



Canadian Foundation for
**Healthcare
Improvement**



Fondation canadienne pour
**l'amélioration des
services de santé**



Collaborative: Partnering with Patients and Families for Quality Improvement

INTEGRATING PATIENTS INTO THE CARE TEAM FOR REPLANTATION OF THE UPPER LIMB

Olivier Fortin
Patient Partner, Mentor

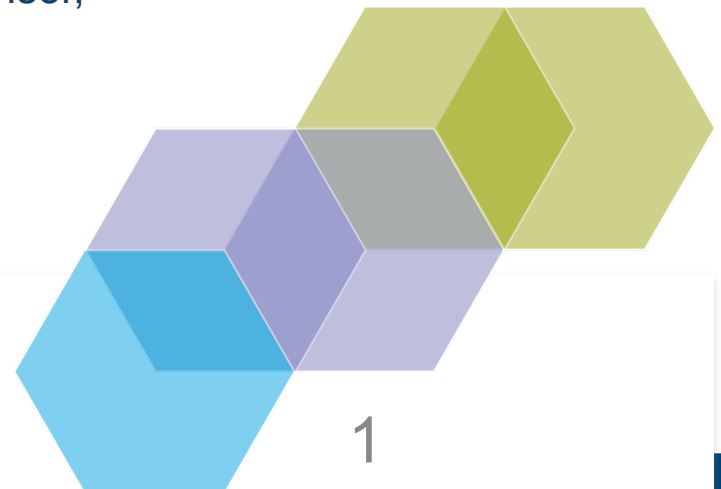
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October 30, 2015

Accelerating healthcare improvement
Accélérer l'amélioration des services de santé

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The CHUM's Centre of expertise in replantation

- Victims of traumatic amputation of an upper limb from all over Québec
- Urgent microsurgery services and postoperative hospitalisation
- All professional expertise including resource patients assembled in a single centre



Patient resources Essential actors...

In improving care for patients having experienced the traumatic amputation of an upper limb.

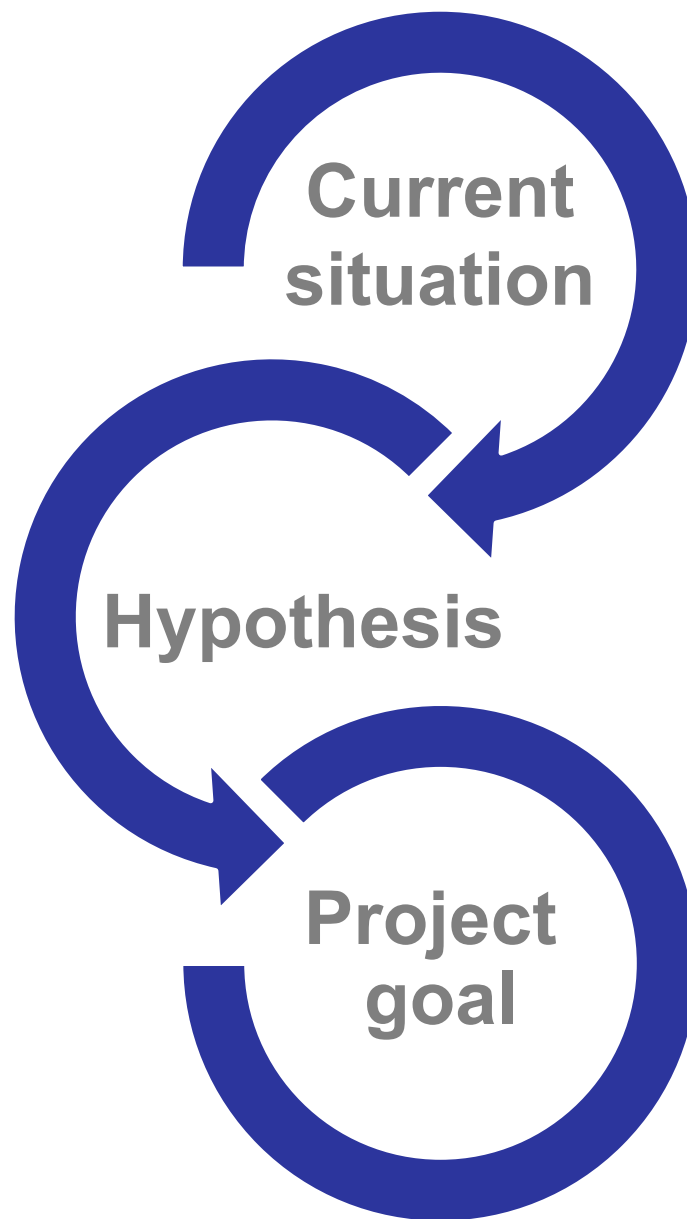
- > Partners in the care team.
- > Share their experience with patients.
- > Promote patient participation in developing a care plan that meets their needs.

