



UNIVERSITY OF GOTHENBURG  
CENTRE FOR PERSON-CENTRED CARE

# Achieving The Highest Patient Satisfaction Through Efficient Care

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SWEDEN

[www.gpcc.gu.se](http://www.gpcc.gu.se)



After this session you will be able to understand the evidence and assumptions behind person-centred care, and understand how to implement and evaluate it.

We will dispose the time as follows:

1. Your questions
2. Presentation of our evidence
3. Presentation of our assumptions on person-centred care
4. Your experiences regarding person-centred care
5. Presentation of how we implement person-centred care
6. Your questions

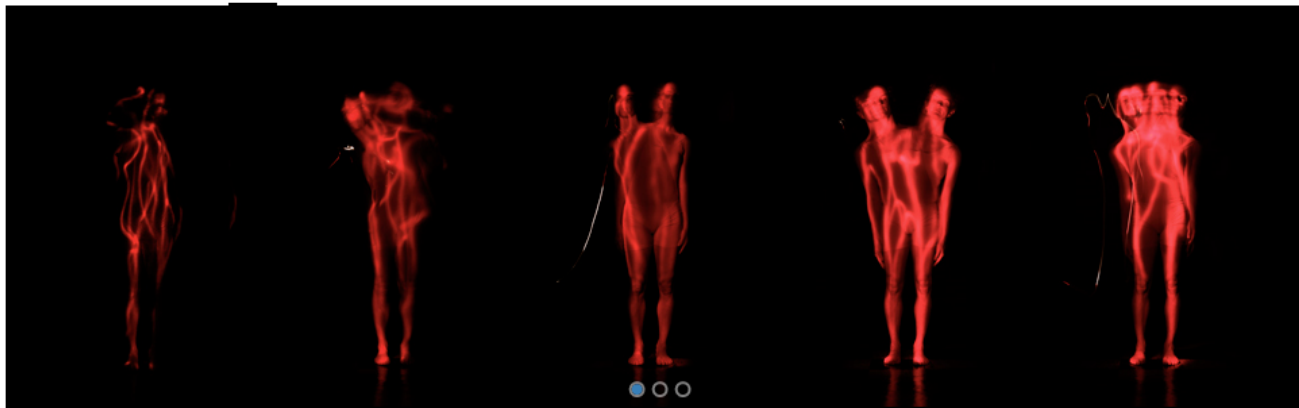


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**GPCC**



## Centrum för personcentrerad vård vid Göteborgs universitet, GPCC

Välkommen till Europas enda forskningscentrum för  
personcentrerad vård vid långvariga sjukdomstillstånd!

### Personcentrerad vård

Enligt personcentrerad vård är patienter personer som är mer än sin sjukdom. Personcentrerad vård utgår ifrån patientens upplevelse av situationen och individens förutsättningar, resurser och hinder. Patienten blir därmed en partner i vården.

Personcentrerad vård är ett partnerskap mellan patienter/anhöriga och professionella vårdgivare. Utgångspunkten är patientens berättelse, som skrivs ner på ett strukturerat sätt. Utifrån detta material skrivs en vårdplan, som innehåller mål och strategier för implementering och kort- och långsiktig uppföljning.

Se kortfilmen "Partnerskap" om GPCC och personcentrerad vård.

### Social media



### Twitterfeed



### Nyheter

[Förslag till ny standard för svensk äldreomsorg](#)  
[2014-09-08]

[Snart dags att söka kurs om personcentrerad vård på avancerad nivå](#)  
[2014-09-04]

[Nya GPCC forskningsresultat: Mer än var tredje operation bokas om. Receptet lyder personcentrerad vård.](#)  
[2014-08-28]

[Disputation den 5e september kl 13](#)  
[2014-08-18]



## Effects in hospital care

Reduced uncertainty in illness

Reduced pain

Reduced medical complications

30 % - 50% reduction in hospital days

40% reduction of costs

Olsson L-E et al: Journal of Orthopaedic Surgery and Research, 2006, 1:3.

Ekman I, et al: European Heart Journal, 2011, 32:2395–2404.

Olsson LE et al: Journal of Advanced Nursing, 2007, 58(2):116-25.

Olsson LE, et al: Journal of Advanced Nursing, 2009, 65(8):1626-1635.

Dudas K, et al Eur J Cardiovasc Nurs. 2013 ; 12(6):521-8.



## Effects of PCC in out-patient care

Reduced fatigue (reumatoid arthritis)

Increased muscle strength

Increased self-efficacy

Increased self-reported health

Feldthusen C et al. Arch Phys Med Rehabil. 2015 Oct

Larsson A, et al. Arthritis Res Ther. 2015; 18;17:161.



## Effects – over the whole care chain

Three times increased chance after an event of acute coronary syndrome to:

Come back to previous activity (e.g work)  
Not getting cardiovascular event or death  
Increased self efficacy

Fors A, et al. Int J Cardiol. 2015 May 6;187:693-9.



## Effects of PCC in palliative home care

Improved quality of life

Reduced symptom burden

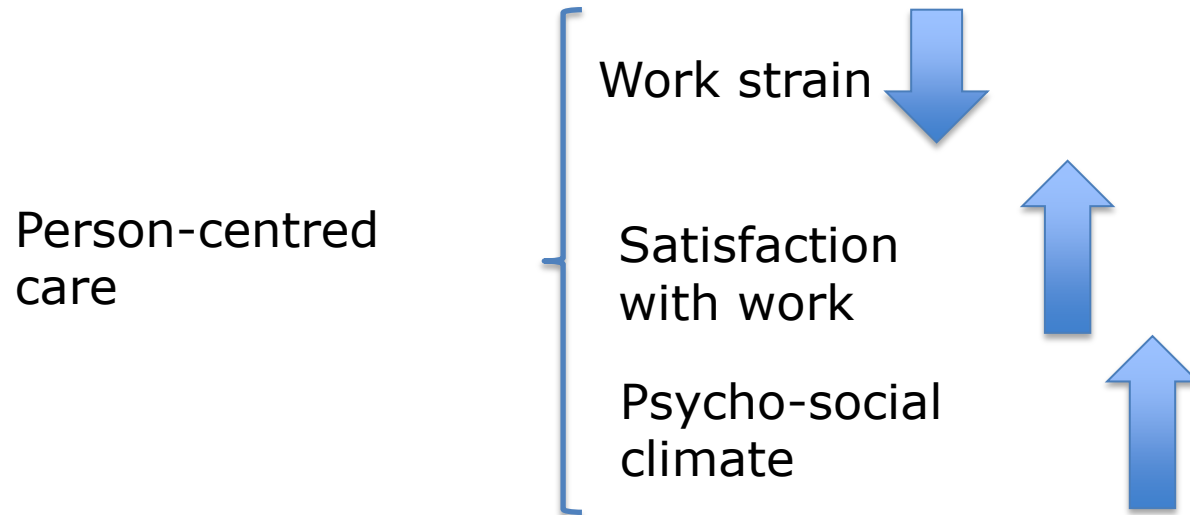
Reduced number of hospitalizations

Brännström M & Boman K. Effects of person-centred and integrated chronic heart failure and palliative home care. Eur J Heart Fail 2014;16:1142-51





## What about staff ?



Sjögren K, Lindkvist M, Sandman PO, Zingmark K, Edvardsson D. To what extent is the work environment of staff related to person-centred care? J Clin Nurs. 2015 May;24(9-10):1310-9



# What is a person?

- Someone who has capacities
- Someone who has self-respect
- Someone who is interacting with others

Sen A. 1993, "Capability and Well-being," *The Quality of Life*, Oxford: Clarendon Press  
Kristensson Uggla Bengt: (2011) *Homo Capax*.  
Ricoeur Paul (1992). *Oneself as another*. Chicago: University of Chicago Press.;  
Smith, S. (2010). *What is a person?* Chicago: University of Chicago Press.



