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Bridging the gap – laboratory to clinician, doctors to nurses and patients to clinicians**Brücken bauen – Labor und Klinik, Arzt und Pflegepersonal, Patient und Kliniker**

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Bridging the gap: patients to clinicians**K. Vowden**

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The concept of active patient involvement in their disease management and the process of care is an attractive proposition, it is however a challenging strategy for both health care professionals and the health system in which they work.

One key area that in part underpins the drive for improved care within the UK health community is the active empowerment of patients. It is said that patient involvement increases patient satisfaction and allows greater confidence, understanding and trust, forming better relationships between patients and professionals. This in turn results in a positive effect on health in both therapeutic and cost terms [1]. The direct involvement of patients has a goal of utilising the skills of the expert patient to improve service provision.

Organisation of individual patients into disease specific patient groups provides a powerful force through which change can be facilitated. Although often seen as a threat to the independence of health care professionals such groupings can often, when working in partnership with clinicians, be the driving force for change.

Patient choice is seen as the new market force to drive efficiency gains and improve service in a number of health care systems; however choice is only effective if it is freely available and based on both knowledge and understanding. Communication skills contribute to increased patient satisfaction and are the key to participation and health care behaviour. For effective patient involvement we must ensure that we provide high quality understandable information that enables self-management and patient involvement in care and care systems. Ensuring patients receive the right information at the right time is however difficult. The effect of misinformation or misinterpretation are difficult to correct and can easily lead to treatment conflicts and non-concordance.

There is the potential for patient choice to conflict with established guidelines and this can place the health care professional in a difficult position as they may be asked to provide unacceptable or unproven treatment. These issues have still to be addressed within the care framework.

Currently health care professionals use information from qua-

litative research and phenomenology to understand the patient experience. Tools, such as those used to assess quality of life, may need to be refined in a world that offers greater choice to individual patients. Currently we still tend to measure what we, as health care professionals, see as important or settle for what we can easily measure. In future tools may have to be designed around the individual's needs and requirements rather than taking a generic or disease specific format.

One such tool that is still evolving is TELER (Treatment Evaluation by LE Roux's method) [2]. This system developed for use in wound care as part of the WRAP study [3] evaluates both the patient experience and the quantitative effects of care by integrating a clinical note making tool and a statistically robust method of measurement. Data analysis using TELER generates five indices of effectiveness:

- Deficit Index – which shows the effect of the problems as they present
- Improvement Index – which shows the scale of improvement relative to the deficit
- Maintenance Index – which shows the extent to which the patient's condition deteriorated since the last assessment
- Effectiveness of Care Index – which shows the extent to which treatment and care are managed in a therapeutic process
- Health Gain Index – which is a standardised index for group level analysis

Work is ongoing to include greater quality of life measures in the overall system of evaluation. This should allow clinicians to evaluate and compare treatment decisions, goals of care and selection of products with patient concerns, experience of dressings and symptom management.

If patient involvement is to work it must be seen to function in a cost-effective manner with measurable outcome gains for both the patient and the health care system. Only in this way can we bridge the gap between patient and clinician. In this talk I will explore these concepts and relate them to my experience of working in partnership with patients to plan their care.

References

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2. **Le Roux, A.**, TELER: The concept. *Physiotherapy*, 1993. 79(11): p. 755–758.
3. **Browne, N., et al.**, Woundcare Research for Appropriate Products (WRAP): Validation of the TELER method involving users. *International Journal of Nursing Studies*, 2004. 41(5): p. 559–571.