

ANALYSIS

Commentary: Swedish initiative on person centred care

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The Swedish approach to implementing person centred care is being led and evaluated by a dedicated unit established in 2010 at the University of Gothenburg. The unit focuses primarily on people living with long term conditions. It is funded by the Swedish government (€10m; £8m; \$12m) as part of a broad initiative to stimulate research at Swedish universities. The centre conducts research, develops and distributes educational resources such as courses for health professionals and students, and facilitates implementation of person centred care programmes in local hospitals and primary care centres by providing guidance on reshaping services and ongoing support. Feedback from managerial and clinical staff suggests that reinforcing shared decision making between patients and clinicians increases professional satisfaction.¹ From the outset patient representatives have been involved not only in the research groups and executive board but also in the centre's educational and implementation programmes.

The theoretical basis has evolved over the years from a care pathways framework to encompass the philosophy of personalism.² Co-creation of care between the patients, their family and carers, and health professionals is the core component of person centred care,³ a concept that is becoming widely used.⁴⁻⁷

In the hospitals and primary care centres to which our centre is linked, a person centred care plan is developed with the patient and carers within 12-24 hours after admission or at the first outpatient attendance. This serves as a blueprint for ongoing care and treatment, with the patient's goals set out alongside the routine medical information. Ongoing joint review results in care plans being changed over time to help tailor care to short term goals, such as the day for discharge, and longer term ones, such as obtaining better sleep and reducing anxiety. The documentation of the person centred care plan helps ensure continuity and provides transparency for all parties.

Our research has shown the benefits of person centred care plans. Use of jointly agreed care plans is associated with a reduction in the length of hospital stay after hip fracture⁸ and chronic heart failure,⁹ reduced patient anxiety and uncertainty,¹⁰

improved pain relief,¹¹ reduced medical complications after surgery,⁸ and cost savings.¹²

Most of the work has been carried out in teaching hospitals, including the Sahlgrenska University Hospital in Gothenburg (one of northern Europe's largest hospitals), where implementation of joint care plans was gradually rolled out to internal medicine clinics from 2011. Results from implementing care plans in primary care are being analysed, and implementation is ongoing in a nursing home among residents with incontinence. Sustainability after implementation has been evaluated in terms of patient satisfaction after at least two years,¹³ and we are currently evaluating whether effects on care and cost effectiveness—for example, shorter hospital stay—are sustained.

Because controlled studies of person centred care have shown benefits, media interest in the centre's work has been considerable. This has fostered awareness of the importance of person centred care at both governmental and policy levels. Interest has been increased by the recently published results from the International Health Policy Survey, which found that Sweden was worse than most of the other 10 countries in involving patients in their care and decision making.¹⁴

Successful implementation of person centred care needs a government mandate as well as research evidence showing its value.¹ In January 2015 a health regulation was launched in Sweden stressing the need for information for patients and also giving patients more options to choose where they want their care fulfilled. We hope this will increase the speed of change.

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