**A person**

**A capable human being**

A partner in care

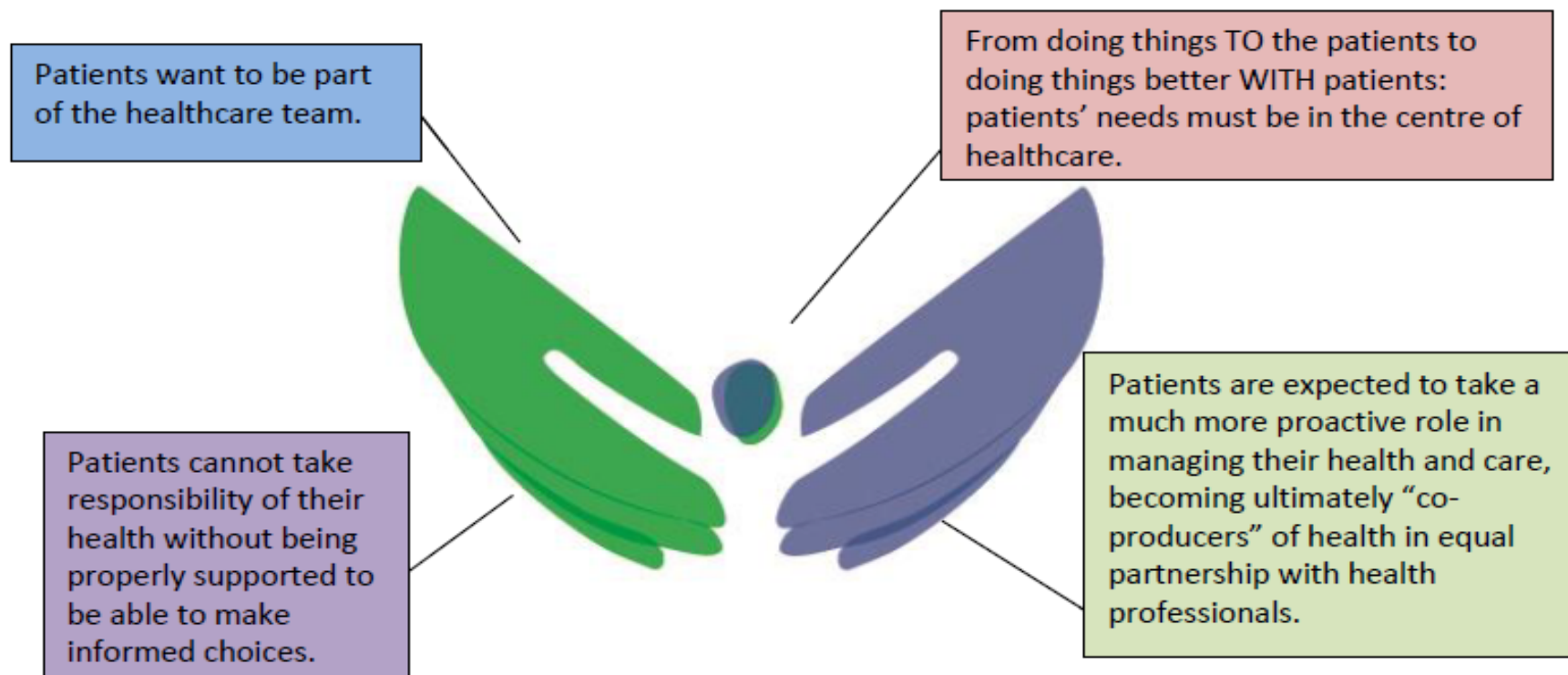
Kristensson Uggla Bengt: (2011) Homo Capax.

Ricoeur Paul (1992). *Oneself as another*. Chicago: University of Chicago Press.

The aim of the Patient Empowerment Campaign is to build the momentum for the real empowerment of patients in Europe and to promote the development and implementation of policies, strategies and healthcare and social services that empower patients to be involved in the decision-making and management of their condition.

### CAMPAIGN LOGO

The logo represents the campaign's identity and the concepts behind patient empowerment:





WHO

person

WHAT

patient





# Personcentred care - partnership

Initiating the partnership –  
patient (and relative) narrative

Working the partnership –  
mutual understanding

Safeguarding the  
partnership -  
documentation

Ekman I, Swedberg K, Taft C, et al. for the University of Gothenburg Centre for Person-Centred Care (GPCC) [www.gpcc.gu.se](http://www.gpcc.gu.se) .  
Person-Centred Care – Ready for Prime Time. Eur J Cardiovasc Nurs. 2011;10(4):248-51.

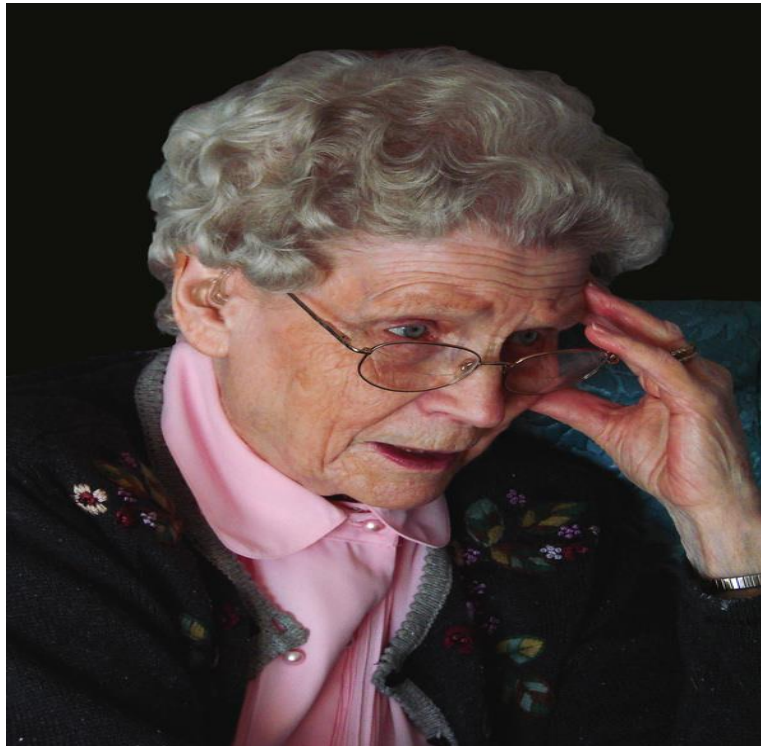
Ekman I, Hedman H, Wallengren C, Swedberg K. Person-centred care, - the Swedish initiative. BMJ. 2015. Febr (accepted)



## Signs – medical evidence



## Symptoms



Will

Social relations

Trust



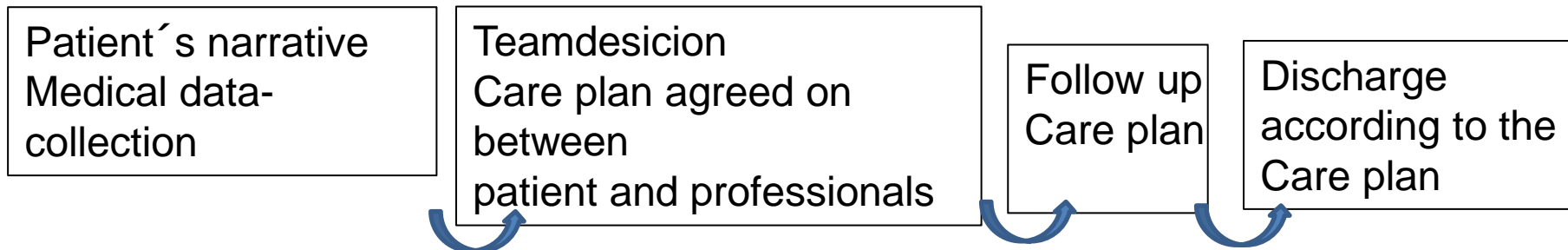
# Person-centred care process pre and during hospital care

