

Coproduction- Implementing Co-Care Board to Elevate Safety and Amplify Healthcare Outcome

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INTRODUCTION

Co-Care indicates Coproduced Care- patients are viewed as active participants in their healthcare, examining how their interactions with healthcare providers and services can be optimized.

During Jan-23 to May-23, average of 2.62 and 7.42 incidents of fall and dietary non-compliance respectively were observed per 1000 inpatient days.

Root Cause Analysis:

- 1.Communication gap between patients and care providers
- 2.Challenges in interpreting instructions accurately, possibly due to language barriers and/or complexity of medical information.
- 3.Casual attitude towards safety instructions, where adherence may be compromised due to perceived inconvenience or lack of awareness

OBJECTIVE

We aim to reduce this incident by 30% in 6 months.

METHODOLOGY

Implemented Co-Care Board for patient empowerment and partnership with Focus on Fall Prevention and adherence to dietary instructions

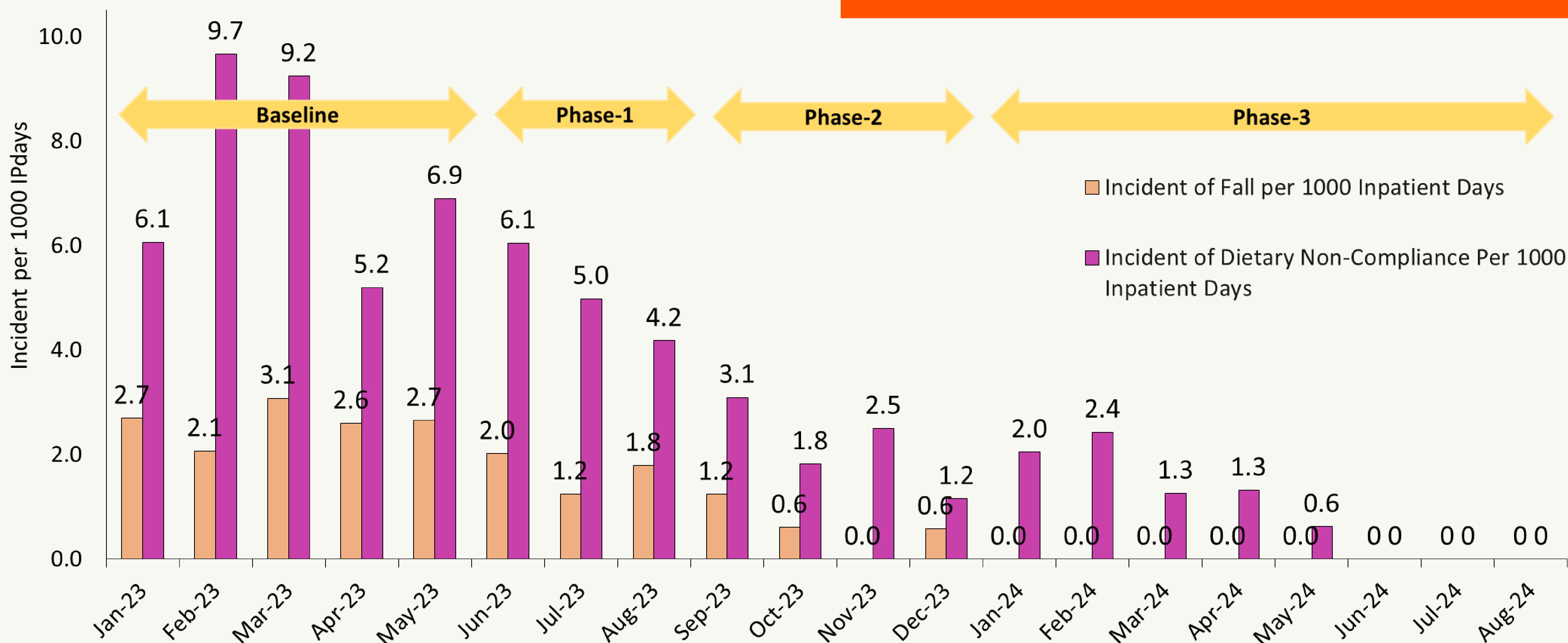
Phases: Phase I (June-August 2023), Phase 2 (September-December 2023), Phase-3 (Jan-24 onwards)

Phase I: Safety dashboard with patient's name, dietary and mobility instructions.

