

Connecting the dots between patients, providers and the organization to improve patient safety

Andrea Bishop, PhD

Postdoctoral Fellow

IWK Centre for Research in Family Health/School of Nursing, Dalhousie University

October 30, 2015



Who I am and why I'm here today...

Health care is a risky business

We have a lot of systems in place

We want the patient to be involved

Patients can be wary



Connecting the dots

Between patient safety strategies and patient safety

Between the health care provider and the patient

Between organizational culture and the patient

Between caring about and caring for




A few dilemmas...

Protection vs. Production

Routine vs. Critical

Individual vs. System

Provider needs vs. Patient needs



What's really going on?

Mixed methods using survey and focus groups of both patients and providers

- 217 patient surveys completed; 113 provider surveys completed

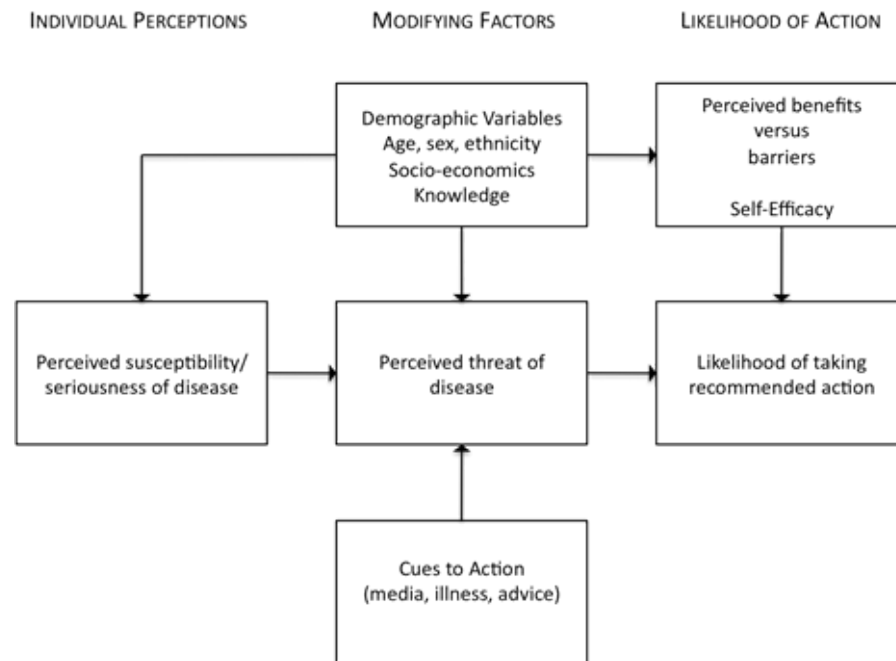
Mix of medical and surgical units

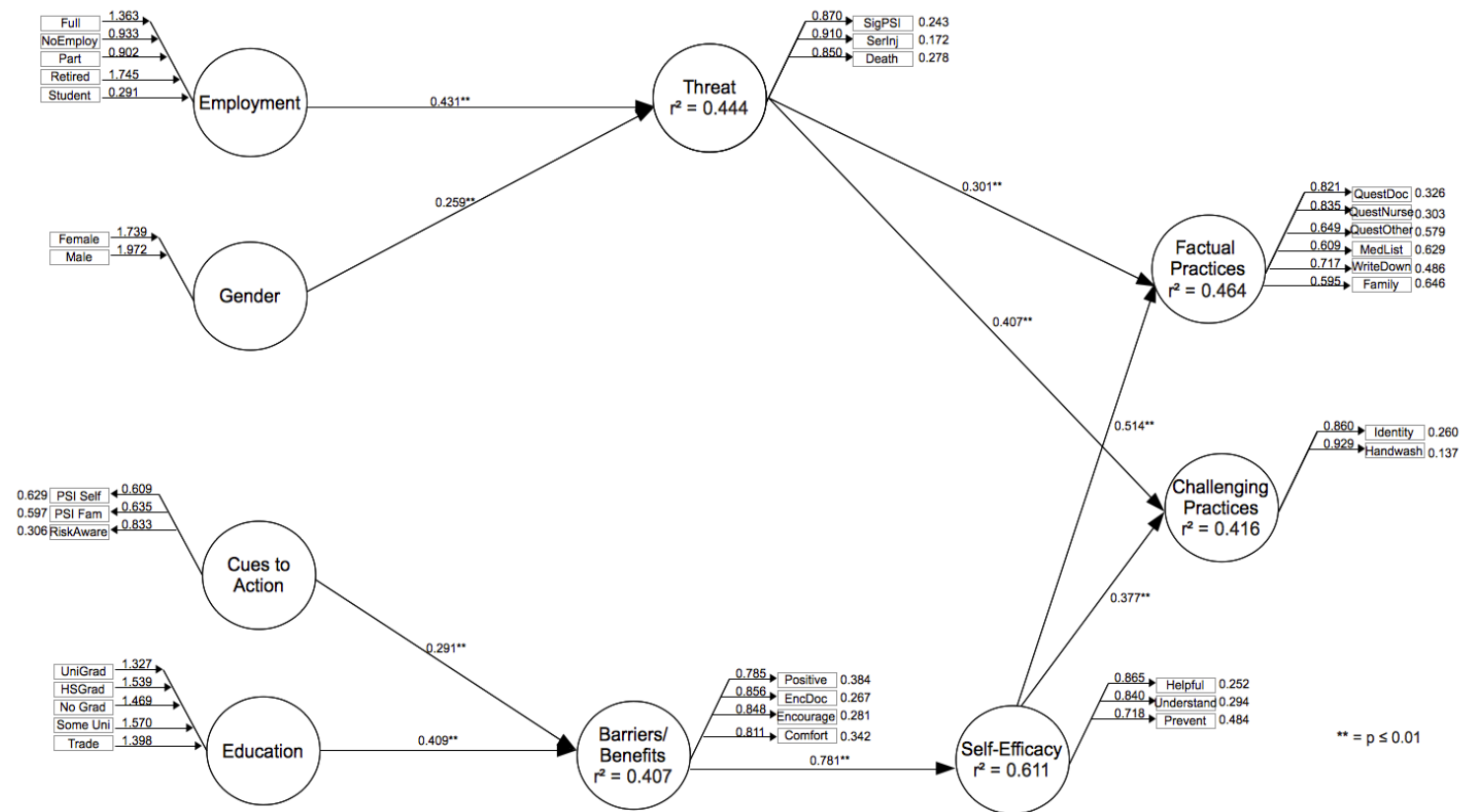
Aimed at applying the HBM to patient involvement in patient safety



