Strengthening patient voices in quality improvement of palliative care pathway in a Norwegian hospital

Asbjørnsen, R. A., Firing, N. C., Wike, M., Kandal-Wright, A. J., & Hammer, S. V.
Vestfold Hospital Trust, Norway 2015.

Background

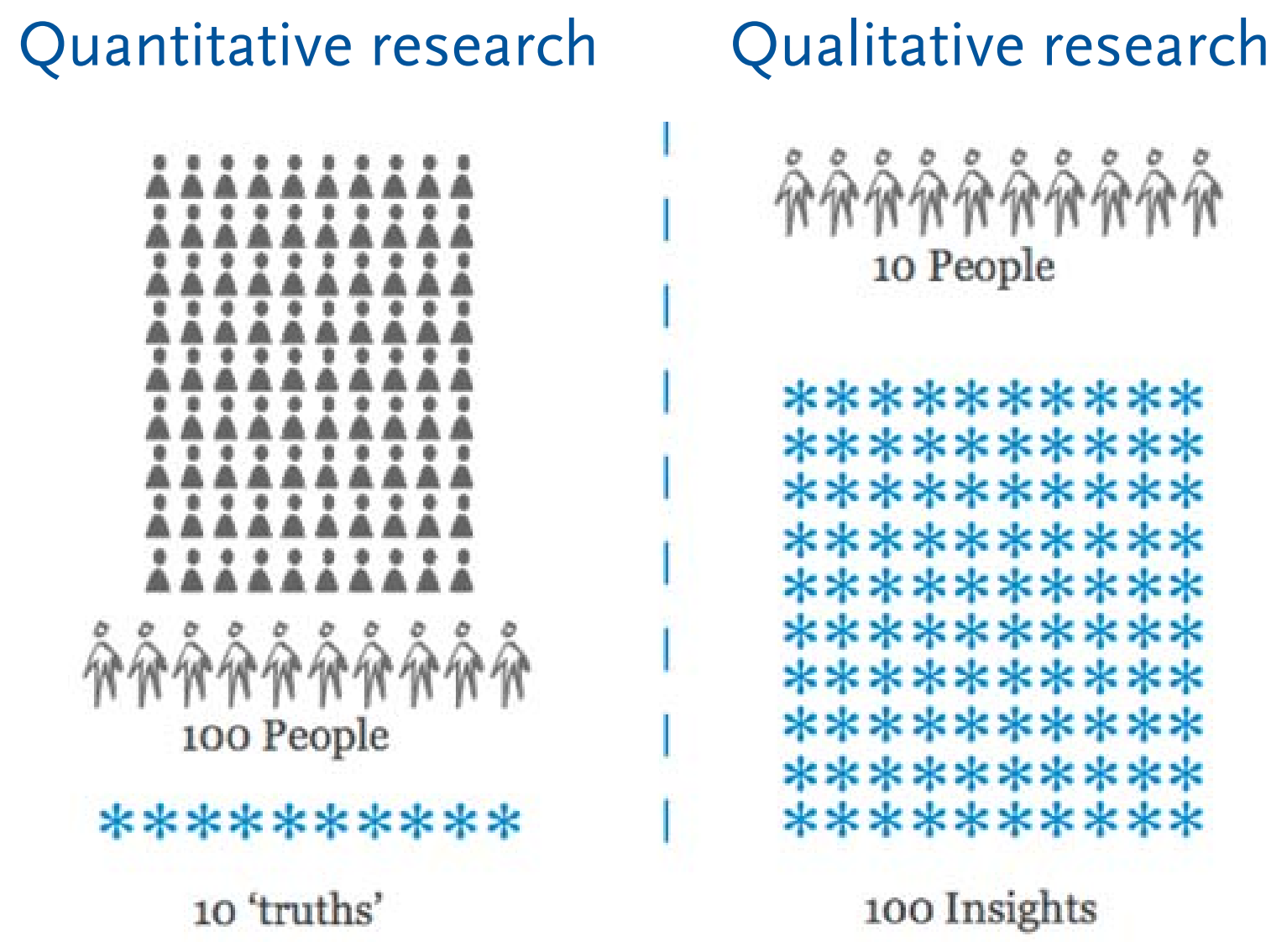
Vestfold Hospital Trust is a public hospital situated in southeast Norway, delivering somatic, psychiatric and specialized rehabilitation services to 220.000 inhabitants. Improvements of clinical pathways are usually not focused on user-knowledge and -experience, and are often developed by healthcare personnel. The main objective in this project was to actively use patients´ and users' experiences in design and improvement of services.

