

IMS PRESELECTED

PROJECT IMS-1

Respondent Details

Information
Respondent Number: 6 Respondent ID: 209612061 Date Started: 30/01/2023 10:23:57 Date Ended: 30/01/2023 11:21:34 Time Taken: 57 minutes 36 seconds Translation: English IP Address: 193.190.77.130 Country: Belgium
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Q2. Choose your SPX Award Category
Health institutions excluding hospitals (nursing homes, home care, health schools,...)
Q3. Institution Name or Main author's name
Catherine Dans
Q4. Country
Belgique
Q5. Project title
Quand les patients forment les futurs infirmiers
Q6. Project Description (maximum 10 lines) :
Pour le cours de soins infirmiers chroniques et éducation thérapeutique dispensé en 3ème année du bachelier infirmier, nous, enseignantes de la Haute Ecole, avons co-construit l'intégralité du dispositif pédagogique en partenariat avec des patients et des aidants proches. Les 2 enseignantes, et la quinzaine de patients vivant avec une pathologie chronique et des aidants proches ont défini, collégialement, les objectifs et la méthodologie du cours. Ils ont également coécrit le syllabus du cours. Ensuite, les patients participent à l'ensemble des heures de cours (15H). Celles-ci sont réparties en 5 modules de 3 heures, ayant chacun un thème : (1) Les associations de patients, (2) Vivre au quotidien avec la maladie/soigner au quotidien la

Q6. Project Description (maximum 10 lines) :

personne malade, (3) La relation de confiance, (4) L'aidant proche et (5) L'éducation thérapeutique du patient. Ces modules sont structurés en 2 temps: des rencontres de +/-10 étudiants avec 2 patients et des mises en commun en grand groupe animées par l'enseignante. L'épreuve d'évaluation (examen) a également été conçue collégalement..

Q7. What is the origin of the project ? (maximum 10 lines)

L'origine du projet vient de l'envie des 2 enseignantes de valoriser l'expertise développée par certains patients qui vivent avec une maladie chronique et de l'opportunité de collaborer avec des patients chroniques par l'intermédiaire de la Ligue des Usagers des Services de Santé (LUSS). L'implication des patients a été progressive. La 1ère année, des patients ont présenté leurs associations. Lors de l'évaluation de cette première expérience, les patients et les étudiants ont manifesté l'envie de se rencontrer davantage. L'année suivante, les patients participaient à 2 cours sur 5. La troisième année, nous avons co-construit l'intégralité du cours et décidé ensemble des acquis d'apprentissage à développer, de la manière de les enseigner et de les évaluer. Depuis 4 ans, ce dispositif pédagogique rencontre les attentes des patients qui se sentent écoutés et valorisés dans la transmission de leurs expertises de vie avec la maladie et des étudiants pour qui l'ancrage théorique est facilité et les apprentissages rendus plus exhaustifs quand ils sont illustrés et explicités par les propos des patients.

Q8. What is the main objective ? (maximum 10 lines)

Ce projet vise à mettre en évidence les ressources et les compétences des patients et permet à nos étudiants de prendre conscience de l'expertise des patients issue du vécu avec leur maladie chronique et de la réalité que ces patients vivent au quotidien. Un autre objectif est de permettre aux patients d'expliquer leurs besoins d'accompagnement par les soignants et aussi développer leur empowerment grâce à leur reconnaissance comme acteur à part entière dans le système des soins de santé qu'ils contribuent à améliorer. Ce projet permet également une première expérience de rencontre, en dehors d'un contexte de soin, où chacun peut apporter à l'autre une part de son expertise soit de vie avec la maladie soit d'expérience de jeune professionnel de la santé (via les expériences en stage). Notre postulat porte sur le fait que si nous développons, au niveau de la formation initiale, une posture partenariale et une collaboration entre patients et soignants, les étudiants pourraient par mimétisme la reproduire plus facilement en contexte clinique.

What are the main results in terms of patient experience? Please explain the indicators used as well. (maximum 10 lines)

Lors des débriefings réalisés avec les patients partenaires, leurs échanges témoignent d'une augmentation de leur empowerment et de l'estime d'eux-mêmes. Ils disent également que cette implication dans la formation théorique des infirmiers modifie la conception qu'ils avaient des soignants en considérant mieux les compétences développées durant leur formation. D'autre part, les évaluations anonymes réalisées par nos étudiants démontrent un changement de regard et de posture vis-à-vis de la personne soignée et de l'importance de la considérer dans sa globalité. C'est-à-dire pas seulement comme "un organe défaillant" mais bien comme une personne vivant avec une maladie chronique qui a besoin d'être considérée en tenant compte de tous les déterminants de la santé tels que psychologique, social, culturel, économique, géographique, ... En somme ces échanges, au travers du cours, permettent une meilleure compréhension des réalités de chacun et augmente l'empathie réciproque.

