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"The power of patients 3.0" – Patients are changing the face of health care

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Self-help friendliness: an approach for the implementation of patient centeredness in health services

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Teaser: In a series of participative action research projects, self-help representatives and health care professionals have developed a systematic framework for the implementation of self-help friendliness.

Background, objective: Public and patient involvement in social and health care has proceeded in many civil societies. Depending on the legislations on national and community levels, citizens and patients have a greater say in shaping health care. In Germany, patient involvement by self-help organizations at the macro level (national level and level of federal states) has significantly developed over the last ten years. At the meso level, however, patient involvement is neither such far nor such systematically developed. Our goal was to find an innovative solution for this shortcoming.

Approach, methods, patient engagement: In a series of participative action research projects a group of self-help representatives and supporters, hospital staff (especially quality managers), social researchers, health care insurers and other partners developed a concept of self-help friendliness (SHF) in health care. They (1) analyzed the needs and wishes of self-help groups for cooperation with health care professionals, (2) gathered facilitators and barriers concerning the cooperation, (3) developed a framework concept for SHF in hospitals including eight quality criteria for measuring SHF, and (4) implemented the framework of SHF in about 30 hospitals.

Findings: Self-Help Friendliness in health care is a patient centered model that allows the development and sustainable implementation of patient participation and self-help support in different health care institutions: hospitals, ambulatory medical care, public health institutions, rehabilitation facilities etc. An instrument for measuring SHF in hospitals was developed and successfully tested in five hospitals. It showed the feasibility and broad acceptance of the approach with health care professionals and patients alike. Further projects demonstrated the transferability of SHF-criteria to a) medical ambulatory care, b) public health departments, and c) rehabilitation facilities.

Discussion and implications: The biggest problem can be a shortage of patients wanting to take over participative roles. Considering advantages and shortcomings of the approach, we can summarize that implementing SHF is feasible, transferable and a helpful measure for promoting patient centeredness and participation in health care.

Key terms: patient involvement; participation; collaboration; self-help