

Recognize the patients' experience or

How patient experience helps improving health care **quality, safety and relevance**



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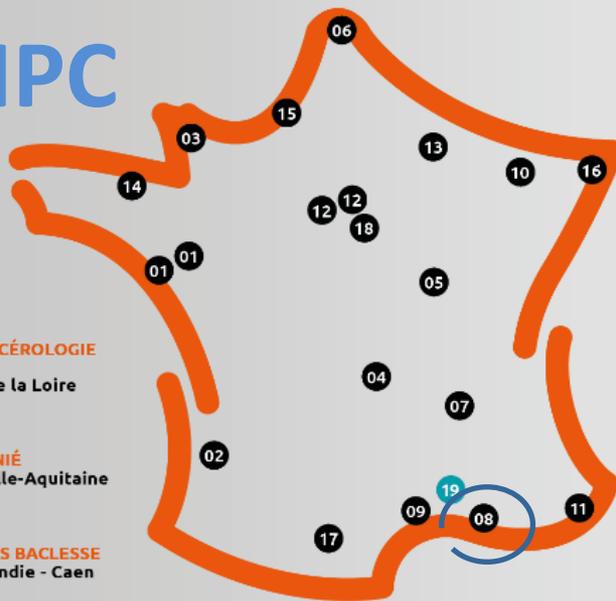




Unicancer France and IPC

19 établissements de santé privés à but non lucratif

18 Centres de lutte contre le cancer (CLCC)
et 1 établissement membre affilié



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Staff on the 31/12/2021

Category	2021
Practitioners	276
Interns and students	102
Managers	114
Technicians	62
Employees	1332
Total	1886

Patients IPC
45 500

New patients
hospitalised
12072

Surgery
5 218

Chemotherapy
75 315

Consultations
116 213

Radiotherapy
47 194

Capacity

Full Hospitalisation : 279

Partial hospitalisation : 71

- Medical day hospital 51
- Surgical day hospital 20

Home Hospitalisation : 20

Business Report 2021

Certification and Accréditation

Certification body

The Hematology Department has been accredited since 2007 in accordance with the JACIE standard.

EBMT

The Department of Cancer Biology has been accredited since 2014 in accordance with ISO 15189.

COFRAC

The Department of Clinical Research and Innovation and the Biological Resource Center have been certified since 2003 according to the ISO 9001 standard.

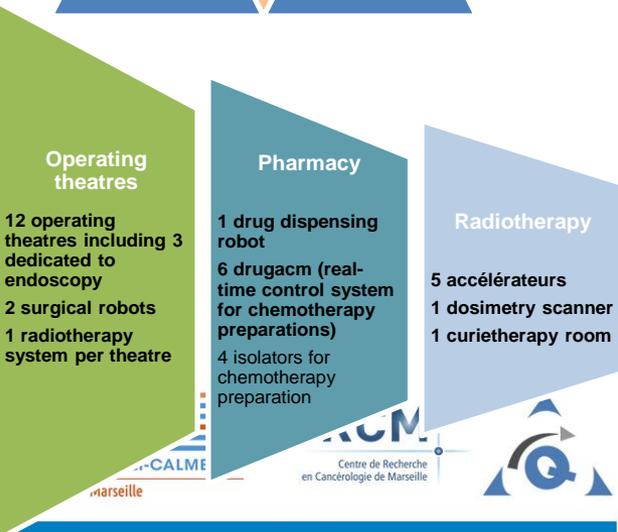
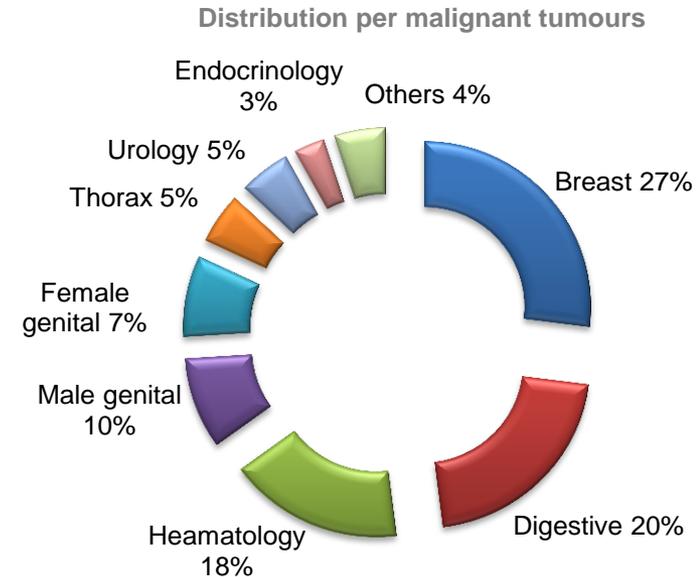
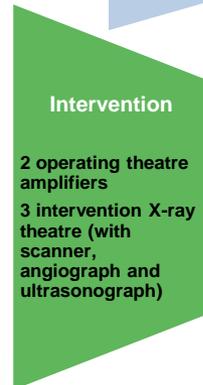
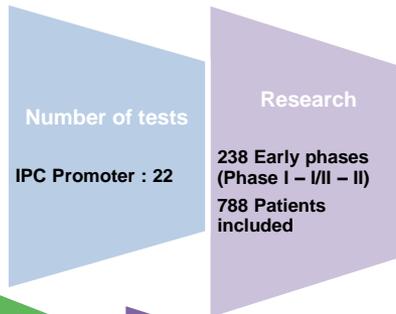
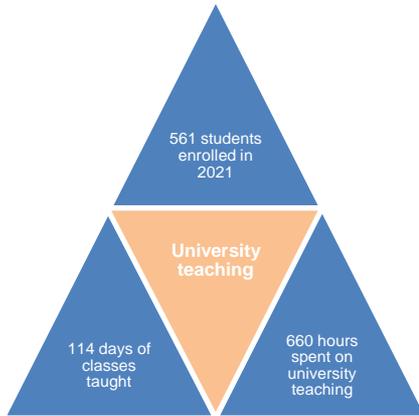
BUREAU
VERITAS
CERTIFICATION

