UNIVERSITY OF GOTHENBURG
CENTRE FOR PERSON-CENTRED CARE

Health promoting person-centered care over the whole care chain

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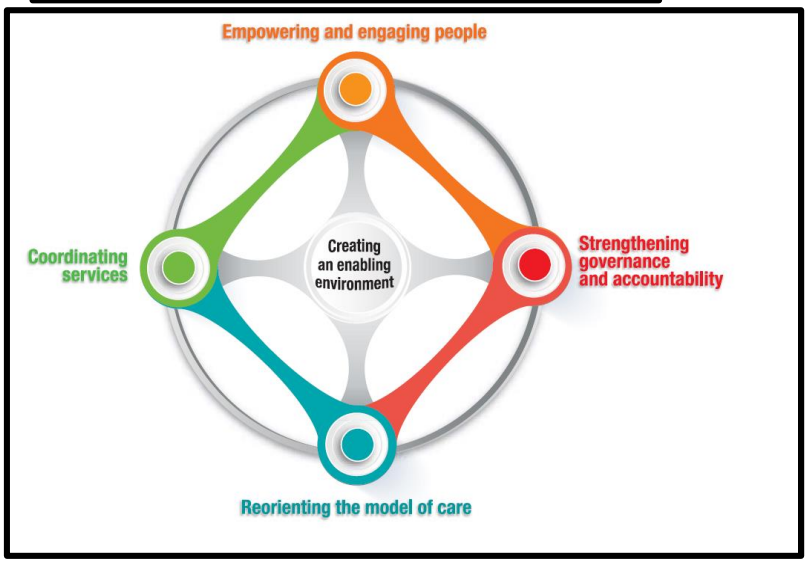
SWEDEN

The patient

A capable human being – a partner in care

WHO
PEOPLE-CENTERED CARE



PARTNERING WITH PATIENTS

British Medical Journal

Patient Engagement
Capturing The Patient Voice
Activation. Confidence. Inputs and Outcomes.

New England Journal of Medicine

Person - patient

- A patient is always a person
- A person is not always a patient

A person?

Someone who has capabilities

Someone who has self-respect

Sen A. 1993, "Capability and Well-being,"*The Quality of Life*, Oxford: Clarendon Press
Ricoeur Paul (1992). *Oneself as another*. Chicago: University of Chicago Press.;
Smith, C. (2010). *What is a person?* Chicago: University of Chicago Press.

A patient?

A capable human being

A partner in care

Ekman I, et al. Person-Centred Care – Ready for Prime Time. *Eur J Cardiovasc Nurs*. 2011;10(4):248-51.
Ekman I, et al. Person-centred care, - the Swedish initiative. *BMJ* 2015;350:h160

Capability theory

The capability theory doesn't give importance to commodities or the pleasure one derives from them; it stresses on people's opportunities to make use of them to achieve well-being.

Amartya Sen. Nobel Memorial Prize in Economic Siences 1998.

Sen A. 1993, "Capability and Well-being," in Nussbaum and Sen (eds.), The Quality of Life, Oxford: Clarendon Press

Capabilities approach

Pardigm shift

Societies and communities are store-houses of capabilities and resources that can be engaged

What is this person able to do or be?

Martha Nussbaum. Creating capabilites: The human Development Approach. Belknap Press of Harvard University Press, 2011, 20, 33-34.

EPF European Patients Forum

How you can make a difference!

Patient Empowerment Campaign

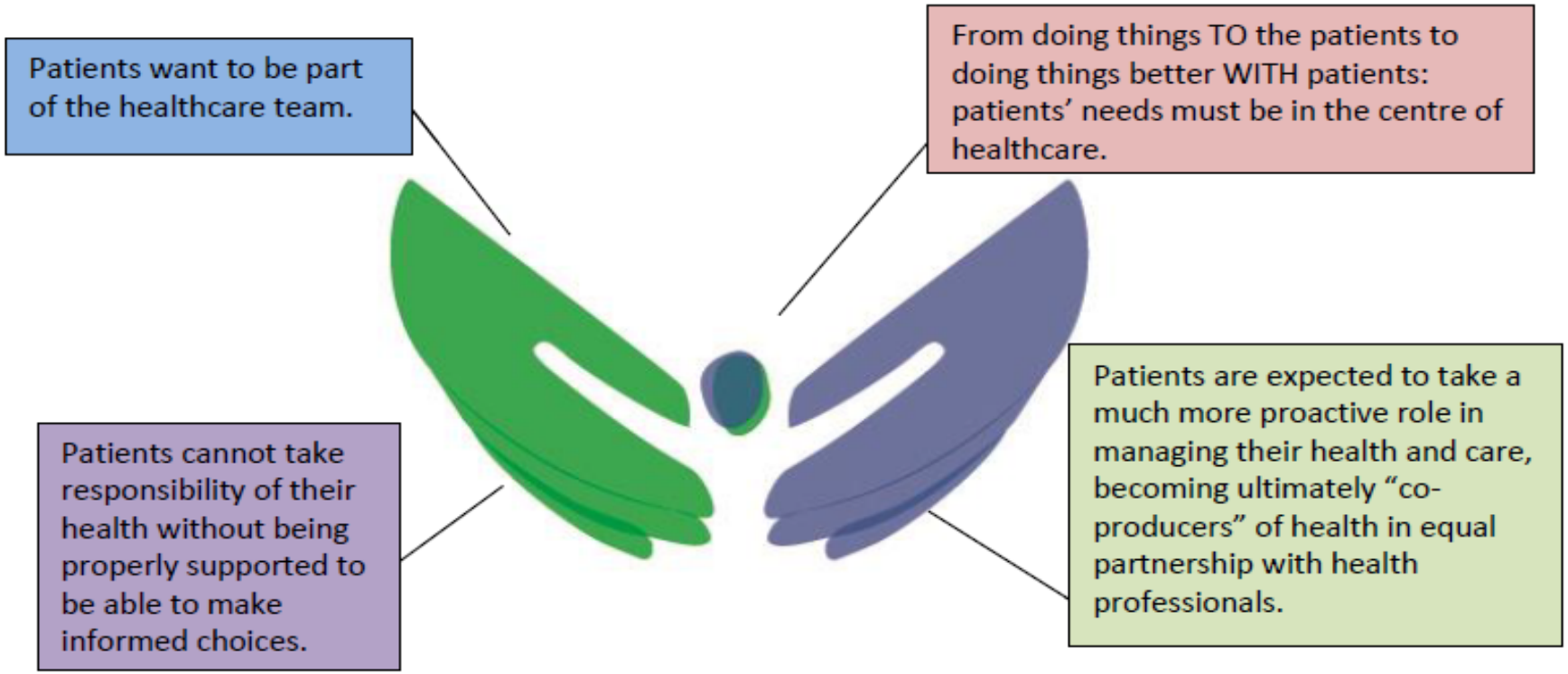
Patients prescribe E³ for Sustainable Health Systems

