

HOW TO ENLIGHTEN BLIND SPOTS OF DAILY WORKFLOW

...IN ORDER TO IMPROVE CROSS-SECTORIAL REFERRAL TO COPD REHABILITATION

INTRODUCTION

Recent studies identify several barriers for rehabilitation of patients with chronic obstructive pulmonary disease (COPD). These include barriers for referral of patients across healthcare settings. However, literature do not describe how to identify which factors exactly to address to create successful solutions.

OBJECTIVE

We used a qualitative approach to identify which barriers to address for the improvement of cross-sectorial referral to COPD rehabilitation.

METHODS

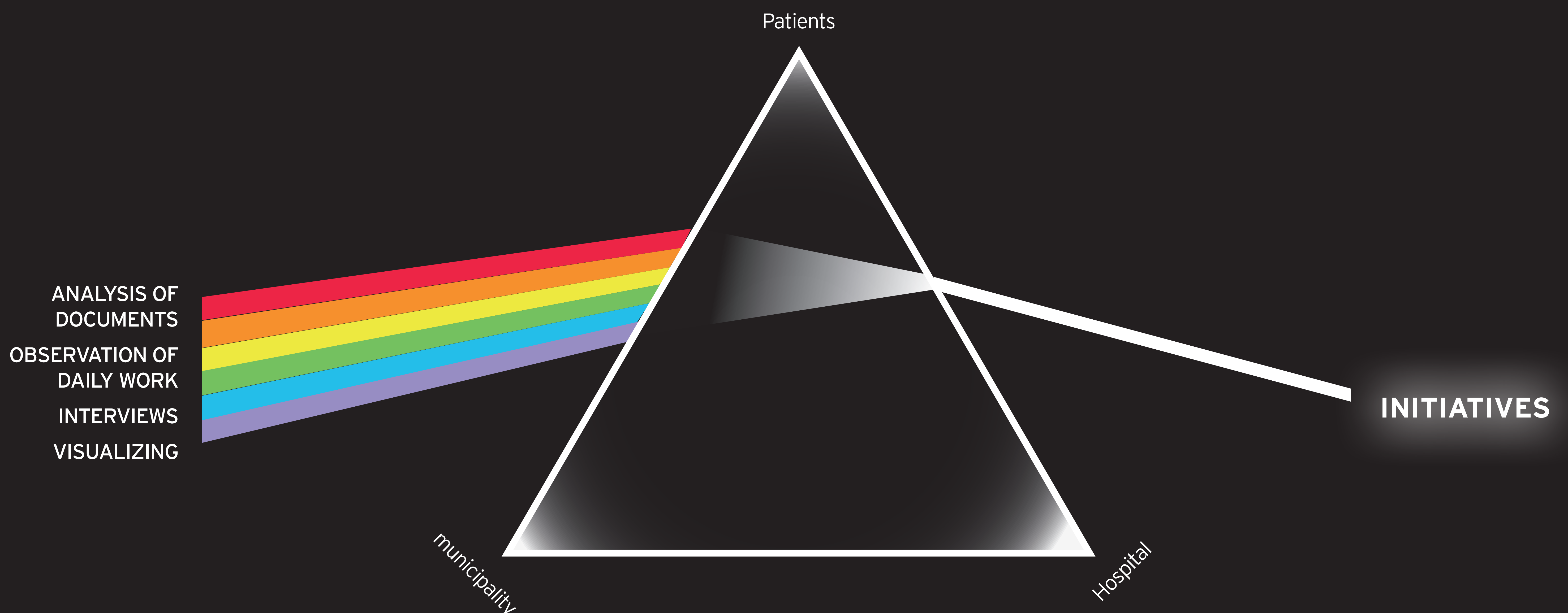
ANALYSIS OF DOCUMENTS: Cooperation agreement between Region of Southern Denmark and municipalities. Guidelines for rehabilitation.

OBSERVATION OF DAILY WORK: During daytime at the medical acute care unit, unit for pulmonary diseases and outpatient clinic.

INTERVIEWS: 15 semi-structured interviews and one focus group interview with relevant healthcare professionals from hospital and municipality. Three patients, one patient from the acute care unit and two patients from the specialized unit.

VISUALIZING: The Functional Resonance Analysis Method (FRAM) and the FRAM Visualizer was used to describe how work actually is done, and visualizes interdependencies and interactions graphically.

All data from the three data sources was thematized during the patient's pathway to qualify work functions and their interdependencies



RESULTS

The perception of rehabilitation differed across hospital and municipality. The two settings use different terminology when referring to rehabilitation. In the municipality, rehabilitation was interpreted much broader, and terms of physical functioning and diagnosis differed. Referrals to municipal rehabilitation were mostly useless due to standard phrases used by the hospital that did not provide the municipality with sufficient information.

Results showed a lack of knowledge towards daily tasks of the opposite part, e.g. minimal secondary care knowledge on municipal visitation and rehabilitation programs and primary care lacking knowledge on hospital organization. Only few patients referred from hospital to rehabilitation actually was enrolled in a program through the intended referral pathway.

INITIATIVES

WORKSHOP: Results from the analysis made the steering group of the project chose to conduct a one-day workshop addressing topics from the qualitative mapping process. This in order to plan concrete interventions to overcome the identified barriers of relevance. For the one-day workshop, the topics of focus were; mutual languish, knowledge/relations, transparency of referral pathways and patient motivation. Centre for Quality facilitated the one-day workshop. Staff members from the municipality, the hospital and patient-representative participated in the one-day workshop.

FUTURE FOCUS AREAS: The workshop resulted in development and implementation of cross-sectorial and local networks to focus on sharing knowledge and develop relations.

DISCUSSION

A FRAM visualization is based on collected qualitative data. In this study, three independent investigators interviewed and observed the clinicians regarding their daily work. Though using predefined interview- and observation guides data collection might have differed. The FRAM visualization thematize data in certain functions to reflect how work is done. This approach seems useful to describe workflow and can be applied more broadly, but challenges remain on how to use the model uniform and reliable. In this study, other qualitative analysis approaches might have been equally appropriate to reach results used to facilitate involvement and ownerships from all relevant stakeholders.