

**ULLENSAKER**  
KOMMUNE

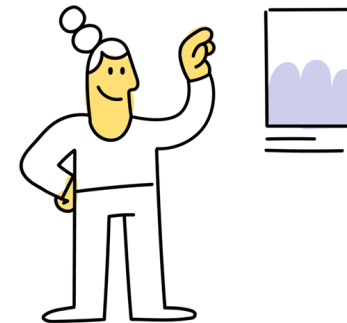
# **Patient involvement in health care - Minimum requirements for person-centred care**

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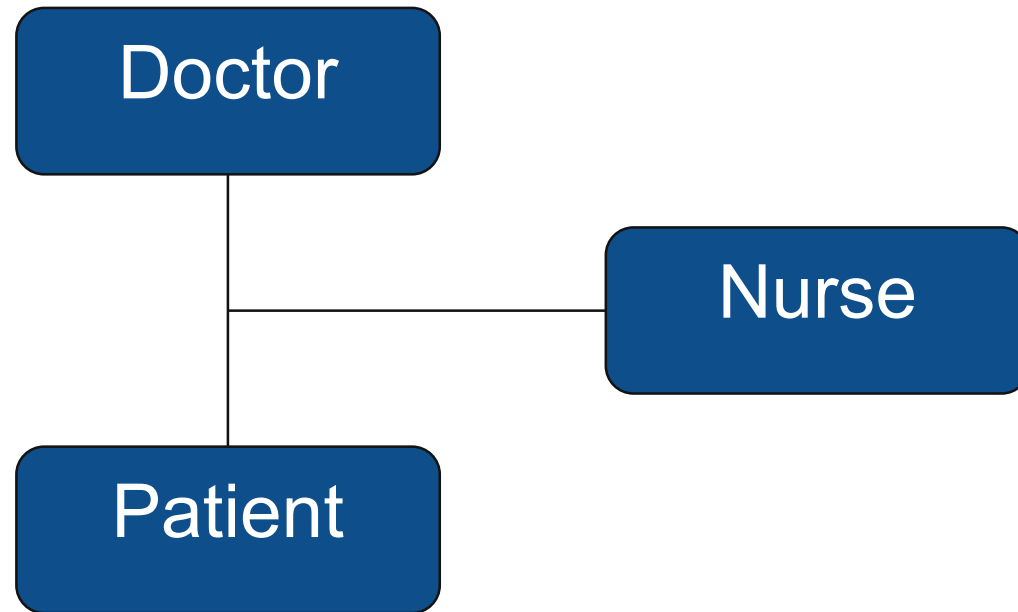


# Agenda

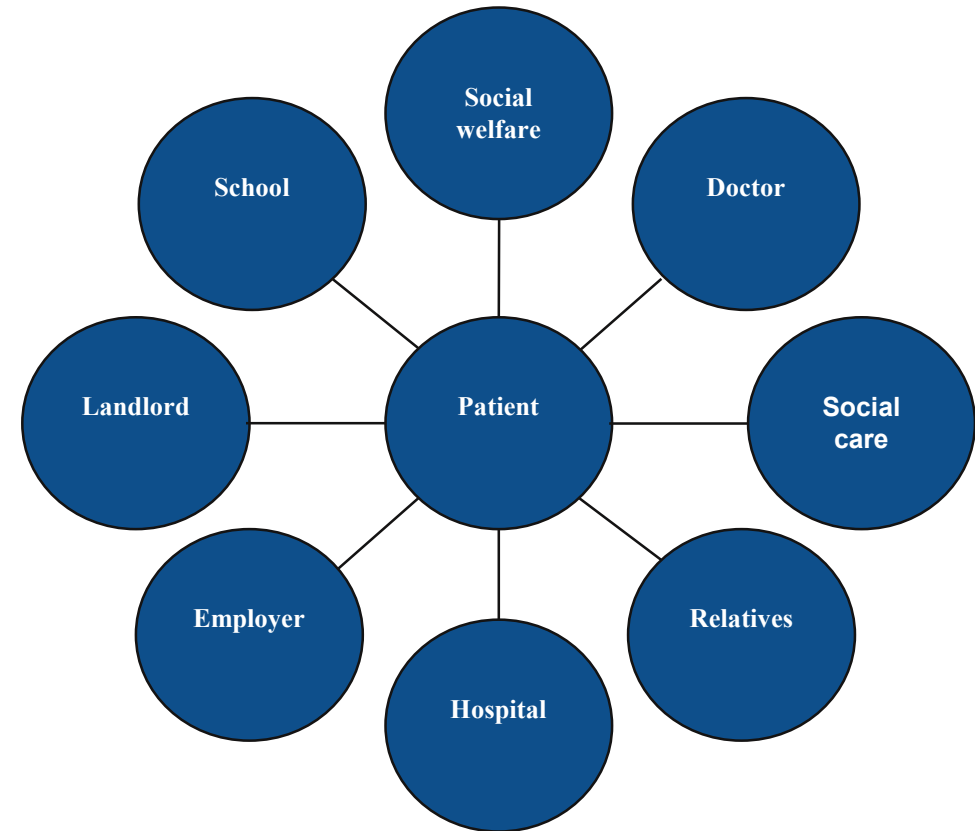
1. What is the problem
2. Some Norwegian aspects
3. Implementing the standard



