Risk-based co-creation for safer, smarter and sustainable person-centred healthcare

Stephen Leyshon
April 2015
Take home messages

1. The patient safety and evidence-based practice movements have not achieved the long-term results expected.

2. Risk-based co-creation, engaging stakeholders as equal and active partners in learning from strengths and weaknesses, may bridge the gap between evidence and implementation in producing sustained transformational change.

3. Change is more likely if we work together to address risk and improve health: “If you want to go fast go alone, if you want to go further go together” (African Proverb)
Global position within healthcare

2400 Hospitals and healthcare providers certified by us worldwide.

China
Partnership with China National Health Research & Development Centre addressing risk management in China Healthcare Reform.

1st First Managing Infection Risk Standard for Healthcare-leading to Center of Excellence- two awarded CoE status with over 30 hospitals working towards.

Research
Have dedicated multi-disciplinary research team focused on understanding patient safety issues and risk.

USA
Recognized by CMS for deemed status for Medicare and Medicaid Reimbursement. About 400 Accredited Hospitals in the US.

Accred.
Multiple hospitals accredited to DNV International Standard. Contracts with hospitals in 10 countries. ISQua Accredited.
But first, let's open those envelopes ...
Healthcare has to change – global health challenges

**Unsafe**
- 14th leading cause of morbidity and mortality

**Unequal access**
- 34 OECD countries = 18% of global population but 84% spending on health

**Fragmented**
- Cumulative failures along the patient’s journey

**Changing needs**
- Rise of chronic diseases (diabetes, obesity)

**Climate change**
- New disease patterns, food and water scarcity, adaptation to extreme weather

**Rising costs**
- OECD average = almost 10% GDP now
- May reach 14% by 2060

**Perverse financing**
- Focus on acute care
- Very little attention on prevention

**Shortage of workers**
- 2025 US short of:
  - 500,000 RNs
  - 125,000 MDs
We’re struggling with change and delivering on value – movements in crisis
Co-creation as a force for improvement

Delivering services “... in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours ... [through this] both services and neighbourhoods become far more effective agents of change”

(Boyle and Harris 2009)

“... the role of the professional needs to shift from being fixers who focus on problems to becoming catalysts who focus on abilities”

(Boyle et al 2006)
**Impact**

**Better outcomes:**

**Nurse-family partnerships =**

- Decreased child abuse and neglect by 48%, arrests of children and teenagers by 61%
- Saved about $41,000 per child involved

**Preventing problems:**

**Jefferson County Teen Court =**

- 7% recidivism compared to usual 30%
- Saved the local justice system $11,510 per child

**Better use of scarce resources:**

**Expert patient programme =**

- Decreased GP consultations by 7%
- Decreased A&E visits by 16%
- Saved about £84 for each patient diverted from A&E
- 38% of patients reported reduced severity of symptoms
The importance of combining co-creation with risk thinking – a comparative history of failing to address fundamentals

“... much of the literature in health care ... has neglected the solid foundations of training, procedure and standardisation, shared discipline, and commitment to working as a team”

(Vincent 2010)
To learn more about our work

To download or read online, please visit us at:
www.dnvgl.com/patientsafety

Please join us and share your pledge for improving and co-creating person-centred healthcare at:
www.sustainia.me/cocreatinghealthcare
Patients for Patient Safety

Margaret Murphy, Patient Advocate
External Lead Advisor
Patients for Patient Safety
WHO Patient Safety

In honour of those who have died, those who have been left disabled, our loved ones today, we will strive for excellence, so that all people receiving healthcare are as safe as possible, as soon as possible.

This is our pledge of partnership.

International Forum on Quality & Safety in Healthcare
London, 23 April, 2015

Risk-based Co-Creation for Safer, Smarter & Sustainable Person-Centred Healthcare
INTRODUCTION

- Co-creation as a sound basis for patient safety work
- Addressing the heart of the matter – the patient and family experience of care
- Recognising the potential of patient experience to drive improvement in all aspects of care
- Patient engagement with the next generation of professionals
- Ensuring structures which learn from the raison d’être of healthcare and provide truly patient-centred care
- The patient as the constant in the continuum of care – and having greatest vested interest in the outcome.
“Around the world, healthcare organisations that are most successful in improving patient safety are those that encourage close cooperation with patients and families” – Safety First, 2006

“The time is NOW! If health and/or healthcare is on the table Then the patient, the family member must be at that table, every table - NOW!
- Lucien Leape, 2008

