Patient Journey Action Research
A collaborative and evidence-based approach to quality improvement in healthcare

Project aims and objectives:
1. To review and improve a current service (Patient Journey) by listening to and learning from those with first-hand experience as service users (patients & care partners) or service providers (clinical and non-clinical staff).

2. To explore the potential of the Patient Journey (PJ) AR method as an evidence-based, collaborative and person-centred approach to continuous quality improvement in healthcare.

Actions taken and methods used:
Actions prior to project launch: ethical and research & development approval obtained (NHS & BU) & support of NHS Trust Executive Board & management team secured.

Methods include action research, qualitative interviews, stakeholder sampling; process mapping; PJ project team meetings; thematic data analysis; evaluation questionnaires (see PJAR improvement process diagram)

Who was involved?
Researcher: as ‘outsider’ PJ improvement project facilitator working in collaboration with team

PJ Steering Group: Trust Chief Exec, Director of Nursing, Medical Director, Lead Consultant, Service Improvement Manager; researcher/PJ project facilitator.

Service providers: 25 core member multi-disciplinary Vascular Patient Journey Project Team comprising 25 core members (clinical, non-clinical healthcare staff and NHS management)

Service users: 11 patients and 6 care partners (husbands, wives, son, partner)

The Patient Journey Action Research (PJAR) improvement process:

Participants’ comments about the PJAR process:

Male Patient: “I felt I was able to give a very good account of my experiences instead of just knocking the NHS all the time. Was able to give praise where it was due.”

Female patient: “You could talk to a person rather than putting thoughts down on paper and hoping they would understand them.”

Physiotherapist: “Informal nature of meetings allowed frank and honest discussion. No element of blame, etc., whenever an issue, shortfall etc., was noted...”

Consultant Anaesthetist: “…this is a very good process that we should be constantly doing – and it’s not just a process that we should be doing in the NHS”

Lessons Learned:
Successful outcomes require
- Active engagement and shared commitment of key stakeholders; service providers & service users
- Support of CEO, Trust Management and Executive Board
- A project culture where openness is welcomed, people are valued and ideas can flourish.
- Facilitation by an ‘outsider’.
- Project goals are determined, clarified & collaboratively agreed; shared ownership for change
- Reporting, formally & informally, on change as it happens; sustaining morale & motivation


Measures:
- Monitoring of progress and actions by PJ Steering Group, PJAR project team, NHS Exec. Committee/Trust Board, NHS and BU Ethics and R&D Governance Committees
- Audit trail of improvement e.g. via PJAR meeting notes; issues & solutions change document

Outcomes:
- 75 issues identified; 34 by patients, 35 staff & 6 jointly. Data provided poignant catalysts for timely, appropriate, effective change & improvement.
- PJAR methodology established as an adaptable, fair and collaborative approach to evidence-based improvement.
- Project outcomes influenced wider organisational change and “cultural shift”; also informed education of nursing, Masters & PhD students.

Proposal for new PJAR project in different NHS setting currently in development.


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Dr Sue Baron, Faculty of Health and Social Sciences, Bournemouth University England, UK. Email: sbaron@bournemouth.ac.uk