May 2015 – June 2016

The aim of the Patient Empowerment Campaign is to build the momentum for the real empowerment of patients in Europe and to promote the development and implementation of policies, strategies and healthcare and social services that empower patients to be involved in the decision-making and management of their condition.

CAMPAIGN LOGO

The logo represents the campaign's identity and the concepts behind patient empowerment:

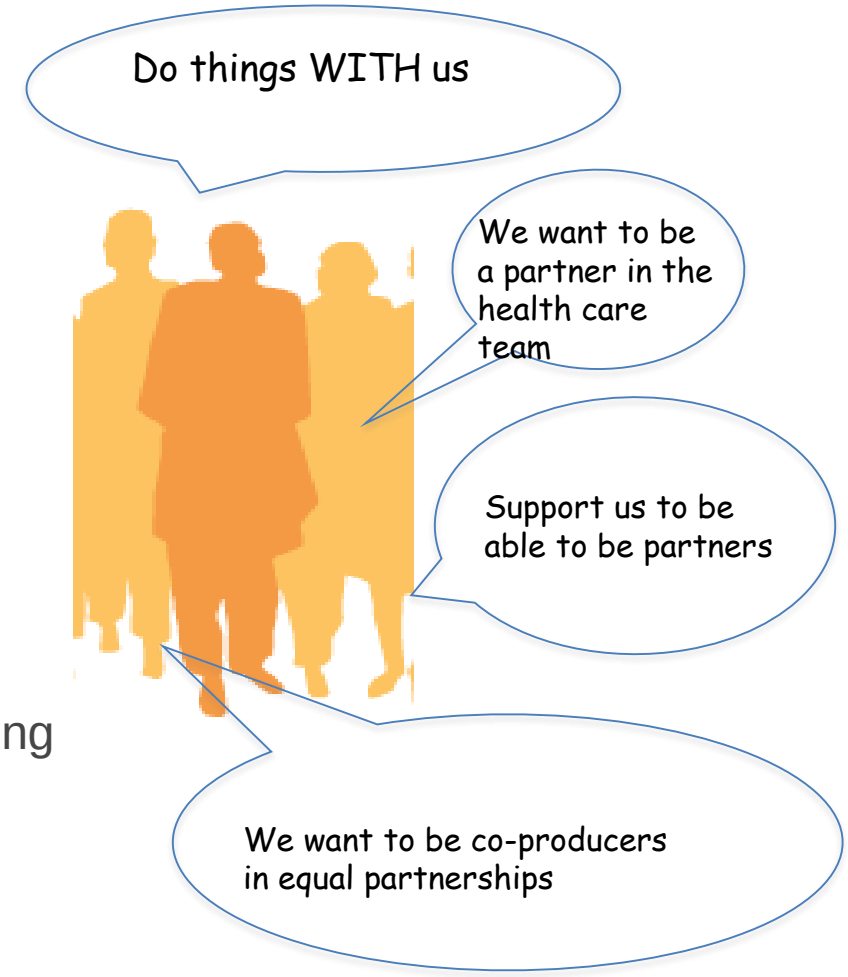


Building partnership

Initiating the **partnership** –
patient (and relative) narrative

Working the **partnership** –
mutual understading och creation of a health plan

Safeguarding the **partnership** - documenting the agreed goals and a health plan



Ekman I, et al. Person-Centred Care – Ready for Prime Time. *Eur J Cardiovasc Nurs*. 2011;10(4):248-51.
Ekman I, et al. Person-centred care, - the Swedish initiative. *BMJ* 2015;350:h160

Person-centredness in the hospital setting

Person-centred care process during hospital care

Usual care

Medical data-collection → Adding data- → Adding data → Adding data → Adding data → … etc → Discharge when possible