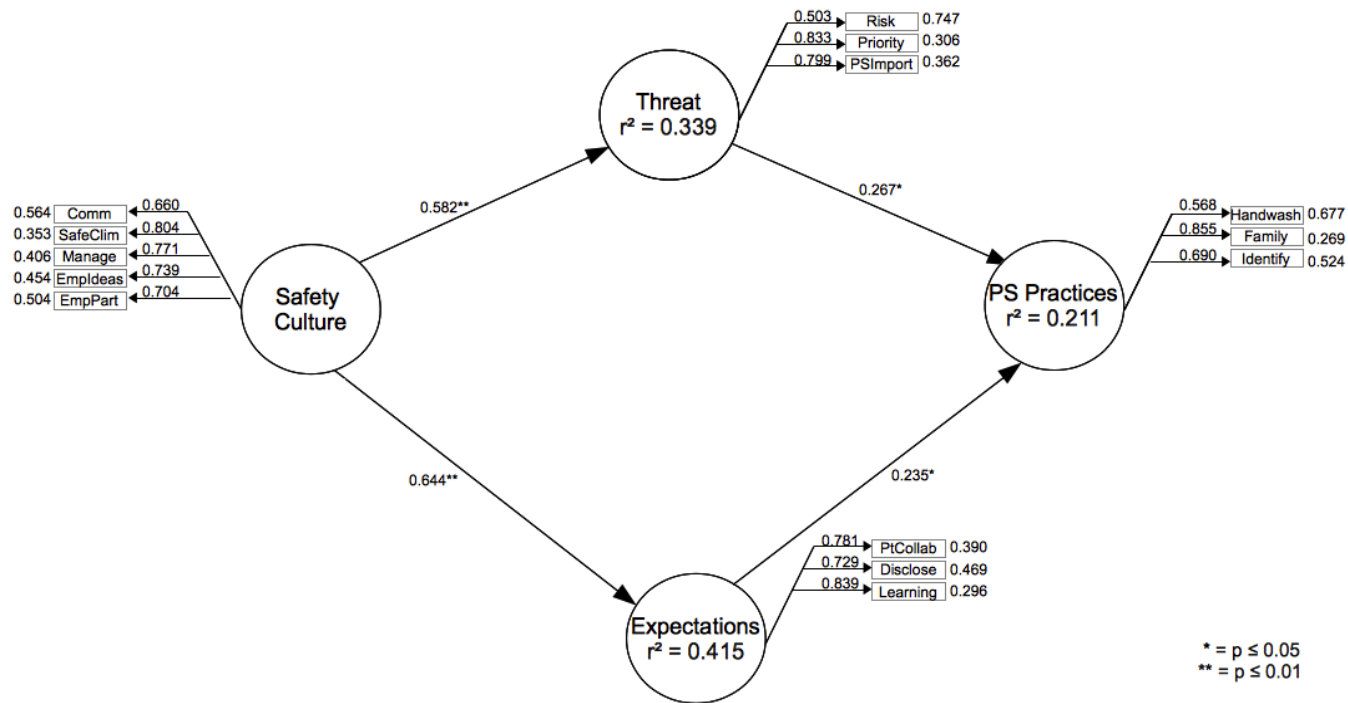
Looking for a model...

