Foro Latinoamericano Colaborativo en Calidad y Seguridad en Salud

## Serie especial: encuentros Pandemia

Mejores prácticas de Atención Centrada en la Persona en tiempos de crisis

# ¿Un lujo o una necesidad?

Lic. Natalia Hreczuch
Dr. Ezequiel García Elorrio

Foro Latinoamericano Colaborativo en Calidad y Seguridad en Salud

1

**Generalidades e introducción sobre Atención Centrada en la Persona**

¿En qué consiste y por qué es clave ahora?

# La actividad de la semana

Lunes 27/04- **Generalidades e Introducción sobre ACP**
¿En qué consiste y por qué es clave durante la epidemia?

Martes 28/04 - **Perspectiva del paciente y la familia**.
Expectativas de los pacientes y familiares en relación a la atención sanitaria durante la epidemia.

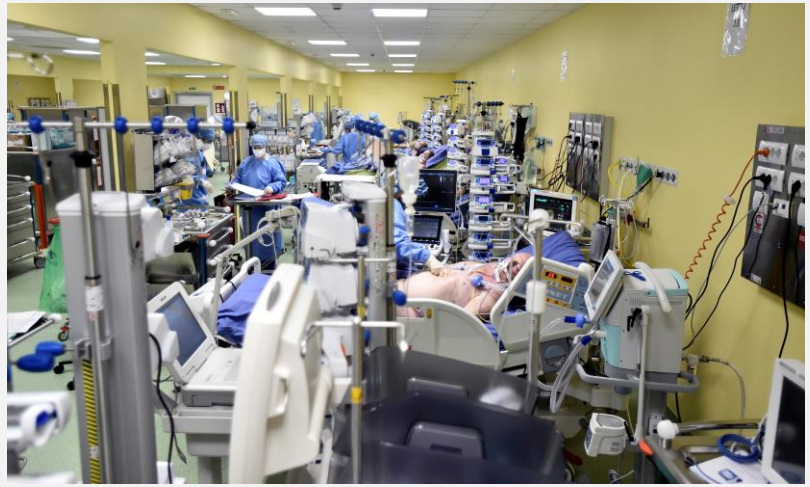
Miércoles 29/04 - **Perspectiva de los profesionales de la salud.**
Qué necesita prioritariamente el personal asistencial para brindar un servicio de calidad y seguro en situaciones de emergencia.

Jueves 30/04 - **Perspectiva de la Comunidad.**
Cuáles son las principales necesidades de la comunidad y cómo atenderlas durante la situación actual.

Viernes 01/05 - **Integración de las diferentes perspectivas ACP**
Mejores prácticas en el contexto actual.

# El sistema de salud hoy

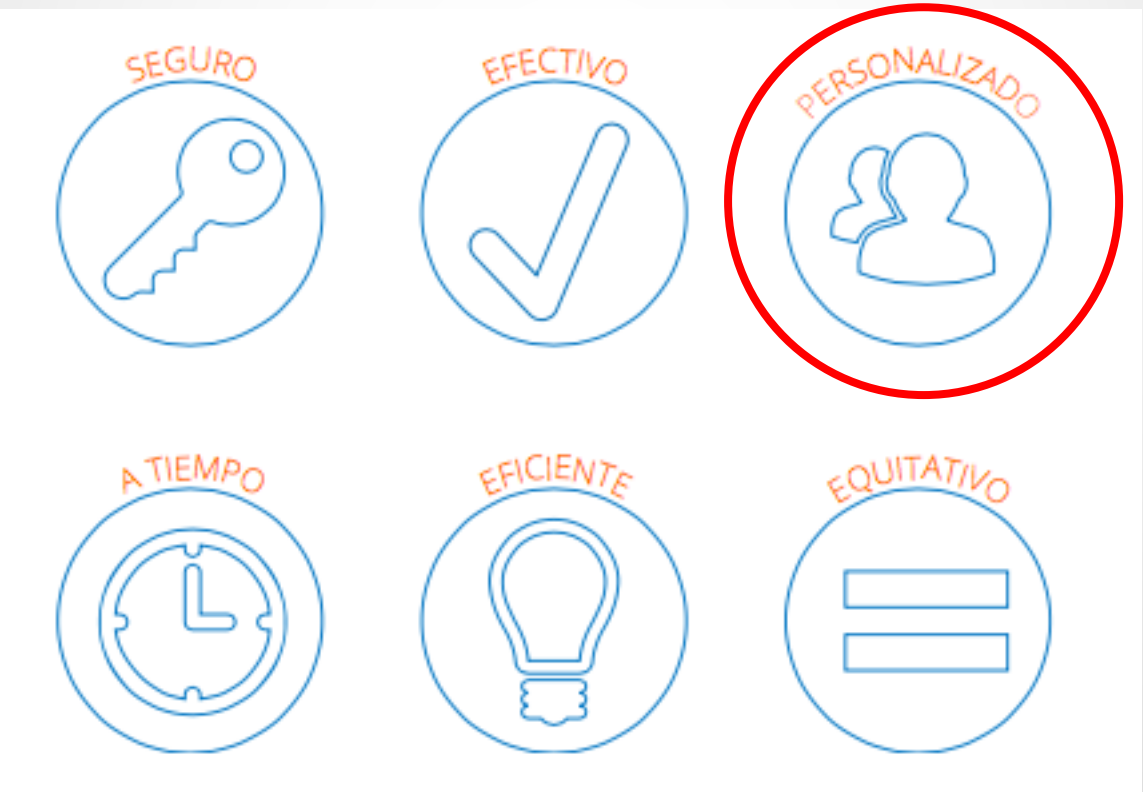
- La **incertidumbre** es lo que prevalece
- Necesidad de recibir y/o dar **información**
- **Sobrecarga** a niveles insólitos
- Sistemas de salud en crisis por **falta de recursos humanos**, fisicos y de insumos
- Preparación para lo peor- **tensa calma**-
- **Pacientes y familiares incomunicados** durante la atención hospitalaria
- **Profesionales de la salud con miedo** y sometidos a altos niveles de stress
- La **sociedad "encerrada"** con actitudes a veces ambivalente con los profesionales de salud
- Pacientes con enfermedades crónicas o nuevas enfermedades que aparecen… **más allá de Covid19**



# Atención Centrada en la persona

## ¿Lujo o necesidad?

# Calidad en Salud



# Definición

"Es un cuidado planificado, manejado, entregado y mejorado de forma continua con la activa participación de los pacientes y sus familias (o socios cuidadores definidos por los mismos pacientes), de tal manera que integre sus preferencias, valores y resultados clínicos deseados"

