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ISQUAI7-1752

THE EFFECT OF ADVERSE EVENTS ON PATIENT EXPERIENCE AMONG HOSPITAL INPATIENTS

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Objectives: The focus on patient reported experience, one of the multiple dimensions of health care quality, has intensified. It is not fully understood how patient reported experience intersects with the other dimensions of health care quality. This study examines the relationship, if any, that reported adverse events in the hospital, have on patient reported experience.

Methods: Cross-sectional assessment of one year experience of adult hospital discharges from Mayo Clinic Rochester hospitals from fourth quarter 2012 through 2014 with follow-up patient satisfaction surveys. All provider-reported events with and without harm were linked to all hospital discharges with follow-up HCAHPS patient satisfaction surveys. Univariate analysis was conducted across events with harm vs: events without harm, non-events, and a combined non-harm event and non-event cohort. Categorical comparisons of survey response rates and composite measures were conducted using chi-square test of proportions and continuous variables using Wilcoxon rank sum test. All statistical analyses were conducted using SAS v9.3.

Results: A total of 8734 reported patient events occurred during the study period; 6682 (6.4%) adult hospital discharges had a provider reported event which reached the patient (C or higher), of

which 3191 (3.1%) had adverse events with harm or required intervention (D or higher). HCAHPS surveys were obtained on 20,935 (20.1%) of all discharges. The survey rate was significantly lower among those with reported events with and without harm than those without events (16.4% and 15.4% vs. 20.5%, $p < 0.001$). Among survey responders, those with events reaching the patient scored lower on Communication with Nurses (63.1% vs 70.0%), Communication with Doctors (67.3% vs 72.7%), Responsiveness of Hospital Staff (59.2% vs 67.1%), Pain Management (56.5% vs 62.3%), Communication about Medicines (45.8% vs 52.8%), Environment (50.1% vs 54.7%), Global Rating (80.4% vs 83.6%), and Overall Summary Score (92.4 vs 93.8) than the others (all $p < 0.01$). No differences were seen on Discharge Information or Care Transition (both $p > 0.05$).

Conclusion: Patients experiencing adverse events are less likely to be surveyed about their hospital experience, and when they are surveyed, they report less satisfaction with most aspects of their care. The biggest differences between those with harm and those without events appeared to be in staff responsiveness and communications with both doctors and nurses. Understanding how patient reported experience impacts other dimensions of quality will provide insight into what patients' value, improve patient care and also has the potential to improve hospital reimbursement. As a component of CMS value based purchasing, the patient reported experience dimension accounts for 25% of the score.

ISQUAI7-2402

CO-DESIGNING PATIENT-CENTRED CARE USING PARTICIPATORY ACTION RESEARCH [PAR] - THE EPILEPSY PARTNERSHIP IN CARE [EPIC] PROJECT

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Objectives: “Co-design”, “Co-creation”, “Co-production” are concepts currently used by those promoting innovation to improve the quality, safety and integration of healthcare services. They reflect an approach where the consumer and the provider of a service/product work in partnership to make things happen in a meaningful way. Such collaboration is inherent in models of patient-centred healthcare.

Patient-centred care (PCC) is a core value in health service reform that recognises people within the full context of their lives not just their health condition. PCC promotes partnerships between healthcare practitioners, patients and their families to ensure that correct and responsive clinical decisions are made.

The National Clinical Care Programme for Epilepsy in Ireland is conducting a project which aims to create co-design teams of those who receive and those who deliver health services to work together on devising services that can realise the promise of patient-centre care.

Methods: The Epilepsy Partnership in Care (EPIC) project is using anthropological methods of ethnography, interviews and focus groups in parallel with participatory action research (PAR). Through anthropology the diversity of needs, and experiences within the epilepsy care

domain are being observed and catalogued and are informing the intelligent design and implementation of PCC through action research. **Results:** EPiC is a nationwide research project. Ethnography, interviews and focus groups have taken place at multiple locations across Ireland within specialist epilepsy centres, in patients' homes and in the community.