Q9. What are the main barriers you have encountered? (maximum 10 lines)

Chaque année des patients ne savent plus participer au projet suite à des problèmes de santé voire, d'un décès. Ce qui nécessite, en collaboration avec la LUSS, le recrutement et la formation de nouveaux patients. Annuellement, 3 réunions préparatoires ont lieu avec l'ensemble des patients pour revoir les objectifs d'enseignement et finaliser la préparation des modules. Le frein le plus important réside dans le coût relatif au défraiement des déplacements des patients et du catering offert. La Haute Ecole, qui fonctionne en enveloppe fermée, n'a pas de budget prévu pour cela. Le financement incertain d'une année à l'autre pourrait mettre en péril la continuité de ce processus pourtant très porteur. En collaboration avec la LUSS, mandatée pour cela, des démarches auprès des politiques de santé sont entreprises pour trouver des solutions plus pérennes. En attendant, les enseignantes doivent chaque année trouver un financement extérieur pour payer les coûts relatifs à l'implication des patients dans la formation.

Q10. Could you please describe the departments involved in the project as well as the collaboration put in place (Max 5 lines)?

Le département paramédical de HELMo, cursus soins infirmiers, collabore avec la LUSS qui représente les patients souffrant de pathologies chroniques. Cette collaboration vise le recrutement et la formation des patients partenaires pour développer ce co-enseignement.

Q11. Is the board of directors involved in the project, and if so, how (Max 5 lines)?

Une convention de bénévolat et une attestation de participation sont signées entre la direction et chaque patient assurant une couverture et un statut lors de leur intervention. La direction s'informe de l'évolution du projet et marque son intérêt à ce type d'enseignement novateur.

Q12. Does the initiative require a certain cultural change (Max 5 lines)?

Les patients prennent conscience de leurs capacités et en témoignent. Les enseignants reconnaissent la nécessité d'une autre forme de transmission des savoirs. Les étudiants disent que ces échanges permettent d'accorder plus d'importance à la parole du patient hospitalisé.

Q13. In which way is your initiative innovative, either from a technological or a social point of view? (Max 5 lines) ?

Contribution à l'évolution sociétale en considérant le patient comme un « être agissant » et plus seulement comme un "être subissant" ses soins. Renforcement et développement de la collaboration entre patients et soignants. Peu d'activités d'apprentissage donnent autant de place aux patients.

Q14. Can the initiative be applied in other organisations (Max 5 lines) ?

L'implication de patients partenaires pourrait avoir lieu dans d'autres cours et pour d'autres professionnels de la santé. Cette implication pourrait également se développer dans un programme de formation continuée organisé pour le personnel soignant en milieu intra ou extra hospitalier.



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Yes

Project IMS-2

Respondent Details

Information	
Respondent Number: 11	Respondent ID: 209706002
Date Started: 31/01/2023 11:00:53	Date Ended: 31/01/2023 15:40:35
Time Taken: 4 hours 39 minutes 41 seconds	Translation: English
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Q2. Choose your SPX Award Category
Health institutions excluding hospitals (nursing homes, home care, health schools,...)

Q3. Institution Name or Main author's name
WZC Residentie Het Prieelshof

Q4. Country
Belgium

Q5. Project title
Integrated Patient Experience in Care Organisations

Q6. Project Description (maximum 10 lines) :
<p>We are a nursing home that works for people and with people. The collective effort of people for people is our core competency. We are all in it together, it is our team sport. And we have only one ultimate goal: satisfied residents because they are the focus. Satisfied residents can only be achieved by working with satisfied employees. As a result, we achieve overall satisfaction and greater commitment, resulting in greater efficiency and effectiveness and less waste of resources and money. It's certainly not easy, and only getting harder: especially given the severe shortage of healthcare personnel and the ever-increasing expectations of each. We are in a complex world with many rapid, unpredictable changes. Nothing is certain anymore.</p>

Q7. What is the origin of the project ? (maximum 10 lines)

'Old ways won't open new doors.'
 We had to look for care with a more human face. But also for our employees.
 It is not always possible to go with every individual wish. But we still manage to fulfill most wishes.
 With our Residents' Parliament we give everyone a voice in our policy. And we are going to realize the suggestions that come from them. This certainly benefits our integrity. And now we also have a Praatcafé Prieelshof (Prieels Court Talking Table), so that our employees can also contribute to the policy.
 This gives us confidence and people know that we treat everyone correctly.
 We are loyal to our residents and staff.