Emergency department

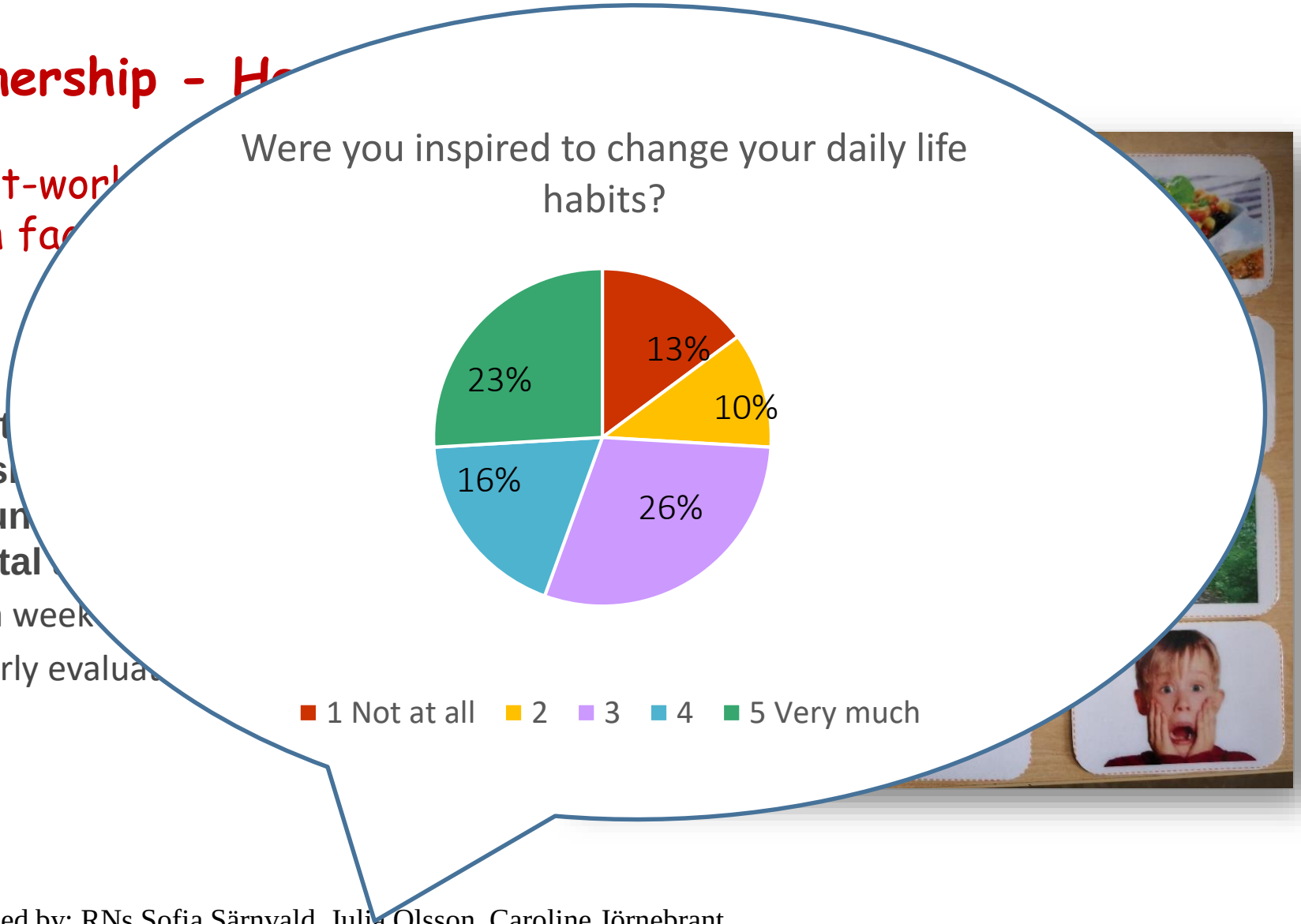
Person-centred care

Patient´s narrative
Medical data-collection → Teamdesicion
Care plan agreed on between
patient and professionals → Follow up
Care plan → Discharge according to the Care plan

Partnership - He

patient-worl
health fac

- **All pat**
  intensi
  care un
  hospital
- Once a week
- Regularly evalua



Developed by: RNs Sofia Särnvald, Julia Olsson, Caroline Jörnebrant.

Co-created Health Plan

- Dialogue about health state, resources and needs
- Together updating the Health Plan with goals and healthcare strategies

Female patient, 61 years old

Figure 1: Example of Person-centred care plan

Person – centred Care plan Resources / Barriers – Motivation – Personal goal
Goal setting (return to desired activity): To lower stress level, to calm down and do one thing at a time. To pursue more of own personal interests.
What and how should I do this? When? To learn to say 'no'. To dare ask for help. To not always try and do things on one's own.
My own resources and capabilities (How can I use these to achieve my goal?) Artistic and creative. Paints a lot and feels great doing that. Purposeful and decisive. Knows about her risk factors. Has good friends for support.
My need for support: Need to be in touch with a professional person (psychologist) to help with managing stress and finding tools to deal with internal stress

Team decision (A) To be completed by physician, nurse and patient		
PCC plan prepared prepared and agreed as per patient's requests and wishes	Yes	No
Discharge planning, anticipated discharge date: 05.12. 2013		
Next of kin informed about PCC plan in accordance with patient's requests and wishes:	Yes	No
Are there any anticipated complications in the PCC planning?	Yes	No
Anticipated complications If no coronary angiography: 4/12		
Signature patient C. Chaucat Date: 02.12.2013	Signature physician: H. Behrens Date: 02.12.2013	Signature nurse: H. Castorp Date: 02.12.2013