32 people with epilepsy, 6 community resource officers, 4 consultant epileptologists, 13 epilepsy specialist nurses, 3 intellectual disability sector nurses, 3 general practitioners, 2 health service managers and 1 epilepsy service manager have participated in the project.

The exploration is elucidating the full range of actors involved in the epilepsy ecosystem, and the nature of their interactions with each other and their surroundings.

Strengths and weaknesses of patient-centredness in the epilepsy domain are emerging as are opportunities for advancing PCC through a balanced patient-provider partnership.

Four PAR teams (Community Care; Education; Adolescent Transition; Telephone Advice) have been formed. The teams made up of people who receive and deliver epilepsy care are iteratively and incrementally exploring the meaning of PCC while simultaneously identifying both opportunities for and challenges to achieving sustainable PCC.

Conclusion: PCC requires a fundamental re-balancing of the patient-healthcare provider relationship to one that changes the role of the healthcare professional from "experts that care for patients to enablers that support patients to make decisions".¹

Because of its positive impact on health outcomes and health resource utilisation, it has been suggested that "if patient-engagement were a drug, it would be the blockbuster drug of the century and malpractice not to use it".²

The EPiC project is working to realise more fully the promise of PCC in the management of epilepsy through a fine-grained understanding of the spaces between the provision of health services and the experience of living with the condition. PAR is promoting continuous improvement and implementation of sustainable patient-centred care.

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ISQUA17-1743 PEOPLE WITH LEARNING DISABILITIES AS EQUAL PARTNERS IN SERVICE IMPROVEMENT

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Introduction: A national UK charity which campaigns alongside thousands of people with a learning disability and their friends and families for the changes they want to see in society states that 'learning disability has been invisible for too long. It's time to see people with a learning disability for all they are and all they can be.' A series of public inquiries has highlighted poor care in health and social

care services for people with learning disabilities. Experience based codesign (EBCD) is a participatory action research method which has also been used increasingly as a quality improvement approach to improve the experience of service users. The majority of projects in England have been in acute hospitals. However, it has been successfully adapted for learning disability services and has enabled service users and their carers to make their experiences heard and to work as equal partners in making improvements.

Objectives: 1) To improve the experience of care for people with learning disabilities using the EBCD approach 2) To demonstrate that the EBCD method can be adapted successfully in learning disability services.

Methods: Experience based codesign (EBCD) is a method with two phases: the discovery phase and the design phase. The discovery phase involves collecting information about the experience of both service users and staff through interviews which are filmed, observation and emotional mapping. Events are held separately with staff and service users to identify priorities for improvement. The co-design phase involves staff and patients meeting together, to hear each others' priorities, watch the films and choose three or four areas to re-design. Working groups are formed and over the next few months staff and service users together create ideas, prototype and test and implement improvements. There is now a good body of evidence to show that positive outcomes are achieved in terms of service improvements and impact on participants. Two projects adapted this method to improve learning disability services (in Leicestershire Partnership NHS Trust and Lancashire Care NHS Foundation Trust) – for example by creating new written materials, and running the events differently. Service users created and tested their solutions for improving the service with staff.

Results: Better communication with service users was made an absolute priority, and both projects resulted in introducing new ways to do this – for example communication passports for service users, staff contact cards, the use of a social media platform to communicate. Other changes include new training for health care staff in communication, patients on interview panels and a new community network for family carers. In both projects the method was successfully adapted and service users and their family carers felt that they had expressed their views, but also suggested and helped to bring about change.

Conclusion: EBCD can be used successfully to ensure the voices of service users with learning disabilities are heard and to enable them to improve their own services as equal partners with healthcare staff.

ISQUA17-1843 CONSUMER INVOLVEMENT IN THE QUALITY OF HIV CARE, THE NAMIBIAN EXPERIENCE

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Introduction: The Ministry of Health and Social Services (MoHSS) initiated the HIV quality of care program in 2007