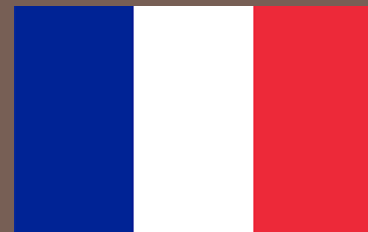




IMPROVING THE QUALITY OF HEALTHCARE  
USING THE EXPERIENCES AND  
COMPETENCIES OF PATIENTS:  
ARE WE READY?"



# THE SPANISH TEAM

# What have we learnt about Spain?

- ❑ No food or coffee between 8am and 3pm!
- ❑ Lots of kissing
- ❑ Not as sunny as you think!
- ❑ Tortilla at every meal
- ❑ Huge regional differences
- ❑ Open and friendly
- ❑ Passionate about their work



# Objectives for presentation

- Three themes explored around patient experience in healthcare in Spain:
  - ▣ Hospital at home
  - ▣ Active Patient
  - ▣ Co-production of service with the patient
- Key conclusions (and are we ready...?)

# Hospital at Home



- An outpatient service performed by a hospital team in the home of the patient
- A model where the **competencies** of the family are used to provide health care in the comfort of the home
- The Hospital at Home is a sustainable alternative to inpatient care, where the patient is in the center

# Hospital at Home



Very high patient satisfaction



Providing the same treatment, **quality** and care as if the patient was in a hospital



Improved patient safety



Reduced costs by avoiding inpatient care

# Hospital at Home

**Barriers:**  
**Not every patient meets the criteria to receive hospital care at home**



If the patient lives too far away from the hospital



Physical barriers



Lack of **competencies** from care givers

# Active Patient Programme



- ▣ Stanford / Albert Bandura model
- ▣ Self Management group education programme
- ▣ Peer Support
- ▣ Helping patients manage own care effectively
- ▣ Different approaches in autonomous communities
- ▣ Adapted to different settings  
(generic-cancer-prisons-gypsy population)



# Programme Objectives



- Equal collaboration patient/professionals
- Patient motivation
- Sharing and learning from other patients
- Social/emotional management
- Symptoms control via lifestyle changes
- Providing a hub of quality patient information

# Barriers – Active Patient

- ✗ Global strategy but not fully implemented
- ✗ Strong coordination between agencies
- ✗ Philosophy/mentality change
- ✗ Requirement of ‘some’ initial patient motivation
- ✗ Patients are the least used resource in the system  
– lets use them?



# Co-production of service



## VAMOS A TOMAR UN CAFÉ....

- ▣ Project started in 2018 in *Atencion al paciente* unit
- ▣ The in-patient Director & Chief Nurse invite the patient to 'have a coffee and a chat' - informal
- ▣ Objective - to learn about the **patient experience** in order to improve and develop services
- ▣ New mindset : patient opinion improves organizations and services
- ▣ Limitations : Patient selection and patient preparation
  - Hospital Universitari Son Espases, Palma de Mallorca



## CONCLUSION

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# NO (but on the way..)

- ❑ Projects provide multiple patient benefits
- ❑ Improved Health Outcomes
- ❑ Only isolated projects NOT 'core business'
- ❑ National roll out required (and international)
- ❑ Monitored/evaluated/researched centrally
- ❑ BUT are the patients ready?
- ❑ Spanish political instability impacting
- ❑ Lets make 'patient collaboration' and 'improvements to patient experience' a core focus for projects rather than a 'bi-product'



Gracias! Thanks! Danke! Mange tak!  
Paldies! Obrigado! Merci! Grazie!  
Dziękuję!