UNIVERSITY OF GOTHENBURG

A Standard for Minimal Patient Involvement in Person-Centred Care – A Help in the Future?

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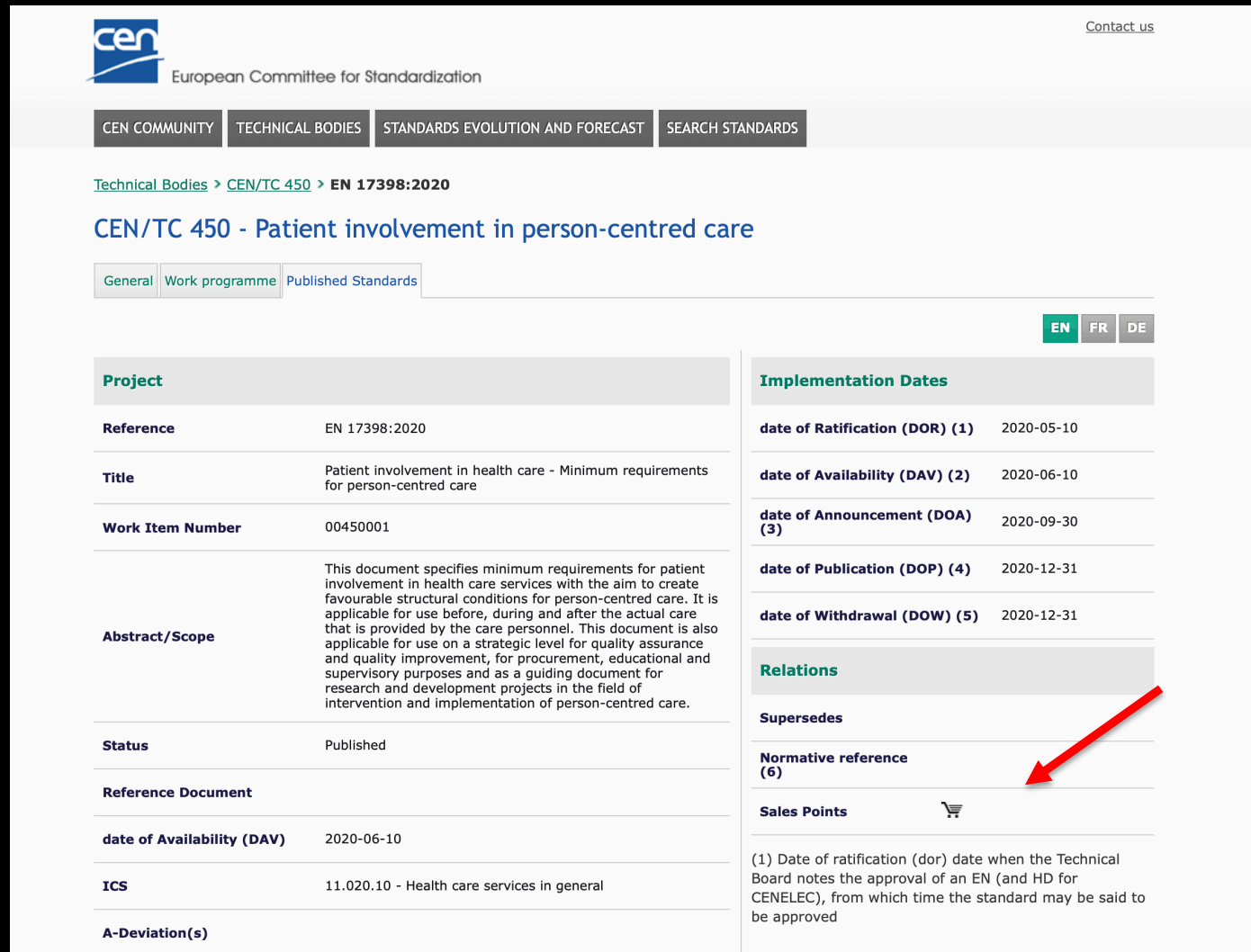
CEN/TC 450: Patient involvement in health care - Minimum requirements for person-centred care (EN 17398:2020)



