

# How to implement a successful partnership between patients, health care professionals, and managers, and its effects on healthcare quality and safety: A focus on managerial practices

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# Research Context

- ▶ **Research project:** *”Impacts of patient partnership on healthcare quality and safety improvement”*
  - Financed by CIHR, Partnerships for Health System Improvement (PHSI)
  - 2014-2017
  - Current status: Analysis of data from the first data collection period (of three periods)
  - Main objective: Study the implementation of different models of engagement and their impact on quality and safety improvement
  - Multiple case study (6 health care organizations in the province of Quebec)
  - Mixed methods
- ▶ **Today’s presentation:** Preliminary results from first data collection and on 4 selected cases

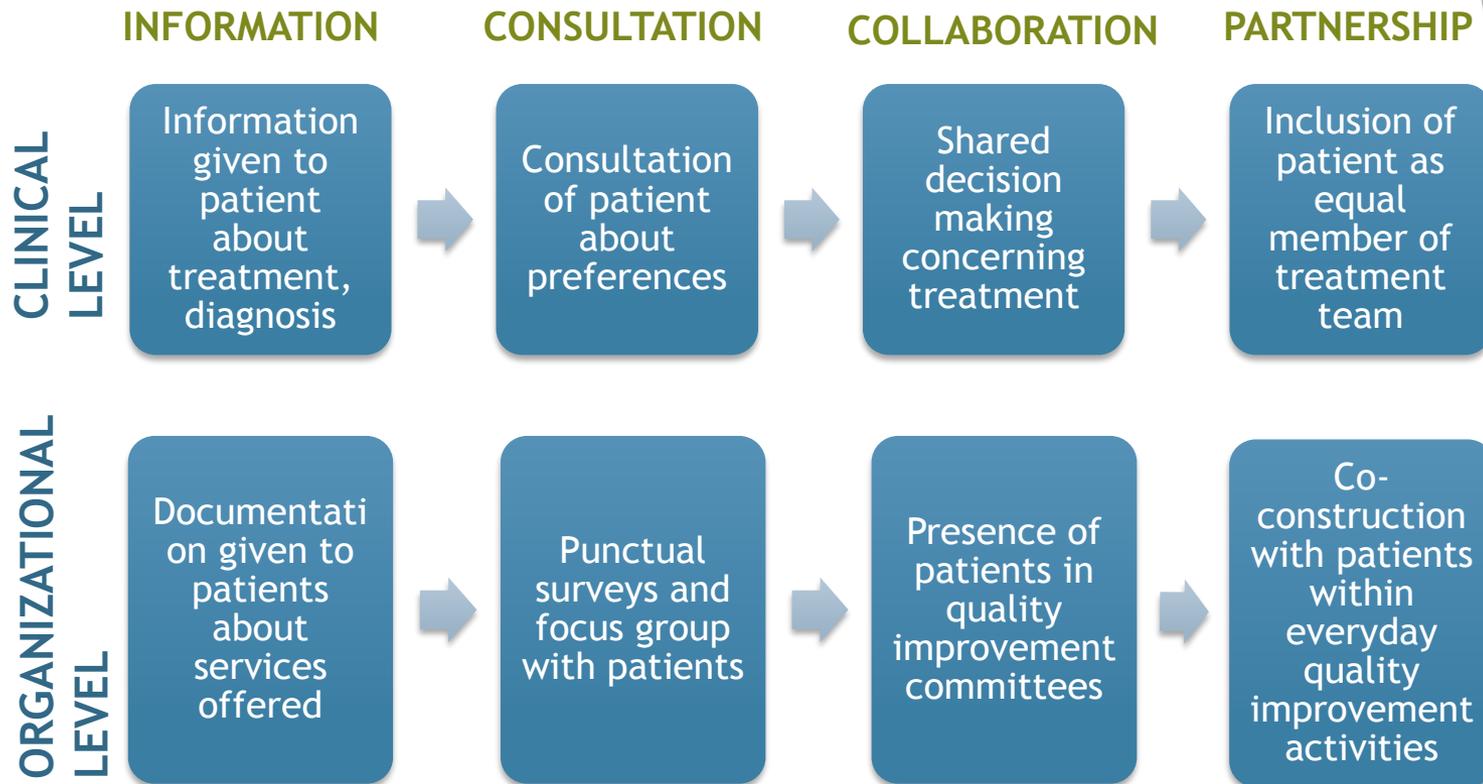
# Patient Engagement

- ▶ Consensus of the importance of engaging patients in care and services (Karazivan et al., 2015; Richards et al., 2013)...
- ▶ ...but, no consensus regarding its definition and terminology
- ▶ Patient engagement: Process or activities aiming to facilitate the involvement of patients in individual care as well as service improvement (Carman et al., 2013; Grande et al., 2014)
- ▶ Co-existence of different models of engagement
- ▶ Continuum of engagement