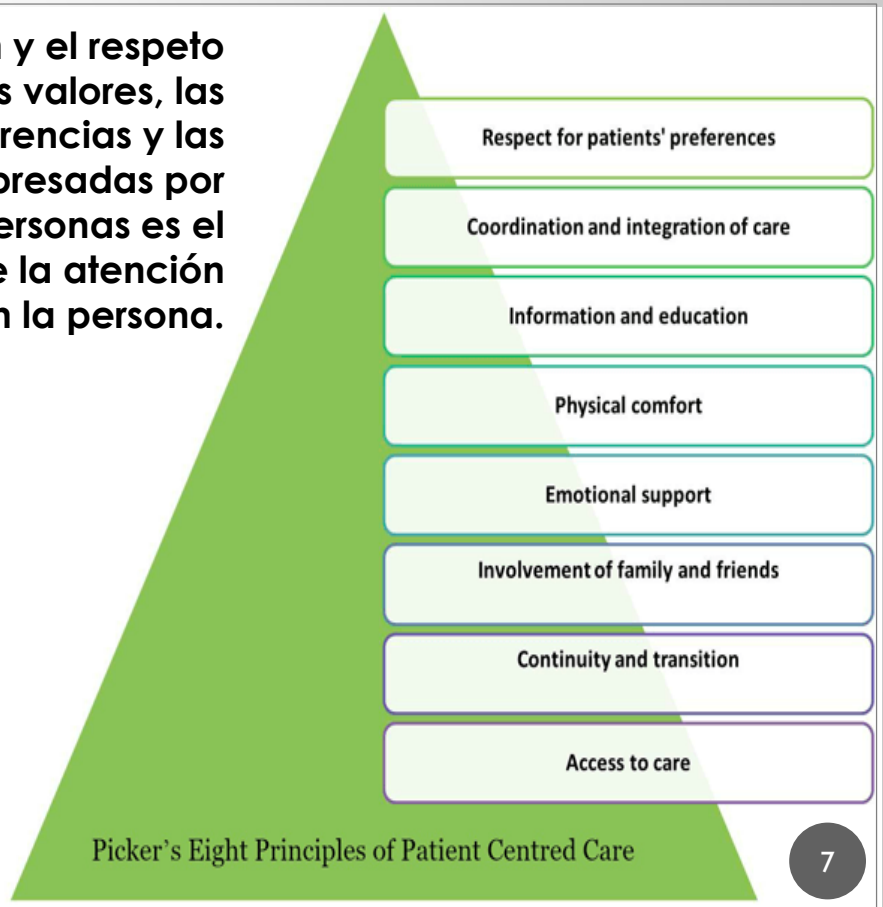
https://nam.edu/wp-content/uploads/2017/01/Harnessing-Evidence-and-Experience-to-Change-Culture-A-Guiding-Framework-for-Patient-and-Family-Engaged-Care.pdf
(Instituto de Medicina de la Academia Nacional y Planetree 2017)

# Otras definiciones

- La atención es co-diseñada y co-producida con pacientes y sus familias;
- Las preferencias de cuidado de las personas se entienden y se honran, incluso al final de la vida;
- Se diseñan programas para mejorar el compromiso, la toma de decisiones compartida y el cuidado compasivo y empático; y
- Se asegura que las comunidades reciban el apoyo necesario para mantenerse saludables y proporcionar cuidados a sus seres queridos más cerca de casa.

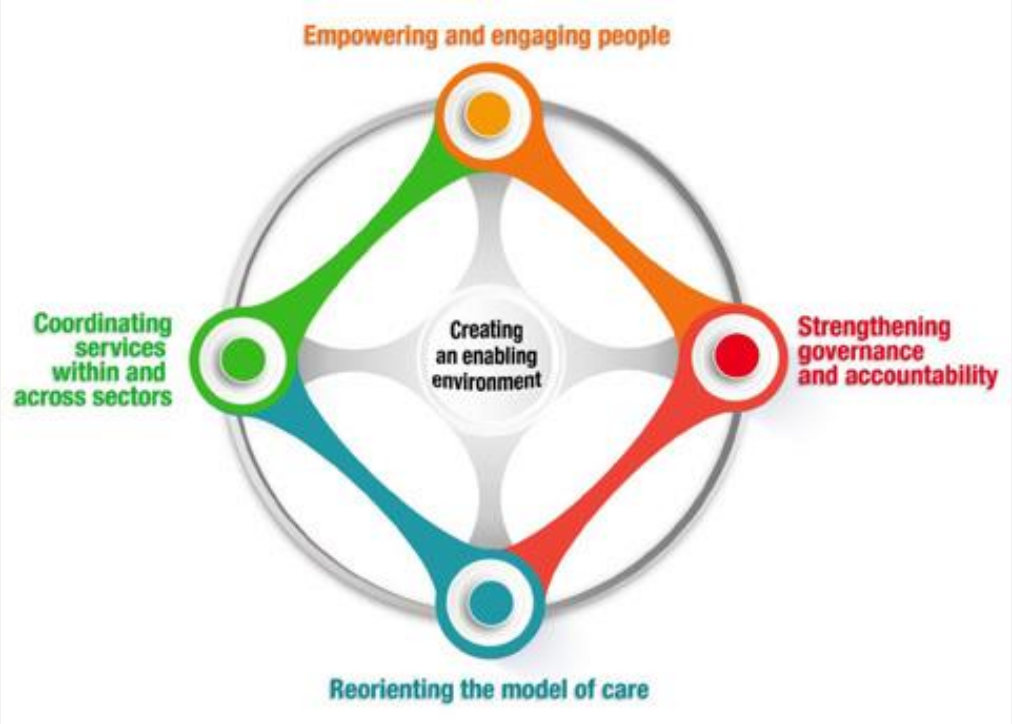
(http://www.ihi.org/Topics/PFCC/Pages/Overview.aspx)

La comprensión y el respeto de los valores, las preferencias y las necesidades expresadas por las personas es el fundamento de la atención centrada en la persona.