Q8. What is the main objective ? (maximum 10 lines)

Our brand management is focused on strengthening our brand awareness. We want to diversify from other Nursing Home's through our different approach where we give everyone in our organization a voice in our policies. We distinguish ourselves from others through our Residents' Parliament, with which we are so far unique in Belgium. This promotes our bond with our residents, families as well as staff and volunteers.
 We are unique and strong: because we are distinctive, become top of mind, create a new experience and thereby generate engagement.
 As a result, we have become a Nursing Home that appeals, that people look at with different eyes. They realize we are different, and we inspire others to start adopting our vision.
 We put ourselves on the map through the Brand design we created. We are very active on social media such as Facebook, Instagram, LinkedIn, Twitter , TikTok and are seen..Our core values are known and are part of our brand.

What are the main results in terms of patient experience? Please explain the indicators used as well. (maximum 10 lines)

We want to make a difference as a Nursing Homes and especially make sure that elderly care is more positively highlighted. In this way we can go against the media, where people get a kick out of bad news in the care sector. We want to show that our Nursing Home is a real warm home for our residents and a pleasant workplace for our staff. We listen to our residents, families and staff with a big warm heart. It is our residents' home, in which we work: In Caring Hands. We are a values driven organization. The values: 'Trust, Responsibility and Initiative' are translated within the vision and mission. Our logo typifies ourselves because 'Prieeltje = The Arbor' is reflected in it. An arbor is a semi-open 'house' surrounded by flowers and plants: where character and interests are maintained but with plenty of challenges and space to think along. It results in a 'house' where there is room for fun and quiet. Participation and participation is the engine for renewal and improvement. And each of us does our part in a warm home

Q9. What are the main barriers you have encountered? (maximum 10 lines)

We started working on our own in 2016 and it took some time to get us to where we are today. We first developed and rolled out our Residents' Parliament. Because this certainly distinguishes us from other Nursing Home's. Once we had built up sufficient maturity, we developed this further in various work groups to improve our expertise and to distinguish ourselves even more from the others. Our vision is translated into our slogan: "Residents' Parliament: Your Voice, Our Talent", and this is visible everywhere: on our "Every Day Better" signs, in our digital signature, ... Furthermore, we have put ourselves on the map, in the 1st place by word of mouth, and further by being very active on various channels of social media. We started a project Careful Neighborhoods where we organize 3 big joint events. We have our own beer 't Prieelke. We regularly appear in the press, both in newspapers and on Television Ter Zake... And every month we organize many activities where everyone is welcome and which



Q9. What are the main barriers you have encountered? (maximum 10 lines)

are quite unique in a Nursing Home such as a Salsa afternoon and even a festival 'Rock Prieelshof'. It takes a lot of time and effort but the result pays off.

Q10. Could you please describe the departments involved in the project as well as the collaboration put in place (Max 5 lines)?

Everyone is involved and all disciplines collaborate. This ensures maximum involvement and support throughout the organization. Everyone is involved in every project and every working group, no distinction is made between different disciplines, but residents, families and volunteers are on the same level. the neighborhood is also integrated.

Q11. Is the board of directors involved in the project, and if so, how (Max 5 lines)?

I, Els Suys, director, I myself launched this project after getting my master's degree and further developed it and integrated it into our operation. I have also further fine-tuned it so that this is applicable in any healthcare organization as the IPIC model: Integrated Patient Experience in Care Organisations

Q12. Does the initiative require a certain cultural change (Max 5 lines)?

for this project to succeed, one must above all listen to one's residents/patients and make their voices count in policy. Management must also be supportive and willing to have their ideas realized

Q13. In which way is your initiative innovative, either from a technological or a social point of view? (Max 5 lines) ?

The project is innovative because most healthcare organizations are not yet used to having residents/patients participate in policy. The patient is the focus of attention everywhere, but it is not yet actively applied.

Q14. Can the initiative be applied in other organisations (Max 5 lines) ?

The project is applicable in any healthcare organization because every facet is covered. It is not limited to care but also covers items such as behavior(nutrition, exercise, prevention,...), the social environment, psychological factors,...

