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Patient involvement in health care - Minimum requirements for person-centred care

EESTI STANDARDI EESSÕNA

NATIONAL FOREWORD

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English Version

Patient involvement in health care - Minimum requirements for person-centred care

Implication du patient dans les soins de santé -
Exigences minimales relatives aux soins centrés sur la
personne

Patientenbeteiligung bei der Gesundheitsversorgung -
Mindestanforderungen an die personenzentrierte
Versorgung

This European Standard was approved by CEN on 10 May 2020.

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European foreword

This document (EN 17398:2020) has been prepared by the Technical Committee CEN/TC 450 “Patient involvement in person-centred care”, the secretariat of which is held by SIS.

This European Standard shall be given the status of a national standard, either by publication of an identical text or by endorsement, at the latest by December 2020, and conflicting national standards shall be withdrawn at the latest by December 2020.

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Introduction

This document aims to facilitate patient involvement and the development of a partnership between the patient and the care personnel. Patient involvement and partnership are based on the patient's resources and capacities as well as wishes and needs, primarily focusing on the patient's narrative, shared decision-making, information sharing as well as documentation on the individual, operational and strategic level (see Annex B).

Guiding principle

This document provides minimum requirements for patient involvement in health care. It aims to facilitate the partnership between patients and care personnel in the design, implementation and evaluation of health care services. The document can be used as an aid in the planning, management, implementation and systematic evaluation of daily activities, enabling the patients to manage their daily life and empowering them in the care process. Furthermore, it can be used to support patient involvement on a systemic level; ensuring that the patient perspective is included in the development, implementation and evaluation of health care services, research and policies.

This document focuses on patient involvement in health care. However, in many situations social care is closely related to, or is provided along with, health care services. Thus, this document could be used as a guide for social care alongside health care services.

This document applies to all health care services, e.g. in general practices, primary care centres, dental practices, home care, rehabilitation, preventive and long-term care. Further, when the needs of the patients are being considered, the family and the support networks around the patient such as patient proxies should be included where appropriate (see Annex B).

This document can be used before, during and after a procurement process. It provides all parties with a common understanding of the minimum level of patient involvement and enables the establishment of related processes and structures for all aspects of the contact between the patient, the care personnel and the health care service providers. This also includes transitions between different levels of care.

The document can be used for education, training and continuous development (see Annex B). The document can also serve as support when it comes to quality aspects related to patient involvement, e.g. in EN 15224.

Patient involvement

Effective inter-professional communication, which involves the patient in the sharing of knowledge and creating a common understanding of objectives and self-care strategies, is a key aspect of care optimization. The health care providers should create favourable conditions for establishing a partnership with the patient.

A partnership involving patients should be based on confidentiality, privacy and necessary consents, when applicable, and encompass:

- at least two parties, including the patient;
- the sharing of information and knowledge, taking into account the patient's perspective;
- a common strive towards a consensus for the setting of objectives and outcomes;
- a context where the patient has access to documentation and can provide input on the care plan and any follow-up thereof.

Person-centred care

Person-centred care (PCC) is an approach in which patients take part in their care, self-care and in the decision-making process. A person has capacities, feelings, wishes and needs – and should therefore become a partner (in some cases also involving patient proxies) in their care and treatment. This reflects an understanding that patients are, by virtue of their health knowledge and experience, experts on their own health status. Patients are persons and should not be reduced to their health status alone, but rather be integrated within a given environment, with their rights and future plans being recognized. Hence, for most of time, the patient is not in a health care context. Therefore, there is strong reason to acknowledge and endorse every patient's resources, interests, needs and responsibilities in situations which concern them. Especially in cases of life-long illness, persons manage their life for the vast majority of time without care providers. This makes it important to focus on the person's self-care capacities. PCC is facilitated when care personnel work together with users of health care services, tailoring the services to the resources, needs and goals of the individual.

PCC is a shared understanding and agreement about:

1. what really matters to the patient, in order to set care objectives that incorporate what health and quality of life means for the individual person,
2. the professional assessment and guideline-driven care that incorporates evidence-based care and national/local routines (see Annex A for examples).

Patients and care personnel identify and discuss problems and strategies related to the patient's condition(s), giving due consideration to the patient's experiences and preferences, clinical analyses, tests and treatments and to the practical, social, and emotional effects of the condition(s) and care on their daily life.

In a Cochrane review of central PCC components (including almost 11,000 patients), significant improvements were observed in medical outcomes, self-efficacy and self-care when PCC was applied. Controlled clinical trials have shown positive outcomes in terms of shorter hospitalization periods, cost reduction, improved everyday life activities and discharge process, increased self-efficacy, disease knowledge, improved health status and improved life quality in end of life care.

While the above mentioned approaches are often seen as a basis for modern health care, testimonies point to the lack of structure, knowledge and policies to operationalise patient involvement.

1 Scope

This document specifies minimum requirements for patient involvement in health care services with the aim to create favourable structural conditions for person-centred care.

It is applicable for use before, during and after the actual care that is provided by the care personnel.

This document is also applicable for use on a strategic level for quality assurance and quality improvement, for procurement, educational and supervisory purposes and as a guiding document for research and development projects in the field of intervention and implementation of person-centred care.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- IEC Electropedia: available at <http://www.electropedia.org/>
- ISO Online browsing platform: available at <https://www.iso.org/obp>

3.1

care

activities within health care services, social care services or an integration of both, including care provided by informal carers

Note 1 to entry: An informal carer includes any person such as a family member, friend or a neighbour, who provides regular ongoing assistance to another person.

3.2

care period

time during which a person receives *care* (3.1), running from the first request or contact between the care seeker and care provider to the end of the episode of care

3.3

care personnel

persons working in the provision of *health care* (3.8) or *social care* (3.24) services, whether as individual practitioners or employees of health institutions and programmes

3.4

care plan

plan of needs, expectations, goals, resources and treatment, developed by the care provider in *partnership* (3.13) with the *patient* (3.14)

Note 1 to entry: In some European countries, an individual care plan is required by national legislation for patients with long term health needs.