Health Belief Model





Bishop A, Baker G, Boyle T, MacKinnon N. (2014) Using the health belief model to explain patient involvement in patient safety. Health Expectations. [Epub ahead of print].



Bishop AC, Boyle TA. The role of safety culture in influencing provider perceptions of patient safety. *Journal of Patient Safety*. [Epub ahead of print].

What is the patient and provider experience?


1. Wanting Control

“I don’t know whether I’ve been there five minutes or two hours. And **I don’t know if anybody knows I’m even there** because the last person I saw just disappeared. That was it. And so that feeling of I could be here 24 hours and nobody would even know I was gone, you know, or where I am.” (patient)

2. Feeling Connected

“I think it’s how we handle their initial questions when they do ask something, that we don’t treat something that is everyday to us as silly or that we encourage them to ask more. But **it’s how we treat them when they do ask.**” (provider)

Bishop A, Macdonald M. (2014) Patient involvement in patient safety: a qualitative study of nursing staff and patient perceptions. *Journal of Patient Safety*. [Epub ahead of print].



What is the patient and provider experience?


3. Encountering Roadblocks

“Just to have a few minutes with every patient to sit down in a day would just make that big of a difference. Like what are your concerns, how do you feel? Like just getting to know what’s going in their heads. We just don’t have the time.” (provider)

4. Sharing Responsibility for Safety

“There was a lady from out of town in my room, and there was nobody to really help her. And they could ask her some questions but to begin with, she was illiterate. So she couldn’t read anything they gave her. She finally admitted that. But I don’t think she told the nurses.” (patient)

Bishop A, Macdonald M. (2014) Patient involvement in patient safety: a qualitative study of nursing staff and patient perceptions. *Journal of Patient Safety*. [Epub ahead of print].



What we need to pay attention to

Importance of context, workload and language

- Creating an environment for interaction to occur
 - Being comfortable to ask those sticky questions
 - Provider behaviour before and after – what about modeling?
- Patients view providers as stressed
 - What are the protocols achieving?
 - Conflict between what we see as important (e.g., checklists, pamphlets) and what patients see as integral to safety (e.g., interaction and involvement)
- Patients unaware and unsure of what “patient safety” is
 - Are providers too? Are they ready to change?

Patient experiences & safety culture

Much of our knowledge regarding organizational patient safety culture stems from provider perceptions and experience

Yes, patients tell us about how terrible the food tastes, but do we give them the opportunity to tell us about our culture?

Patient experiences & safety culture

Analyzed publically available patient and family stories (CPSI website) using thematic analysis

Four themes identified:

1. Not Being Heard
2. Betrayal of Trust
3. Missed Opportunities
4. Being Passed Around

Practical applications for organizations to use existing patient experience data

Bishop AC, Cregan BA. (2015) Finding meaning in patient experiences: what can patient and family stories tell us about safety culture? International Journal of Health Care Quality Assurance. [Epub ahead of print].

Nova Scotia Patient Experience Survey

500 respondents surveyed between March and May 2014 across all DHAs in Nova Scotia

Traditionally look to staff perceptions of safety climate – what about the end-user??

What can patients tell us about safety concerns and safety culture while hospitalized:

- Care Experiences
- Safety Issues
- Discharge/Continuity of Care
- Medical Errors

Nova Scotia Patient Experience Survey

Risk Factor	Significance	OR	95% CI	
			Lower	Upper
Poor self-reported health status	0.169	1.687	0.801	3.552
Negative experience with providers	0.022*	4.788	1.253	18.291
Difficulty understanding information	0.909	1.076	0.31	3.735
Conflicting information given to patient	0.005*	2.756	1.351	5.622
Not involved in care decisions	0.017*	3.591	1.26	10.232
Providers too busy to interact	0.336	0.669	0.295	1.518
Unclean hospital environment	0.564	1.350	0.487	3.742
Unclear instructions given to patient	0.190	1.644	0.782	3.456
Hospitalized three or more times	0.001*	3.296	1.631	6.662

What does this mean for connecting the dots?

There are certain perceptions we can use to improve involvement:

- Threat, self-efficacy, benefits vs. barriers

Patients are HIGHLY perceptive of health care provider behaviour

- We get back what we put out there

Patients can be used to help us improve our culture

- We aren't using end-user experiences to their full advantage

Thanks!

Email: andrea.bishop@dal.ca

Twitter: [@ABishopPhD](https://twitter.com/ABishopPhD)

www.strengtheningtransitionsincare.com