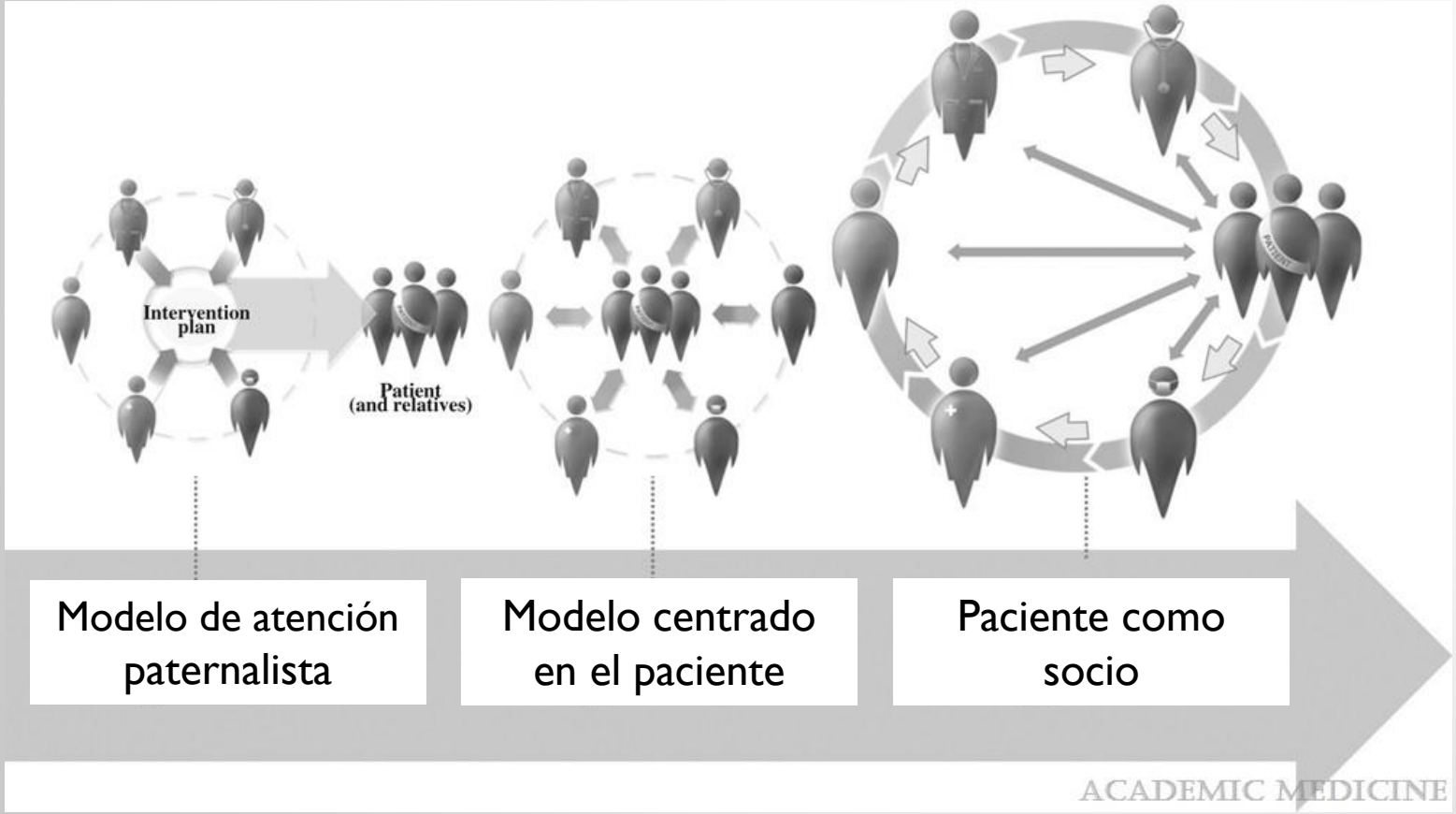


World Health Organization

# Marco conceptual propuesto por OMS para cuidados Integrados



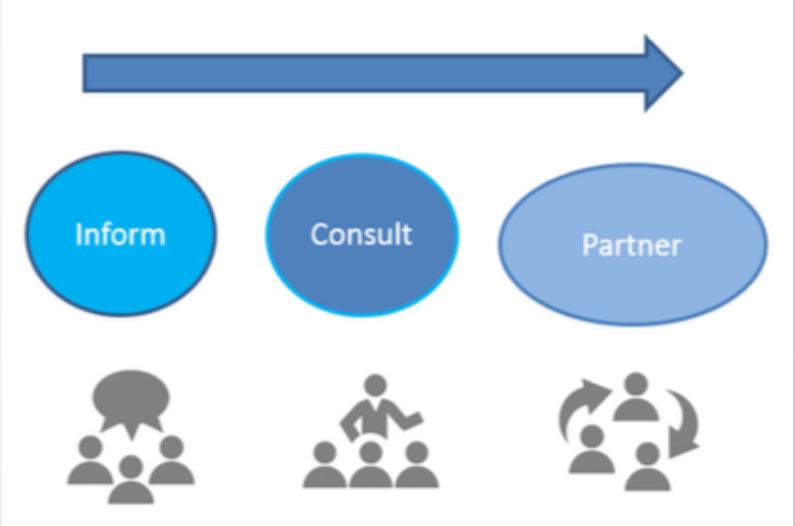
# Empoderamiento del paciente y la familia




Modelo de atención paternalista

Modelo centrado en el paciente

Paciente como socio






Patient Engagement Action Team. 2017. Engaging Patients in Patient Safety – a Canadian Guide. Canadian Patient Safety Institute. Last modified February 2018

# Ni más ni menos que…

¿Qué te ocurre?
enfermedad

¿Qué te importa?
persona

New England Journal of Medicine article in 2012, Michael Barry and Susan Edgman-Levitan

## … conversaciones significativas

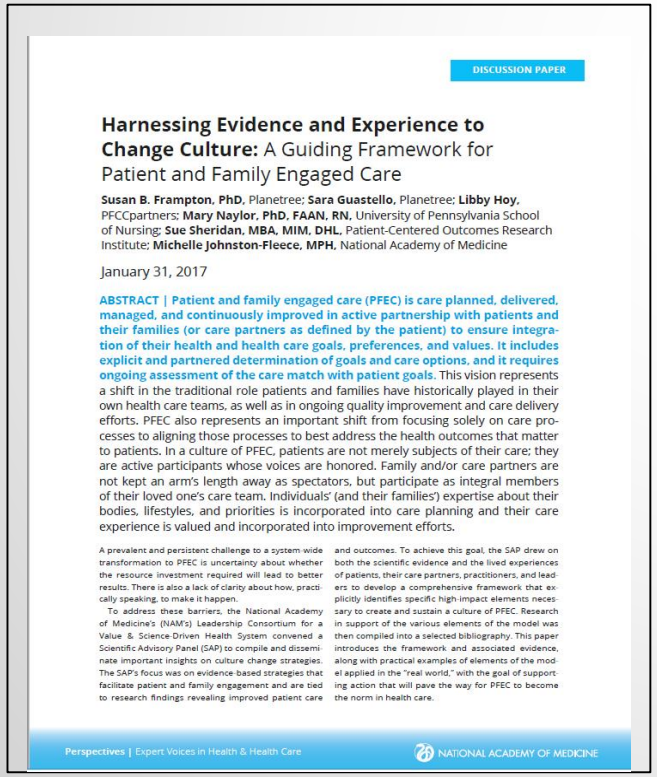
Foro Latinoamericano Colaborativo en Calidad y Seguridad en Salud

1

## Generalidades e introducción sobre Atención Centrada en la Persona

¿En qué consiste y por qué es clave ahora?