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Technical Bodies › CEN/TC 450 › **EN 17398:2020**

CEN/TC 450 - Patient involvement in person-centred care

General | Work programme | Published Standards

EN | FR | DE

Project

Reference	EN 17398:2020
Title	Patient involvement in health care - Minimum requirements for person-centred care
Work Item Number	00450001
Abstract/Scope	This document specifies minimum requirements for patient involvement in health care services with the aim to create favourable structural conditions for person-centred care. It is applicable for use before, during and after the actual care that is provided by the care personnel. This document is also applicable for use on a strategic level for quality assurance and quality improvement, for procurement, educational and supervisory purposes and as a guiding document for research and development projects in the field of intervention and implementation of person-centred care.
Status	Published
Reference Document	
date of Availability (DAV)	2020-06-10
ICS	11.020.10 - Health care services in general
A-Deviation(s)	

Implementation Dates

date of Ratification (DOR) (1)	2020-05-10
date of Availability (DAV) (2)	2020-06-10
date of Announcement (DOA) (3)	2020-09-30
date of Publication (DOP) (4)	2020-12-31
date of Withdrawal (DOW) (5)	2020-12-31

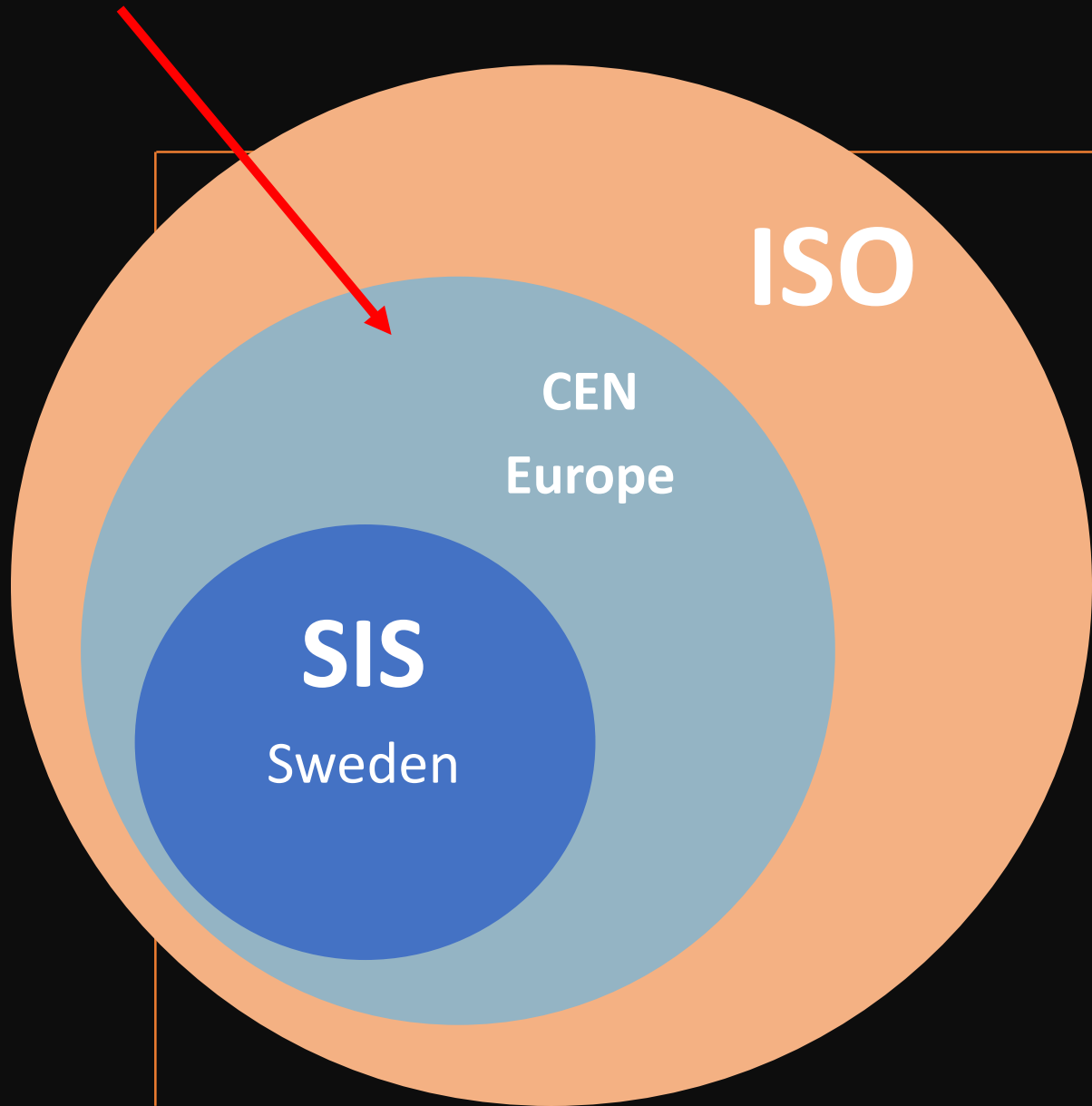
Relations

Supersedes	
Normative reference (6)	
Sales Points	

(1) Date of ratification (dor) date when the Technical Board notes the approval of an EN (and HD for CENELEC), from which time the standard may be said to be approved

Why a Standard?

- To standardise care **within** and **between** healthcare settings
- To standardise care between countries
- To define research methodology within and between countries
- Standards are internationally agreed by experts (consensus driven)
- The standard stipulates the base level ”**what** to reach”, the organisation decides ”**how** to reach it”



Goals and Challenges

Goal: Create a European platform for person-centered care

- First standard - European standard that ensures minimum requirements for patient involvement in person-centered care (PCC)
- With the possibility of further initiatives in the field

Purpose: to influence structures and processes for the benefit of patients and health care services, not to standardize or restrict the practice of medicine

