

Who Better than People Who Use a Service Can Contribute to Improving it?

A Review of *Patient Engagement: Catalyzing Improvement and Innovation in Healthcare*

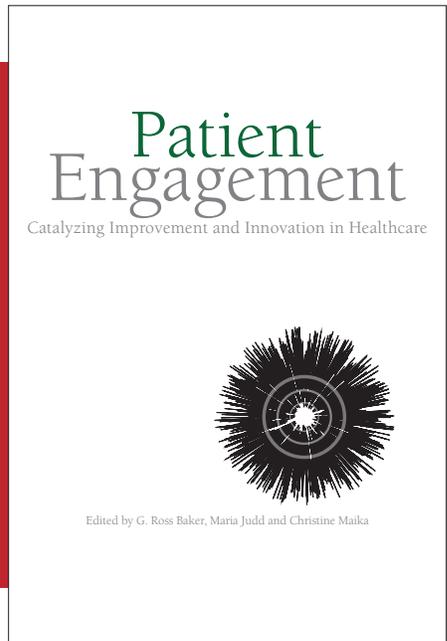
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For those of us who have had a bad experience in healthcare, the phenomenon of patient engagement has been a welcome – and obvious – development. Who better than people who use a service can contribute to improving it? Now that this approach is demonstrably making patients happier, helping them get better faster, and even saving money, it seems shocking that it hasn't always been a fundamental part of medical systems.

But despite the compelling results and the apparent global movement in this direction, patient engagement – now also generally broadened to patient and family engagement – is not getting the opportunity it deserves. Many healthcare organizations have mandated Patient and Family Advisory Councils, but then what?

I am always reminded of being in the presence of a group of Tibetan lamas having a conversation with North American students. One of the lamas, who was quite fluent, was listening to another struggling along and – laughing heartily – said, “He thinks he’s speaking English!” I have served on many committees and projects at the local, provincial, and national levels for the last six years, and I often feel, “They think they’re doing Patient and Family Engagement!”

This new book, *Patient Engagement: Catalyzing Improvement and Innovation in Healthcare*, arrives at a moment when we all need help with this endeavor. Ten case studies are presented in a brief, easily understood way, and they each describe in practical detail how patient and family engagement is working in these ten very different organizations. From projects that affect care at the bedside to others that connect people nationally, these are examples of collaborations that have successfully addressed problems in care with sometimes stunning results. Because users of the system are flagging problems and then are part of the



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teams that address them, the whole process works better than when it's all up to professionals who have the best of intentions but cannot know what it *feels* like to receive their services.

For people who want hard data, the cases include some dramatic statistical results: for example, from 55% to 77% remission rate for people with COPD (p. 91), and hand hygiene compliance at a hospital rising from 34% to 96% (p. 48). And for those of us who are particularly concerned about the patient and family experience, I checked out the link on p. 85 to the Change Foundation Report, where I found that by the end of that project, 100% of participants reported themselves either “very” or “extremely satisfied.”

All the case studies are presented in the same format so that it's easy to compare the background, strategy, and impact of each of them. They all highlight the need for leadership at the top, ongoing training for personnel, and consistent follow-up. And there are convenient charts that set out the specifics of what that looks like.

It's hard to imagine at this point that anyone would be claiming that patient and family engagement is anything other than a step in the right direction. But making it happen is harder than it sounds. The examples in this book are clear and inspiring, and they provide a wonderful guide. I will be buying copies for those in my world who think this is what they are doing.