# Documento de discusión y literatura de apoyo - evidencia científica -



DISCUSSION PAPER

**Harnessing Evidence and Experience to Change Culture:** A Guiding Framework for Patient and Family Engaged Care

**Susan B. Frampton, PhD**, Planetree; **Sara Guastello**, Planetree; **Libby Hoy**, PFCCpartners; **Mary Naylor, PhD, FAAN, RN**, University of Pennsylvania School of Nursing; **Sue Sheridan, MBA, MIM, DHL**, Patient-Centered Outcomes Research Institute; **Michelle Johnston-Fleece, MPH**, National Academy of Medicine

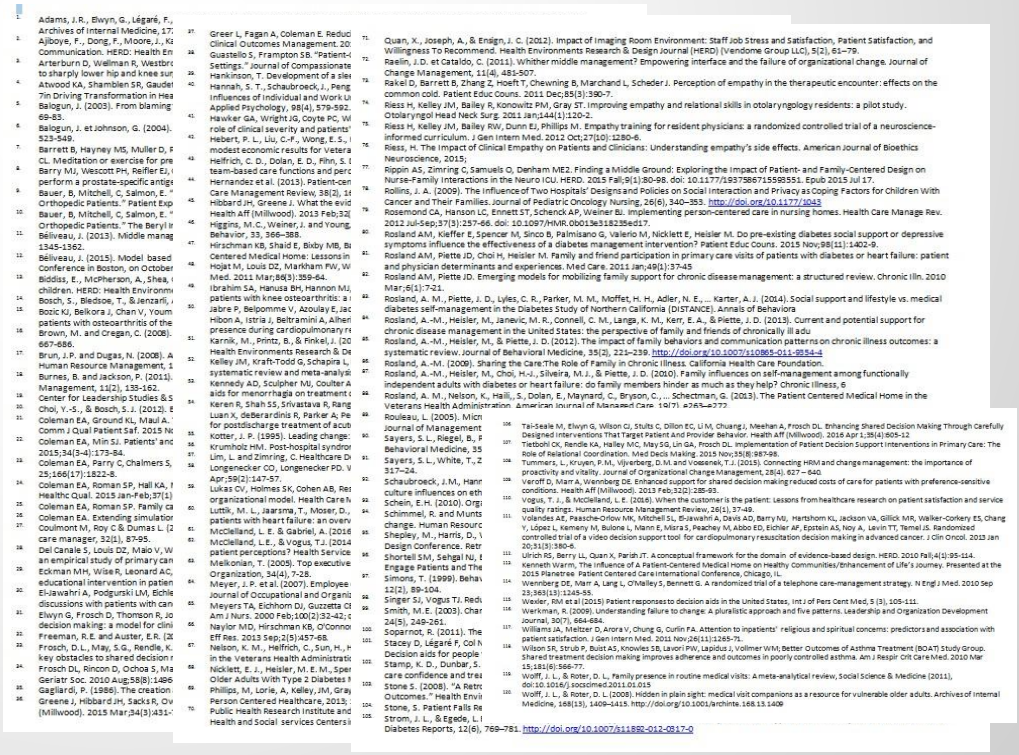
January 31, 2017

**ABSTRACT | Patient and family engaged care (PFEC) is care planned, delivered, managed, and continuously improved in active partnership with patients and their families (or care partners as defined by the patient) to ensure integration of their health and health care goals, preferences, and values. It includes explicit and partnered determination of goals and care options, and it requires ongoing assessment of the care match with patient goals.** This vision represents a shift in the traditional role patients and families have historically played in their own health care teams, as well as in ongoing quality improvement and care delivery efforts. PFEC also represents an important shift from focusing solely on care processes to aligning those processes to best address the health outcomes that matter to patients. In a culture of PFEC, patients are not merely subjects of their care; they are active participants whose voices are honored. Family and/or care partners are not kept an arm's length away as spectators, but participate as integral members of their loved one's care team. Individuals' (and their families') expertise about their bodies, lifestyles, and priorities is incorporated into care planning and their care experience is valued and incorporated into improvement efforts.

A prevalent and persistent challenge to a system-wide transformation to PFEC is uncertainty about whether the resource investment required will lead to better results. There is also a lack of clarity about how, practically speaking, to make it happen.

To address these barriers, the National Academy of Medicine's (NAM's) Leadership Consortium for a Value & Science-Driven Health System convened a Scientific Advisory Panel (SAP) to compile and disseminate important insights on culture change strategies. The SAP's focus was on evidence-based strategies that facilitate patient and family engagement and are tied to research findings revealing improved patient care and outcomes. To achieve this goal, the SAP drew on both the scientific evidence and the lived experiences of patients, their care partners, practitioners, and leaders to develop a comprehensive framework that explicitly identifies specific high-impact elements necessary to create and sustain a culture of PFEC. Research in support of the various elements of the model was then compiled into a selected bibliography. This paper introduces the framework and associated evidence, along with practical examples of elements of the model applied in the "real world," with the goal of supporting action that will pave the way for PFEC to become the norm in health care.

Perspectives | Expert Voices in Health & Health Care — NATIONAL ACADEMY OF MEDICINE

