

Coherent efforts in relation to COPD patients with special emphasis on the quality and technological solutions

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Background:

Focus in Health Service moves towards quality and hence focus is on results that create quality in healthcare services. Technologies are assumed to promote more consistent quality in health care with respect to COPD patients. National Board of Health has produced series of recommendations to ensure quality based among others on The Chronic Care Model. But how do COPD patients and health professionals define quality themselves in daily life? University College Zealand and COPD Competence Center, Hospital Naestved investigate COPD patients' and health professionals' perspectives with respect to their assessments of quality in clinical pathways and daily life focusing on clinical pathways, interdisciplinary sharing of knowledge and use of technology. Identification of parameters will be important insights in developing new ways of interconnections between key players in strengthening quality and consistency of patient care in pathways between sectors for the COPD patient.

Aims:

- To explore parameters for quality focusing on clinical pathways, competencies and daily life with respect to COPD patients and health professionals.
- To qualify patient care in pathways between sectors for the COPD patient

Population:

COPD patients with long term experience living with COPD (N=20) and health professionals involved in e.g. care, treatment, rehabilitation (N=12) will be included. COPD Competence Center recruits informants.

Methodology:

qualitative in depth interviews

A literature review has been done to identify COPD patients and health professionals' assessment of parameters for quality in clinical pathways and daily life.

The study is a phenomenological explorative study focusing upon the meaning attributed by individuals. It explores the embodied meaning in order to develop rich and complex descriptions of phenomena with respect to how 20 COPD patients and 12 health professionals assess quality in daily life and in clinical pathways. Qualitative in depth interviews will be conducted in spring and the analytical process begins as transcribing the interviews and will be analyzed in a phenomenological framework.

Results:

Results and perspectives will be presented at the conference.

References:

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