Social support from peers =

A determining factor in :

- adherence to treatment
- reduction in post-traumatic shock
- quality of the care experience

Impact on the patient's perception of the handicap



Inequality

in the plan/adherence rehabilitation treatment

Develop a peer-to-peer **patient resource program**

Olivier Fortin, patient resource

Curriculum vitæ



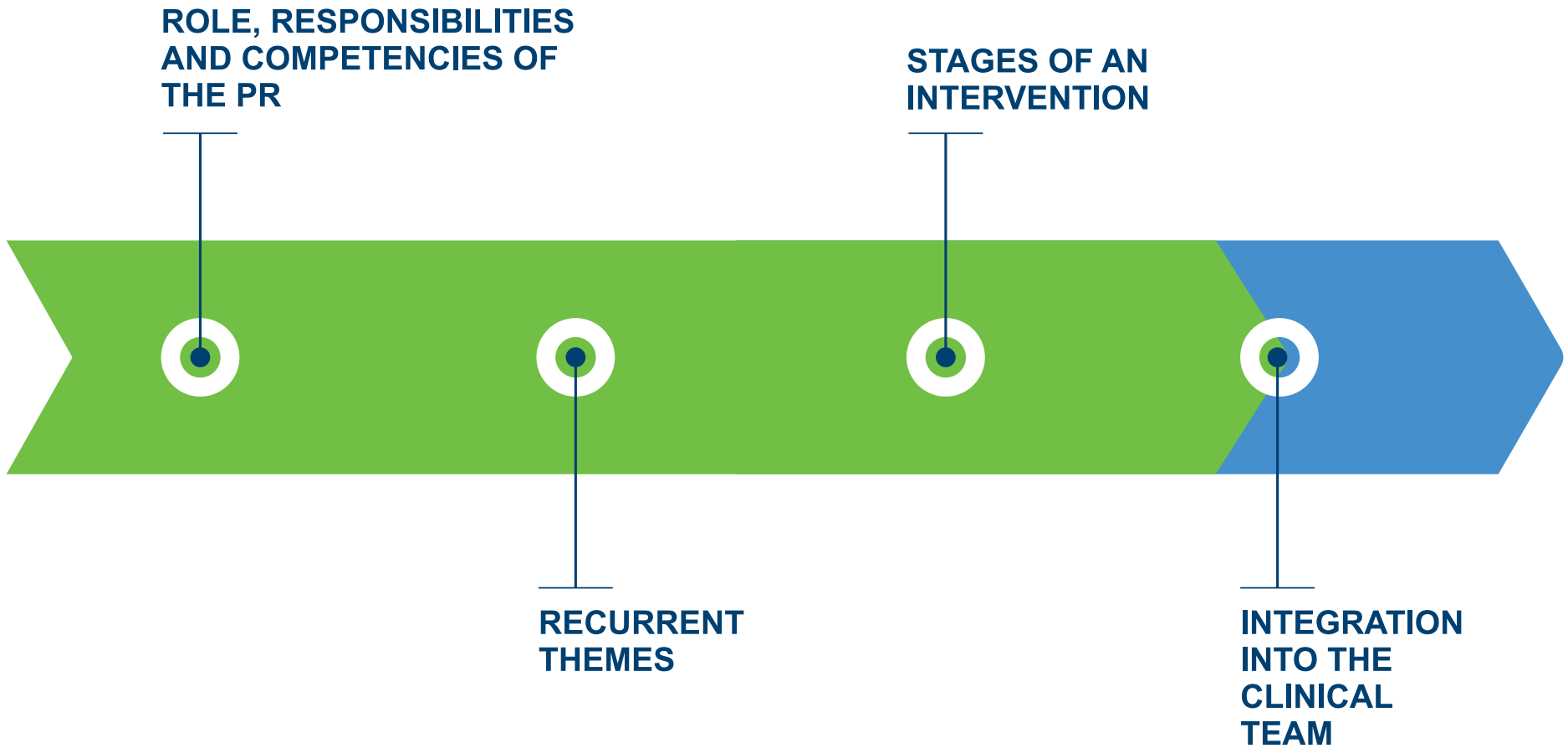
Accident	Work-related accident involving a table saw
Trauma and surgery	Left hand Replantation D1 Revascularisation D2-D5 Arthrodesis D5 Tenography flexor D5
Profession	Carpenter (career change, back to school)
Particular expertise	Impact of the accident on his family/friends Acute post-traumatic stress