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Yes

PROJECT IMS-3

Respondent Details

Information
<p>Respondent Number: 41 Respondent ID: 211405124 Date Started: 20/02/2023 16:43:39 Date Ended: 20/02/2023 17:09:26 Time Taken: 25 minutes 46 seconds Translation: English IP Address: 81.185.34.115 Country: France</p>
Q1. Email address
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Q2. Choose your SPX Award Category
Health institutions excluding hospitals (nursing homes, home care, health schools,...)
Q3. Institution Name or Main author's name
Fonds de dotation HTC Project
Q4. Country
France
Q5. Project title
NewSpringForMe, a digital companion solution to improve transplanted patients quality of life
Q6. Project Description (maximum 10 lines) :
<p>NewSpringForMe is the first global support system developed in the field of bone marrow transplantation by an entity independent of healthcare structures, thus giving the tool greater accessibility to patients regardless of their prescribing hospital structure. The innovation of the project is based on comprehensive support for bone marrow transplant patients in three dimensions: psychology, nutrition and physical activity, with the NewSpringForMe digital tool. Designed around interconnected spaces, NewSpringForMe offers each patient, permanently, according to their needs and at their own pace, a range of tools and therapeutic exercises, complementary to the care provided by the medical and nursing profession, depending on their condition. progress in the transplant process. Currently NewSpringForMe is tested through a clinical trial to evaluate its impact in real life and to generate data which will be used to transpose the project at a larger scale.</p>

Q7. What is the origin of the project ? (maximum 10 lines)

The digital support solution for transplant patients, called NewSpringForMe, has emerged on the initiative of Professor Peffault de Latour, hematologist-transplanter at Saint-Louis Hospital in Paris. The latter relied on more than 15 years of experience in contact with transplant patients to highlight an unmet need in terms of support. The project has been built with patients for patients. They need therapeutic support that complements care, reinforcing it, and making each patient the main actor in his or her quality of life. To fill this gap, the interdisciplinary support tool, NewSpringForMe, combining psychology, nutrition and adapted physical activity, has been developed. Thanks to a global management of these three dimensions throughout the transplant process (in the hospital but also in his daily life), NewSpringForMe aims at a better preparation and a more global management of the patient, condition of the best live towards his remission, by making him actor of his course of care.

Q8. What is the main objective ? (maximum 10 lines)

Better preparation of the patient for the transplant process & optimization of the chances of treatment success (here the hematopoietic stem cell transplantation)

What are the main results in terms of patient experience? Please explain the indicators used as well. (maximum 10 lines)

- Before transplant, optimized preparation: limitation of undernutrition and muscle loss, overall preparatory well-being
 - After transplant: limitation of the occurrence of complications / promote better recovery / maintenance of well-being and limitation of the depressive state for better social and professional reintegration
 - Fight against the isolation of the patient as well as maintain a minimum level of mental, physical and nutritional well-being for a more global social impact such as maintaining employment, quality of family and social ties, condition of better living.
 - Improving the care and quality of life of transplant patients, outside the medical setting
 - Engage patients and make them actors in their care journey
- Nutritional, physical and psychological parameters of the patients are collected through the device in order to evaluate the impact and the benefits.

Q9. What are the main barriers you have encountered? (maximum 10 lines)

The main barrier is related to the funding of the project. Currently the endowment fund HTC Project has collected half of the funding necessary to achieve the clinical trial.

Q10. Could you please describe the departments involved in the project as well as the collaboration put in place (Max 5 lines)?

Experts in hematology, healthcare, psychology, nutrition, adapted physical activit, softwares developer and patients are involved in the project. Many collaborations have been put in place with institutions, industrials and patients associations. NewSpringForMe is a collaborative project.



Q11. Is the board of directors involved in the project, and if so, how (Max 5 lines)?

The president of the endowment fund HTC Project, is also the principal investigator of the clinical trial and is behind the cration of the project.

Q12. Does the initiative require a certain cultural change (Max 5 lines)?

The initiative requires that the patients accept to go in the transplant process, not only supported by the medical staff but also by a personalized digital companion.

Q13. In which way is your initiative innovative, either from a technological or a social point of view? (Max 5 lines) ?

First global support system developed in the field of bone marrow transplantation in France.
- Nature: web platform providing more versatility, flexibility
- Transversality: integrative health for optimized preparation and comprehensive support
- Integration into the care pathway for long-term follow-up

Q14. Can the initiative be applied in other organisations (Max 5 lines) ?

An equivalent project could be developed on a larger scale for patients with liquid or solid cancers, for whom a transplant indication is recommended, and to many other indications and therapeutic areas (diabetes, chronic renal failure, rare hematological diseases, etc.).

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