# 1. What is the problem?



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## History...

From a large degree of voluntary and private provision/service to public responsibility



From professional offers to individual rights



From gratitude to user participation



Strengthening autonomy, quality and consent

# 1. What is the problem?

Fundamentally; We do not want it that way!

Egalitarian; autonomy evens out mismatch of power  
In relations

A democratic society is based on values like  
information, credibility, trust, co-influence

## 2. Some Norwegian aspects

# A society in change

- St. Meld. nr. 25 (2005-2006) about the care challenges of the future
- Meld. St. 29 (2012-2013) *Tomorrows care*
- Meld. St. 26 (2014-2015) *The primary health service of the future*
- UN report on World Population Aging 1950-2050



**The welfare model must be restructured. The number of inhabitants over the age of 80 is increasing dramatically, the number of nursing home places is too few with the current service model, the number of health personnel is not sufficient and the financial framework will not be sufficient if we continue as we do now.**

## 2. Some Norwegian aspects

### «Values in patients healthcare" (nr. 34 2015-2016)

In the winter of 2014, Minister of Health Bent Høie launched his ideas for a new health service. The Minister's vision was that we should change the health care system from being the employees' domain, to becoming the patients' health service. The basic idea was that if it is the patient who is at the center of what is going on, the patients will get better services at the right time and in the right place.





## 2. Some Norwegian aspects

«Values in patients healthcare" (nr. 34 2015-2016)

"If we are to create the patient's health service, we must know what is important for the individual patient and user of the services. We must look past and behind the diagnoses, and ask, listen and act on what is important to the person concerned.

The result can be different treatment of seemingly similar cases. "