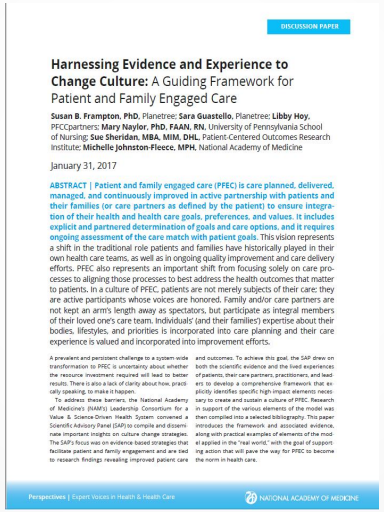


Adams, J. R., Elwyn, G., Légaré, F.,
Archives of Internal Medicine, 17.
Ajiboye, F., Dong, F., Moore, J., Ka
Communication. HERD: Health En
Arterburn D, Wellman R, Westbro
to sharply lower hip and knee sur
Atwood KA, Shamblen SR, Gaudet
7in Driving Transformation in Hea
Balogun, J. (2003). From blaming
69-83.
Balogun, J. et Johnson, G. (2004).
523-549.
Barrett B, Hayney MS, Muller D, F
CL. Meditation or exercise for pre
Barry MJ, Wescott PH, Reifler EJ,
perform a prostate-specific antige
Bauer, B, Mitchell, C, Salmon, E.
Orthopedic Patients." Patient Exp
Bauer, B, Mitchell, C, Salmon, E.
Orthopedic Patients." The Beryl I
Béliveau, J. (2013). Middle manag
1345-1362.
Béliveau, J. (2015). Model based
Conference in Boston, on October
Biddiss, E., McPherson, A., Shea,
children. HERD: Health Environm
Bosch, S., Bledsoe, T., & Jenzarli,
Bozic KJ, Belkora J, Chan V, Youm
patients with osteoarthritis of the
Brown, M. and Cregan, C. (2008).
667-686.
Brun, J.P. and Dugas, N. (2008). A
Human Resource Management, 1
Burnes, B. and Jackson, P. (2011).
Management, 11(2), 133-162.
Center for Leadership Studies & S
Choi, Y.-S., & Bosch, S.-J. (2012). E
Coleman EA, Ground KL, Maul A.
Comm J Qual Patient Saf. 2015 N
Coleman EA, Min SJ. Patients' and
2015;34(3-4):173-84.
Coleman EA, Parry C, Chalmers S,
25;166(17):1822-8.
Coleman EA, Roman SP, Hall KA,
Healthc Qual. 2015 Jan-Feb;37(1)
Coleman EA, Roman SP. Family ca
Coleman EA. Extending simulation
Coulmont M, Roy C & Dumas L. (2
care manager, 32(1), 87-95.
Del Canale S, Louis DZ, Maio V, W
an empirical study of primary can
Eckman MH, Wise R, Leonard AC,
educational intervention in patien
ElJawahri A, Podgurski LM, Eichle
discussions with patients with can
Elwyn G, Frosch D, Thomson R, Jo
decision making: a model for clini
Freeman, R.E. and Auster, E.R. (2
Frosch, D. L., May, S.G., Rendle, K.
key obstacles to shared decision
Frosch DL, Rincon D, Ochoa S, Ma
Geriatr Soc. 2010 Aug;58(8):1486
Gagliardi, P. (1986). The creation
Greene J, Hibbard JH, Sacks R, Ov
(Millwood). 2015 Mar;34(3):431-
Greer L, Fagan A, Coleman E. Reduc
Clinical Outcomes Management. 20
Guastello S, Frampton SB. "Patient-
Settings." Journal of Compassionate
Hankinson, T. Development of a sle
Hannah, S. T., Schaubroeck, J., Peng
Influences of Individual and Work U
Applied Psychology, 98(4), 579-592.
Hawker GA, Wright JG, Coyte PC, W
role of clinical severity and patients'
Hebert, P. L., Liu, C.-F., Wong, E. S.,
modest economic results for Vetera
Helfrich, C. D., Dolan, E. D., Rihn, S.
team-based care functions and perc
Hernandez et al. (2013). Patient-cen
Care Management Review, 38(2), 1
Hibbard JH, Greene J. What the evid
Health Aff (Millwood). 2013 Feb;32(
Higgins, M. C., Weiner, J. and Young,
Behavior, 33, 366–388.
Hirschman KB, Shaid E, Bixby MB, B
Centered Medical Home: Lessons in
Hojat M, Louis DZ, Markham FW, W
Med. 2011 Mar;86(3):359-64.
Ibrahim SA, Hanusa BH, Hannon MJ,
patients with knee osteoarthritis: a
Jabre P, Belpomme V, Azoulay E, Jac
Hibon A, Istria J, Beltramini A, Alher
presence during cardiopulmonary re
Karnik, M., Printz, B., & Finkel, J. (20
Health Environments Research & De
Kelley JM, Kraft-Todd G, Schapira L,
systematic review and meta-analysis
Kennedy AD, Sculpher MJ, Coulter A
aids for menorrhagia on treatment
Keren R, Shah SS, Srivastava R, Rang
Luan X, deBerardinis R, Parker A; Pe
for postdischarge treatment of acut
Kotter, J. P. (1995). Leading change.
Krumholz HM. Post-hospital syndro
Lim, L. and Zimring, C. Healthcare D
Longenecker CO, Longenecker PD. W
Apr;59(2):147-57.
Lukas CV, Holmes SK, Cohen AB, Res
organizational model. Health Care M
Luttik, M. L., Jaarsma, T., Moser, D.,
patients with heart failure: an overv
McClelland, L. E. & Gabriel, A. (2016
McClelland, L.E., & Vogus, T.J. (2014
patient perceptions? Health Service
Melikonian, T. (2008). Top executive
Organization, 34(4), 7-28.
Meyer, J. P. et al. (2007). Employee
Journal of Occupational and Organiz
Meyers TA, Eichhorn DJ, Guzzetta CE
Am J Nurs. 2000 Feb;100(2):32-42;
Naylor MD, Hirschman KB, O'Conno
Eff Res. 2013 Sep;2(5):457-68.
Nelson, K. M., Helfrich, C., Sun, H., P
in the Veterans Health Administrati
Nicklett, E. J., Heisler, M. E. M., Spe
Older Adults With Type 2 Diabetes
Phillips, M, Lorie, A, Kelley, JM, Gray
Person Centered Healthcare, 2015;
Public Health Research Institute and
Health and Social services Centers
Quan, X., Joseph, A., & Ensign, J. C. (2012). Impact of Imaging Room Environment: Staff Job Stress and Satisfaction, Patient Satisfaction, and Willingness To Recommend. Health Environments Research & Design Journal (HERD) (Vendome Group LLC), 5(2), 61–79.
Raelin, J.D. et Cataldo, C. (2011). Whither middle management? Empowering interface and the failure of organizational change. Journal of Change Management, 11(4), 483-507.
Rakel D, Barrett B, Zhang Z, Hoeft T, Chewning B, Marchand L, Scheder J. Perception of empathy in the therapeutic encounter: effects on the common cold. Patient Educ Couns. 2011 Dec;85(3):390-7.
Riess H, Kelley JM, Bailey R, Konowitz PM, Gray ST. Improving empathy and relational skills in otolaryngology residents: a pilot study. Otolaryngol Head Neck Surg. 2011 Jan;144(1):120-2.
Riess H, Kelley JM, Bailey RW, Dunn EJ, Phillips M. Empathy training for resident physicians: a randomized controlled trial of a neuroscience-informed curriculum. J Gen Intern Med. 2012 Oct;27(10):1280-6.
Riess, H. The Impact of Clinical Empathy on Patients and Clinicians: Understanding empathy's side effects. American Journal of Bioethics Neuroscience, 2015;
Rippin AS, Zimring C, Samuels O, Denham ME2. Finding a Middle Ground: Exploring the Impact of Patient- and Family-Centered Design on Nurse-Family Interactions in the Neuro ICU. HERD. 2015 Fall;9(1):80-98. doi: 10.1177/1937586715593551. Epub 2015 Jul 17.
Rollins, J. A. (2009). The Influence of Two Hospitals' Designs and Policies on Social Interaction and Privacy as Coping Factors for Children With Cancer and Their Families. Journal of Pediatric Oncology Nursing, 26(6), 340–353. http://doi.org/10.1177/1043