Wellbeing (B) Symptoms assessed by patient every 48 hours					
	Day 1	**Day 3**	**Day 5**	**Day 7**	**Discharge day**
Date					
Dyspnoea [4] (1-5)	3	1			1
Fatigue [4] (1-5)	4	2			3
Health [5] (0-10)	5 - 6	4 - 5			4
Pain [5] (0-10)	8	3			3
Sleeping well (yes/no)	No	No			No
Depression [5] (0-10)	4	2			2 – 3
Anxiety [5] (0-10)	4	4			6
Other symptoms	Numbness left arm				

4: Likert scale, 5: Visual Analogue Scale

Evaluation (C) by patient		
I was involved in my care planning	Yes	No
I was involved in discharge planning in a satisfactory way	Yes	No

Continued PCC plan (C) Patient keeps PCC care plan and brings it to appointment
2 days after discharge the patient will be contacted by primary care centre
Contact at primary care centre: L. Settembrini Telephone number: 022 345 678

A= Patient narrative; B= Symptom monitoring; C= Evaluation/discharge planning

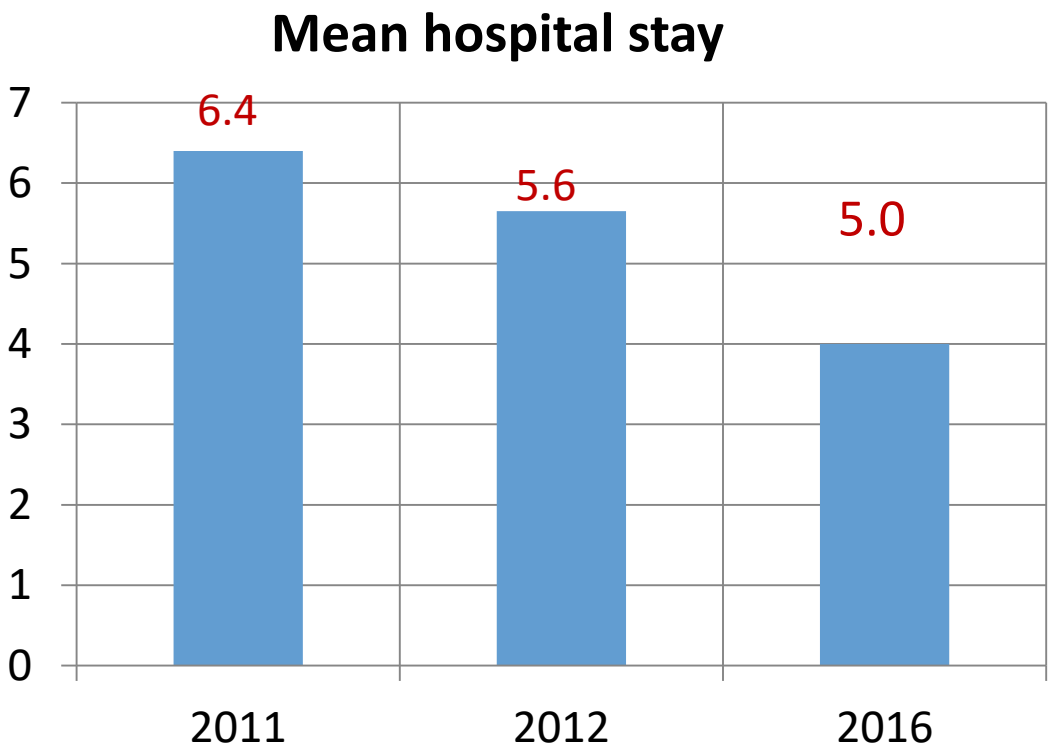
Effects – hospital care

- Reduced uncertainty in illness
- Improved self-efficacy
- Reduced symptom burden