## Usual care



Ambulance    Emergency  
                  department

## Person-centred care







# Implementation of person centered care - our way





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# Our implementation program, three stages

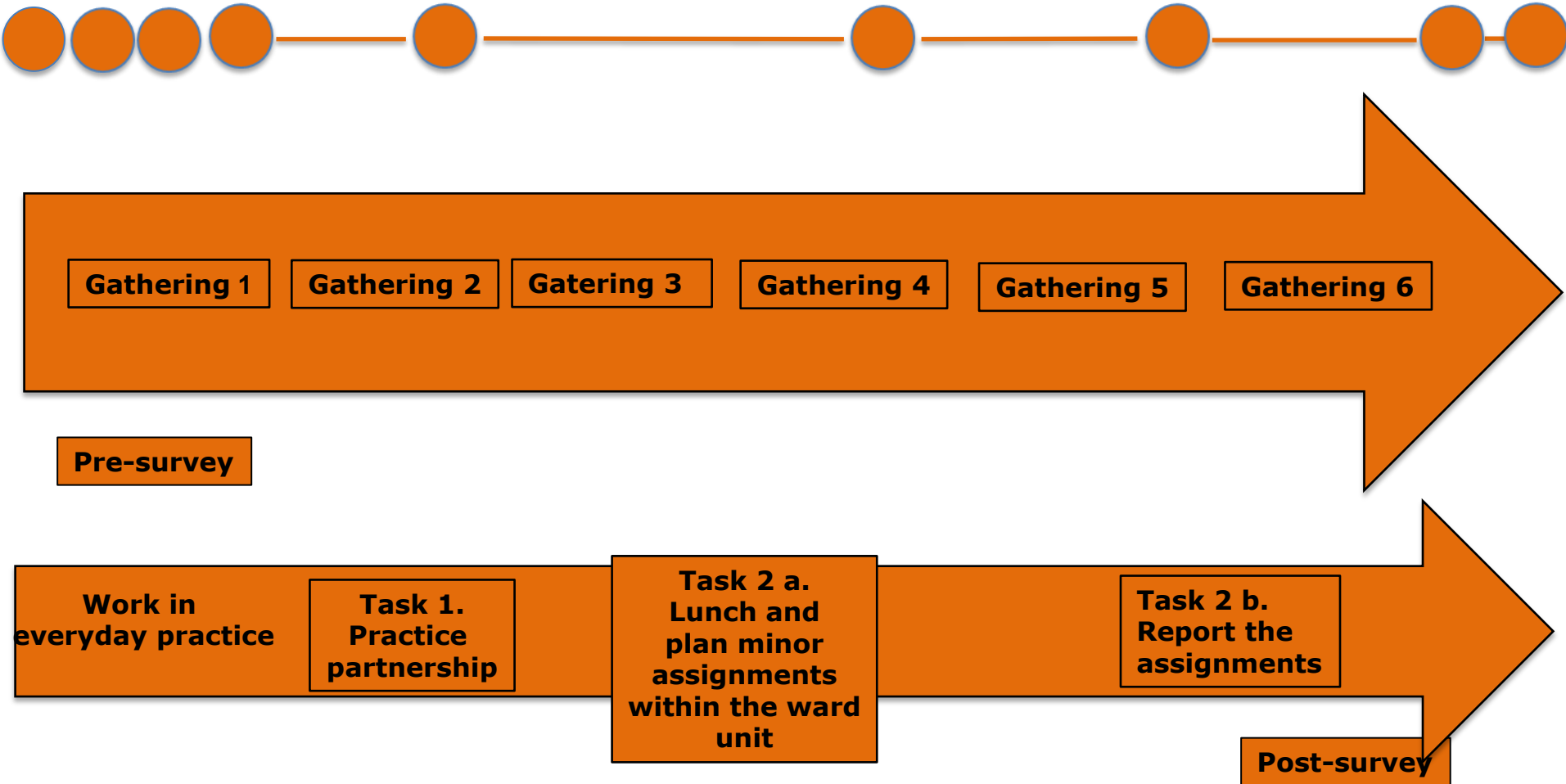


- |         |                                                                                                                                                 |
|---------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| Stage 1 | Aims to support a strategic management commitment and decision to govern the change process.                                                    |
| Stage 2 | Aims to prototype and engage parts of the organization to pioneer and move ahead to gain organizational learning regarding person-centred care. |
| Stage 3 | Aims to support a broad implementation of person centred care throughout the organization.                                                      |



# Overview of implementation program, stage 2

Steering  
committee





## Stage 2

Aims to prototype and engage parts of the organization to pioneer and move ahead to gain organizational learning regarding person-centred care.

### **Effects on participants:**

- In-depth understanding of person-centered care and how it can be implemented in clinical practice.
- Develop a way to plan and systematically implement person-centered care for patients
- Ability to establish partnerships with the patients, listen to their narratives and establish a health-plan; from a person-centered perspective.

### **Effects on the ward units:**

- Consensus regarding the concept : person-centeredness.
- Identify the opportunities and barriers for implementing person-centered care, in their ward unit.
- Plan for further work (stage 3).



# Steering committee



Aims to support a strategic management commitment and decision to govern the change process.

## **People included in the steering committee are:**

- managers, from the ward unit
- change leaders, from the ward unit
- facilitators from Gothenburg Centre of Person Centred care (GPCC)

## **Responsibilities:**

- Forming guiding coalition of managers, leaders and facilitators.
- Setting structures for;
  - implementation framework design
  - organizing and collecting experience-based learnings
  - evaluation strategy
  - cross implementation sites collaboration
  - reflection and exchange of experience.



# Foundations

The starting point is to use participatory learning and turn it into experience-based and evidence-based knowledge. To promote participatory learning we use;

- Methods of dialog (Cooperrider et al., 2003; Owen 2005; Louop & Koller, 2005).
- Lectures on the philosophical assumptions (Ricoeur, 1981, 1992).
- Lectures on change theory (Brown and Isaacs, 2005, Janssen, 2005).



# Pre-survey

Before the first assembly, a survey was sent to all employees at the ward unit. The aim of the survey was to map the current situation in the organization. The survey has also the function of warming up the organization and promote reflection among employees.

The survey has, the following four questions;

1. Describe in a few sentences, what is person-centered care for you?
2. To what extent are you working person-centered today ?  
(1 = Not at all, 2, 3, 4, 5 to 6 = Completely)
3. From your perspective, what are the opportunities and benefits of a person- centered approach on your ward unit?
4. From your perspective, what are the obstacles and risks of a person-centered approach on your ward unit?





## Task 1. Exercise partnership

- A. Select a patient.
- B. Listen to the patient (**initiating the partnership**) and set up a health plan together with him/her (**working the partnership**). Have the professional and patient to sign it (**safeguarding the partnership**). Follow the health plan during the admission and discharge the patients together. Perform the task based on how you understand person-centred care. This task need to be finished before next gathering X.
- C. Submit one of your health plans to [X.X@X.se](mailto:X.X@X.se) by X. Describe how you worked to develop the health plan. What considerations did you do? What issues have been raised during the work?
- D. Follow up the health plan with the patient after a month.
- E. Summarize and document your conclusions for task 1.