Rosemond CA, Hanson LC, Ennett ST, Schenck AP, Weiner BJ. Implementing person-centered care in nursing homes. Health Care Manage Rev. 2012 Jul-Sep;37(3):257-66. doi: 10.1097/HMR.0b013e318235ed17.
Rosland AM, Kieffer E, Spencer M, Sinco B, Palmisano G, Valerio M, Nicklett E, Heisler M. Do pre-existing diabetes social support or depressive symptoms influence the effectiveness of a diabetes management intervention? Patient Educ Couns. 2015 Nov;98(11):1402-9.
Rosland AM, Piette JD, Choi H, Heisler M. Family and friend participation in primary care visits of patients with diabetes or heart failure: patient and physician determinants and experiences. Med Care. 2011 Jan;49(1):37-45
Rosland AM, Piette JD. Emerging models for mobilizing family support for chronic disease management: a structured review. Chronic Illn. 2010 Mar;6(1):7-21.
Rosland, A. M., Piette, J. D., Lyles, C. R., Parker, M. M., Moffet, H. H., Adler, N. E., ... Karter, A. J. (2014). Social support and lifestyle vs. medical diabetes self-management in the Diabetes Study of Northern California (DISTANCE). Annals of Behaviora
Rosland, A.-M., Heisler, M., Janevic, M. R., Connell, C. M., Langa, K. M., Kerr, E. A., & Piette, J. D. (2013). Current and potential support for chronic disease management in the United States: the perspective of family and friends of chronically ill adu
Rosland, A.-M., Heisler, M., & Piette, J. D. (2012). The impact of family behaviors and communication patterns on chronic illness outcomes: a systematic review. Journal of Behavioral Medicine, 35(2), 221–239. http://doi.org/10.1007/s10865-011-9354-4
Rosland, A.-M. (2009). Sharing the Care:The Role of Family in Chronic Illness. California Health Care Foundation.
Rosland, A.-M., Heisler, M., Choi, H.-J., Silveira, M. J., & Piette, J. D. (2010). Family influences on self-management among functionally independent adults with diabetes or heart failure: do family members hinder as much as they help? Chronic Illness, 6
Rosland, A. M., Nelson, K., Haill, S., Dolan, E., Maynard, C., Bryson, C., ... Schectman, G. (2013). The Patient Centered Medical Home in the Veterans Health Administration. American Journal of Managed Care, 19(7), e265–e277.
Rouleau, L. (2005). Micr
Journal of Management
Sayers, S. L., Riegel, B., P
Behavioral Medicine, 35
Sayers, S. L., White, T., Z
317–24.
Schaubroeck, J. M., Hann
culture influences on eth
Schein, E.H. (2010). Orga
Schimmel, R. and Munts
change. Human Resourc
Shepley, M., Harris, D., V
Design Conference. Retr
Shortell SM, Sehgal NJ, E
Engage Patients and The
Simons, T. (1999). Behav
12(2), 89-104.
Singer SJ, Vogus TJ. Redu
Smith, M.E. (2003). Char
24(5), 249-261.
Soparnot, R. (2011). The
Stacey D, Légaré F, Col N
Decision aids for people
Stamp, K. D., Dunbar, S.
care confidence and trea
Stone S. (2008). "A Retro
Outcomes." Health Envi
Stone, S. Patient Falls Re
Strom, J. L., & Egede, L. E
Diabetes Reports, 12(6), 769–781. http://doi.org/10.1007/s11892-012-0317-0
Tai-Seale M, Elwyn G, Wilson CJ, Stults C, Dillon EC, Li M, Chuang J, Meehan A, Frosch DL. Enhancing Shared Decision Making Through Carefully Designed Interventions That Target Patient and Provider Behavior. Health Aff (Millwood). 2016 Apr 1;35(4):605-12
Tietbohl CK, Rendle KA, Halley MC, May SG, Lin GA, Frosch DL. Implementation of Patient Decision Support Interventions in Primary Care: The Role of Relational Coordination. Med Decis Making. 2015 Nov;35(8):987-98.
Tuhrani, L., Kruyen, P. M., Vijverberg, D. M and Voesenek, T. J. (2015). Connecting HRM and change management: the importance of proactivity and vitality. Journal of Organizational Change Management, 28(4). 627 – 640.
Veroff D, Marr A, Wennberg DE. Enhanced support for shared decision making reduced costs of care for patients with preference-sensitive conditions. Health Aff (Millwood). 2013 Feb;32(2):285-93.
Vogus, T. J., & McClelland, L. E. (2016). When the customer is the patient: Lessons from healthcare research on patient satisfaction and service quality ratings. Human Resource Management Review, 26(1), 37-49.
Volendes AE, Paasche-Orlow MK, Mitchell SL, Elsaiwahri A, Davis AD, Barry MJ, Hartshorn KL, Jackson VA, Gillick MR, Walker-Corkery ES, Chang Y, López L, Kemeny M, Bulona L, Mann E, Misra S, Peachey M, Abbo ED, Eichler AF, Epstein AS, Noy A, Levin TT, Temel JS. Randomized controlled trial of a video decision support tool for cardiopulmonary resuscitation decision making in advanced cancer. J Clin Oncol. 2013 Jan 20;31(3):380-6.
Ulrich RS, Berry LL, Quan X, Parish JT. A conceptual framework for the domain of evidence-based design. HERD. 2010 Fall;4(1):95-114.
Kenneth Warm, The Influence of A Patient-Centered Medical Home on Healthy Communities/Enhancement of Life's Journey. Presented at the 2015 Planetree Patient Centered Care International Conference, Chicago, IL.
Wennberg DE, Marr A, Lang L, O'Malley S, Bennett G. A randomized trial of a telephone care-management strategy. N Engl J Med. 2010 Sep 23;363(13):1245-55.
Wexler, RM et al (2015) Patient responses to decision aids in the United States, Int J of Pers Cent Med, 5 (3), 105-111.
Werkman, R. (2009). Understanding failure to change: A pluralistic approach and five patterns. Leadership and Organization Development Journal, 30(7), 664-684.
Williams JA, Meltzer D, Arora V, Chung G, Curlin FA. Attention to inpatients' religious and spiritual concerns: predictors and association with patient satisfaction. J Gen Intern Med. 2011 Nov;26(11):1265-71.
Wilson SR, Strub P, Buist AS, Knowles SB, Lavori PW, Lapidus J, Vollmer WM; Better Outcomes of Asthma Treatment (BOAT) Study Group. Shared treatment decision making improves adherence and outcomes in poorly controlled asthma. Am J Respir Crit Care Med. 2010 Mar 15;181(6):566-77.
Wolff, J. L., & Roter, D. L. Family presence in routine medical visits: A meta-analytical review, Social Science & Medicine (2011), doi:10.1016/j.socscimed.2011.01.015
Wolff, J. L., & Roter, D. L. (2008). Hidden in plain sight: medical visit companions as a resource for vulnerable older adults. Archives of Internal Medicine, 168(13), 1409–1415. http://doi.org/10.1001/archinte.168.13.1409