The IPC has been certified for 4 years since October 2021

HAS

The IPC has been certified since June 2019

OECI





"Patient experience", what are we talking about ?

Health democracy : Concept

We define patient experience as the sum of all the interactions between the patient and the hospital that may influence his/her perception along his/her care continuum. These interactions are shaped by the hospital culture and policy.

Définition inspirée de celle du Beryl Institute, Bedford, Texas.

« L'ensemble des interactions d'un hôpital avec un patient (et ses proches) susceptible d'influencer sa perception tout au long de son parcours de soin (y compris en amont et en aval de son passage à l'hôpital).

Ces interactions sont façonnées à la fois par la politique conduite par l'établissement et par l'histoire et la culture de chacun des patients accueillis. »

Health democracy : what commitments by IPC ?

Patient involvement in hospital management has been a reality largely experienced by IPC since the early 2000s.

- Creation in 2002 of the first Committee of Cancer Patients, with patients involved in the proofreading of patient information documents, in the hospitality Committee, in the strategies of patient identity...



« *Tomorrow I won't see the patient in the same way* »

The patient-centered approach evolves towards the patient care partner

- Involving patients in the hospital operations organisation is at the core of the health democracy axis of the IPC 2018-2022 Strategic Project and the new in preparation (2023-2027)

Quality Policy and Risk Management

Part 1

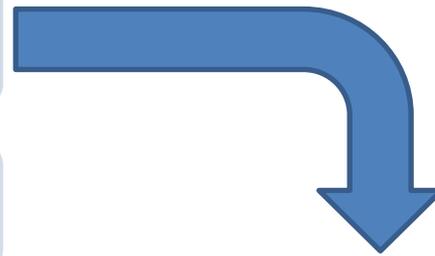
- To support IPC in the implementation of its Medical Project

Part 2

- To manage risks by optimising safety culture

Part 3

- To pursue management dynamics integrating quality and safety care



Improvement Strategic Axis 2.1

- Consolidate the operational organization put in place for the global management of risks

Improvement Strategic Axis 2.2

- Anchoring patient safety in the organization and practice of care by developing the individual and collective commitment of professionals

Improvement Strategic Axis 2.3

- Reinforce the deployment of health democracy and **recognize the patients' experience and expertise, partners in their own safety**

Improvement Strategic Axis 2.3 :

Reinforce the deployment of health democracy and **recognize the patients' experience and expertise, partners in their own safety**

2.3.1

- Train, inform and make patients aware of safety methods put in place

2.3.2

- Consolidate the system of user associations and liaise with families and relatives

2.3.3

- Strengthen and promote participatory approaches and patient involvement in our policies of identity vigilance, security of the drug circuit, prevention of infections associated with care, patients' rights

2.3.4

- Support the implementation of the Users Project

Operational objectives declination : success story



Topics of internal audits carried out :

- Patient identification during transport : stretcher bearer function
- Compliance when filling in the checklist in endoscopy
- Biocleaning in the Interventional Imaging Sector
- Control of emergency carts in care wards

Functions of the professionals who support the patients :

- Physics Processing Planning Technician : Dosimetrist
- Imaging Manipulator
- Data Manager in Clinical Research
- Nurses