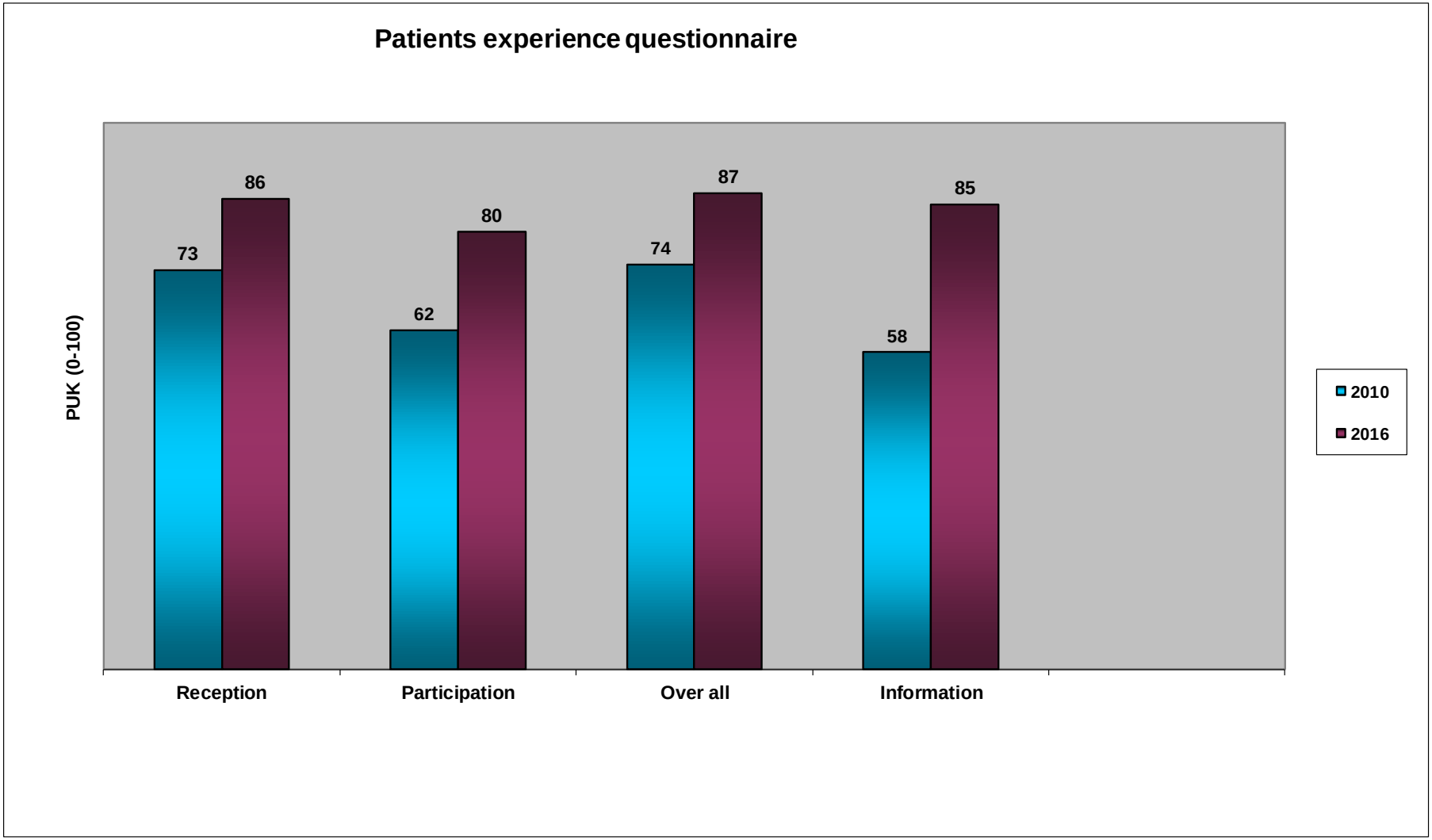
- 30 % - 50% reduction in hospital days
- Improved discharge processes
- 40 % reduced cost for care

Olsson L-E et al: Journal of Orthopaedic Surgery and Research, 2006, 1:3.
Ekman I, et al: European Heart Journal, 2011, 32:2395–2404.
Olsson LE et aI: Journal of Advanced Nursing, 2007, 58(2):116-25.
Olsson LE, et al: Journal of Advanced Nursing, 2009, 65(8):1626-1635.
Dudas K, et al Eur J Cardiovasc Nurs. 2012; 12(6) 521–528
Ulin K, Olsson LE, Wolf A, Ekman I. Eur J Cardiovasc Nurs. 2015 Feb 3.

Hospital stay (internal medicine) after implementing more person-centred care

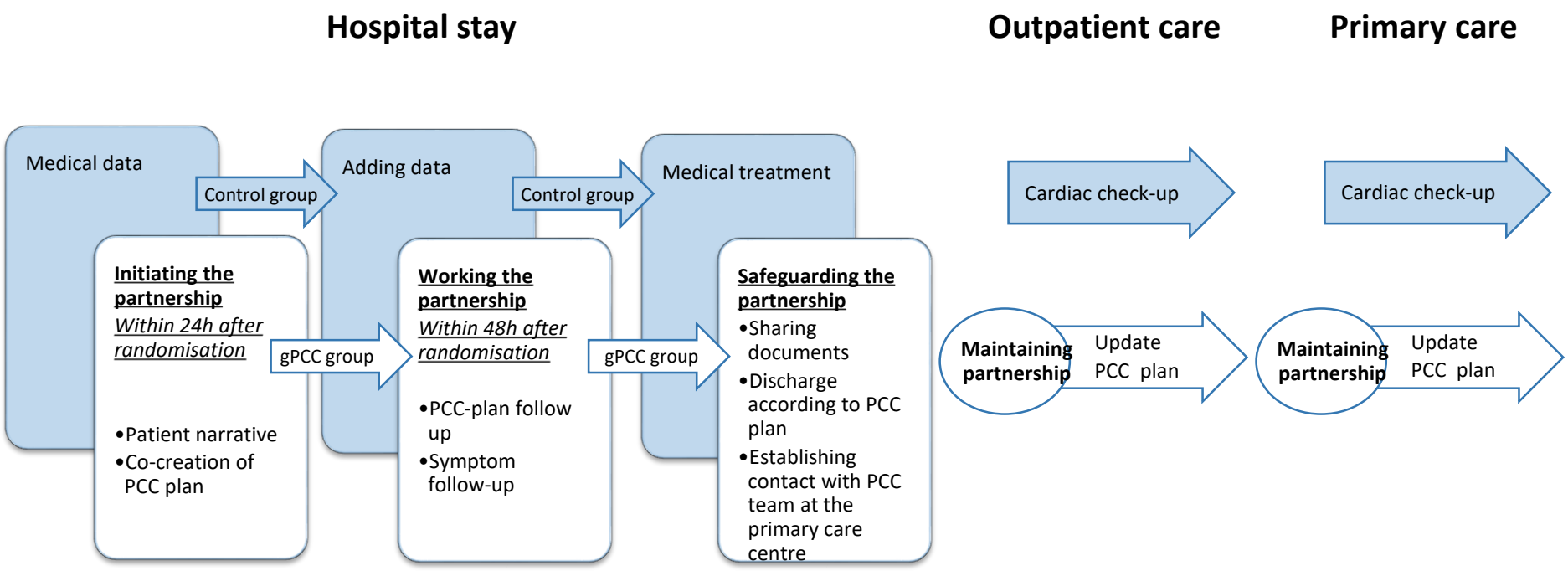


National survey on patient satisfaction with care



Personcentredness in primary care

Person-centred health plan over the whole care chain



Fors A, et al. Int J Cardiol. 2015

Co-created health plan

Female patient, 61 years old

The patient´s goal

Activities to reach the goal

The patient´s capacities

What support is needed?

