

institute of
Health Policy
& Management

Resilience and the role of citizens

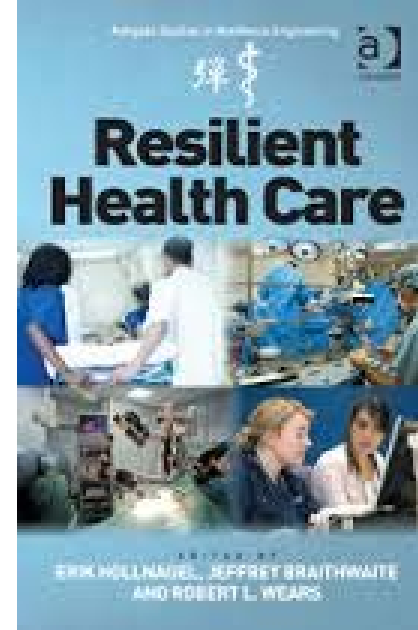
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Introduction

- Healthcare organizations as complex adaptive systems full of self-organizing rich relationships
- Need a shift from safety-I to safety-II
- A turn to safety II in the Health care Inspectorate:
 - Indicators
 - Sentinel event reporting
- Important rich relationship: between professionals and citizens/patients



Resilience & citizens

- Involving patients/citizens fits the ideas of resilience (Schubert et al. 2015)
- Incorporating illness in ones life means adapting to changing circumstances on a daily basis
- Use patient perspective to make health care more resilient
- How can we do this in an effective way?
 - topic of discussion in this session

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Discussion

- Based on propositions focusing on different levels:
 - The patient and patient safety in health care provision
 - The patient and policies of the health care organization
 - The patient and health care supervision

The patient and patient safety in health care provision

1. Patient engagement increases the resilience of a healthcare organization.

2. Patients can control the conditions that trigger hospital acquired infections/
wrong site surgery

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3. Patients can increase patient safety by reporting to the health care organization what goes right.

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4. We should change the norms about good quality care according to ideas of patients

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The patient and policies of the health care organization

5. Patients who participate in quality improvement (e.g. in client councils, improvement projects) need to see the big picture and rise above their own experiences.

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6. Patients who participate in quality improvement need to be asked to tell stories about their experiences, it is up to the health care organization to translate them to policies.

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The patient and health care supervision

7. Patients need to report all what seems to go wrong in a health care organization to the Inspectorate.

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8. The everyday experiences of patients/
clients should be used in supervision by
the Inspectorate

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9. A Safety II perspective of the regulator hinders accountability for serious adverse events.

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The case of care for children living in poverty



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Methods

- Secondary analysis of interviewpanels with young people
(n= 43 / age: 10-19)
- Read closely and coded inductively
- Developed criteria based on the codes
(youngsters' framework)
- Compared youngsters' framework with that of inspectors
- Analysis of dofuments the inspectors produced during the project (e.g. Formats, inspection framework)

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What young people find important about care

Young person: No, I don't need help. Caregivers talk and go around in circles. I don't want people to talk to me so much. Sometimes I think, they talk about everything that happened to you in the past. [..]

Interviewer: You don't want to talk about it. But at the same time, you wish that they make it better for you.

Young person: Off course. I want it to become better, if that would be possible.

Privacy

**Young person:
'Youth Care, Child Protection, Social Services, everything... They say that what you tell them is confidential and this and that. But that's bullshit, because all the others get to know things about you too'.**

How inspectors connect active involvement with early intervention

Inspection report:

‘Although young people cherish their privacy, exchanging information is important in order to intervene early. It would be important to discuss this problem with young people to find out which solutions they offer to this problem’.

Notable differences



- Young people are involved in inspections
- Criteria of young people and inspectors clash
- Main points of young people are put aside
- Inspectors put the involvement of young people to instrumental use
- Involvement needs to be accompanied by willingness to discuss inspectorates' opinions and criteria

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Conclusions

- Current thinking about the active role of the patient shows the potential of the contribution patients can make to resilient health care
- This involvement proves difficult to do in practice
- Lessons that might help/points for reflection:
 - Ask patients what goes right and draw lessons from that to further improve care
 - Collect patient stories to learn more about what is good care according to them
 - Be willing to adjust norms (of both professionals and inspectorate) based on what patients find important
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