

Erasmus School of
Health Policy
& Management

EBCD with people with Serious Mental Illness

Aim:

Develop a
participatory quality improvement tool
based on EBCD
for complex care relationships
in long term care

Long term care: assisted living services



**Serious Mental
Illness**

**Intellectual
disabilities**

Elderly

Source: www.pameijer.nl

Complex care relationship: dilemmas



Source: www.pameijer.nl



Source: www.pameijer.nl

Participation includes family members



Service users

Source: www.pameijer.nl



Providers

Source: www.pameijer.nl



Family members

Accelerated

Original Research

Using a national archive of patient experience narratives to promote local patient-centered quality improvement: an ethnographic process evaluation of 'accelerated' experience-based co-design

Louise Locock¹, Glenn Robert², Annette Boaz³,
Sonia Vougioukalou⁴, Caroline Shuldham⁵, Jonathan Fielden⁶,
Sue Ziebland⁷, Melanie Gager⁸, Ruth Tollyfield⁹ and
John Pearcey¹⁰

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jhsrp.rsmjournals.com



▶ A-Z

▶ Categories

▶ Young people

People's Experiences

Improving health care > Trigger films for service improvement > Topic

Trigger films for service improvement

1. Assisted housing services for people with SMI; ID and elderly
2. Focus on the complex care relationship
3. Participation of family members next to service users and providers
4. Find ways to accelerate



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Focus on dilemmas

From patient/ emotional journeys to dilemmas in the complex care relationship

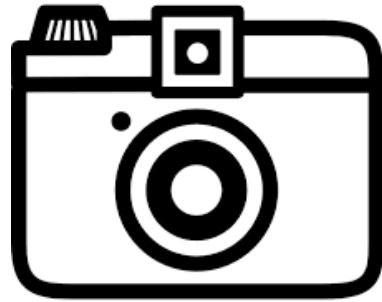


From patient/ emotional journeys to dilemmas in the complex care relationship



Collection of dilemmas: Ethnographic fieldwork

Source: www.pameijer.nl



Source: centrum voor cliëntervaringen



Figure 2. Dilemmas

Enactment of the value Autonomy

Defining interest in Open Dialogue (being in therapy)

User participation in decision-making (decisions regarding treatment, possible goals for current and other aspects of daily living)

Focusing on independent therapy (change in activities related to daily living, work, relationships, learning, social life, while in therapy)

Deciding interest in Developing personal narrative (writing, verbal, necessary as defined by the service being)



Dilemmas

Pursuing goal through professional discourse

Pursuing harmful decisions

Pursuing harm from negligence

Struggling with fourth, justice

Enactment of the value Significance

Work in Progress

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2nd adjustment:
Participation of
experts-by-experience



Experts-by-experience: proxy's & possible (co-)facilitators

Source: www.pameijer.nl



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3rd adjustment: Use of acted filmed experiences



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Trigger films for service improvement



www.herenmaatrcth.nl





www.herenmaatrcth.nl



Service
users

Source: www.pameijer.nl



Providers

Source: www.pameijer.nl



Family
members



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Participatory quality improvement tool

Three adjustments to EBCD

1. Focus on dilemmas & burdens
2. Participation of experts-by-experience (next to service users, providers & family members)
3. Use of acted filmed experiences

Participatory quality improvement tool (based on experienced based co-design)



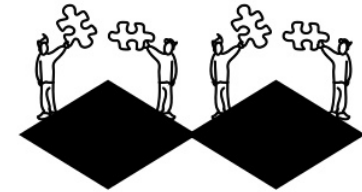
Acted filmed
experiences of dilemmas



Reflexive exercises on
dilemmas in the care
relationship



DOING **CO-DESIGN**



Co-design
quality improvement

@pennyhagen
@redrollers

Next steps...

- Finalize ethnographic fieldwork (until June 2018)
- Create films with theatregroup 'Babel' (September – October 2018)
- Develop reflexive exercises for participatory quality improvement tool (June 2018 – January 2019)
- Evaluate tool (January – February 2019)

The time path for developing the participatory quality improvement tool for people with intellectual disability is similar.

In September 2018 we will start the fieldwork for developing the tool for elderly.

Discussion: reflexive exercises for group sessions?

Which EBCD exercises are still suitable now we do not work from the patient pathway but from dilemma's using pre-set films?

Which exercises could we add to foster reflection on dilemma's? For instance incorporate moral case deliberation (moreel beraad)?

How can we make group session exercises accessible in our groups with people with SMI; ID or elderly?

How do we make sure we will not only reflect on dilemma's but also come to quality improvement?



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Discussion statements

- Experts by experience who have contacts with service users can serve as proxies for service users for whom the tool is not accessible.
- Experts by experience as (co)- facilitators for all discussion groups is a good solution to engage service users and make sure their voice is heard.
- The use of acted filmed experiences (monologues) could serve well as a trigger film.

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