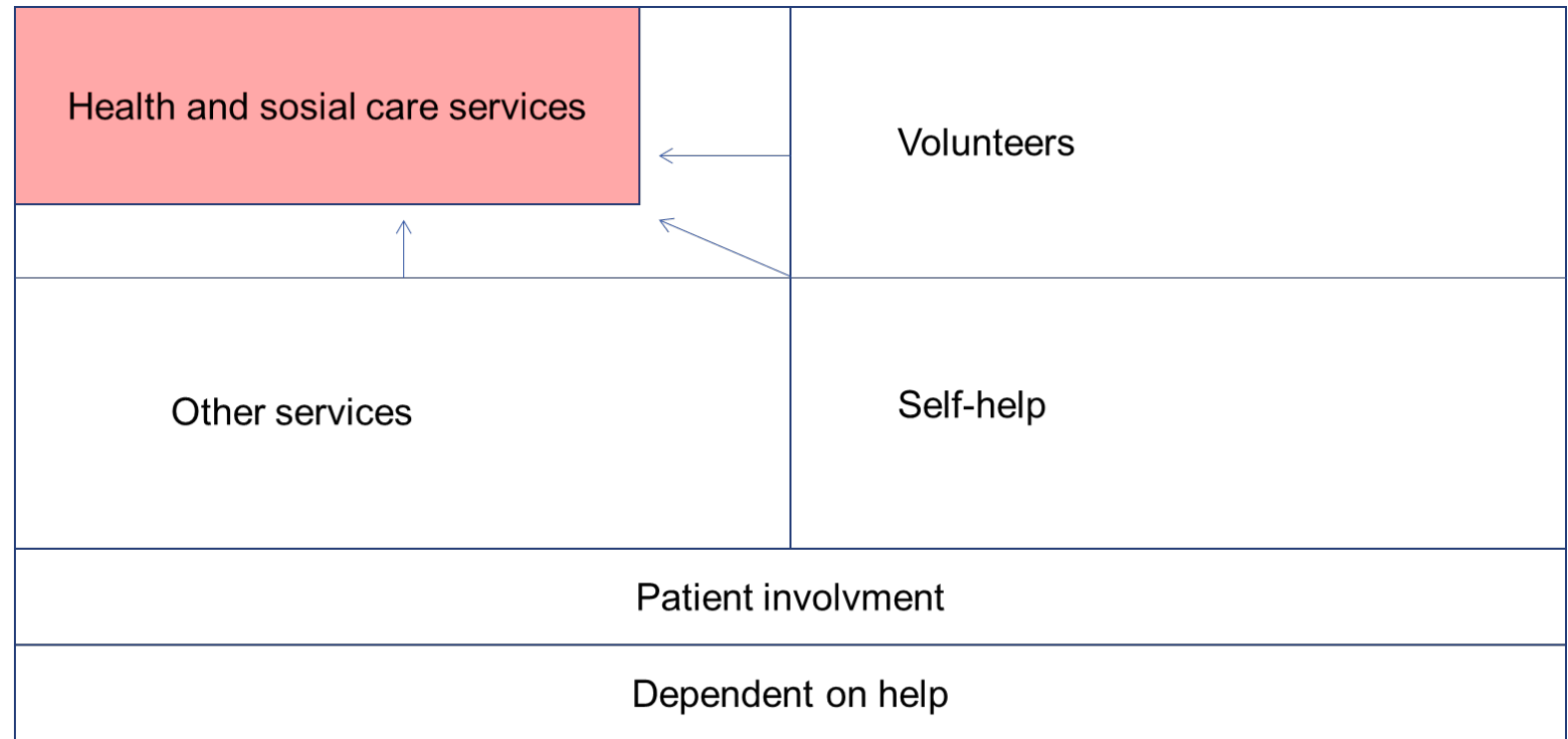
## 2. Some Norwegian aspects

### «Values in patients healthcare" (nr. 34 2015-2016)

"When the focus shifts from diagnosis to conversations about what is important in life, patients and healthcare professionals can discuss in which ways a particular disease becomes a problem for the individual. A stiff hip, sore back, chronic lung disease, anxiety or poor hearing will not lead to the same everyday problems for everyone.

To know what resources the individual has to deal with such health challenges, and what they are willing to do to get better, a **"What is important to you?" conversation** is needed. "

## 2. Some Norwegian aspects



## 2. Some Norwegian aspects

- Autonomy
- Prioritization
- Differentiated services
- Welfare technology



*In line with government guidelines, the main focus will be on giving more services in the patient's home, self mastery and sustainability.*

***It is emphasized that patient involvement must govern the work.** Here, I believe the new standard will be helpful in achieving these objectives.*

### 3. Implementing the standard



*«What is important to me  
is that I am important to you»*

### 3. Implementing the standard



We know that changes in an organization can be divided into three factors;

Culture and values (70%)

Subject (20%)

Technical (10%)



**Professor Pål Gulbrandsen, co-author of  
«Shared decision-making as an existential  
journey; Aiming for restored autonomous  
capacity»**

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Patient involvement is not just an exchange of information, but the establishment of a relationship so that one understands the patient's situation and needs

Patient participation involves touching on existential aspects of the patient's life; security, vulnerability, autonomy and trust

(Patient Education and Counseling, 2016)

### 3. Implementing the standard

## Principles of health pedagogy



1. The main goal of dialogue with and around the patient is to
  - create progress / change
  - trigger resources in the patient
2. The patient's history, including changes in history, is the most important topic
3. Patient focus takes precedence over professional and service focus
4. Safe patients provide the right starting point for the services
5. Confident employees make the dialogue real and correct



