

Patient Journey Action Research

A collaborative and evidence-based approach to quality improvement in healthcare

Patient Journey Action Research (PJAR) projects :

Improving health care quality, effectiveness and safety by learning from those with first hand experience

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) .

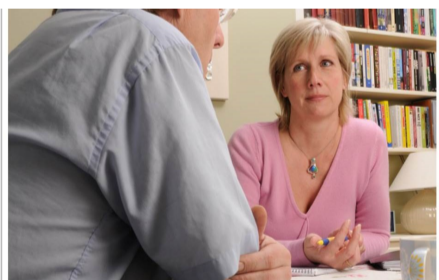


2. To explore the potential of the Patient Journey (PJ) AR method as an evidence-based, collaborative and person-centred approach to continuous quality improvement in healthcare

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:

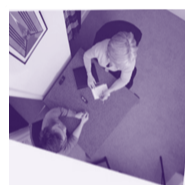


Step 1

- Identify service for review/recruit multi-disciplinary team/identify patient group
- Define and agree project goals

Step 2

- Project team (stakeholder/matrix) sampling
- Mapping current Patient Journey
- Recruit patient participants



Step 3

- Qualitative interviews (by outsider to the team) "Tell us about your care. What do we do well? What could we do better?"

Step 4

- Data reports for project team
- 'Issues and Solutions' working document

Issue	Owner	Start Date	End Date	Status
1. Time taken to get appointment to theatre	1	1	1	1
2. Communication and information	1	1	1	1
3. Staff resources/competence	1	1	1	1
4. Relationships with healthcare professionals	1	1	1	1
5. Nurse workload	1	1	1	1
6. Discharge planning	1	1	1	1
7. Privacy and dignity	1	1	1	1
8. Cleanliness/Infection control	1	1	1	1
9. Hospital layout	1	1	1	1
10. Patient flow	1	1	1	1
11. Waiting	1	1	1	1
12. Car parking	1	1	1	1
13. Discharge	1	1	1	1
14. Transport	1	1	1	1



Step 5

- Issues for action prioritised, assigned & owned
- Timescales set and agreed by team

Step 6

- Review of actions taken
- Future planning aiming for sustainable continuous quality improvement



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.

Participant's 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

Baron, S., 2014. Exploring the Patient Journey: a collaborative approach to patient-centred improvement in healthcare. PhD Thesis.

