

CONFERENCE ON PATIENT AND FAMILY EMPOWERMENT FOR BETTER PATIENT SAFETY

8-9 NOVEMBER 2016, BRUSSELS

Workshop 1: Patient Empowerment
in acute settings

Moderator: Nicola Mackintosh

Rapporteur: Tessa Richards

“ A STRONG PATIENTS' VOICE TO
DRIVE BETTER HEALTH IN EUROPE ”

- Presentation by Dr Nicola Mackintosh, Kings College London of UK of key findings from NHIHR funded research project examining care of acutely ill patients in medical and maternity settings.
- Workshop participants split into groups of 3 - 4 to discuss the following questions;
 1. What change is needed at system level to enable staff to be responsive to patient concerns? What are the barriers?
 2. How can we support patients to freely voice concerns in a meaningful, and supportive way?
 3. What tools including digital interventions can aid self-surveillance and self-diagnosis? How might they address power differences?
 4. Are there other key issues?

One person nominated from each small group reported back views/ideas

General discussion held with participants and feedback summarised by rapporteur Dr Tessa Richards B

- Resources: lack of sufficient staff / poor staff morale
- Cultural: patients and carers not seen as a resource for improving the quality, safety and sustainability of health care
- Educational factors: health professionals not trained to work in partnership with patients / co production
- Organisational factors: system bias / no incentives to promote continuity of care
- Medico -legal: professional fear blame / litigation as a result of errors /poor care
- Poor use of technology: hospital IT systems / health records not integrated / many still paper based

1. Co produce new metrics / performance indicators of quality of care including timely response to patient/carers concerns / continuity
2. Deploy and utilise potential of new technologies / Integration of medical records / share full EHR with patients / set up shared digital platforms /patient hotlines for timely exchange
3. Hospital boards, medical meetings and committees which determine policy and practice on patient safety /QoC to be #PI
4. Medical education programmes on how to listen to patients, elicit their concerns/preferences / work in partnership with them / realise co-production in research, policy making, practice
5. Encourage and support – patient led innovations – think Kate Grainger

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