Integration of audits carried out within the IPC annual Internal Audit Programme

Operational objectives declination : success story

Opportunities for improvement identified by Patient Committee members :

Audit 1 : Patient not entrusted to the stretcher bearer by a member of the hospitalisation service (team) => the stretcher bearer goes to pick up the patient directly in his room. He has some patient information about the on a paper sheet : **risk of identity mistake or partial verification**

Audit 2 : After the endoscopy, a double check of samples is mandatory between the operator and the operating room (OR) nurse. In 3 out of 8 cases, the OR nurse was left alone to carry out this check and in 2 out of 8 cases the check was done between the OR nurse and nurse anesthetist => **risk of identification or loss of samples**

Audit 3 : Optimise the reference document by specifying in particular the titles of the various cleaning techniques (biocleaning, conventional cleaning, wet cleaning) Homogenise some terms on hand hygiene (hydroalcoholic solution and / or simple hand washing) => **specify the systematic practice of simple hand washing before starting a task.**

Audit 4 : Check the emergency trolleys especially if they are locked with a seal allowing to guarantee the contents after each use => risk of not having the medicine necessary for the life-threatening emergency

Operational objectives declination : success story



Assessment of the audit process :

- Participation in the IPC Annual Report

Strengths :

- Integration / binomial +++
- Rich and constructive exchanges
- Patients' eyes on our organisations or practices bring a different and complementary perspective
- The patient's feelings = added value and understanding
- Gives meaning and contributes to the development of health democracy

Recommendations/Improvements :

- The patient-caregiver relationship reserved for the professional posture for care: respects a certain distance towards the patient (affect)
- Information about the existence of the Patient Committee and the project within the IPC for professionals
- Respect confidentiality and professional secrecy for all, including members of the Patient Committee

Continue the audits :

- October 2022: Confidentiality management within secretariats

Operational objectives declination : other examples

Help for patients to report side effects of a medication

Participation in patient information : witness patient

Participation in the construction of an error room with scenario designed by/ with scriptwriting patients

Participation in systemic analyses and morbidity-mortality review

Participation in HAS assessment methods

Participation in a working group on improving the management of patients with disabilities

To be developed... ..in 2022

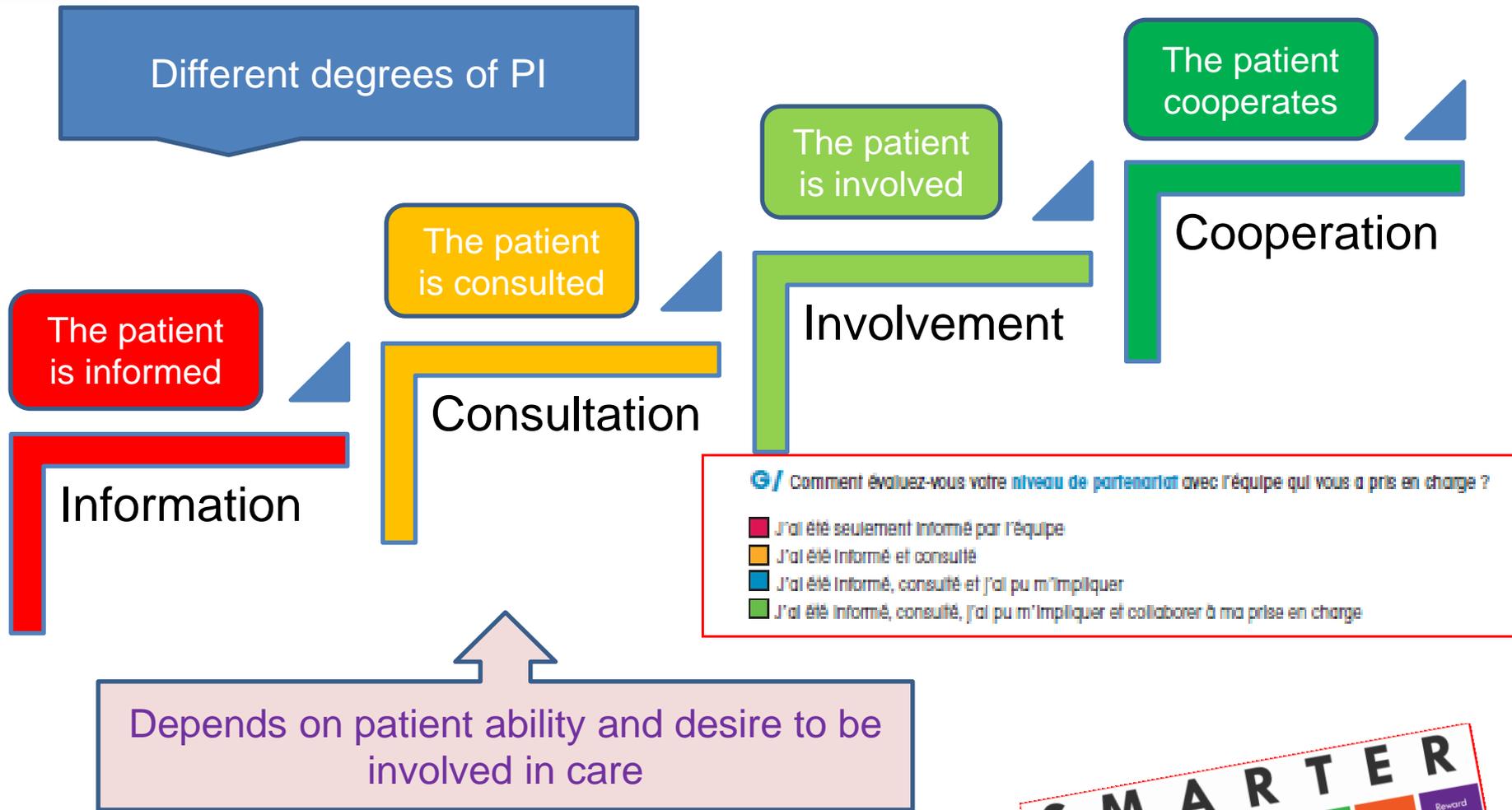
Creation of a Patient Committee specific to Clinical Research