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My need for support: Need to be in touch with a professional person (psychologist) to help with managing stress and finding tools to deal with internal stress

Effects – over the whole care chain

Three times increased chance after an event of acute coronary syndrome to:

Return to previous activity (e.g work)

Not experience a cardiovascular event or death

Increased self efficacy

Better effects in those with low education

Sustainable effects 2 years

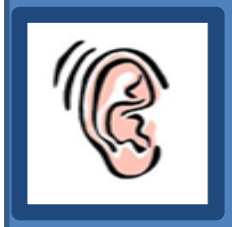
Fors A, et al. Int J Cardiol. 2015; 2017

Effects of PCC in out-patient care in Rheumatology

Reduced fatigue
Increased muscle strength
Increased self-efficacy
Increased self-reported health

Feldthusen C et al. Arch Phys Med Rehabil. 2015 Oct
Larsson A, et al. Arthritis Res Ther. 2015; 18;17:161.

Actions based on GPCC routines



1) Establish the person's narrative by active listening/appreciative

2) Agree and formulate a plan together based on shared decision making

3) Safeguarding the partnership, document in a co-created care or support plan

4) An agreement to act in conjunction with the person their network and other professionals to coordinate the care plan

Components (processes and outcomes)

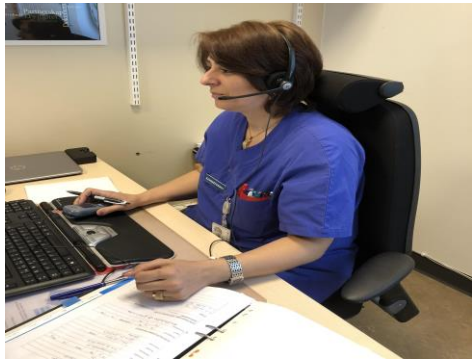
- Information gathering and sharing
- Knowledge of person and familiy
- Goal setting/personal outcomes
- Empowerment/ Activation
- Self Management
- Involvement of Carers
- Support for shared decision making
- Co-created plan of care
- Coordination of care/ support within and across teams
- Medication review/plan
- Continuity of care (regular appointment and follow up)

The Primary Care Group at Plymouth University. Measures for Person Centred Coordinated Care, http://p3c.org.uk/; 2016.

RESEARCH ARTICLE

Effects of a person-centred telephone-support in patients with chronic obstructive pulmonary disease and/or chronic heart failure – A randomized controlled trial

Andreas Fors[1,2,3]*, Elin Blanck[1,2], Lilas Ali[1,2], Ann Ekberg-Jansson[4,5], Michael Fu[6], Irma Lindström Kjellberg[1,2], Åsa Mäkitalo[7], Karl Swedberg[2,6,8], Charles Taft[1,2], Inger Ekman[1,2]



Composite end-point: General self-efficacy, re-hospitalization and death.

- More patients in the control group deteriorated compared with the intervention group ($p = 0.039$).

Co-created health plan

PLAN 1) Today we have talked about: I live a good life with family and friends. I go to the gym and cycle about 15 km at least 3 times a week, paint, read, solve crosswords. I am out walking but the limit is 4,000 steps because I cannot cope, it feels like something is pushing over the chest, this is stressing me.
I would like to walk at least 10,000 steps.
To be able to do this, I will try to increase my walking with 500 steps, then increase it gradually

Resources and abilities that help me are support from my husband, I am positive, motivated, active and have a good mood.

The next call we have booked until January 6 at. 11:00.

PLAN 2) Today we talked about: I feel really nice, have been to the Canary Islands for a week and enjoyed it, a lot of walks at least 1 km a day. Experience no breathlessness or fatigue.
I would like to be able to: start playing golf with my grandson.
To be able to do this: I have to get the strength back I have to walk more, cycle and possibly work with dumbbells.
My resources are the same as mentioned in previous health plans

A multilateral partnership

- The health Plan is continuously updated
- Resources and needs are identified
- Responsibilities are clearly distributed
- All part of one Health Team

