

Initiating person centered care at a multidisciplinary center

Guðrun Evén, RN, MSc, PhD Student¹, Jonas Spaak, MD, assoc. Prof.¹, Magnus von Arbin, MD, assoc. Prof.¹, Susanna Jäghult, RN, PhD¹, Åsa Franzén-Dahlin, RN, PhD¹, Terese Stenfors-Hayes, PhD²
¹Karolinska Institutet, Department of Clinical Sciences, Danderyd Hospital (KIDS), ² Karolinska Institutet, Evaluation Unit, Department of Learning, Informatics, Management and Ethics (LIME)



Conclusions

This pilot study demonstrates a large spread regarding how the health care professionals use person-centered care (PCC) in patient meetings, and also on their understanding of PCC. This indicates that when implementing PCC, it is important that all staff involved share an understanding of how to use this new approach. PCC must also be explained to and accepted by the patients. To categorize the degree of person-centeredness in these complex meetings is in itself a challenge.

Introduction

In November 2013, Danderyd University Hospital started a multidisciplinary clinic for people with combined heart disease, reduced kidney function and diabetes (HND-center).

One purpose was to coordinate the medical treatment and nursing care around the patients. The health care professionals consists of physicians and nurses specialized in cardiology, endocrinology or nephrology.

The care would be based on a person-centered methodology, which was new for all staff and very likely also new for the patients.

Aim

The aim was to study how and to what extent health care professionals work person centered at the HND-center at Danderyd University Hospital in Sweden.

Method

An observational study was conducted using a non participant observation technique. The observations were made on different days of the week and at different times of the day. Team visits, first time visits, referrals and regular visits were observed. The observer took also an active part in coffee breaks and at lunch discussions with the health professionals. Written notes were taken and then fully transcribed.



Observations

	Total	Male patients	Female patients
n	30	22 (73.3%)	8 (26.7%)
Age (y)	74.7	74.5	73.8
Mean	74.4	74.6	73.86
Range	54-88	58-88	54-80

Results

Thirty observations were made. At 13 observations both nurses and doctors attended, so called team meetings. In 19 meetings a family member participated, a nursing student in 8 meetings and 3 meetings were attended by an interpreter. The length of the meetings varied between 24-66 minutes (mean 43 min).

The transcribed material showed that the way of working person centered varied among the staff.

In 17 meetings the patients' questions were ignored/left aside and the staff continued the conversation as if the question was not asked and the patient did not get an answer. These questions generally concerned medical and social issues, lifestyle and queries regarding prescribed drugs. In one meeting the staff spoke with medical terminology in a way that was not properly understood by the patient and the family member.

When there was a family member present, the patients seem to take a more passive role. In one meeting where the patient brought two grown-up children, the patient could hardly speak up at all, as the children took over the conversation, with probably the best of intentions.



Department of Clinical Sciences,
Danderyd Hospital
Guðrun Evén
RN, MSc, PhD Student
182 88 Stockholm, Sweden

E-mail: guðrun.even@ki.se
Phone: +468-123 565 56
Fax: +468-622 58 45



**Karolinska
Institutet**

Initiating person centered care at a multidisciplinary center

Guðrun Evén, RN, MSc, PhD Student¹, Jonas Spaak, MD, assoc. Prof.¹, Magnus von Arbin, MD, assoc. Prof.¹, Susanna Jäghult, RN, PhD¹, Asa Franzén-Dahlin, RN, PhD¹, Terese Stenfors-Hayes, PhD²
¹Karolinska Institutet, Department of Clinical Sciences, Danderyd Hospital (KIDS), ² Karolinska Institutet, Evaluation Unit, Department of Learning, Informatics, Management and Ethics (LIME)



Conclusions

This pilot study demonstrates a large spread regarding how the health care professionals use person-centered care (PCC) in patient meetings, and also on their understanding of PCC. This indicates that when implementing PCC, it is important that all staff involved share an understanding of how to use this new approach. PCC must also be explained to and accepted by the patients. To categorize the degree of person-centeredness in these complex meetings is in itself a challenge.

Introduction

In November 2013, Danderyd University Hospital started a multidisciplinary clinic for people with combined heart disease, reduced kidney function and diabetes (HND-center).

One purpose was to coordinate the medical treatment and nursing care around the patients. The health care professionals consists of physicians and nurses specialized in cardiology, endocrinology or nephrology.

The care would be based on a person-centered methodology, which was new for all staff and very likely also new for the patients.

Aim

The aim was to study how and to what extent health care professionals work person centered at the HND-center at Danderyd University Hospital in Sweden.

Method

An observational study was conducted using a non participant observation technique. The observations were made on different days of the week and at different times of the day. Team visits, first time visits, referrals and regular visits were observed. The observer took also an active part in coffee breaks and at lunch discussions with the health professionals. Written notes were taken and then fully transcribed.



Observations

	Total	Male patients	Female patients
n	30	22 (73.3%)	8 (26.7%)
Age (y)	74.7	74.5	73.8
Mean	74.4	74.6	73.86
Range	54-88	58-88	54-80

Results

Thirty observations were made. At 13 observations both nurses and doctors attended, so called team meetings. In 19 meetings a family member participated, a nursing student in 8 meetings and 3 meetings were attended by an interpreter. The length of the meetings varied between 24-66 minutes (mean 43 min).

The transcribed material showed that the way of working person centered varied among the staff.

In 17 meetings the patients' questions were ignored/left aside and the staff continued the conversation as if the question was not asked and the patient did not get an answer. These questions generally concerned medical and social issues, lifestyle and queries regarding prescribed drugs. In one meeting the staff spoke with medical terminology in a way that was not properly understood by the patient and the family member.

When there was a family member present, the patients seem to take a more passive role. In one meeting where the patient brought two grown-up children, the patient could hardly speak up at all, as the children took over the conversation, with probably the best of intentions.



Department of Clinical Sciences,
Danderyd Hospital
Guðrun Evén
RN, MSc, PhD Student
182 88 Stockholm, Sweden

E-mail: guðrun.even@ki.se
Phone: +468-123 565 56
Fax: +468-622 58 45



**Karolinska
Institutet**