## Task 2. Lunch and change assignments

- A. Reflect upon the results of the pre-survey.
- B. All participants selects three colleagues (from another professions, not included in the implementation program) and invite them for lunch in order to discuss the results of the survey and deepen the questions (initiating and working the partnership).
- C. In your study group: Gather your reflections from your meeting with your “lunch colleagues” and formulate a change assignment to implement. The assignment will drive the development of person-centered care onto your care unit and be completed by the follow-up day: X (safeguarding the partnership).
- D. Present a proposal to change assignment and get feedback from the rest of the program group: X th.
- E. Perform the assignments.
- F. Write and present a short report.



## Post-survey

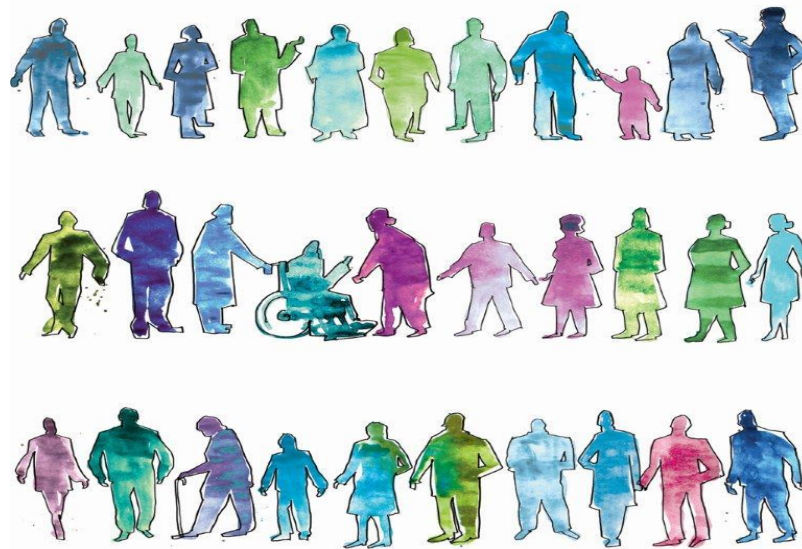
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3. From your perspective, what are the opportunities and benefits of a person-centered approach on your ward unit?
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# Our implementation program in action





# 1 st Gathering

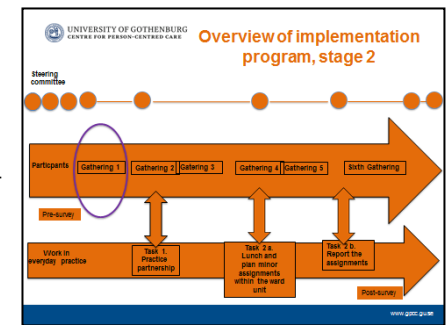
December 2014

## Goals:

- Introduce the objectives, approaches and methodologies.
- Create openness and good climate in the group of participants.
- Start and shape start study groups.
- Provide a comprehensive introduction to person-centered care.
- Plan the work ahead.

## Agenda:

- Introduction to the program, objectives and agendas; person-centred care, change theory.
- Why we should implement person-centered care in our clinic?
- When did you start to work in psychiatric care?
- What questions do you have about person-centered care and integrated psychiatry?
- Subdivision of study groups
- To what extent are you working with person-centered today ?
- Present the results of the survey



## Participants (n=41)

Nurse (n=12)

Assistance nurses  
(n=13)

Head of the ward  
unit (n=2)

Head of the medical  
treatment team (n=4)

Physician (n=4)

Social worker (n=2)

Secretary (n=3)

Occupation  
therapist (n=1)



**When did you start to work in psychiatric care?**

**How was it to work during this period?**

**What were the issues during this period?**

**1979-1994**

- Curiosity
- Sprawling
- Fight between new and old approaches

**2005-2008**

- Psychodynamic orientation
- Safety
- To reduce enforcement action
- New methods of medicine treatments

**1998-2000**

- Self harm
- Phototherapy?
- More threatening patients
- More empty beds

**2009-2014**

- Concern about all the winds of changes
- Chaotic environment
- Requirement to enter the work as soon as possible
- Requirement to become autonomous as quickly as possible



# What questions do you have about person-centered care?

Why the concept partnership?  
Why not collaboration or alliance?

How do we find the balance between curing disease (psychosis) and finding the person behind the disease?

Is PCC an approach?  
and will it mean more paperwork?

What is the first step with each patient?

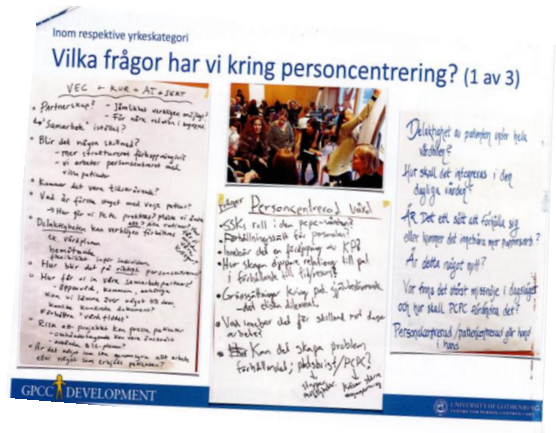
What is person-centered care?

Is PCC time consuming?

Is PCC anything new?

Don't we already work PC...or?

Person-centred care,  
patient autonomy and  
compulsory treatment: a challenge!







## Introduction to person-centered care



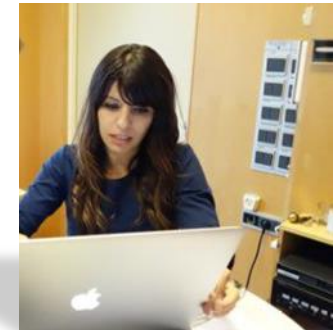
## Introduction to the study groups



## Introduction to the program, objectives, agendas and roles.



## Introduction to assignments (task 1 and task 2)







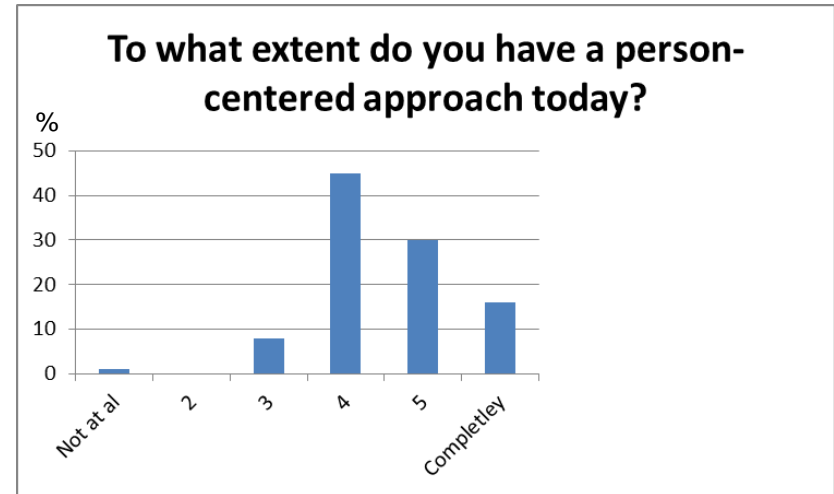
## Pre-survey (n=77)

### **Describe in a few sentences, what is person-centered care for you?**

1. Starting from the patient him/herself.
2. Care for the patient's individual needs.
3. This means that we ensure patient individually needs. First and foremost, based on his symptoms and diagnosis . But also based on his / her living and social life.

