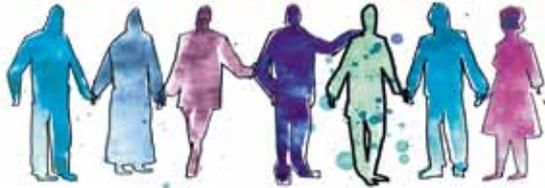




**GPCC – CENTRE FOR**



**PERSON-CENTRED CARE**



UNIVERSITY OF  
GOTHENBURG

**”A patient  
is a person  
who is more than  
an illness”**

*Person-centred care encompasses all forms of health care, rehabilitation and elderly care.*

Person-centred care sees the patient as a person with resources and capabilities. Health care has become too focused on biometrics; providers no longer see the person. We need to see the patient as a person and include him/her as an active partner in collaboratively planned care.

### Person-centred care – a paradigm shift

For some time now, including patients as full partners in health care has been seen as a critical step both nationally and internationally to address key health system challenges, such as an ageing population and escalating health care costs. Despite priorities at policy level, we currently lack adequate empirical knowledge about implementation methods and impact on quality and costs. The University of Gothenburg Centre for Person-centred Care (GPCC) directly addresses these gaps by evaluating, developing and making possible the implementation of person-centred care.

### GPCC

GPCC is an inter-disciplinary research centre with over 100 affiliated researchers from health and social sciences, and the

humanities. The centre's overarching aim is to advance the implementation of person-centered care by supporting and conducting person-centered care research.

GPCC studies have evaluated the effects of person-centred care using randomised controlled clinical trials that have demonstrated considerable cost savings, reduced health services use, and improved quality of care and quality of life.

We can thus conclude that the patient's unique experience of his or her illness and health combined with objective measures should be the starting point for all health care. Building on this perspective, patient and health care professionals are able to collaborate in planning care, treatment and rehabilitation to ensure higher quality care and quality of life.

**What is  
person-centred  
care?**

Person-centred care has its starting point in the patient's/person's experience, resources and needs. Taking the time to LISTEN to the patient is fundamental for all health care professionals who engage in person-centered care.

The patient's resources and needs are identified as the health care professional actively and carefully listens to *the patient narrative*. These resources are not limited to physical or intellectual assets, but also consists of personal and interpersonal assets such as joy, motivation and social networks. Motivation and will can be mobilised in order to achieve a goal; examples include being able to walk a certain distance to be able to take the dog for a walk or being able to leave the hospital by a certain date of importance to the patient.

The personal *health plan* is co-created by the patient and professionals and it is documented in the patient's medical record and care plan. Coherent *documentation* is essential for integrated person-centred care, as well as for ensuring that the patient does not need to repeat his or her story over and over again. The health plan is a shared living document which is regularly revised.

The most central aspect of person-centred care is forming a *partnership*. This is based on mutual respect for each other's knowledge and capabilities; the patient contributing the knowledge of what it is like to live with the condition, and the health care professional contributing the medical knowledge about the condition. This means that partnership is not the same as "patient involvement". Rather, partnership requires viewing the patient as an equal partner. The patient is a person who is an expert in his/her own situation and how he/she manages his/her illness and health.

Therefore, in person-centred care each patient is given the opportunity to be, to the extent that he/she can and desires, a partner in their own care.

**What is GPCC?**

The University of Gothenburg Centre for Person-centred Care (GPCC) is an interdisciplinary research centre. It was established in 2010 with the support of the Swedish government's strategic investment in health care research. The centre's over-arching aim is to advance the implementation of person-centered care by supporting and conducting person-centered care research.

More than 100 national and international researchers from different fields of study come together to work on approximately 40 different studies at GPCC. They come from a wide variety of backgrounds such as Education, Philosophy, Health Care Sciences, Medicine and Health Care Organisation. Approximately 30 PhD students are affiliated with the Centre.

Research utilisation is a critical aspect of all the Centre's activities, to ensure that the research has the potential to be applied in practice and thus ultimately contribute towards the goal of an evidence-based, sustainable change in health care.

### **The knowledge triangle: research, innovation and education**

GPCC activities are shaped by and influence all three domains of the knowledge triangle; research, innovation and education.

### **Research**

One GPCC study showed that when chronic heart failure patients receive person-centred care during their hospital stay, they feel less uncertain about their condition and treatment. [1] In addition the length of hospital stays was reduced by a third. [2]

Another GPCC study showed that person-centred care after acute coronary heart syndrome (infarction, instable angina) significantly improves patients' self-efficacy compared to the control group. [3] In this randomised, controlled study the patients receiving person-centred care also had almost three times greater chance of recovery than those who did not. In addition, findings from this study demonstrated that person-centred care improved the cohesiveness of transitional care across the "care chain" for the individual patient; i.e. the transition from one care provider to another and/or to home.

Still another example of what can be achieved with a person-centred approach is shown in a study of older patients with a hip fracture. This study showed:

- Significantly reduced pain compared to the control group. [4]
- Significant reduction of pressure wounds and other medicinal complications compared to traditional (or standard) care. [4]

- A 50% reduction of the length of hospital stay compared to traditional care. [5]
- A 40% reduction in care costs compared to traditional care. [6]

## Research Lines

In 2015 GPCC identified four priority research areas and subsequently organised research into four research lines:

- Building blocks for person-centred care
- Evaluation & measurement of person-centred care
- Implementation of person-centred care
- Organisation for person-centred care



## GPCC innovation and education: examples of utilisation

GPCC works continually with national and international partners in order to identify sustainable and scalable methods to facilitate evidence-based person-centred care. GPCC works with partners in industry, public and private health and elderly care, and regional and national innovation systems to improve care processes and working methods.

All GPCC research projects aim to implement results to directly benefit society. Research findings are for example applied to implementation, innovation and educational courses and workshops in health-care settings. Innovations and solutions that facilitate the practice of person-centred care, including tools and methods, are continuously being developed.

An example of a tool is a health diary. The health diary was co-created by patients and health care staff at one hospital tested for person-centered care using a design method. This ward was one of several innovation and demonstration units,

which were run by GPCC at the Sahlgrenska University Hospital in collaboration with, amongst others, IBM, Astra Zeneca and design agency Doberman.

Another example is a person-centred interactive mobile phone system which was shown to be effective in helping patients to manage their hypertension. Test persons lowered their blood pressure, were better able to understand how their lifestyle affects their blood pressure and actively participated in later doctor – patient consultations.

### **Person-centred care in practice, PCP**

Another way of utilising the research is through education programmes which GPCC now tailors to different health care settings.

Implementing person-centred health care represents a radical transformation requiring profound cultural and structural change. The aim of the education programme PCP

is to establish a person-centred approach which permeates a care setting's entire operating process. The approach rests on three primary components; narrative, partnership and documentation.

The programme is based on evidence-based person-centred care knowledge and change management knowledge. Each programme is co-created with the individual setting. The programme aims to have effects both on a participant level and on an organisational level.

#### Effects on a participant level

- Enhanced understanding of what person-centred care means and how it can be carried out in practice.
- Ability to develop structured working methods for planning and implementing person-centred care for patients with different diagnoses and care needs, in a systematic way.

- Ability to establish a partnership with the patient/person and co-create health plans and other care planning documentation from a person-centred perspective.

#### Effects on an organisational level

- Achieve a consensus organisational vision for person-centred care.
- Identify facilitators and barriers to the implementation of person-centred care within the organisation.
- Create a sustainability plan for continued implementation.

#### Changes at all levels of the organisation

The programme is structured in such a way that the change takes place on three levels simultaneously: at management level, amongst strategically selected change agents and amongst all employees.

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