Skills

- **Expresses himself** easily
- **Listens well**
- Can work in a **team**
- **Expert** in life following replantation



Co-creation of the intervention model



 Development

 Experimentation



QUALITÉ

INTÉGRITÉ

INNOVATION

COLLABORATION

PERFORMANCE

Roles and responsibilities

The patient resource is expected to:

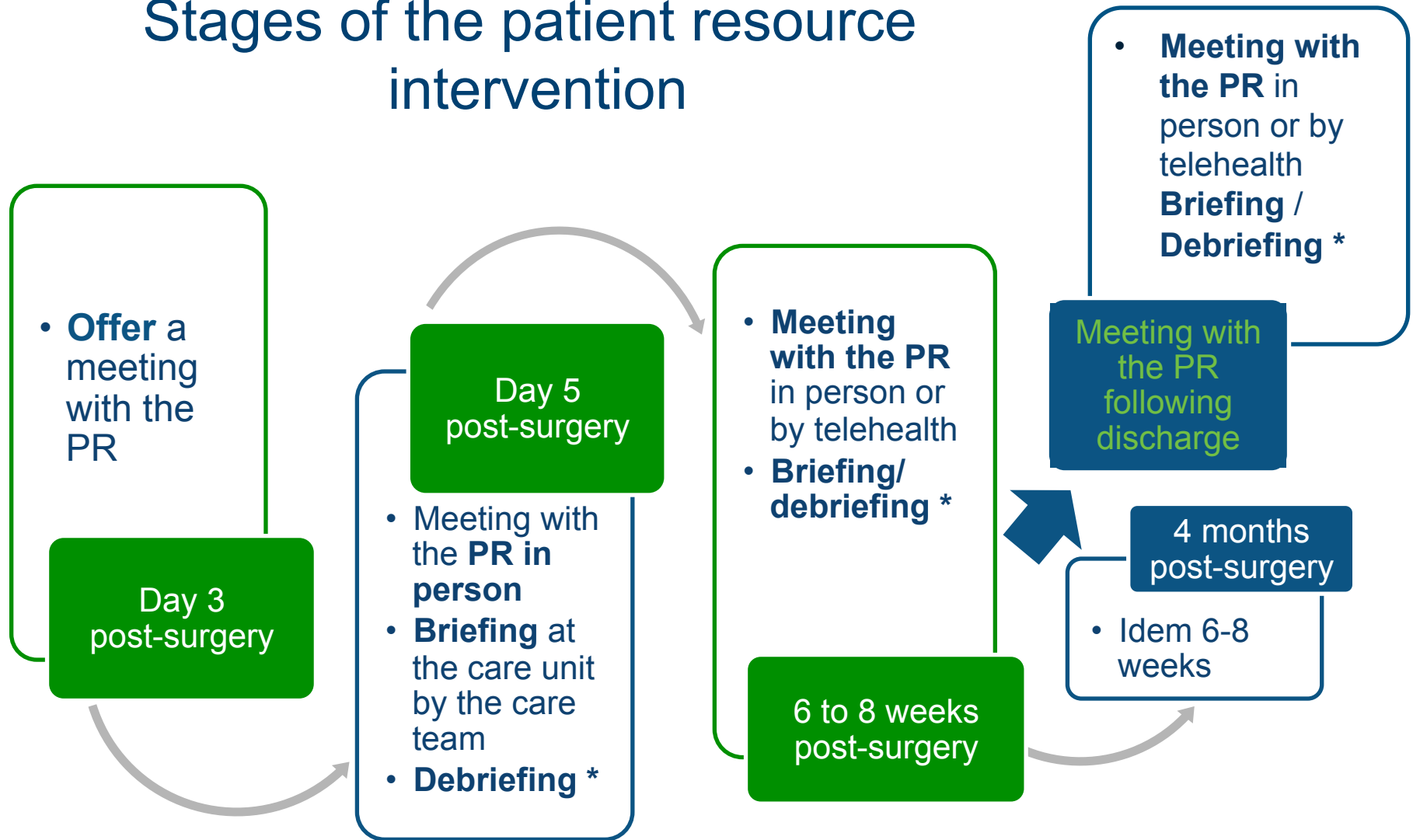
- > Complement the expertise of the team
- > Overcome isolation
- > Incarnate the rehabilitation process
- > Facilitate communication
- > Bring hope

