PARTNERING WITH PATIENTS TO PROVIDE SAFE HEALTH CARE

BY B.M. GILLESPIE FOR THE NHMRC CENTRE FOR RESEARCH EVIDENCE IN NURSING

Alarmingly, up to 10% of patients are harmed as a result of the health care they receive.

Such patients experience an adverse event which is not related to their original disease or condition—rather it is the result of their hospital care (Institute of Medicine, 2001, Wilson et al. 1995).

Some of these adverse events include death, permanent disability and complications that lead to prolonged hospitalisation.

'Patient-centred care’—that is, partnering ‘with’ patients, rather than providing services ‘to’ them—is an effective way of improving patient safety (Arnetz et al. 2004).

'Patient participation' in care includes involvement in decision making, patients monitoring their progress and effects of care, and offering suggestions for improving care (Iedema et al. 2011, Wellard et al. 2003).

Patient participation in care is a priority for the World Health Organisation and various national bodies such as the Australian Commission on Safety and Quality in Health Care.

Currently there is scarce evidence around what types of strategies may be used to promote partnering with patients to improve patient safety.

One current research project being conducted by NCREN aims to address this evidence gap.

NCREN Director Professor Wendy Chaboyer is leading a team of nurses, health economists and health care consumers in a series of studies around patient participation in safety activities.

Patient preferences can be used to contextualise decisions in health care service delivery within a framework that includes consideration of desirable process-based characteristics that might extend beyond conventional health outcomes.

One three-year project—funded by the Australian Research Council—is currently being conducted across Queensland and Victoria and broadly aims to describe patients' and nurses’ preferences for participation in patient safety activities.

This project has three phases. In Phase 1 patients and nurses will be interviewed to elicit their perceptions of barriers and enablers to participation in patient safety activities.

In Phase 2, will use economic evaluation methods to identify and measure hospitalised patients' and nurses’ preferences for health and health care.

Phase 3 of the study will develop a framework of elements which promote patient participation in care. The framework developed will be informed by the results of Phases 1 and 2 and a review of the research literature.

Each discrete phase of the study will uncover new knowledge but the development of a framework to guide patient participation in care will be the most significant contribution. This framework will be used to inform government policies for health care improvement.

In focusing on patient safety issues that move beyond treatment choices, Wendy hopes the study will illuminate priorities to better support patient participation.

Engaging patients to become active participants in their care as a means of preventing healthcare-related adverse events is now more crucial than ever.

Source List


For more information on the National Centre of Research Excellence in Nursing (NCREN) in Queensland visit www.griffith.edu.au/health/centre-research-excellence-nursing