### **From your perspective, what are the opportunities and benefits of a person-centered approach on your ward unit?**

1. That every patient get what they need.
2. Patients feel safe and hopefully recover faster.
3. We will shorten the patients suffering and hospital stay. We are more organized, nothing is forgotten and that we as professionals have more job satisfaction and positivity.



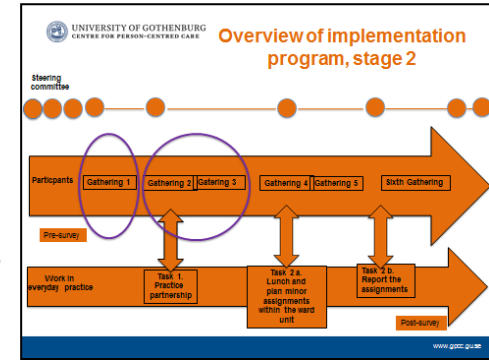
### **From your perspective, what are the obstacles and risks of a person-centered approach on your ward unit?**

1. It takes too much time. Hard to keep up.
2. Increasing burden on the staff, time-consuming. Requires greater staffing.
3. It should not be too complicated or advanced.



## 2nd and 3rd gathering

Marsh 2015



### Goals :

- Deepen the partnership, narrative, documentation and the concept of person-centered care.
- Follow up with study groups to formulate/articulate improvements.
- Introduction to the basic theory of change.
- Plan the work ahead.

### Agenda

- Get to know each other as a person.
- Acknowledge the current state of the person-centered care research.
- Integrated psychiatric care.
- Introduction to the theory of change resistance.
- Vision Work.
- Follow-up, task 1, exercising partnership.
- Follow-up, task 2 a, lunch.
- Plan for task 2 b, formulate a change assignment to test and refine.



Task 1. Exercising partnership

- A. Select a patient who becomes your common patient.
- B. Listen to the patient (*initiating the partnership*) and set up a health plan together with him/her (*working the partnership*). Sign it, all professionals and patient (*safeguarding the partnership*). Follow the health plan during the admission and discharge the patients together. Perform the task based on how you understand person centred care. This task need to be finished before gathering two.
- C. Submit one of your health plans to [XX@X.se](mailto:XX@X.se) by X. Describe how you worked to develop the health plan. What considerations did you do? What issues have been raised during the work?
- D. Follow up health plan with the patient after a month.
- E. Summarize and document your conclusions during the work with task 1.

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What are the different responsibilities and collaborations between the professionals in inpatient and outpatient care?

When does the health plan from inpatient care stop being valid and when does the health plan from outpatients care start to function?

# Issues raised during the work with the assignment

How to keep a thread and focus on the health plan in the conversation with a patient who is psychotic? How do we know that the patient felt that he/she was in focus?



How does person-centered care work when patients are under compulsory treatment?

Female patient, 61  
years old

Figure 1: Example of Person-centred care plan

Person – centred Care plan Resources / Barriers – Motivation – Personal goal
Goal setting (return to desired activity): <i>To lower stress level, to calm down and do one thing at a time. To pursue more of own personal interests.</i>
What and how should I do this? When? <i>To learn to say 'no'. To dare ask for help. To not always try and do things on one's own.</i>
My own resources and capabilities (How can I use these to achieve my goal?) <i>Artistic and creative. Paints a lot and feels great doing that. Purposeful and decisive. Knows about her risk factors. Has good friends for support.</i>
My need for support: <i>Need to be in touch with a professional person (psychologist) to help with managing stress and finding tools to deal with internal stress</i>

Team decision (A) To be completed by physician, nurse and patient		
PCC plan prepared prepared and agreed as per patient's requests and wishes	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Discharge planning, anticipated discharge date: <i>05.12. 2013</i>		
Next of kin informed about PCC plan in accordance with patient's requests and wishes:	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Are there any anticipated complications in the PCC planning?	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Anticipated complications <i>If no coronary angiography: 4/12</i>		
Signature patient <i>C. Chauvat</i> Date: <i>02.12.2013</i>	Signature physician: <i>H. Behrens</i> Date: <i>02.12.2013</i>	Signature nurse: <i>H. Castorf</i> Date: <i>02.12.2013</i>

Wellbeing (B) Symptoms assessed by patient every 48 hours					
Date	Day 1	Day 3	Day 5	Day 7	Discharge day
Dyspnoea <sup>4</sup> (1-5)	<i>3</i>	<i>1</i>			<i>1</i>
Fatigue <sup>4</sup> (1-5)	<i>4</i>	<i>2</i>			<i>3</i>
Health <sup>5</sup> (0-10)	<i>5 - 6</i>	<i>4 - 5</i>			<i>4</i>
Pain <sup>5</sup> (0-10)	<i>8</i>	<i>3</i>			<i>3</i>
Sleeping well (yes/no)	<i>No</i>	<i>No</i>			<i>No</i>
Depression <sup>5</sup> (0-10)	<i>4</i>	<i>2</i>			<i>2 - 3</i>
Anxiety <sup>5</sup> (0-10)	<i>4</i>	<i>4</i>			<i>6</i>
Other symptoms	<i>Numbness left arm</i>				

4: Likert scale, 5: Visual Analogue Scale

Evaluation (C) by patient		
I was involved in my care planning	<input checked="" type="radio"/> Yes	<input type="radio"/> No
I was involved in discharge planning in a satisfactory way	<input checked="" type="radio"/> Yes	<input type="radio"/> No

Continued PCC plan (C) Patient keeps PCC care plan and brings it to appointment
2 days after discharge the patient will be contacted by primary care centre
Contact at primary care centre: <i>L. Settembrini</i> Telephone number: <i>022 345 678</i>

A= Patient narrative; B= Symptom monitoring; C= Evaluation/discharge planning



# Reflections gathered from "lunch colleagues"

## Task 2. Lunch and perform a minor assignment within the ward unit

- A. Reflect on the results of the pre-survey.
- B. All participants select three colleagues (from another profession, not included in the implementation program) and invite them for lunch in order to discuss the results of the survey and deepen the questions (*initiating and working the partnership*).
- C. In your study group: Gather your reflections from your meeting with your "lunch colleagues" and formulate a change assignment to implement. The assignment will drive the development of person-centered care on your care unit and be completed by the follow-up day on X (*safeguarding the partnership*).
- D. Present a proposal to change assignments and get feedback from the rest of the program group on X.
- E. Perform the assignments.
- F. Write and present a short report.

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How to involve professionals from outpatient clinics?

How do we get patients more involved?

How to get better understanding of the type of care and the treatment patient receives from outpatient clinics?

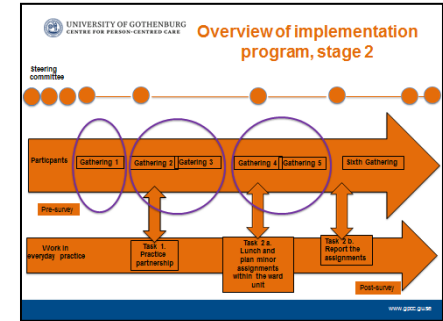


How to identify the patient's resources and abilities?



