

The Patient's Voice: A Qualitative Study of Embedding Person- Centred Care with Outpatients in Chronic and Complex Services



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Organisational Study Setting



- Nepean Hospital, NBMLHD,
Western Sydney, NSW
- 3 Clinical areas -Geriatric,
Rehabilitation and Chronic Pain
Outpatients Services
- Multidisciplinary Teams –
Consisting of Medical, Nursing
and Allied Health staff



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Services

- Access is by a referral from a GP or Medical Specialist
- Services include MDT assessment and treatment by medical and allied health clinicians
- Group programs
- Individual sessions



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Research Overview

Question

- How is person-centred care (PCC) embedded in planning and treatment processes for chronic and complex outpatient's services?

Aims

- How to best represent the views of the patients and generate patient engagement
- Create pragmatic solutions to enhance healthy partnerships (patients and clinicians)
- This translational research study will make recommendations about PCC within context of MDT

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Research Significance

BETTER PATIENT
AND CONSUMER
EXPERIENCES



- Gap in the knowledge as to how PCC is embedded in the planning and treatment process for patients (Hamilton et al 2016)
- PCC is essential for quality and safety in healthcare (Pelzang 2010, Ekman et al 2015 and Joseph-Williams et al 2014)

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Person-Centred Care

- Definition - treating the patient as a person not just as a diagnosis 'respectful and responsive to the values of patients and consumers'
- Partnership between patient and clinician (Delaney 2018)
- Patient experience linked to quality and safety (Doyle, Lennox & Bell 2012)
- Domains of person-centred care (Australian Commission on Safety and Quality in Healthcare 2011)

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Research Overview

Participants - Patients and Clinicians within Chronic and Complex Services

- Participants –13 patients and 7 clinicians
- Clinicians - Physiotherapists, Geriatric and Rehabilitation Specialists and a Social Worker
- Falls Program, Chronic Pain Programs, Hydrotherapy and Rehabilitation Gym

Methods

- Exploratory qualitative design with semi-structured questions
- Focus group discussions & interviews
- Thematic analysis of data with reference to domains of PCC (Braun & Clarke 2006)
- Discussion and Recommendations

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Research Questions

- In the discussion with your clinicians how were your *preferences* for treatment taken into consideration?
- How would you describe the relationship you have with your treating team? (*emotional support*)
- What *information* relevant to your condition or concerns were you given by your team?
- What did you learn in treatment?

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Limitations

- Excluded patient participants were not engaged and motivated
- Cultural bias- physiotherapist and researcher
- LNR study -excluded patients from NESB, patients with major depression or acute illness
- Limited to Nepean Hospital

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Results

Themes

- Emotional Support
(including social support)
- Continuous Planning and
Treatment
- Learning and
Empowerment



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Results-Continuous Planning and Treatment

Patient Experience

- Autonomy –when it was present patients flourished
- Support with treatment preference eg hydrotherapy
- Focusing on goals
- Functional gains. Patient said that physiotherapy ‘fixed a lot of issues that I had with my legs’ He described a process of change wheelchair bound to walking

Clinician Experience

- *“I give them options, this is the diagnosis, this is the treatment, well how do you feel about it?”*
- *‘I do whatever is in the best interests of the patient, not what is in the best interest of the doctor’.*
- Treatment planning was a fluid and changeable process that happened during the journey

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Emotional Support (including social support)

Patient Experience

- *“They (the team) sense when I am not ok” “They (the clinicians) all listened. I was really impressed and thought yep right go with it (falls program)”*
- *“Sharing with them (the group) was good psychologically, with chronic illness, mental health is so important”*
- *“It’s a supportive environment, I became friends with other patients here”*
- Witnessed kindness being given by staff to other patients, helped to build connection



Clinician experience

- One physiotherapist stated, *“They don’t want to stop coming”* and one doctor said, *“They just wanted to have a chat”*. Social aspect of treatment was an intrinsic part of care.
- *“Listening is the basis of everything”*
- Values brought into therapeutic relationship -*“how I want to be treated”* and *“I give the best part of me”*.

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Learning and Empowerment

Patient Experience

- A patient believed that he was going to be confined to a wheelchair. After the group he changed his views and knew he could keep mobile
- *"I make sure I walk around properly and do things like that, you know". Patient expressed confidence in her ability to prevent further falls*
- Increased confidence in their own abilities after learning strategies of how to manage their disability.

Clinician Experience

- *"Drip feeding of information with clear simple instructions"*
- Communication needs to be *"clear, brief and appropriate"*
- Overloading patients with information was counterproductive (eg hiding leaflets in drawer)

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Discussion and Recommendations

- Facilitators to PCC – emotionally supportive relationships with staff enabled decision making and motivation
- Recommendation is for education of staff about building therapeutic relationships. Lack of training in appropriate communication skills (Opsommer & Schoeb 2014)

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Recommendations

- Research has showed that social support relieves physical and social pain. (Sambo et al 2010, Brown et al 2003)
- People with chronic illness report social isolation as a result of the decline in functional ability (Perissinotto, Cenzer & Covinsky 2012).
- Evidence that effective healthcare can be delivered in a group setting: for example, in a **shared medical appointment** as a treatment option for patients with chronic illness (Hayhow, Verma, & Kumar 2017, Edelman et al 2015)

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Recommendations -

- Clinicians have limited capacity to provide emotional connection so adequate support is needed from organisation (Mannion 2014)
- Hostile behaviour towards patients is be caused by staff burnout (Kumar 2016).
- Opportunity for staff to attend reflection groups or '**Schwartz Rounds**' (Hawkes 2015)
- Facilitated reflection of patient journey – improve empathy
- Strategic plan regarding supervision for all staff

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Recommendations -Review models of care for patients with chronic illness

- Quality project of co-design incorporating patient perspectives in services
- Education to suit the person's learning style (Brooks et al 2017).
- Trial new model of care in the case conference (patient present) taking into account patient preferences and values (Hamilton et al 2016)

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Summary

- Further research into models of care that support these patients preferences including more group treatment for patients
- Review of group support and supervision for clinicians to provide PCC in our health services
- Education and training for staff on how to embed PCC in healthcare

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