# Models of Engagement

Clinical level	Organizational level
<b>Patient centered-care:</b> <ul style="list-style-type: none"><li>• Focus on best clinical practices aiming at considering patients preferences and needs (Luxford et al., 2011)</li></ul>	<b>Patient satisfaction:</b> <ul style="list-style-type: none"><li>• Surveys on satisfaction (Jenkinson et al., 2002)</li></ul>
<b>Shared decision-making:</b> <ul style="list-style-type: none"><li>• Communication tools for treatment decisions (Légaré et al., 2013)</li></ul>	<b>Patient experience-based improvement:</b> <ul style="list-style-type: none"><li>• Surveys on patient experience (Beattie et al., 2015)</li><li>• Involvement in services co-design (Bate &amp; Robert, 2006)</li></ul>
<b>Self-management education:</b> <ul style="list-style-type: none"><li>• Supporting patients for self-monitoring of their illness (Bodenheimer et al., 2002)</li></ul>	<b>Patient Partnership:</b> <ul style="list-style-type: none"><li>• Integration of patient in quality improvement committees and other committees (Pomey et al., 2015)</li><li>• Integration of patient advisors to help patients to navigate in the healthcare organization (Vigneault et al., 2015)</li></ul>
<b>Patient Partnership:</b> <ul style="list-style-type: none"><li>• Integration of patients in elaboration of their individual care plan (Pomey et al., 2015)</li><li>• Integration of patient advisor in the elaboration of individual care plan (Pomey et al., 2015)</li></ul>	

# Continuum of Engagement



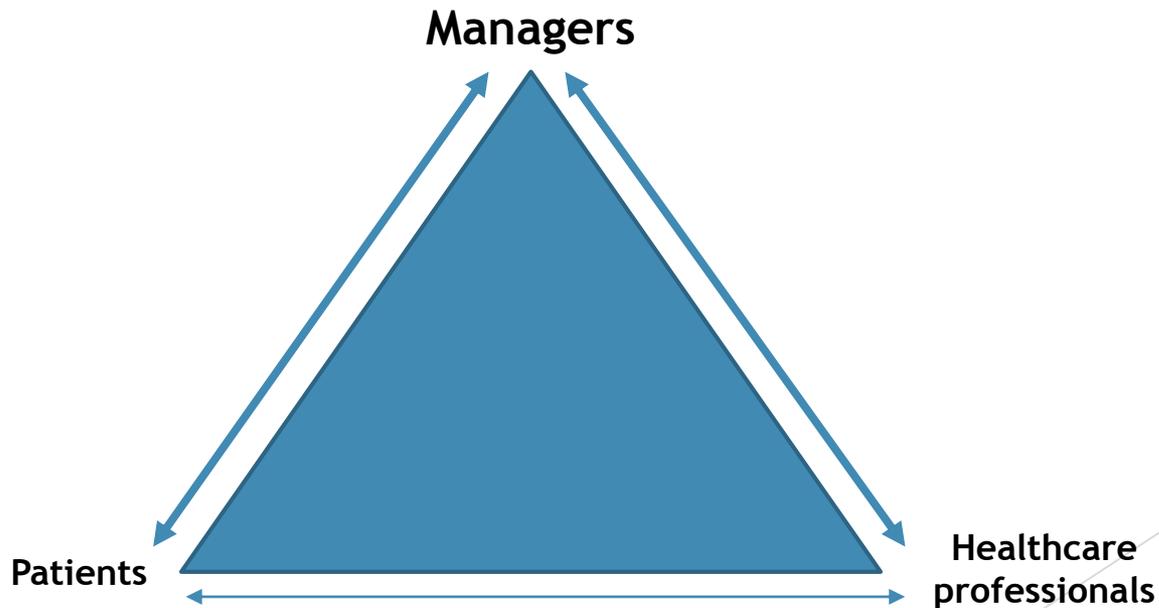
Adapted from Pomey et al. (2015) and Carman et al. (2013)

# Implementation of Patient Engagement

- ▶ Knowledge gap regarding the process of implementing engagement initiatives in healthcare
- ▶ Many articles focusing on facilitating or impeding factors (Batalden, Batalden et al., 2015; Shortell, Sehgal et al., 2015)...
- ▶ ...and mixed results on the impact of patient engagement (Mockford et al., 2012)
- ▶ Many issues regarding structuration and governance of patient engagement in healthcare organizations (Grande et al., 2014; Groene & Sunol, 2015; Baker, 2014)