Aims or goal of the work

- To develop a standardized, evidence-based patient pathway
- To ensure good quality of services to patients and their families where treatment and care meets physical, psychosocial and existential needs
- To implement common recommended palliative tools for measuring patient reported outcome measures
- To actively patients and users in design and improvement of health services

Design, methods and approach taken

The Cancer Patient Experiences Questionnaire developed by The Norwegian Knowledge Centre for the Health Service was used. 30 patients answered the survey electronically by touch-technology during their hospital visit. Additionally 4 in-depth interviews were performed to better understand patients and their relatives´ needs, resulting in a movie to strengthen the patient's voice. The movie is used to inspire quality improvement and culture change needed in the hospital, by letting the patients tell their own experiences and story.



Results

The patient response indicates both patient satisfaction with the current service and important areas to improve.

Lessons learned

Ethical aspects should be taken into account when involving palliative patients in improvement projects. Still, their contribution to improve treatment and care is very important, as valuable insights are provided about the content and structure of the service, and how it is delivered. Information technology can facilitate participation in questionnaire surveys.

Conclusion

People may have multiple roles over a lifespan, and we may all be service users at some time. By using different methods and techniques to capture users' needs and experiences the patient voice is strengthened in quality improvement.

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Improving clinical palliative cancer pathways

Firing, N. C., Asbjørnsen, R. A., Mikkelsen, M. D., Dale, P.O., Andersen, O. K., Sandbu, R., Wike, M., Moll, M., Bjelland, M., Tønnesen, M. & Hammer, S. V.
Vestfold Hospital Trust, Norway 2015.