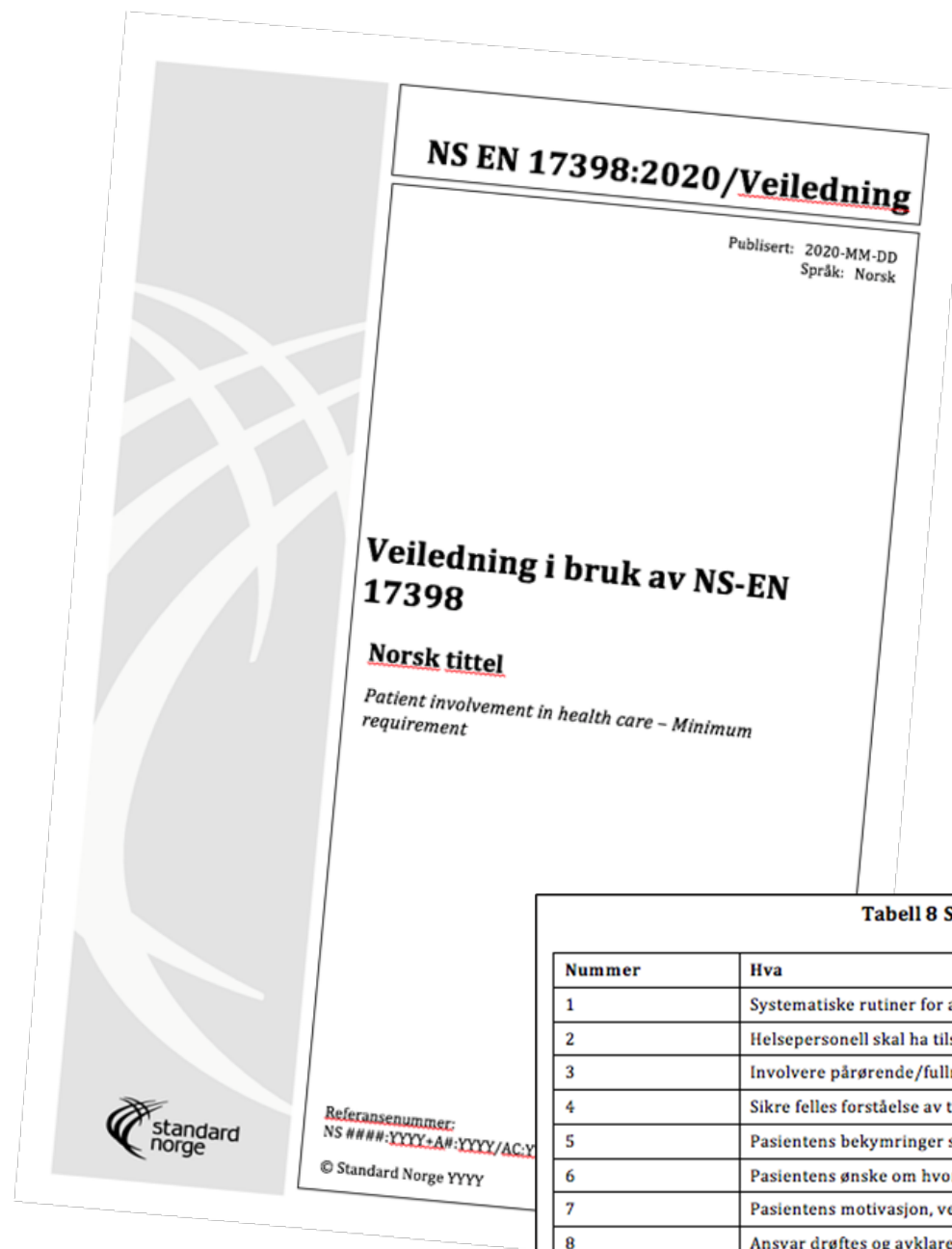
### 3. Implementing the standard

## Important steps



- Focus on the four areas the standard addresses
- Discuss and clarify the implementation strategy
- Make the standard a subject at all levels in the organization
- Anchoring in management
- Adjust local procedures
- Use checklists
- Time
- Measure and evaluate

### 3. Implementing the standard



**Guidance and checklist;**  
Follows normal design of a  
guide for the sector with  
supplementary information,  
examples and checklists

Tabell 8 Sjekkliste partnerskap

Nummer	Hva
1	Systematiske rutiner for at pasienten kontinuerlig er med i beslutningsprosesser
2	Helsepersonell skal ha tilstrekkelig tid til å sikre partnerskapet
3	Involvere pårørende/fullmektig ved behov
4	Sikre felles forståelse av tiltakene som er aktuelle
5	Pasientens bekymringer skal eksplisitt drøftes
6	Pasientens ønske om hvordan beslutninger gjøres legges til grunn
7	Pasientens motivasjon, verdier og mål drøftes eksplisitt
8	Ansvar drøftes og avklares, jf. pkt 4
9	Forventninger til resultatet drøftes eksplisitt og dokumenteres journal