“ The patient resource showed me his hand, which had been well repaired, and that was something I needed to see 2 days after surgery. It gave me hope that mine could be fixed as well ”.

Themes discussed



Stages of the patient resource intervention



* Tools for the PR : Logbook and note in chart

Integrating the PR into the care team



Investment		Development	Experimentation
Time		8 months (September 2014 – April 2015)	6 months (May– Octobre 2015)
Human Resources	Health Promotion Advisor	3 days/week	1 day/week
	Clinical project lead	2 days/week	
Patients resources		1 PR 1 day/week	3 active PRs/ 5 recruited 23 meetings x +/-45 mins

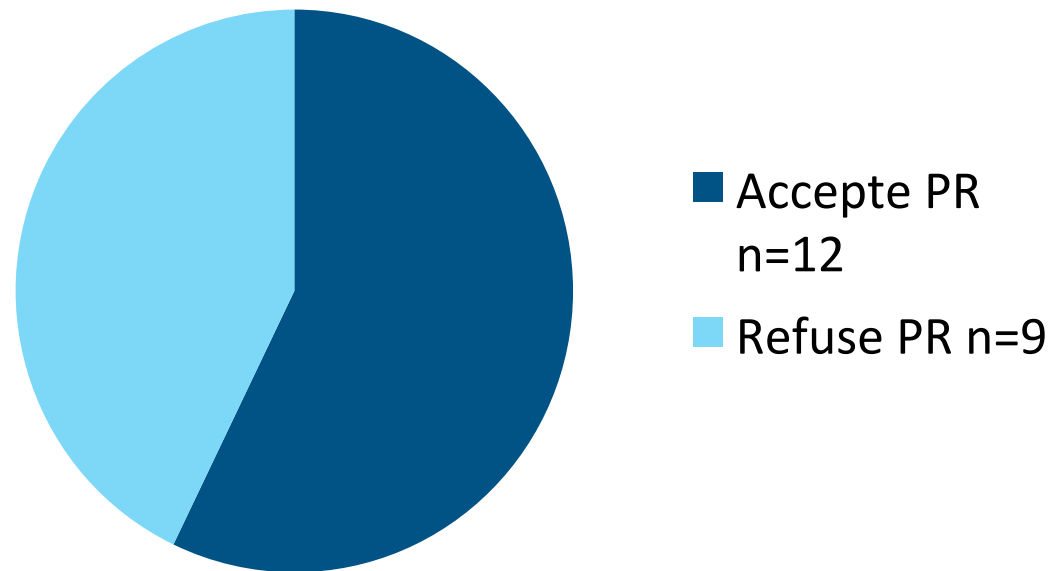


CHUM

Patient receptivity

21 patients admitted to the Centre
(3 months inclusion during the experimentation phase)

57% consented to participate



Challenges encountered

Resistance associated with perceived increase in work load

Resistance associated with the patient resource role in sites outside the CHUM

Reorganisation=> personnel changes within teams: clinical and research



POTENTIAL SOLUTIONS

Promote greater buy-in from clinical team members



Identify many Patient Partner champions to mobilise collective leadership on the project.

Ensure clinical participation in the selection process of patient resources.

Initiate co-management of research with a team member to increase stability and sustainability.

Help team members at the Centre come to see the effort as a continuous improvement project to promote its sustainability.

FUTURE PROSPECTS

Pilot randomized trial:

Objective: Demonstrate the benefits of PR meetings on indicators of rehabilitation in experimental and control groups.

Merci de votre attention

Thanks for your attention

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