Background

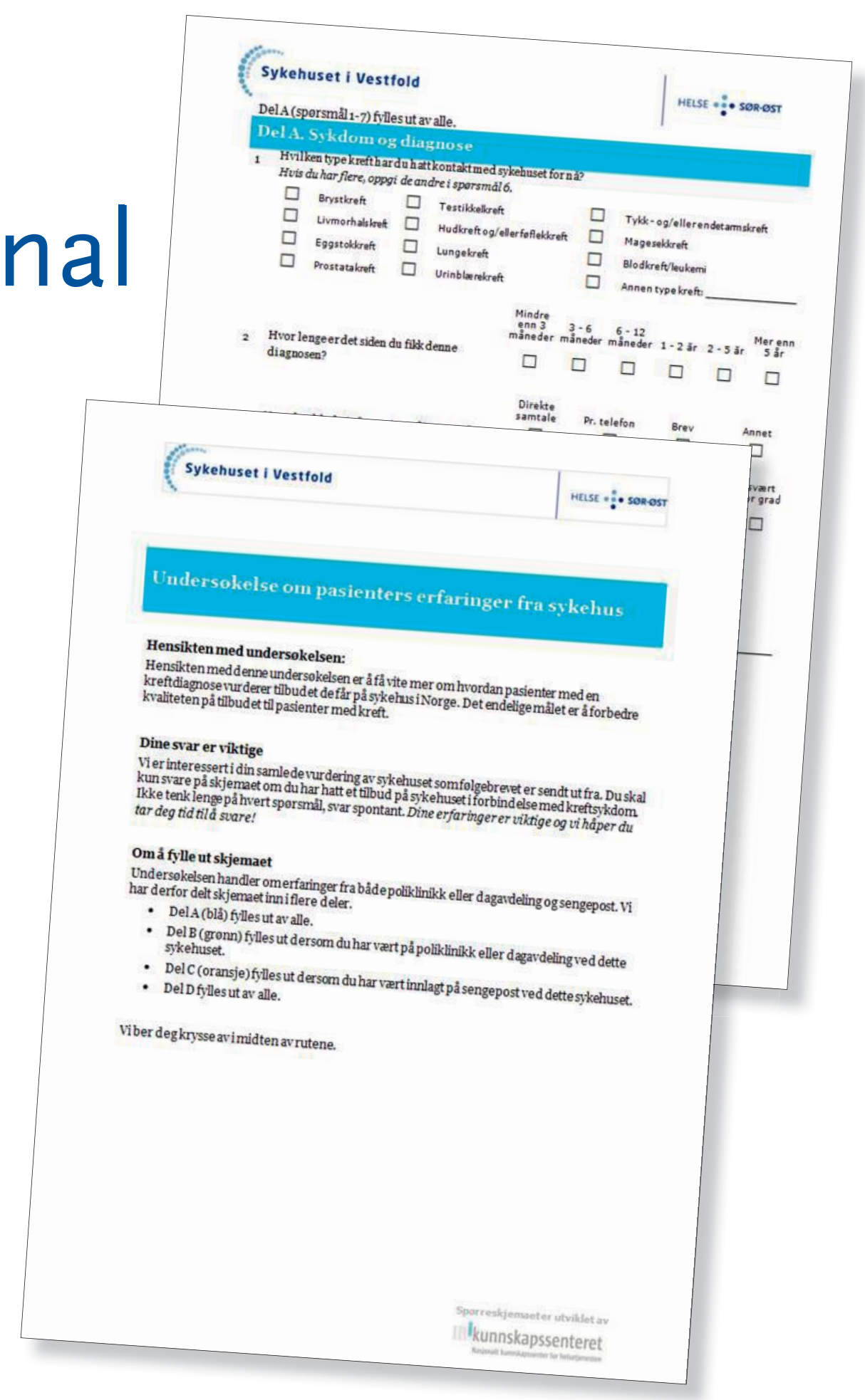
Spring 2014 we started a project to evaluate and improve quality of the palliative cancer pathway in the hospital.

Aims or goal of the work

- To develop a standardized, evidence-based patient pathway
- To ensure good quality of services to patients and their families where treatment and care meets physical, psychosocial and existential needs
- To implement common recommended palliative tools for measuring patient reported outcome measures
- To actively involve patients and users in the design and improvement of health services

Design, methods and approach taken

Redesign method was used to develop a coherent palliative cancer pathway based on national guidelines, together with patient representatives, a multidisciplinary clinical team, general practitioners, staff and cooperating municipalities. Data was collected from hospital registers about readmission, length of stay and procedures done, next to data from the Norwegian Cause of Death Registry. Baseline measurements were also performed including audits of patient journals based on a defined set of quality indicators. A Cancer Patient Experiences Questionnaire was performed on 30 patients, together with 4 in-depth interviews with patients and relatives.



Sykehuset i Vestfold
HELSE SØR-ØST

Del A (spørsmål 1-7) fylles ut av alle.

Del A. Sykdom og diagnose

1 Hvilken type kreft har du hatt kontakt med sykehuset for nå?
Hvis du har flere, oppgi de andre i spørsmål 6.

☐ Brystkreft
☐ Livmorhalskreft
☐ Eggstokkreft
☐ Prostatakreft
☐ Testikkelkreft
☐ Hudkreft og/eller føflekkreft
☐ Lungekreft
☐ Urinblærekreft
☐ Tykk- og/eller endetarmskreft
☐ Magesekkreft
☐ Blodkreft/leukemi
☐ Annen type kreft: ____________