# Beneficios

## PARA PACIENTES / FAMILIA

- Positivos resultados de salud y mejor calidad de vida
- Mayor seguridad clínica
- Real participación de pacientes y familias
- Mayor auto cuidado de los pacientes
- Mejora en las transiciones en el cuidado
- Reducción en readmisiones
- Mejor experiencia del paciente



DISCUSSION PAPER

**Harnessing Evidence and Experience to Change Culture:** A Guiding Framework for Patient and Family Engaged Care

**Susan B. Frampton, PhD,** Planetree; **Sara Guastello,** Planetree; **Libby Hoy,** PFCCpartners; **Mary Naylor, PhD, FAAN, RN,** University of Pennsylvania School of Nursing; **Sue Sheridan, MBA, MIM, DHL,** Patient-Centered Outcomes Research Institute; **Michelle Johnston-Fleece, MPH,** National Academy of Medicine

January 31, 2017

**ABSTRACT | Patient and family engaged care (PFEC) is care planned, delivered, managed, and continuously improved in active partnership with patients and their families (or care partners as defined by the patient) to ensure integration of their health and health care goals, preferences, and values. It includes explicit and partnered determination of goals and care options, and it requires ongoing assessment of the care match with patient goals.** This vision represents a shift in the traditional role patients and families have historically played in their own health care teams, as well as in ongoing quality improvement and care delivery efforts. PFEC also represents an important shift from focusing solely on care processes to aligning those processes to best address the health outcomes that matter to patients. In a culture of PFEC, patients are not merely subjects of their care: they are active participants whose voices are honored. Family and/or care partners are not kept an arm's length away as spectators, but participate as integral members of their loved one's care team. Individuals' (and their families') expertise about their bodies, lifestyles, and priorities is incorporated into care planning and their care experience is valued and incorporated into improvement efforts.

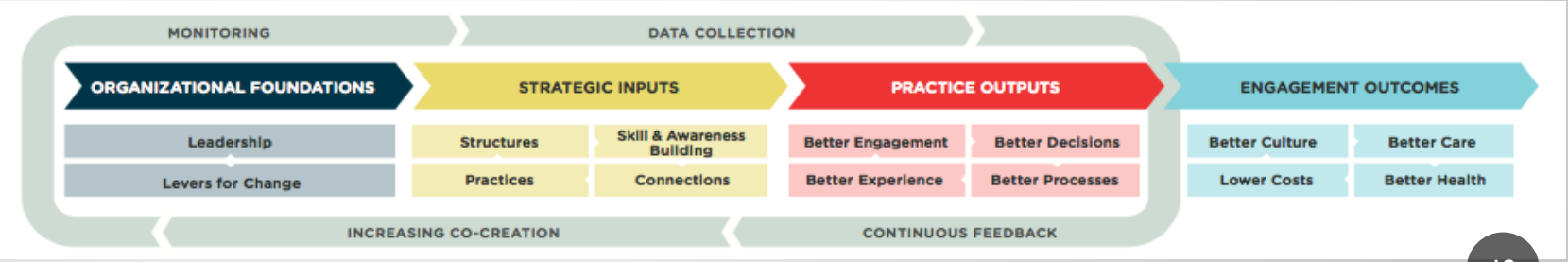
A prevalent and persistent challenge to a system-wide transformation to PFEC is uncertainty about whether the resource investment required will lead to better results. There is also a lack of clarity about how, practically speaking, to make it happen.

To address these barriers, the National Academy of Medicine's (NAM's) Leadership Consortium for a Value & Science-Driven Health System convened a Scientific Advisory Panel (SAP) to compile and disseminate important insights on culture change strategies. The SAP's focus was on evidence-based strategies that facilitate patient and family engagement and are tied to research findings revealing improved patient care and outcomes. To achieve this goal, the SAP drew on both the scientific evidence and the lived experiences of patients, their care partners, practitioners, and leaders to develop a comprehensive framework that explicitly identifies specific high-impact elements necessary to create and sustain a culture of PFEC. Research in support of the various elements of the model was then compiled into a selected bibliography. This paper introduces the framework and associated evidence, along with practical examples of elements of the model applied in the "real world," with the goal of supporting action that will pave the way for PFEC to become the norm in health care.

Perspectives | Expert Voices in Health & Health Care — NATIONAL ACADEMY OF MEDICINE