# 4 th and 5 th gathering

April 2015



## Goals:

- Deepen the partnership, narrative, documentation and the concept of person-centered care (lecture).
- Follow up study groups and invited guest regarding person centred care assignments
- Deepen the knowledge of person centred care and theory of change
- Supervision, task 2 b, change assignment
- Formulate first draft of action plan for the implementation

## Agenda:

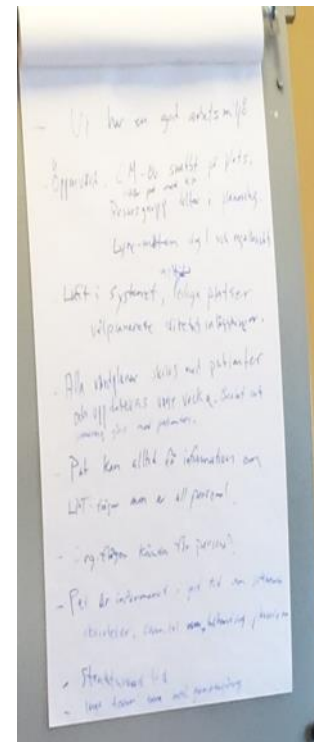
- Follow up - task 2 b.
  - What have we achieved?
  - What benefits have we seen so far?
- Supervision - task 2 b
- Narrative and documentation
- Formulating a first draft of an action plan for the upcoming 3 months (stage 3)

## Examples of change assignments

Increased the  
partnerships  
with staff from  
outpatient clinics

Plan health plan  
together with the  
patient

Remove a couple of  
team conferences  
and put the time on  
patients instead







# Reflections gather from the work with the assignments



How to be person-centered to patients who are psychotic?

What is a person-centered health plan?

From a psychiatric perspective, what risks do we perceive with person-centered care?

How do we relate to the patient's will and worldview?

How to carry out PCC in combination with compulsory treatment?





# Action plan for implementation (version 0.8)

What resources,  
partners and support  
do we have?

What should be  
done until next  
summer?

What should we do  
until September the 30th?

What should we do  
until May the 27th?

What should we  
do within a week?

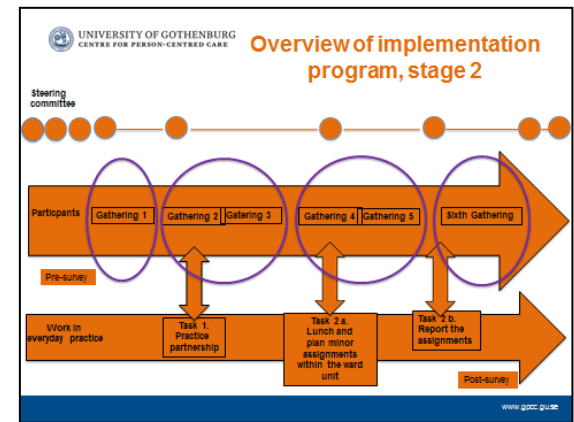
Important steps  
we already  
taken?

What are the  
challenges  
with the  
steps above?



## 6 th gathering

May 2015



### Goals:

- Sum up and draw learnings from the program.
- Reconciliation of task 2 b change assignment.
- Deepen the action plan and establish it for future work.

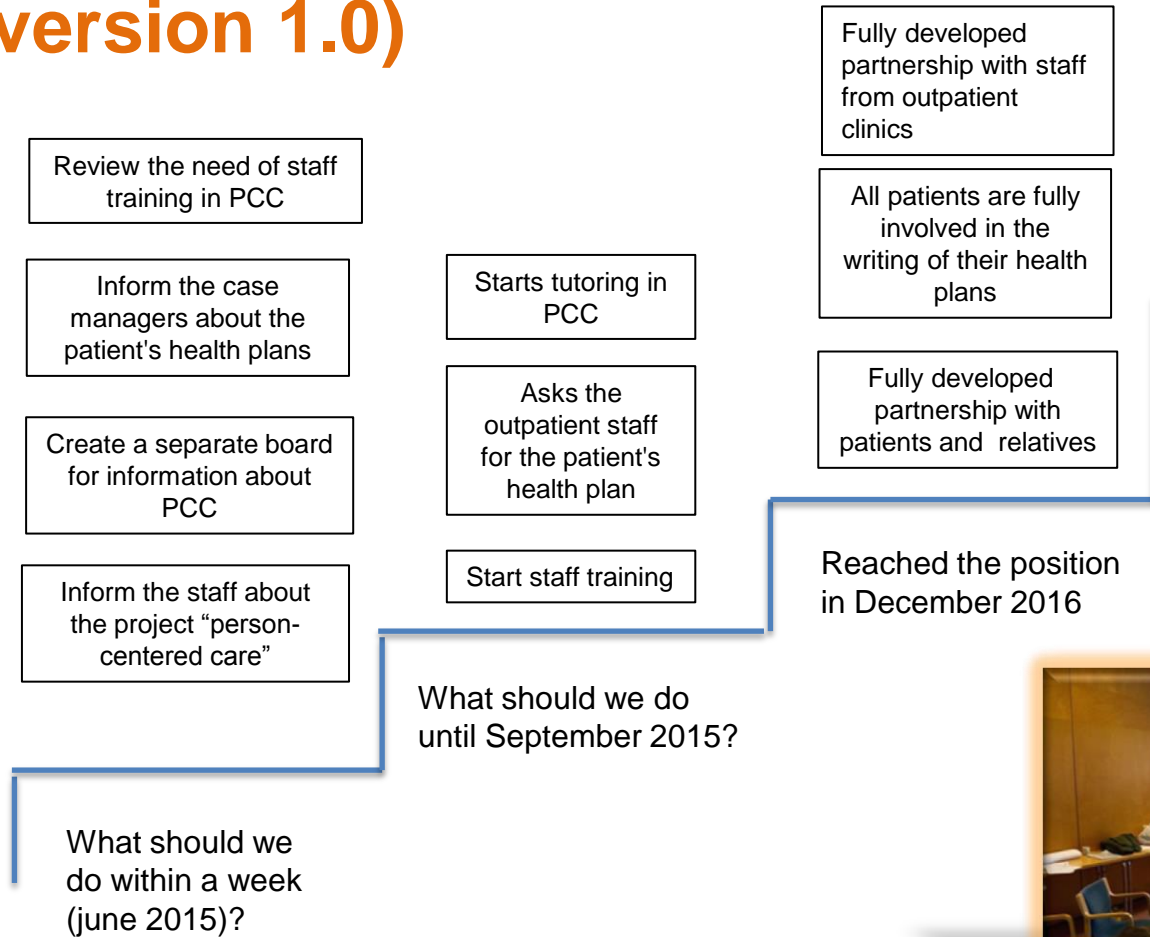
### Agenda:

- Reporting the change assignment (task 2 b)
- Follow up and continuing work on the action plan for the upcoming year (stage 3).
- Reflection and evaluation.





# Action plan for coming year (version 1.0)



## Post-survey (n=55)

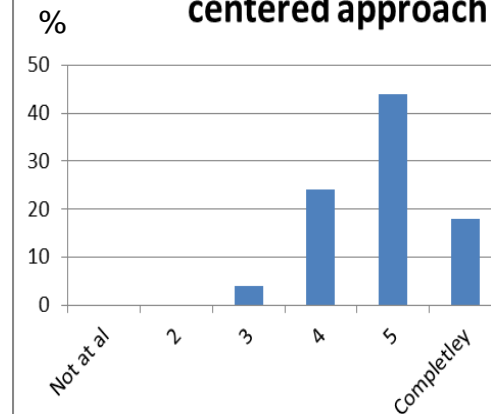
### What is person-centered care for you?

1. Starting from the patient's experience and together with that person, create a health plan. Ask for the patient's expectations, concerns and perceptions and address these.
2. Together with the patient establish a plan for the hospital stay, including a provisional discharge date.