# Managerial Practices

- ▶ Mediating role or practices of managers, between healthcare professionals and patients to influence care and services:

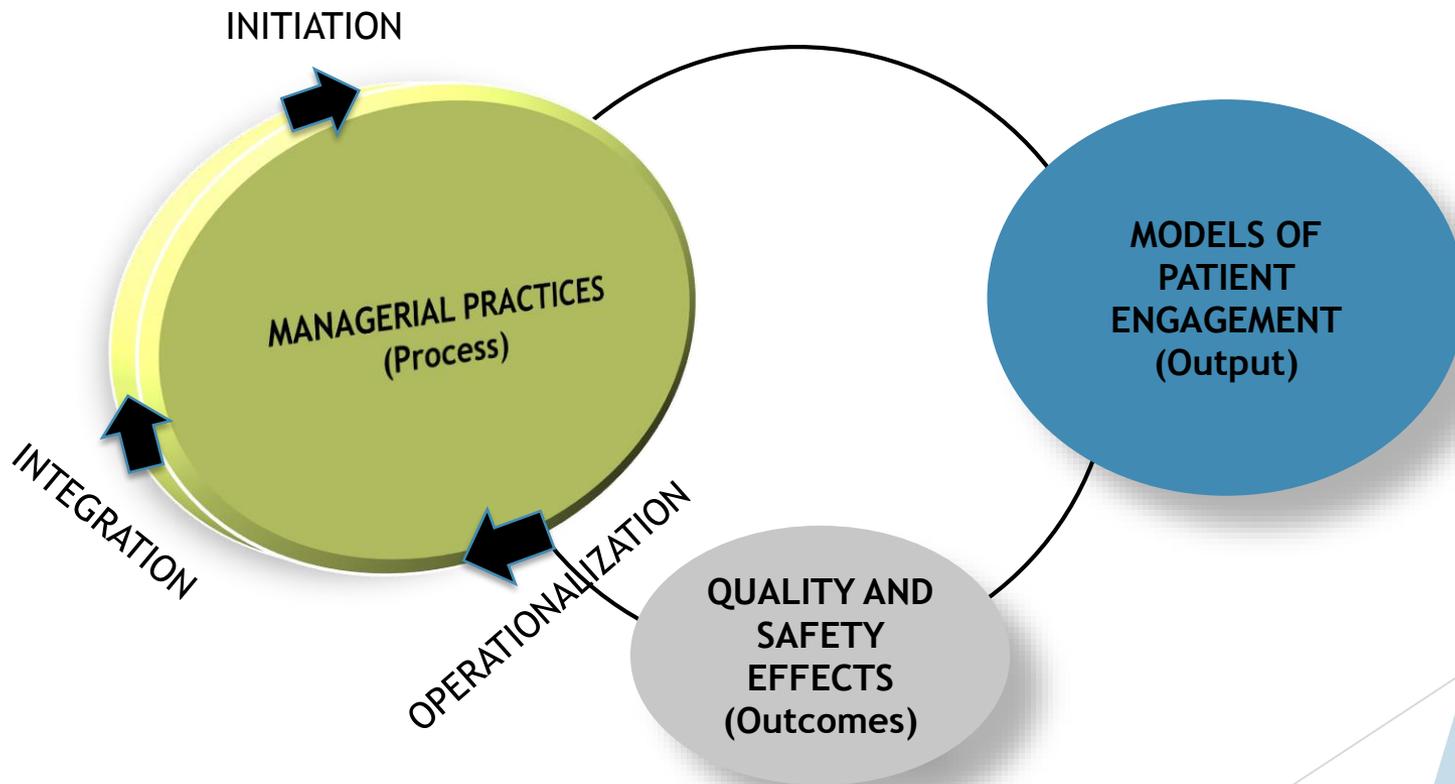


Adapted from Jarzabkowski (2005)

# Research Objectives

- ▶ Identify management practices mobilized by managers in the implementation process (PROCESS);
- ▶ Analyze how these practices are related to different steps of the implementation process (PROCESS);
- ▶ Identify different models of engagement on both clinical and organizational levels (OUTPUT);
- ▶ Identify perceived effects of patient engagement on quality and safety (OUTCOMES)

# Research Framework



# Research Framework: Typology of Managerial Practices



*Adapted from Mintzberg (1971) and Cloutier, Denis et al. (2015)*

# Research Methodology

- ▶ Multiple case study: 4 cases in 3 healthcare organizations, in 2 different settings (oncology and mental health)
- ▶ Case: an initiative consisting of engaging patients on a clinical or an organizational level

	Case 1	Case 2	Case 3	Case 4
<b>Localization</b>	Rural area	Rural area	Urban area	Urban area
<b>Healthcare setting</b>	Oncology	Mental health	Mental health	Oncology