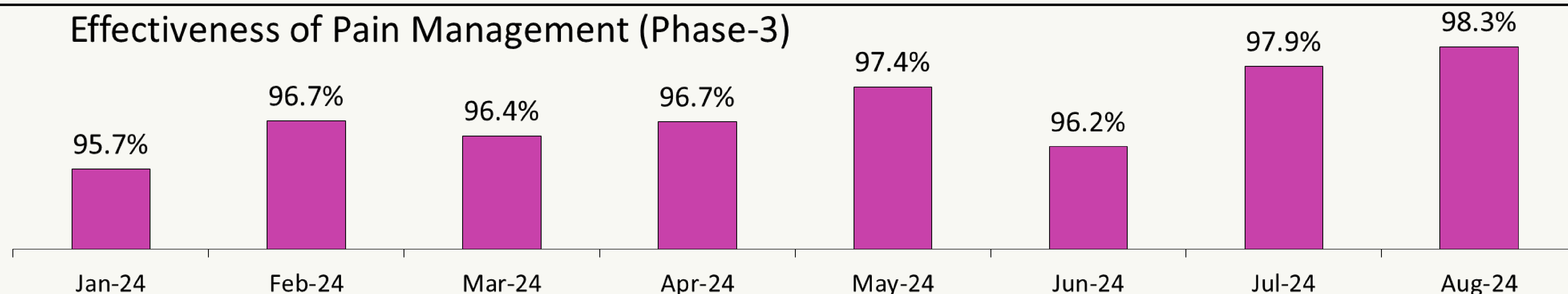
Phase 2: Divided dashboard into Patient Side and Care Provider Side, simplified language, encouraged patient annotation.

Phase-3: Implementation of effectiveness of pain management.

RESULTS



Effectiveness of Pain Management (Phase-3)



PATIENT'S PERCEPTION ABOUT CO-CARE BOARD

- 96.5% of patients confirmed receiving education on dietary guidelines.
- 97.2% preferred information on boards over verbal advice.
- 100% affirmed awareness of their mobilization levels.
- 93.8% felt encouraged to express their requirements or preferences.

Sample Size: 289 patients

REFERENCES

*Peter Margolis, Micheal Seid, Gail Armstrong, Lisa Oipari- Arrigan and Hans Hartung, Coproduction of healthcare Services, 2016

Howick J, Bennett-Weston A, Solomon J, Nockels K, Bostock J, Keshtkar L. How does communication affect patient safety? Protocol for a systematic review and logic model. BMJ Open. 2024 May 27;14(5):e085312. doi: 10.1136/bmjopen-2024-085312. PMID: 38802275; PMCID: PMC1131125.

SHALBY MULTI-SPECIALTY HOSPITALS

SUN MON **TUE** WED THU FRI SAT

DATE : 20/2/24

PATIENT'S NAME : પારુલબે જરીવાલા

STAFF NAME : પિંડલ

DOCTOR'S NAME : ડૉ. કુશ વ્યાસ

Wong-Baker FACES Pain Rating Scale

GOAL FOR THE DAY : પગથિયા ચડાવવા

DIET : મીઠુ આદુ નાખવું

FALL INTERVENTIONS : ઘોડો ના આધારે ચાલવું

SAFETY ALERTS : Allergy : કદાપત નહીં. Language of communication : ગુજરાતી

FALL RISK : મધ્યમ

Sight / Hearing aid : કદાપત નહીં

Position Change : ચાલી , પડખુ ફરી સીથાય રાકાય

Special Attention to : પગ ના પટ્ટા પસર આપવું નહીં.

Patient / Family Concerns : મારા માતા સમીક્ષકે નો રોપોટર સમિતર પાસે સમજાવું છે.

Others :

ફોન બેલ દબાવવું એ કદાપત જરૂર નહીં હોય તો Press Call bell For Any Assistance Required.



Co-Care Board

STAKEHOLDERS' PERCEPTION ABOUT CO-CARE BOARD

- 93.6% agree board information benefits patients
- 94.8% confirm boards address patient needs effectively
- 97.7% believe boards enhance communication
- 98.8% convinced boards improve patients' adherence

Stakeholders included Doctors, Nurses and Paramedical staff

Sample size of stakeholders- 172