



Facts about GPCC

The Gothenburg University Centre for Person-centred Care (GPCC) is an interdisciplinary research centre, established in January 2010, with the support of the Swedish government's strategic investment in health and care research.

Around 100 national and international researchers from different disciplines collaborate on research at GPCC, creating a **"Centre of Excellence" with-in Person-centred care in long-lasting illness.**

Among them are representatives from nearly all of the University's faculties. Pedagogues, nurses, economists, physicians, organisation researchers, linguists and lawyers collaborate on around 30 different research projects.

The University of Gothenburg and Sahlgrenska Academy have a strong tradition of clinical research and now the GPCC contributes with care science research. In addition to the clinical research the aspect of utilisation is considered from the start, in order to ensure practical application, with the aim of contributing to an evidence based, sustainable **CHANGE** in health care.

The Health Care of the Future:

What is Person-centred Care?

The basis of person-centred care (PCC) is the patient's experience and PCC emanates from the individual's resources and restraints.

PCC is a partnership between patients and professional care givers, and the starting point is **the patient narrative** (sometimes taken with the help of a relative).

A Care plan is formulated using the patient narrative which is documented in a structured way. This gives a clear picture of the resources and restraints seen by the patient relative to his/her disease.

The most central aspect of PCC is **the partnership**, as this is about a mutual respect for the knowledge of each party; on the one hand the knowledge of what it is to live with the condition, on the other hand a generic knowledge of the condition.



Unique research and positive results

In one recent GPCC study patients with chronic heart failure, whose condition had deteriorated recently, received person-centred care during their entire hospital stay. Their time in care was reduced by a third, without compromising the quality of care, or their experience of care. Their activities of daily living (ADL) were maintained or improved, when compared to "traditional care". (1)

Another example of what can be achieved with PCC comes from a study of elderly patients with hip fracture:

- A significant reduction in use of pain relief compared to the control group. (2)
- A significant reduction of pressure wounds and

- other medical complications compared to "traditional care". (3).
- A 50% reduction in the amount of hospital days compared to traditional care. (3)
- A 40% reduction in care costs compared to traditional care. (4)

With IBS ("Irritable Bowel Syndrome"), there are signs, like disturbed bowel function, which can be observed and measured in different ways by care staff. There are also symptoms, for example bloatedness, which is how the patient experiences the illness. Intensive research is carried out within this subject, and new results point to the difficulties in connecting these signs and symptoms [5].
For references, see <http://www.gpcc.gu.se/>



What is happening within the GPCC right now?

GPCC has a large number of on-going activities on all fronts. Apart from on-going research within about 30 projects, the centre is putting its knowledge and experience into practical use through innovation/utilisation as well as spreading it's knowledge through education.

Innovation/Utilisation

National Reference Ward

Together with collaboration partners from Sahlgrenska University Hospital, Region Västra Götaland, and Industry partners IBM, Astra Zeneca and Doberman, GPCC have received initial funding of 3 million SEK? during 2012-13 from Vinnova, Swedish Governmental Agency for Innovation Systems. Vinnova's assessment of the project "Person-centred Care" is that it has good chances of resulting in new innovative solutions with great potential of demonstrating how a change to effective high quality health care can be made.

The project, which is called "National Reference Ward for Person-centred Care (NATREF PCV)" aims to develop the person-centred health care ward of the future, and also be an open and sustainable testbed for new care forms, services and products such as education, e-health and IT solutions. NATREF PCV constitutes a reference point for the health care of the future, both nationally and internationally through identifying, developing and integrating partial solutions for a change in health care.

Vinnova's project reference number 2012-03996

Project Manager: Axel Wolf

GPCC works continually with stakeholders within industry, official and private care givers, regional and national innovations systems and international development partners to identify sustainable and scaleable means of carrying out evidence based person-centred care in order to improve care processes.

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Education Package

Person-centred care in practice - PVP

GPCC tailor makes educational packages for different environments. In order to achieve a change to person-centred health care sweeping changes of both culture and structure are needed. The aim of the educational programme is to establish a sustainable person-centred way of working which permeates the entire care process resting on three foundations: partnership, narrative and documentation.

The model for the programme is gathered partly from evidence based person-centred theory, and partly from change theory. Each programme is tailor made from the needs of the individual unit. The programme aims to be effective on both a user and organisational level.

User level effects

- A deeper understanding of what person-centred care means and how it can be applied in practice.
- Developed working methods for planning and systematically carrying out person-centred care for patients with varying medical conditions and care needs.
- The ability to establish partnerships with patients and to create a health care plan from a person-centred perspective.

Organisation level effects

- Consensus enshrined in the concept personcentredness.
- To have identified resources and restraints to instating a model for person-centred care in the individual care unit.
- A plan for further work.

The model constitutes of change management work happening on three consecutive levels; management, among strategic "change agents" and with the involvement of all co-workers.

Utilisation vision:

• Better care for people with chronic and long-term conditions

By developing and realising person-centred care processes GPCC will collaborate with official and commercial operators in creating new possibilities for improved care in long-term illness, thus relieving increasingly strained health care systems.

• Increasing the person's participation in care processes

Through a deepened understanding of self-reporting and self-diagnosing, together with developing new models and processes for evaluating and improving patient satisfaction, GPCC will

make sure official and commercial operators have a common ground for improving an active and informed patient participation in the care process.

• Creating a continuous care chain

Through an increased usage of innovations and health informatics, care giver and patient education, as well as organisational and structural changes for care givers, GPCC will be able to guarantee the use of models and concrete solutions to create a joined-up care chain which can flexibly hold organisations, care givers, commercial operators, relatives and societies, as well as the person in the centre of the care process.