- ▶ Qualitative method: Interviews, focus groups and analysis of organizational documents

# PRELIMINARY RESULTS



# Results: Models of Engagement

	CASE 1 (oncology)	CASE 2 (mental health)	CASE 3 (mental health)	CASE 4 (oncology)
	Patient experience	Patient experience and partnership	Partnership, full citizenship	Partnership, Montreal model
Level of engagement	Clinical and organizational	Clinical and organizational	Clinical and Organizational	Clinical and organizational
Degree of engagement	Consultation	Consultation and partnership	Partnership	Partnership
Main engagement activities	<p><i>Clinical level:</i></p> <ul style="list-style-type: none"> <li>• Patient consultation regarding their individualized care plan</li> </ul> <p><i>Organizational level:</i></p> <ul style="list-style-type: none"> <li>• Patients stories and focus-groups with patients for quality improvement</li> </ul>	<p><i>Clinical level:</i></p> <ul style="list-style-type: none"> <li>• Partnership in individualized care plan</li> </ul> <p><i>Organizational level :</i></p> <ul style="list-style-type: none"> <li>• Patients stories and focus-groups with patients for quality improvement</li> </ul>	<p><i>Clinical level:</i></p> <ul style="list-style-type: none"> <li>• Partnership in individualized care plan</li> </ul> <p><i>Organizational level:</i></p> <ul style="list-style-type: none"> <li>• Testimonies, clinical programming, various committees, elaboration of organizational guides</li> </ul>	<p><i>Clinical level:</i></p> <ul style="list-style-type: none"> <li>• Partnership in individualized care plan</li> </ul> <p><i>Organizational level:</i></p> <ul style="list-style-type: none"> <li>• Quality improvement committees and patients advisors</li> </ul>

# Managerial Practices : Phase of Initiation (1)

## Practices of conceptualization:

- ▶ Leadership from top management: Definition of a global vision for patient engagement, new organizational values and inclusion in the organization's strategic planning
  - “We wanted to define new service values that are related to our patient experience model (...) values that illustrate and symbolize our engagement towards the clients“
  - “The executive director's commitment, from the start of the project, to including it the establishment's strategic planning”
- ▶ External support for the conceptualization of the model of engagement to be implemented

# Managerial Practices: Phase of Initiation (2)

## Practices of structuration:

- ▶ Management structures with a transversal action involved in the structuration of patient engagement
- ▶ Advisory committees at different levels of management
- ▶ Structuration activities involved: Elaboration of a model of patient engagement, planning and allocation of resources
- ▶ External support for structuring patient engagement

# Managerial Practices: Phase of Operationalization

## Practices of operationalization:

- ▶ Patient engagement discussions included in several managerial committees at all levels
- ▶ Leadership from middle-managers and clinical administrative chiefs
- ▶ Managerial activities: Management of a pool of patients, preparation and coaching of patients and professionals, remuneration or compensation of patients, support and feedback

# Managerial Practices : Phase of Integration

## ▶ Cases 1, 2 and 3:

- Patient engagement disseminated into large parts of the organization
  - Top-management support and transversal action

## ▶ Case 4:

- Patient engagement relatively limited to care programs
  - Strong leadership at clinical level

# Effects on Quality and Safety

- ▶ Several perceived effects on quality and safety improvements:
  - Patient-health care professional relationship:

“I feel like my contribution is just as important as what others do, there’s less of a hierarchy, and I can discuss my point of view, which is always taken into account by the team”
  - Care experiences
  - Patients’ adherence to care plan and recovery:

“Their involvement in committees had an effect on their adherence to the care or recovery process”
  - Safety improvement: identification of care process dysfunctions
- ▶ Remaining issue regarding the monitoring of improvements related to patient engagement

# Discussion: Key management Concerns

## ▶ Clinical issue:

- How to involve patients with acute health conditions vs. chronic health conditions

## ▶ Organizational issues:

- How to manage the pool of patients to be involved in different projects, centralization vs. decentralization
- Sufficient resources to pay or compensate patients
- How to transfer different models of engagement to other clinical or organizational contexts
- How to develop indicators and other measures to monitor changes and the impact on quality and safety practices

# Conclusion

- ▶ Importance of a diversity of patient engagement models in healthcare organizations
- ▶ Room for a spectrum of degrees of engagement, further reflection to define the degree depending on specific activities
- ▶ Importance of managerial work to conceptualize, structure and operationalize patient engagement models and activities
- ▶ Institutional incentives (Accreditation Canada, Ministry of Health) to better integrate patient engagement in organizational quality and performance management systems

**THANK YOU FOR YOUR ATTENTION!**

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