Personcentredness in community care

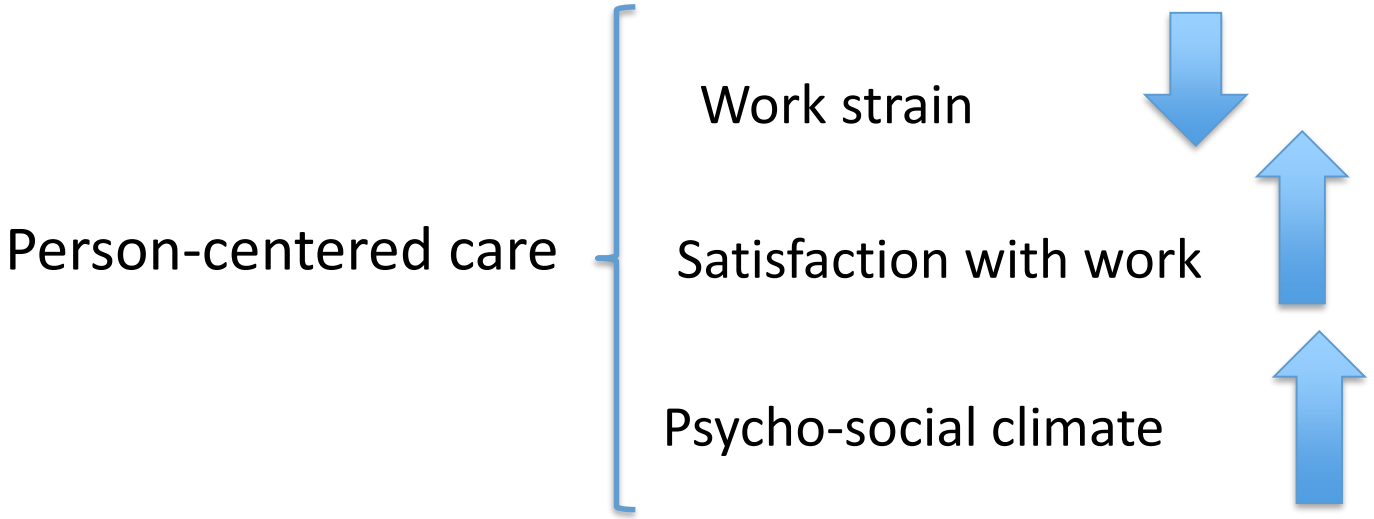
Effects of person-centred care in palliative home care

A randomized controlled study in 72 patients

- Improved quality of life
- Reduced symptom burden
- Reduced number of hospitalizations
- Improved use of evidence-based drugs
- Cost-effective

Brännström M & Boman K. Eur J Heart Fail 2014;
Markgren R et al. BMJ Support Palliat Care 2019;
Sahlén KG et al. Palliative Medicine 2016.

What about staff ?



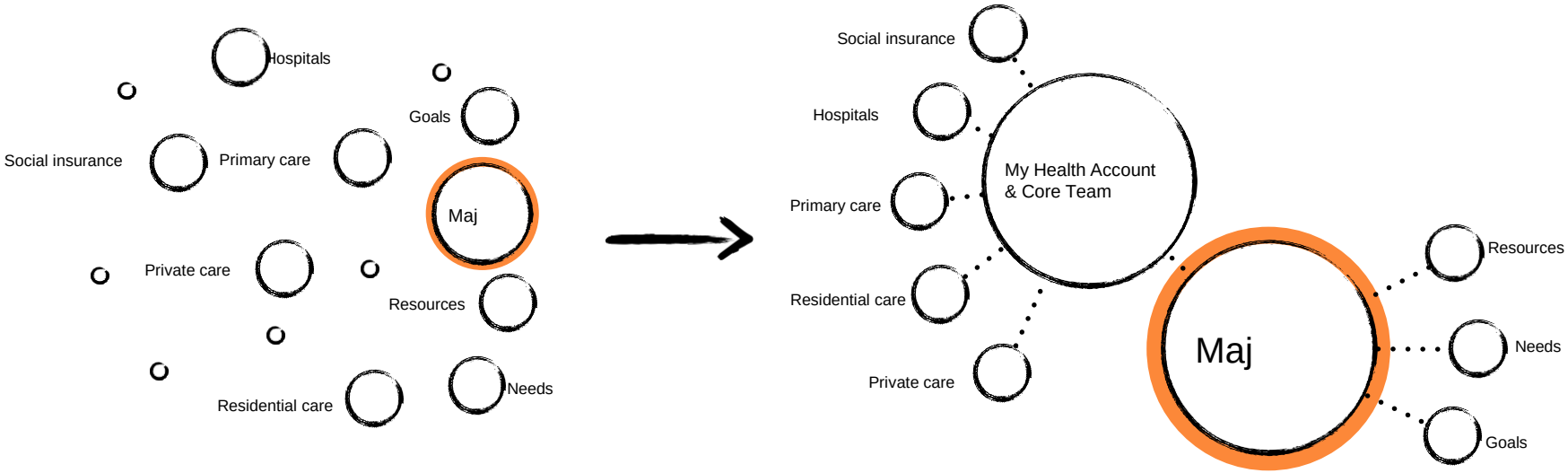
Sjögren K, Lindkvist M, Sandman PO, Zingmark K, Edvardsson D. To what extent is the work environment of staff related to person-centred care? J Clin Nurs. 2015 May;24(9-10):1310-9

PCC Game

down-load in Google Play or App store

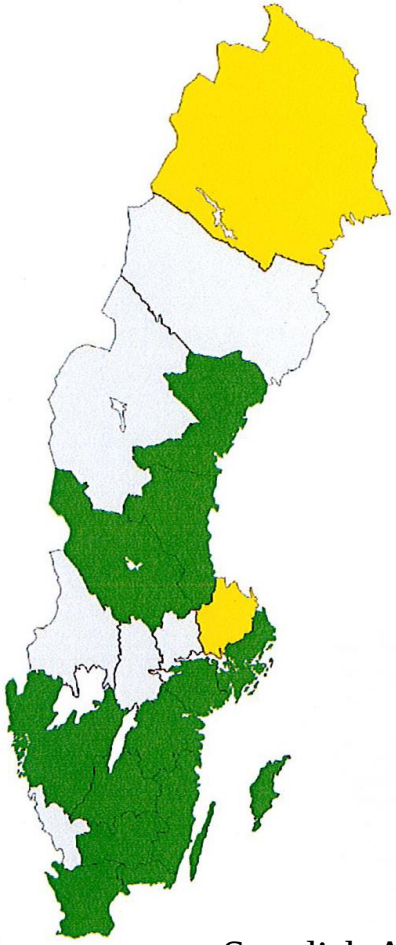
Free

A radically transformed mindset & system



The transformation

Reactive expert care	→	Preventative self assessment
Patient meets expert	→	Shared expertise
Bedridden at hospital	→	Local care & partnerships
Hierarchical, public rounds	→	Equal & personal dialogue
Separate healthcare systems	→	A core team & seamless system