	Mindre enn 3 måneder	3 - 6 måneder	6 - 12 måneder	1 - 2 år	2 - 5 år	Mer enn 5 år
2 Hvor lenge er det siden du fikk denne diagnosen?	☐	☐	☐	☐	☐	☐

Direkte samtale
Pr. telefon
Brev
Annet

Sykehuset i Vestfold
HELSE SØR-ØST

Undersøkelse om pasienters erfaringer fra sykehus

Hensikten med undersøkelsen:
Hensikten med denne undersøkelsen er å få vite mer om hvordan pasienter med en kreftdiagnose vurderer tilbudet de får på sykehus i Norge. Det endelige målet er å forbedre kvaliteten på tilbudet til pasienter med kreft.

Dine svar er viktige
Vi er interessert i din samlede vurdering av sykehuset som følgebrevet er sendt ut fra. Du skal kun svare på skjemaet om du har hatt et tilbud på sykehuset i forbindelse med kreftsykdom. Ikke tenk lenge på hvert spørsmål, svar spontant. *Dine erfaringer er viktige og vi håper du tar deg tid til å svare!*

Om å fylle ut skjemaet
Undersøkelsen handler om erfaringer fra både poliklinikk eller dagavdeling og sengepost. Vi har derfor delt skjemaet inn i flere deler.

- Del A (blå) fylles ut av alle.
- Del B (grønn) fylles ut dersom du har vært på poliklinikk eller dagavdeling ved dette sykehuset.
- Del C (oransje) fylles ut dersom du har vært innlagt på sengepost ved dette sykehuset.
- Del D fylles ut av alle.

Vi ber deg krysse av i midten av rutene.

Spørreskjemaet er utviklet av
kunnskapssenteret

Results

20 areas of improvement were identified during the redesign process and by analyzing the data.

Main areas to improve are:

- Patients receive different level of quality of treatment and care depending on ther cancer type / diagnosis
- The organization and treatment in the acute care department
- Professional communication skills
- To strengthen the offer and systematic information about support treatment integrated in the pathway
- Unclear responsibility of follow-up in pain treatment
- Assertive community team
- Strengthen the follow-up program of relatives

Conclusion/lessons learned

In palliative treatment and care it is important to develop a standardized patient-centered pathway were shared decision making and individual needs are taken into account, as this patient group will have different individual needs along their patient journey.

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Improving emergency admissions in palliative cancer pathways

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Vestfold Hospital Trust, Norway 2015.

Background

Patients with advanced cancer are often admitted to hospital emergency departments, although this may not always be medically indicated.

Aims or goal of the work

The main objective is to ensure equitable and coherent services to palliative cancer patients, were patients and users experience high quality of services during the emergency admission.
Patients do often experience a long admission process in the emergency department, and the organization, competence and quality of services are in many cases experienced as not satisfactory.

Design, methods and approach taken

Redesign method was used to analyze the emergency admission process in the acute department, of a Norwegian hospital, to hospitalization in the oncologic department. Data was also collected through semi-structured interviews of patients assessing their opinion about the admission process, next to medical data from hospital records indicating the amount of patients, when they arrive (time / day), their age and diagnostic background.

Results

Interesting results where revealed, that also confirmed our hypothesis. The following improvement areas were identified:

- Development of a direct form to palliative cancer patients, that contain latest discharge summaries, updated drug list, and their treatment plan, to facilitate the admission process with direct discharge to oncologic department
- Changing the responsible physician from intern to resident to secure competence level
- The time of receipt; Patient should only encounter a team once and tell their story only one time
- Intervention for pain management; an updated drug list must be in the patient's electronic record, to ensure that patients receive their prescribed drugs at dosing time. Relevant outcome measures are reduced pain relief.

Conclusion/lessons learned

Emergency admissions may be experienced as stressful events for palliative patients and relatives. By improving simple procedures, redesign the current process and higher the level of expertise, we can improve the emergency admissions process for palliative cancer patients.

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