SHORT TERM SCIENTIFIC MISSION (STSM)
SCIENTIFIC REPORT

This report is submitted for approval by the STSM applicant to the STSM coordinator

Action number: CA15222 - European Network for cost containment and improved quality of health care
STSM title: Identification of Person-Centred Care enablers in Swedish organizations as the basis for PCC implementation in other European countries
STSM start and end date: 08/10/2019 to 16/10/2019
Grantee name: Roman Lewandowski

PURPOSE OF THE STSM:

The aims of the STSM were to investigate in Swedish organizations how they understand Person-Centred Care and how they develop and implement this approach.
Specifically, the STSM aimed to investigate:
- How different stakeholders (medical and managerial staff on the provider level as well as political-administrative officers on county council or regional levels) understand the PCC?
- How the stakeholders translate PCC rules into everyday procedure/actions/clinical practice/managerial and political decisions?
- How do the professionals perceive the importance and usefulness of the five enablers? Whether according to their experience composition of these enablers is able to accelerate PCC implementation?
- How each of the five enablers should be created and on what levels (provider/networks of organizations /regional/county/national level) to implement PCC into practice?
- How different stakeholders imagine/perceive control procedures ensuring learning from successes and failures in order to correct the PCC implementation process and the PCC practices itself?
- Whether there are stakeholders which refuse to implement the PCC, and how they justify their decision?
- In what aspects of PCC works scholars from the GPCC and what research methods they use? Does the experience of the GPCC could be applied in other European countries?

DESCRIPTION OF WORK CARRIED OUT DURING THE STSMS

During the STSM, to meet its purposes, I have conducted interviews and discussions with different stakeholders engaged in research and implementation of Person-Centred Care in Swedish healthcare. I interviewed: Dr. Maria Taranger, Manager of the Internal Medicine Clinic, at Sahlgrenska University Hospital (Östra Hospital); Prof. Eric Carlström, Department of Learning and Leadership for Health Care Professionals in Institute of Health and Care Sciences at Sahlgrenska Academy at University of Gothenburg; Prof. Mats Börjesson Department of Physiology at Institute of Neuroscience and Physiology at University of Gothenburg; Associate Prof. Axel Wolf, Institute of Health and Care Sciences, at University of Gothenburg; Katrin Modig Pallin, Regional Coordinator for Person-Centred Care in Västra Götaland Region; Frida Smith, PhD, Regional Cancer-Centre; Prof. Karl Swedberg, Institute of Medicine, University of Gothenburg, Scientific Advisor, Gothenburg University, Centre for Person-Centred Care (GPCC) and Prof. Inger Ekman Institute of Health and Care Sciences, Centre for Person-Centred Care (GPCC), Gothenburg University, Centre funder and former director. The interviews and discussions lasted from 1,5 hours to 4 hours, during which I made notes and in some cases, after the consent of the interlocutor, the conversation was recorded. All interviews and discussions were performed in English.

DESCRIPTION OF THE MAIN RESULTS OBTAINED

From the interviews and discussions appears, that researchers and practitioners in Gothenburg share a common perception of Person-Centred Care (Approach). This perspective is based on the philosophy and ethics applied in the Capability Approach firstly articulated by the Indian economist and philosopher, the Nobel laureate, Amartya Sen. The Capability Approach is defined by the choice of focus upon the moral significance of individuals' capability of achieving the kind of lives they desire or value. This translates to a person in need, an ill person, who always poses a range of capabilities allowing her or him to live a life they wish to have. In this context, the health professionals by listening patient's narrative are obliged to help to achieve by the person the set of valuable 'beings and doings' they desire. This is a significant difference compared to other contemporary approaches to deliver medical services.

One of the STSM goals was also to investigate how the Swedish stakeholders translate PCC approach into everyday procedure/actions/clinical practice. I identified six routines, which could be also regarded as the points of control whether the PCC approach is applied to patients treatment.

The first is to shift the person from the position of the passive subject of care to the position of an equal active member of the treatment team, as an expert of his own life. The second is to establish a partnership and gaining a patient trust which encourages the patient to open themselves and deliver an honest narrative, allowing to discover also the person's needs and capabilities related to their illness which in other situation would be not considered. The third routine is to listen to person narrative and identifying the person most valued desires and capabilities that could be used in the process of treatment and care. The fourth routine is the joint elaboration of the treatment plan, together with professionals and a patient, and often her/his family allowing to achieve commonly agreed (medical and personal) goals. The fifth routine is the continuous repetition of the previous routines to update the treatment plan. The whole process should be documented including patient narrative in the form of patient preferences and capabilities, as well as commonly agreed care plan. It is important that at last the care plan should be constantly accessible for a patient. These routines are not an exhaustive list of actions that professionals should follow. However, they show a sharp contrast between the PCC and "former" processes of diagnosing and treating in contemporary healthcare.

Although the PCC approach is very complex and should be always adjusted to a particular situation, identification of the above routines allows structuring the investigation, how PCC implementation is supported on different levels in Västra Götaland Region. The WeCARE framework was used as a tool for the study. Infrastructure - it is important that the support for the implementation of PCC is institutionalised on the regional level by the form of a regional coordinator. At present, the coordinator is the former implementation leader from one of the hospitals, and now she is responsible for supporting all regional institutions in the process of PCC application. This type of infrastructure creates a platform for knowledge and experience exchange related to the PCC. Similarly, in cancer treatment, supporting social infrastructure is created by assigning to cancer patients contact nurses (case manager nurses), which work with patients in a PCC way as opposite to purely medical orientation concentrated on the patient treatment path. To the infrastructure I would also assign the research community lead by the GPCC, which created the foundation for the PCC implementation, facilitates its further development and worldwide dissemination. In Gothenburg also information technology is applied in many forms. For example, some medical settings adjust their IT systems to support PCC.

The interviews do not reveal that organisations utilise clear external incentives (e.g. financial) for professionals to influence them to work according to the PCC. The dissemination and sustainable utilisation of the PCC approach is rather reinforced by legal provisions at various levels, the infrastructure described above and the moral commitment of professionals to provide the highest quality healthcare. Quality measures are based on questionnaires, and/or periodic audits made by prepared medical teams assessing person-centeredness of medical services. These measuring tools also work as strong incentives for strengthening the PCC approach.

Generally in the Västra Götaland Region, there is a solid consensus on many levels (individual, organisational, and regional) and also between practitioners and scientific community about the benefits that the PCC brings to healthcare.

The results of this STSM help to achieve the goals of the COST Action CA15222 - European Network for cost containment and improved quality of health care, among others they contribute to the elaboration of Exploratory Health Labs (EHL) and implementation of the PCC approach in other countries, especially in Poland, in Voivodeship Rehabilitation Hospital for Children in Ameryka.

FUTURE COLLABORATIONS (if applicable)

Further cooperation with the Centre for Person-Centred Care (GPCC), Gothenburg University is planned in the near future to extend this research and exchange of experience.