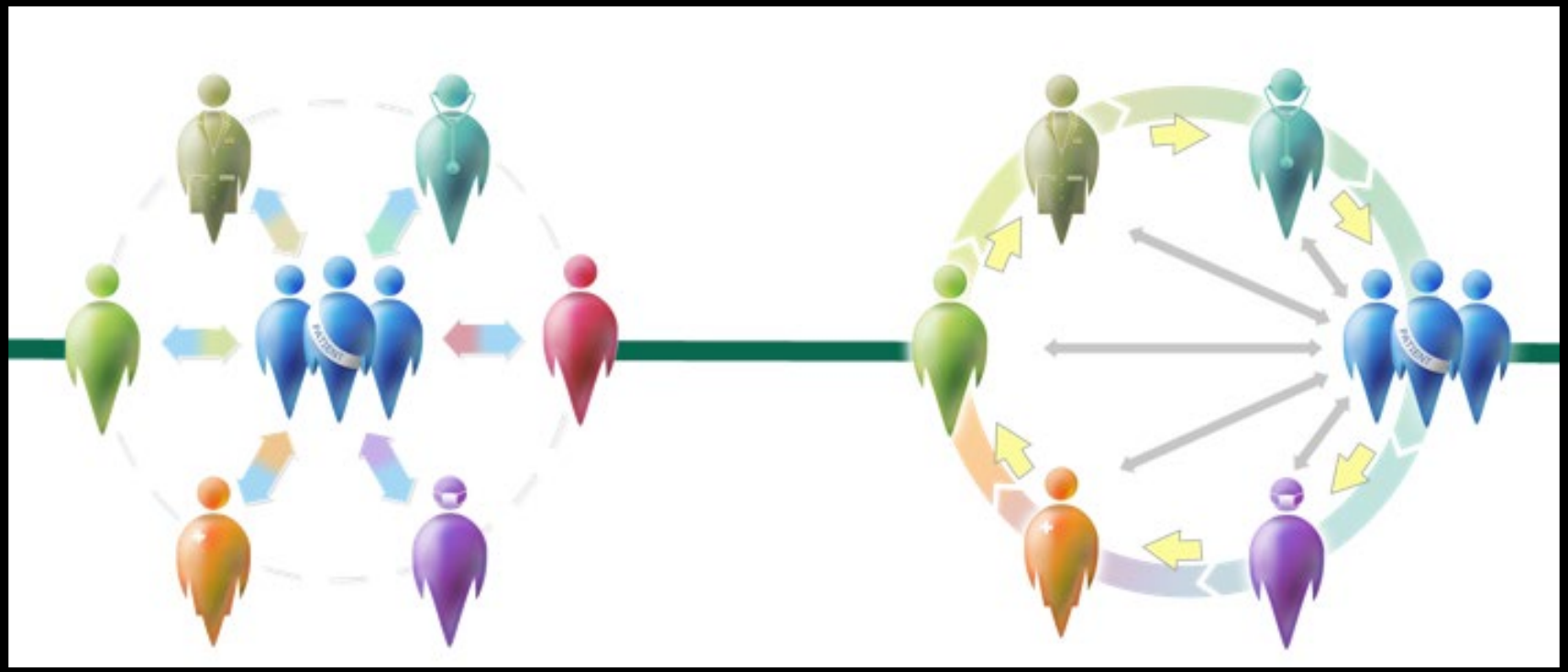
Challenges

- Controversial area - professionally controlled
- Different countries have come different distances regarding patient involvement, PCC etc.