15/21 regions in Sweden have decided to implement person-centred care

Swedish Association of Local Authorities and Regions

Minimal Patient Involvement in Person-Centred Care

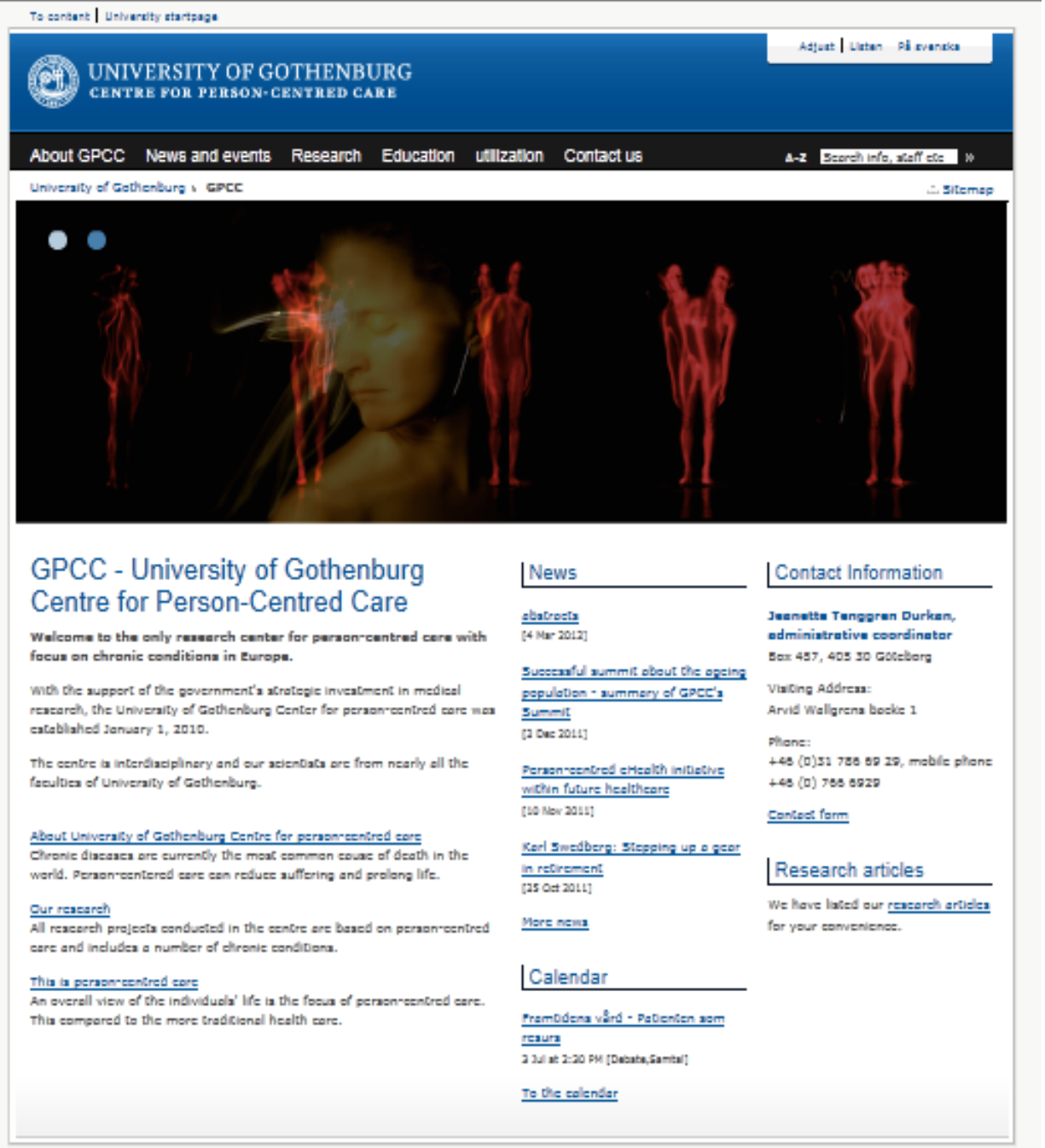
CEN/TC 450 **N 111**

CEN/TC 450
Patient involvement in person-centred care

Email of secretary: sarah.sim@sis.se
Secretariat: SIS (Sweden)

European Network for cost containment and improved quality of health care

www.costcares.eu



www.gpcc.gu.se

http://www.facebook.com/gpcc.gu

Blogg: Person-centredness
http://gpccpeople.com/

Twitter:@symptomsonthego
@tdjeanette

Summary

- In a person-centred approach a patient and relatives are capable partners in care
- A person-centred approach is feasible in all conditions
- Person-centred care make patients more satisfied with care and is cost-effective