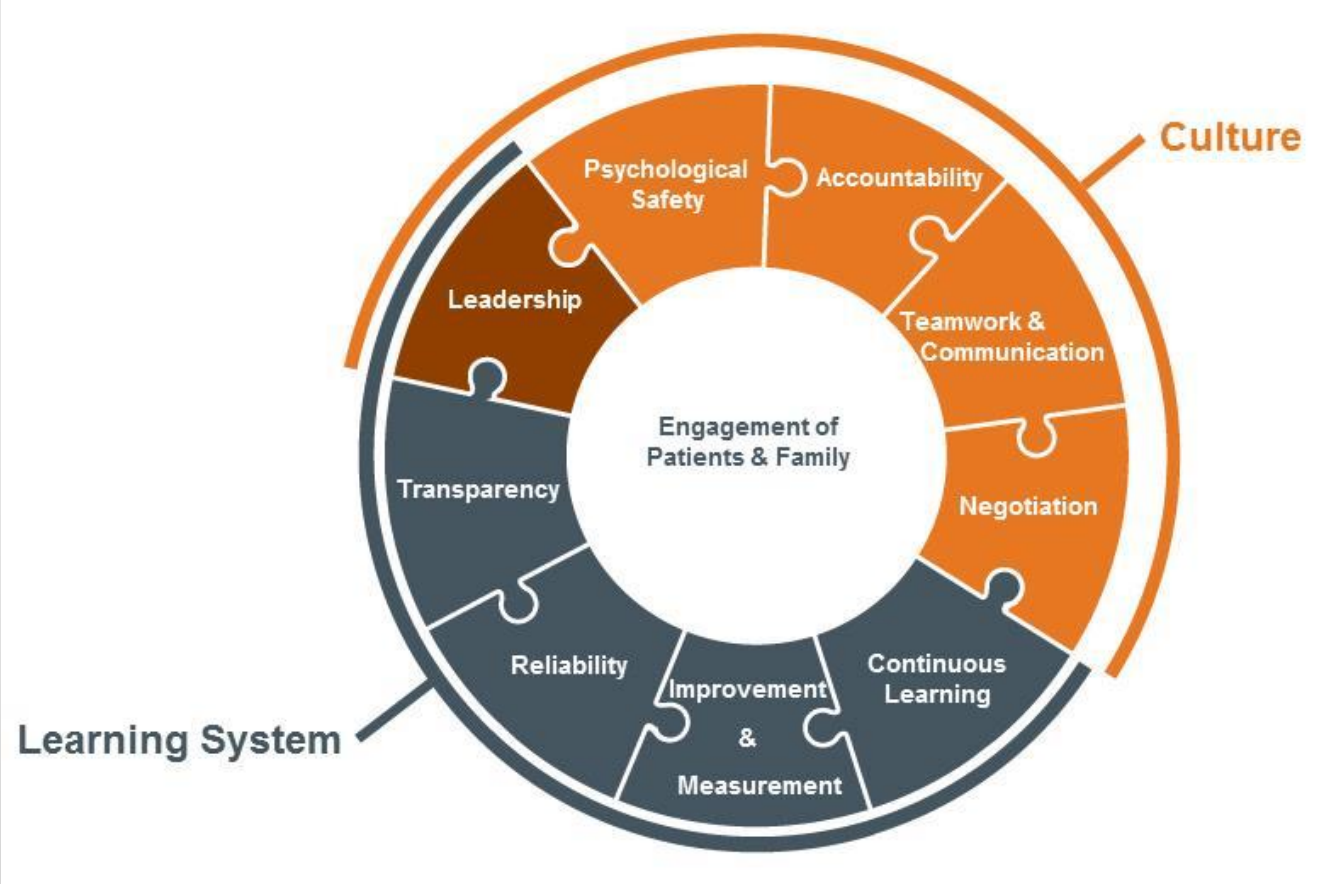
## PARA EL PERSONAL Y LA ORGANIZACIÓN

- Satisfacción en el trabajo
- Reducción en estrés laboral y burnout del personal
- Mayor retención de los empleados
- Reducción en los costos hospitalarios
- Mejor reputación




Frampton, S. B., S. Guastello, L. Hoy, M. Naylor, S. Sheridan, and M. Johnston-Fleece. 2016. Harnessing Evidence and Experience to Change Culture: A Guid- ing Framework for Patient and Family Engaged Care. Discussion Paper, National Academy of Medicine, Washington, DC.

# Atención segura, confiable y efectiva






Frankel A, Haraden C, Federico F, Lenoci-Edwards J. *A Framework for Safe, Reliable, and Effective Care*. White Paper. Boston, MA: Institute for Healthcare Improvement and Safe & Reliable Healthcare; 2017. ihi.org/PtSafetyWhitePaper

# Alegría y propósito

**La alegría y el propósito no son nociones sentimentales**

"**La seguridad en el lugar de trabajo está indisolublemente vinculada a la seguridad del paciente.** A menos que los cuidadores reciban la protección, el respeto y el apoyo que necesitan, es más probable que cometan errores, no sigan prácticas seguras y no trabajen bien en equipos ".

http://www.ihi.org/Topics/Joy-In-Work/Pages/default.aspx

# Alegría y propósito – impacto en los profesionales de la salud

- Actualmente los trabajadores de la salud sufren daños
- Emocionalmente (intimidación, degradante)
- Físicamente (lesiones, asalto)
- Hasta 1/3 de los enfermeros experimentan lesiones de espalda o musculoesqueléticas en un año
- Estrés de tareas complejas y exigentes bajo limitaciones de tiempo severas
- Los costos de agotamiento, litigios, pérdida de horas de trabajo, rotación son altos

T. Gandhi. Lucian Leape Foundation 2015

# Ejes de una Cultura de ACP

Líderes empoderados

Familias socias en el cuidado

Voz de Pacientes y familias

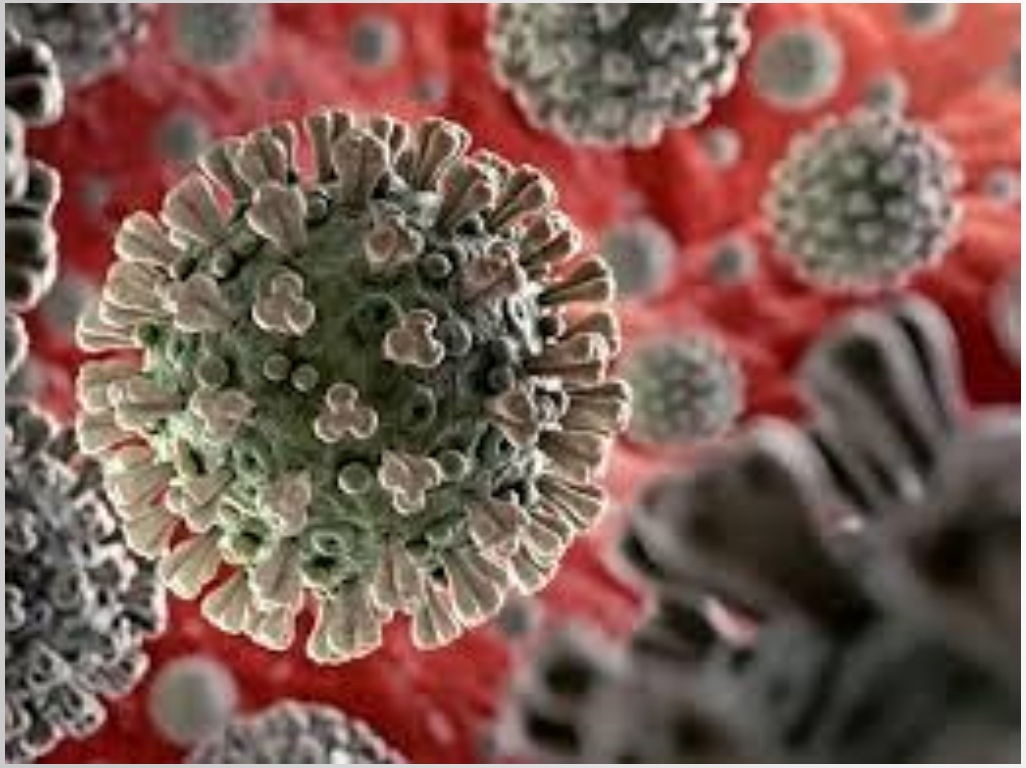
Pacientes forman parte del equipo de atención

Equipos comprometidos

ACP está presente en todo siempre



6 Steps to Creating a Culture of Person and Family Engagement in Health Care, 2017 Planetree



# Desafíos durante la pandemia

- Para los Pacientes y sus Familias
- Para el Personal asistencial
- Para la Comunidad

Foro Latinoamericano Colaborativo en Calidad y Seguridad en Salud

# Consultas

Lic. Natalia Hreczuch - nhreczuch@iecs.org.ar

Dr. Ezequiel García Elorrio - egarciaelorrio@iecs.org.ar