Some frameworks of PCC

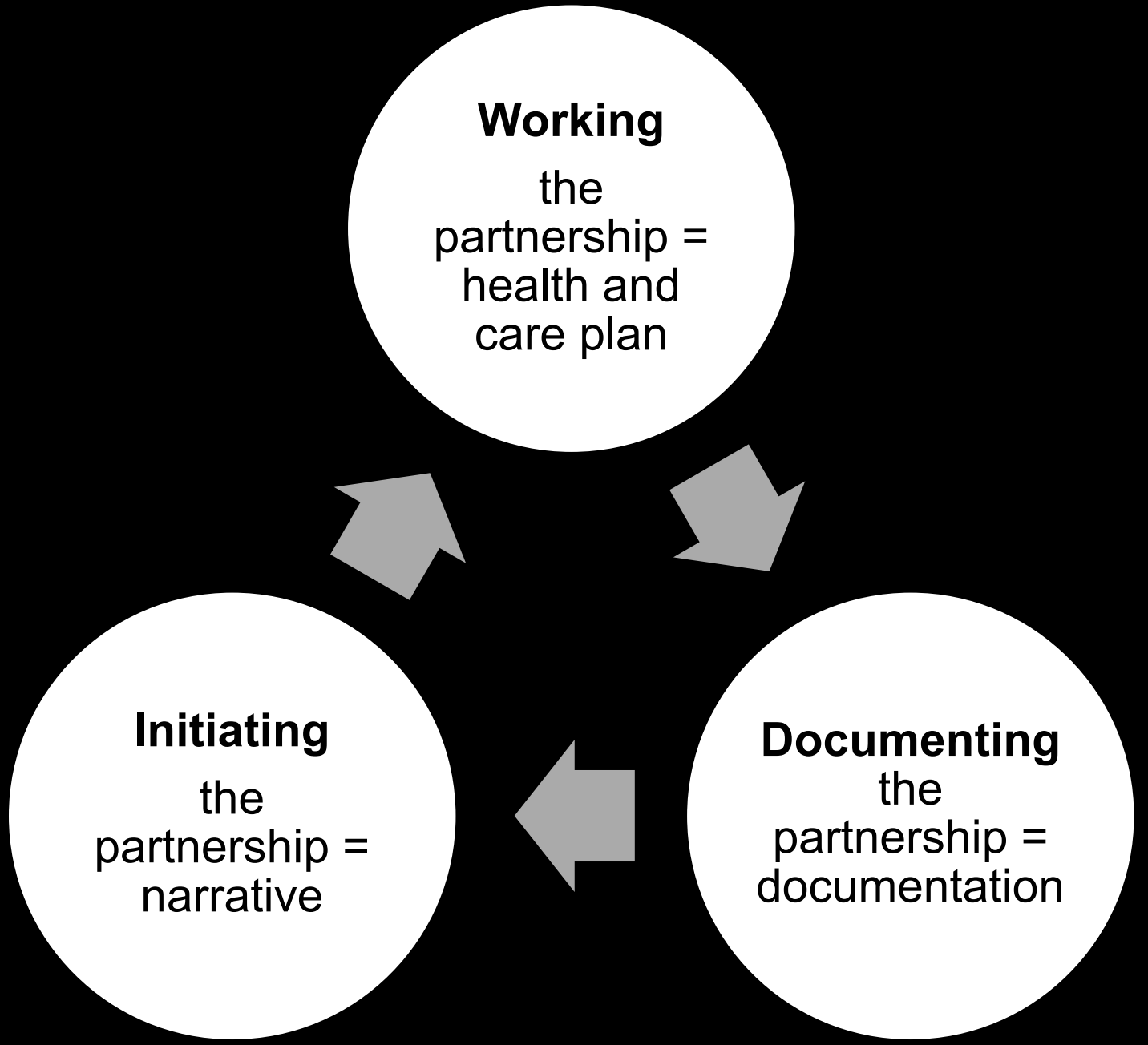
Mead & Bower (Mead and Bower 2000)	Picker Institute 8 dimensions of patient-centered care (Lutz and Bowers 2000)	Steward, M (Stewart 1995)
1. BIOPSYCHOSOCIAL PERSPECTIVE 2. `PATIENT-AS-PERSON' 3. SHARING POWER AND RESPONSIBILITY; 4. THERAPEUTIC ALLIANCE 5. `DOCTOR-AS-PERSON'	1. RESPECTING THE PATIENTS VALUES, PREFERENCE AND NEEDS 2. COORDINATING AND INTEGRATING THE CARE 3. INFORMATION, COMMUNICATION AND EDUCATION 4. PHYSICAL COMFORT 5. EMOTIONAL SUPPORT 6. INVOLVEMENT OF FAMILY AND FRIENDS 7. TRANSITION AND CONTINUITY 8. ACCESS	1. EXPLORES THE PATIENTS MAIN REASON FOR THE VISIT, CONCERNS AND NEEDS FOR INFORMATION 2. SEEKS AN INTEGRATED UNDERSTANDING OF THE PATIENTS WORLD- THEIR WHOLE PERSON, EMOTIONAL NEEDS AND LIFE ISSUES 3. FINDING COMMON GROUND ON THE PROBLEM AND MANAGEMENT 4. ENHANCES PREVENTION AND HEALTH PROMOTION 5. ENHANCES THE CONTINUING RELATIONSHIP BETWEEN THE PATIENT AND THE DOCTOR

“Patient involvement in health care – Minimum requirements for person-centred care”



Patient-Centred

Person-centred
Involvement/Partnership



Ekman, I., et al. 2011. Person-centered care-ready for prime time. Eur J Cardiovasc Nurs 10 (4), 248-251.

Person-centred care effects – different healthcare settings

- Reduced uncertainty in illness
- Improved self-efficacy
- 30 % - 50% reduction in hospital days
- Improved discharge processes
- 40 % reduced cost for care
- Reduced number of hospitalizations
-  Improved work environment and satisfaction

Ref: Britten, N Learning from Gothenburg model of person centred healthcare. *BMJ*, 2017