“Knowledgeable patients, receiving safe and effective care, from skilled professionals, in appropriate environments and with assessed outcomes”
- Irish Commission on PS & QA

“Making the status quo uncomfortable, while making the future attractive”
- J. Conway, IHI
Patients for Patient Safety Workshops
400+ Champions in 52 Countries – Collaborating organisations
The Untapped Resource
The Global Solution

Taking account of the perspective of patients, their families and carers in planning and delivering care is…

- Central to the patient safety work of WHO
- Crucial to articulating the reality and identifying gaps in service
- Necessary to ensure services are driven by patient need and are authentically patient-centred
- A validation tool in relation to the implementation of guidelines, processes and protocols.
- Necessary to ensure the patient voice is heard globally
Patients for Patient Safety
- Core Values -

COLLECTIVE

OPENNESS

HONESTY

COLLABORATIVE PARTNERSHIP

MEANINGFUL ENGAGEMENT AND EMPOWERMENT

REDUCTION IN HARM DUE TO MEDICAL ERROR  i.e. SAFER OUTCOMES
Scope for Involvement

International, National, Local arenas

Policy – Regulatory – Research -Education

There is one thing worse than being blind
and that is having sight but no vision

Helen Keller
Patients for Patient Safety - A Role in the Co-creation of Safe Care -

- PFPS – committed collaborative partners and co-producers of safe care -
- The patient experience as a catalyst for change and improvement
- Using the past to inform the present
- Using the present to influence a better future
- Partnership/Co-creation = empowerment of patients and families by enablers within the system
Leadership and the preferred Commitment

- Empowerment of patients, advocates and staffs
- The creation of meaningful partnerships by:
  - Proactively engaging patients
  - Capturing lessons from the patient experience
  - Embedding patient and family into organisational activity
- Recognising the common goal – safe healthcare
ACHIEVING THE GOAL
Synchronising Culture and Expectation

- Patient expectation of the business of healthcare – safety, openness and professionalism
- Being worthy of the trust of vulnerable patients and concerned carers

Disclosure ≠ BLAME
Disclosure = INTEGRITY, DEMONSTRATION OF TRUE PROFESSIONALISM

“No one is ever hesitant to speak up regarding the well being of a patient and everyone has a high degree of confidence that their concern will be heard respectfully and acted upon” - Michael Leonard, Kaiser Permanente
A Personal Experience

- Using a negative experience as a learning tool
- Awareness raising and providing insight and motivation for reflective learning
- Encouraging ownership of the gift of being a healthcare professional
The Effectiveness of the Story

Indian Saying:

Tell me a fact ...and I’ll learn
Tell me a truth ...and I’ll believe
Tell me a story ...and it will live in my heart forever

“Facts do not change feelings and feelings are what influence behaviours. The accuracy, the clarity with which we absorb information has little effect on us; it is how we feel about the information that determines whether we will use it or not”.

- Vera Keane, 1967
EXAMPLES of FEEDBACK
From Professionals and Students

- Feedback from professionals – engaging head, heart and hand, changing practice, resolving to explore new ways
- Engaging with students
- The messages: ‘Simple Measures Save Lives’
  ‘You Ignore at your peril the concerns of a Mother’
- Strengthening core values and eliciting pledges
- Underpinning academic course material
A Research Perspective

Where’s the Patients’ Voice in Health Professional Education?

Christine Farrell, Angela Towle, William Godolphin

Division of Healthcare Communication, University of British Columbia

Students remember what they learn from patients
The authentic and autonomous patient voice promotes
the learning of patient centred care
EVERY POINT OF CONTACT FAILED HIM......
A Resolution going Forward
- RESCUE and CO-PRODUCTION -

More than anything, what distinguishes the great from the mediocre, is not that they fail less, it is that they rescue more.
- Atul Gawande

- Rescue
- A role for patient, family, advocate
- Role of healthcare to invite partnership
- Role of patients, advocates and civil society in rising to the challenge to be critical friends in meaningful collaborations

margaretmurphyireland@gmail.com

To err is human
To cover up is unforgivable
but to fail to learn is inexcusable.”
- Sir Liam Donaldson
In honour of
those who have died,
those who have been left disabled,
our loved ones today,
we will strive for excellence,
so that all people receiving healthcare
are as safe as possible,
as soon as possible.

This is our pledge of partnership