

## POSTER ABSTRACT

### Embedding the patient during a service improvement programme in a healthcare system. Making beds in the NHS.

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**An introduction comprising background and problem statement:** There is a wide range of research into Patient Participation PP in healthcare 1, 2. However, certain areas of patient co-designed care remain under researched. One such area is organizational service delivery systems and models 2. While PP in organizational change management in healthcare remains almost unexplored.

Unique access to an English Foundation Trust's Lean service improvement programme SIP, enabled research which looks at whether/how the delivery of organizational change management in healthcare can be co-designed with the patient.

Adopting the integrated care components of 'Vision holistic perspective, organization and governance' 3 the research captures tensions involved in fully involving the patient in their own care.

**Theory/Methods:** Tensions in power, rationality and accountability/responsibility, examine and explain the patient's role in the SIP. Ethnography empirically captures data relating to these tensions. Critical Action Research situates the research in the Trust's organizational discourse.

**Results:** To date the research offers dual insights into PP in organizational change management.

Firstly, coterminous themes have been identified between PP and Lean theory which suggest existing organizational change management practices in healthcare are concomitant with theories of integrated care. Waste and value in systems efficiency; knowledge and perspective in strategy development; and organizational and healthcare boundaries, the traditional divide between roles and voice in co-designing care.

Next, research into the patient's role as a change agent in Lean organizational change management, suggests possible new Lean practices in healthcare, which work around patient participation.

**Discussions:** PP in healthcare is already well established 1. Moral 4, 5, consequentialist 4, 6, epistemological and ontological 4, 6 and historical 7 perspectives and approaches have all been explored. Greater PP in their own care has a positive effect on patient 8 and organizational 6

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outcomes. However, research into PP in healthcare organizational change management identifies further interesting areas of tension. Including the manifestation of coterminous themes and the boundaries organizational change management.

Perspectives on the research's theoretical rigour, place within the integrated care framework, limits and possible future research, will be discussed.

**Conclusions comprising key findings:** For progress on integrated care aims the tensions between PP and organizational change management need to be explored and reconciled. For example, patient perspective, experience, specificity and voice may achieve healthcare improvements through contextual clarity and coherence of care. But the aim of zero-defect operating manifest in the SIP and patient safety goals to which healthcare organizational income is related, place these two positions at odds. This raises ontological and epistemological questions. Such as who or what structures drive patient service delivery outcomes power, who should make decisions on strategy development rationality and who or what is responsible for poor system efficiency responsibility and accountability.

**Suggestions for future research:**

Exploring capacities within care organisations to provide double-loop learning process redesign or deuterio-learning learning to learn. 2;

Overcoming barriers and integrating facilitators in cross-disciplinary groups 9

Orchestrating wider local governance which encompasses people's integrative needs and perspectives 3

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**Keywords:** organizational change management; patient participation; healthcare

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