Cultures, structures and strategies

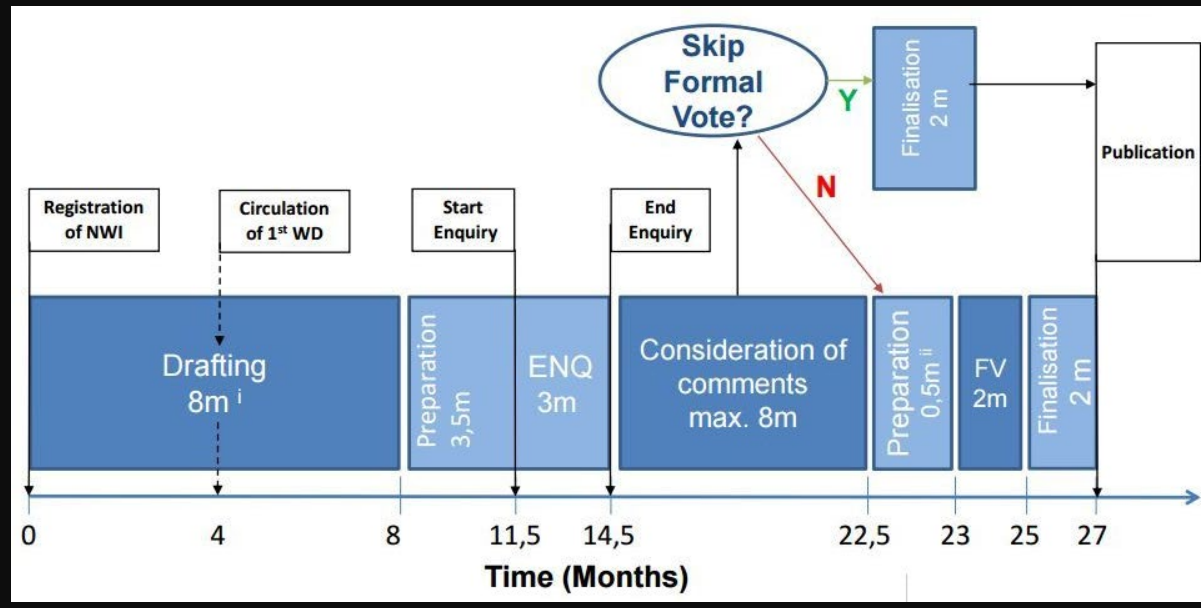
Needed to build a partnership and therapeutic alliance

Effective if provided systematically

Wikimedia CC 2.0 , Sadie Hernandez CC 2.0, Wolf, A et al. 2017 BMJ Open 2017

Process – European standard 2016-2020

- 34 national members – participation, commenting, voting
  - Weighted votes based on countries population sizes
- **Actively involved organisations**: European Trade Union Confederation (ETUC) and ANEC (the European consumer voice in standardisation)
- Approved 2020-06-16



Scope

This document specifies the **minimum requirements enabling patient involvement in health care services** with the aim to create favourable structural conditions for person-centred care.

- facilitates and assist **patient empowerment** and a **partnership**
- primarily focusing on the **patient´s narrative/story**, **shared decision making** and **information sharing** and **documentation**.
- intended to be **operational**, to be used **before, during and after**
- intended to be used on a **strategic** level for research, development quality assurance and improvement, education, supervision and certification

Content and Structure

Four main parts:

- The patient's narrative and experience of illness
- Partnership
- Documentation and Care plan
- Patient and Public Involvement in Management, Organization and Policy

Requirements in two subcategories:

- Organizational level
- Point-of-care level

Appendix with case descriptions - examples of how the standard can be used

Example Structure

The patient´s narrative and experience of illness

4.1. General

4.2. Requirements

4.2.1 Organisational level

- Patients' narrative to be shared among parties of inter-professional teams
- Environment shall facilitate for the patient to be prepared
- Personnel to be given time to allow discussion and recording
- Sufficient training of personnel to obtain narrative

4.2.2 Point-of-care level

- Environment facilitating capturing and sharing (recognizing privacy)
- Continuous possibility to provide narrative
- Adaptation to situations, e.g. alternative approaches to obtain narrative

Summary

Goal:

- To create a European standard (Achieved)
- To support the process to increase patient involvement

- The standard stipulates the base level ”**what**”, the organisation decides ”**how**”
- Applicable for different services in health care including self-care
- You are can start anytime, with internal audits, external audits via e.g. certification body
- Consensus driven process
- Approved 2020-06-16
- In Sweden, GPCC has made possible to access the Swedish version for free (two years)

Discussion

- How can the Standard be used in research?
- How can the Standard be used in the implementation of PCC?