

# Patients' experiences of cooperation between the primary and secondary sectors

## Background:

Nationwide studies on patient experiences<sup>1</sup> have shown that patients who have been admitted to a hospital in Denmark experience lacking continuity in the patient course, inadequate exchange of information and poor inter-sectoral cooperation. There is thus room for improvement within these areas.

## Objective:

To develop a method, which, based on the patient perspective furthers the dialogue and generates change in cooperation routines between the primary (general practitioners, local homecare/home nursing and medical specialists) and the secondary sectors (heads of staff and staff at the hospital departments). The objective of the method is to improve the patients' experiences of continuity in the cooperation between the two sectors as well as to improve the experience of being well-informed, being able to get into contact with relevant medical staff and being informed about future plans for treatment and care.

## Material and method:

Staff from three hospital departments participated in the project as did representatives from the primary sector within the hospitals' take-up area. The methods applied were of a qualitative as well as a quantitative nature, ie questionnaires, user panels and dialogue sessions. The outcome of these initiatives was formulated in a number of action plans.

## Facts:

Participating departments	<ul style="list-style-type: none"><li>• Department of Surgical Gastroenterology, Gentofte County Hospital</li><li>• Department of Gynaecology, Glostrup County Hospital</li><li>• Departments of Geriatrics and Rheumatology, Herlev County Hospital</li></ul>
Dialogue sessions	<ul style="list-style-type: none"><li>• 12 to 14 participants; staff/heads of staff in the various departments and general practitioners/medical specialists and home nursing services</li><li>• Based on mock cases prepared from questionnaires and user panels and carried out with patients from the three departments.</li><li>• 3 meetings held in April/May 2005</li></ul>
User panels	<ul style="list-style-type: none"><li>• Involving patients (3-6 participants at each meeting)</li><li>• 3 meetings held in May/June 2005</li></ul>
Questionnaire survey	<ul style="list-style-type: none"><li>• Involving 900 patients</li><li>• Issued in April 2005 and followed-up in March 2006</li><li>• Response rate in both studies: 44%</li></ul>

<sup>1</sup> The Unit of Patient Evaluation in Copenhagen County: *Patienters oplevelser på landets sygehuse [Surveys and research concerning patient experiences]*, Copenhagen, The Unit of Patient Evaluation 2004

The objective of applying questionnaire surveys and user panels has been to unveil the problems experienced by patients in their contact with the two sectors. The questionnaires as well as the panels have provided input to a number of mock cases, involving dialogue sessions between sector representatives in order to identify the causes and solutions to the problems. The participants have been assigned to sectoral teams who have described the problems of the case, following which they have provided an outline of the causes as well as solutions to the problems. The proposed solutions have been prioritised in terms of focus areas and actions plans. The method applied during the dialogue sessions has been tailor-made for the purpose and is inspired by a number of qualitative methods; Logical Framework Approach<sup>2</sup>, User Panels<sup>3</sup> and Reflecting Teams<sup>4</sup>.

### **Results:**

The participating parties found the dialogue sessions extremely valuable, partly as an instrument to improve communication, partly to improve current practices across professions as well as the two sectors. Also, material has been prepared in order to improve the quality of information and to further inter-sectoral communication. Furthermore, efforts have been made to improve referrals and summary discharge letters, contact information cards have been made and informative material has been prepared on the hospitals and local home care services. Finally, checklists have been made to document information that must be conveyed to the patient. The preliminary outcome from the follow-up questionnaire survey suggests that the patients have observed an improvement in the cooperation between sectors after the above initiatives have been launched and implemented.

### **Conclusion and perspectives**

The measurement of patient experiences may contribute to identifying the areas, to which Danish hospitals should avert their attention. However, such analytical measurements do not automatically lead to changes. Methods must be developed and dialogue initiated to involve patients and to implement changes. As a result of the public sector structural reform, changes are likely to be made within the tasks and responsibilities of the Danish health care services. A number of the tasks will be transferred from the secondary to the primary sector and new players will be involved in treatment and care, whereby new coordination problems and communication failures may arise. The dialogue method will be instrumental in furthering communication and thus contribute to furthering the patients' experience of continuity throughout the process.

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<sup>2</sup> Olsen W: *Logical Framework Approach anvendt som projektledelsesværktøj*, [Logical Framework Approach used a project management tool] Aalborg University 2002

<sup>3</sup> Unit of Patient Evaluation: *Kvalitative undersøgelser på sygehusafdelinger [Qualitative surveys at hospital departments]*, Copenhagen, Unit of Patient Evaluation 2004

<sup>4</sup> Hornstrup Carsten: *Systemisk ledelse.[Systematic Management]* Dansk Psykologisk Forlag 2005