Other witness patients

Writing a new user project

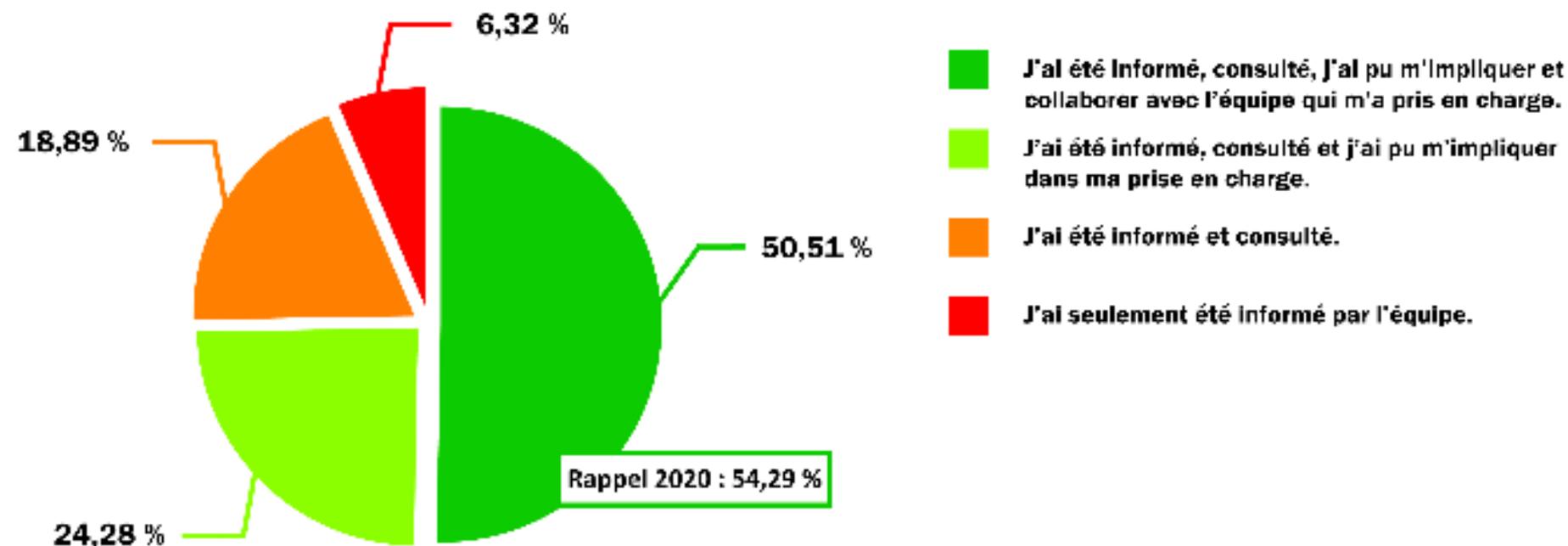


The patient experience : how to assess it ?



Extract from the survey

Evaluation du niveau de partenariat avec l'équipe qui a pris en charge le patient





Thanks for
your
attention