safety of the patient are improved, besides effectiveness of healthcare.

Important things we did:

- Perform workflow analysis as soon as possible in order to find the root cause and prioritize and accelerate improvement work
- Team thinking improved the quality of care
- During the implementation, we put focus on the project every day
- Patient feedback was a very strong driver.



On behalf of the improvement team, please contact Change and development specialist RN, Elsebeth Heuser eh@regionsjaelland.dk, for further information.

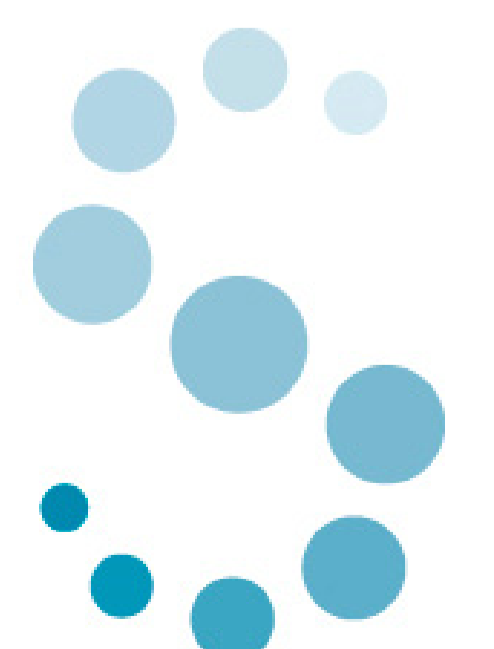


"I felt safe, when the porter picked me up – I knew where I was going"

"When I read the patient instructions, I knew I would say no thanks to the examinations"

"Because of the patient instructions, I knew, I was not allowed to eat breakfast"

REGION
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- vi er til for dig