### What opportunities and benefits are there to develop a more person-centered approach at your department?

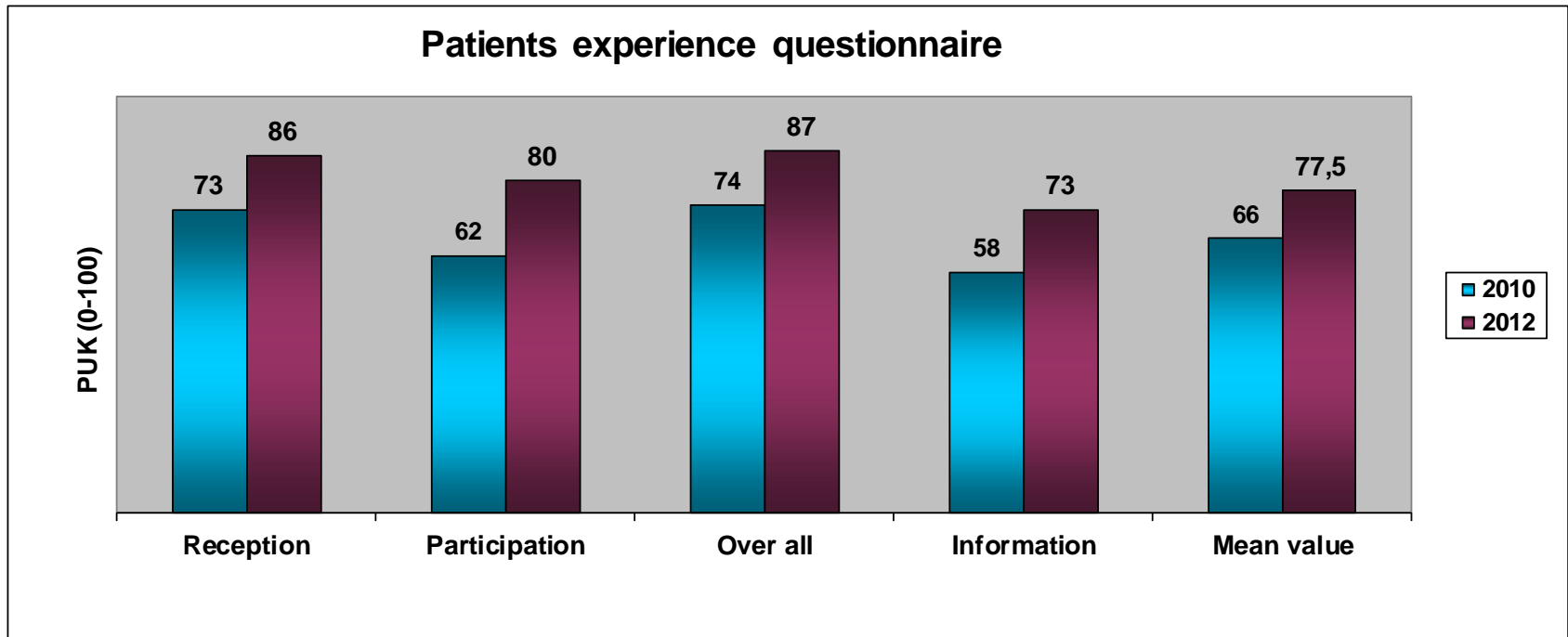
1. More involved and satisfied patients. A more efficient and transparent planning during the hospital stay, reduces the "surprises" before patients discharge.
2. To structure and standardize certain elements makes the work easier .
3. Better cooperation between the different categories of staff. Involved patients shortens their hospital stays.

### To what extent do you have a person-centered approach today?



### What are the obstacles and risks to develop a more person-centered approach at your department?

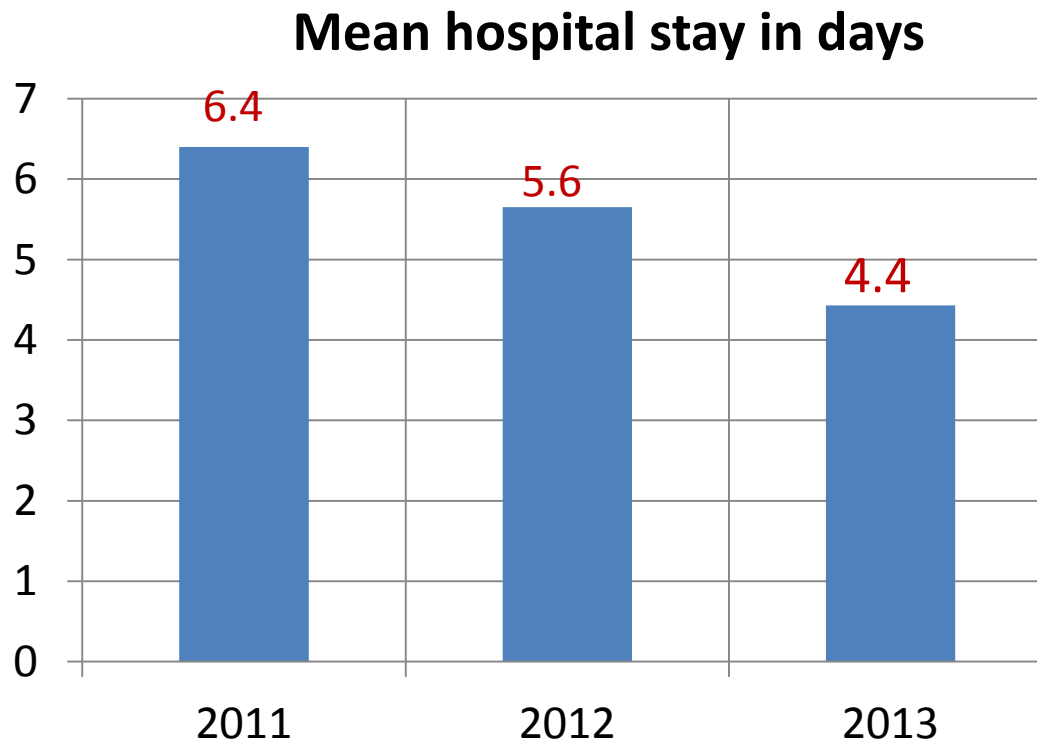
1. The other ward units in the clinic is not working as effectively as ours. Our unit will still have the biggest turnovers of patients thus have a maximum workload.
2. None. Possibly increased documentation
3. Shorter hospital stay on one, but not the other ward units at the same clinic leads to greater workload.



Jenkinson C, Coulter A, Bruster S: The Picker Patient Experience Questionnaire: development and validation using data from in-patient surveys in five countries. *Int J Qual Health Care* 2002, 14(5):353–358.



## Implementation of person-centred care in an internal medicine ward





## Summary

- In a person-centred approach a patient and relatives are capable partners
- A person-centred approach is feasible in all conditions
- Person-centred care make patients more satisfied with care and is cost-effective



# Thank you for listening

## Questions?

If you have further  
questions,  
go to showcase **16**,  
and talk to GPCC  
researchers





Ekman, I., Hedman, H., Swedberg, K., & Wallengren, C. (2015). Commentary: Swedish initiative on person centred care. *BMJ*, 350, h160.

Brown, J., & Isaacs, D. World Cafe Community (2005). *The World Cafe: Shaping Our Futures Through*.

Brännström, M., & Boman, K. (2014). Effects of person-centred and integrated chronic heart failure and palliative home care. PREFER: a randomized controlled study. *European journal of heart failure*, 16(10), 1142-1151.

Cooperrider, D. L., Whitney, D. K., & Stavros, J. M. (2003). *Appreciative inquiry handbook* (Vol. 1). Berrett-Koehler Publishers.

