Patient experience in the Complex Chronic Patients Unit of Hospital Plato


**Objective:** Improve the experience of the patient, and relatives, during the care process and stay in the hospital.

**Methodology and tools:** Design Thinking

**Areas of action, projects and schedule:**

- **21 in-depth interviews with patients and professionals**
- **16 XPA surveys for patients and professionals**
- **5 observation sessions-shadowing on the ward**
- **Participation in 5 PCC team meetings**
- **Workshop with professionals**
- **Analysis of the XPA surveys results**
- **Empower group with patients to think up improvement actions**
- **Focal group with patients and professionals to work on improvement solutions**
- **Design thinking: Design of the model to be implemented**
- **Monitoring and evaluation**
- **Start up**

**Patient Journey Map:**

**Phases:**
- Critical Moment
- Stabilization
- Reception
- Stay
- Discharge Planning
- Discharge
- Follow Up

**Moments:**
- Ward admission: “The experience of direct entry to the ward is wonderful” EP06
- Emergency area: “Sometimes a PCC patient, arrives at the emergency department and receives too many medical interventions, which he doesn’t needed.” EP02
- Weekend admission: “There is a lack of information” EP12
- Waiting for ward entry: “I don’t mind waiting but it’s boring” EP11
- Affinity with the room partner: “Probably I would be more comfortable with a woman of my age.” EP09
- Chopped food: “I do not know why they give chopped food to my father (...) at home he doesn’t eat it this way” EP09
- Discharge-communication plan: “We didn’t know that today they were going to discharge him. I call my brothers and nobody knew about it. It’s hard to organize everything without time” EP09
- Discharge information: “The information we give at bedside can be improved. Everything depends on the time you have (...) people want you to spend quality time with them” EP05
- Domicile follow up: “Our experience wasn’t good (...) maybe with a doctor would have been better than with three. Communication between them didn’t seem fluid. Once they prescribed me different things.” EP14

**Professional Process Evaluation:**

- 3.1
- 4.3
- 4.5
- 4.6
- 4.7
- 4.7
- 4.5
- 4.3
- 4.4

**Patients Process Evaluation:**

- 4 (joint evaluation)
- 4

**Areas of action:**

- Loneliness and Boredom
- Autonomy
- Information
- Rest at Night

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