Dudas, K., Olsson, L. E., Wolf, A., Swedberg, K., Taft, C., Schaufelberger, M., & Ekman, I. (2013). Uncertainty in illness among patients with chronic heart failure is less in person-centred care than in usual care. *European Journal of Cardiovascular Nursing*, 1474515112472270.

Ekman, I., Swedberg, K., Taft, C., Lindseth, A., Norberg, A., Brink, E., ... & Sunnerhagen, K. S. (2011). Person-centered care—Ready for prime time. *European journal of cardiovascular nursing*,

Feldthusen, C., Dean, E., Forsblad-d'Elia, H., & Mannerkorpi, K. (2016). Effects of Person-Centered Physical Therapy on Fatigue-Related Variables in Persons With Rheumatoid Arthritis: A Randomized Controlled Trial. *Archives of physical medicine and rehabilitation*, 97(1), 26-36.

Fors, A., Ekman, I., Taft, C., Björkelund, C., Frid, K., Larsson, M. E., ... & Swedberg, K. (2015). Person-centred care after acute coronary syndrome, from hospital to primary care—A randomised controlled trial. *International journal of cardiology*, 187, 693-699.

Janssen, C. (2005). The four rooms of change (Förändringens fyra rum). *Stockholm: Ander & Lindstrom*.

Kristensson Uggla, B. (2014). Personfilosofi- filosofiska utgångspunkter för personcentrering inom hälso- och sjukvård. In I. Ekman (ed). *Personcentrering inom hälso- och sjukvård: från filosofi till praktik*. Stockholm: Liber.

Larsson, A., Palstam, A., Löfgren, M., Ernberg, M., Bjersing, J., Bileviciute-Ljungar, I., ... & Mannerkorpi, K. (2015). Resistance exercise improves muscle strength, health status and pain intensity in fibromyalgia—a randomized controlled trial. *Arthritis research & therapy*, 17(1), 1-15.

Loup, R., & Koller, R. (2005). The road to commitment: Capturing the head, hearts and hands of people to effect change. *Organization Development Journal*, 23(3), 73.



# References

Olsson, L. E., Hansson, E., Ekman, I., & Karlsson, J. (2009). A cost-effectiveness study of a patient-centred integrated care pathway. *Journal of advanced nursing*, 65(8), 1626-1635.

Olsson, L. E., Karlsson, J., & Ekman, I. (2007). Effects of nursing interventions within an integrated care pathway for patients with hip fracture. *Journal of advanced nursing*, 58(2), 116-125.

Olsson, L. E., Karlsson, J., & Ekman, I. (2006). *Journal of Orthopaedic Surgery and Research*. *Journal of orthopaedic surgery and research*, 1, 3.

Owen, H. (2008). *Open space technology: A user's guide*. Berrett-Koehler Publishers.

Ricoeur, P., & Thompson, J. B. (1981). *Hermeneutics and the human sciences: Essays on language, action and interpretation*. Cambridge university press.

Ricoeur, P. (1995). *Oneself as another*. University of Chicago Press.

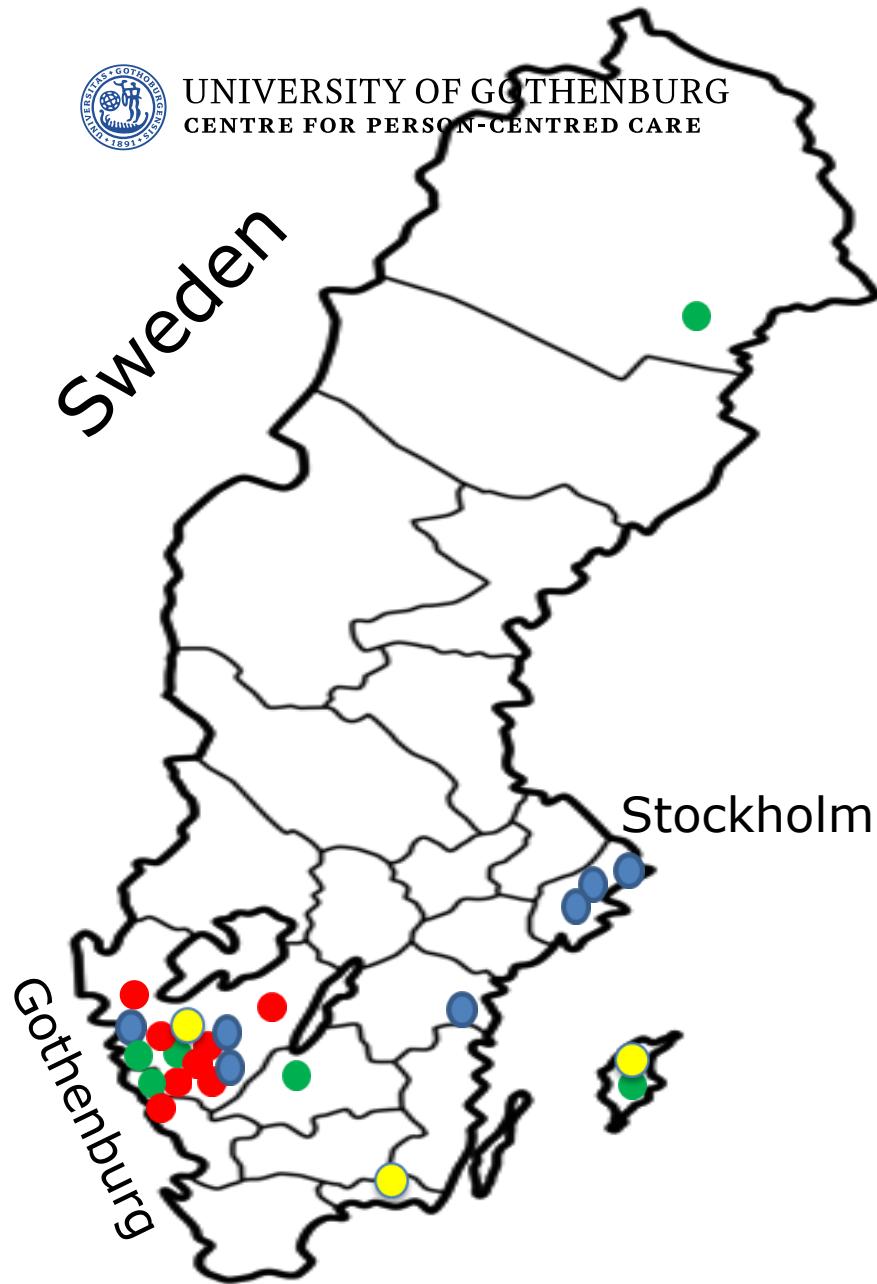
Sen, A. (1993). *The quality of life*. Oxford University Press.

Sjögren, K., Lindkvist, M., Sandman, P. O., Zingmark, K., & Edvardsson, D. (2015). To what extent is the work environment of staff related to person-centred care? A cross-sectional study of residential aged care. *Journal of clinical nursing*, 24(9-10), 1310-1319.

Smith, C. (2010). *What is a person? Rethinking humanity, social life, and the moral good from the person up*. London; Chicago, University of Chicago Press.



# Implementation of PCC 2014-2016



● **Finished Implementation** (6)

● **Ongoing implementation** (7)

● **Discussions of possible implementation** (7)

● **Implementations with start 2016** (3)



# GPCC Implement

GPCC Implement AB (svb) is a non profit organisation, owned by Gothenburg University (GU Ventures), the holding company of the University of Gothenburg.

Based on recent research on person-centred care and proven change methodology, GPCC Implement offers strategic support for management and hands-on coaching to operational units, with the ambition to develop a person-centred approach.