THERAPEUTIC PATIENT EDUCATION (TPE) AND QUALITY IMPROVEMENT PROGRAM(QIP) : WHAT SYNERGY ?

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OBJECTIVE : synergy is the key

Finality of TPE is to improve quality of life by acquisition and maintenance of self-care and psychosocial skills and prepare the patient to be an adult independent with CF

Finality of QI Program, implemented in France since 2011 modelling the US Learning and Leadership Collaborative (LLC) approach, is to improve the process of care in order to deliver exemplary care in all CF centres in France.

Therapeutic patient education is ...

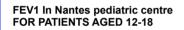
A patient centered care approach, which is offered to all patients and families in our paediatric center since 2006 (# 100 patients), according to a structured process from diagnosis to adult care transition ;TPE is fully integrated in the process of care, like any other professional intervention, either individually or in group sessions (in respect with hygiene rules)

TPE for children is based on the educational skills developed at school by children and uses specific tools, games, and art therapy as relevant. TPE for parents is working on more complex skills.Both are based on theories of learning, asking prior knowledge of patients/parents, then completing and readjusting and finally check the acquired

METHOD : deepen links between TPE and QIP to reinforce mutual efficiency

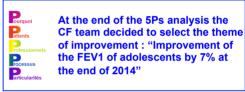
Nantes CF Centre engaged in the QIP LLC pilot phase in 2011 in order to implement and adapt the LLC approach in France. Due to the "TPE culture" in our pediatric centre, the CF Team chose to focus on the TPE process in this adolescent population to reach the set up goals.

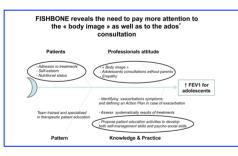
Actually, TPE is based on patient's project and demand in order to reinforce self-esteem and self-confidence which are essential to support the development of long term care and coping skills.

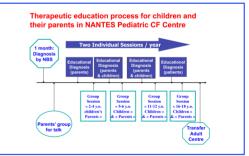


We noticed that median FEV1 in our cent for patients aged 12-18 was close to the worst in French Registry. We decided to improve it.









RESULTS:

QIP started in 2012 and time is too short for significant results on the FEV1 Satisfaction of adolescents will be measured

Team is satisfied with the proposals of TPE made to adolescents because they are more systematic, best planned and probably more effective

Each professional is responsible for one or more actions

Monitoring indicators allows us to detect priorities in actions to set up: For example :

Number of Action Plan for Exacerbations established with Ados

Treatment of exacerbation when symptoms identified by the patient himself Multidisciplinary staff is best structured with strong synergy between QIP and TPE

DASHBOARD OF "METRICS THAT MATTERS" Each Metric and its goal were assigned to a professional in the multidisciplinary team

Number of patients who:	Name of the professional	date	date	date
Attended TPE sessions	nurse			
Regurlarly practise exercise	physiotherapist			
Use an exacerbation plan	doctor			
Have been proposed art-therapy	psychologist			
Have realised art -therapy	psychologist			
Filled out a quality of life-anxiety- coping-depression questionnaire	psychologist			

CONCLUSION:

Therapeutic Patient Education and Quality Improvement Program are two synergistic patient centered approaches especially in a chronic illness like cystic fibrosis :

QIP reinforce the focus on priorities to implement and sustain TPE according to healthcare improvement goals TPE allows sustainable improvements in patient care through : the acquisition of self-management and psycho-social skills and their practice in real life serving their project of life

Aknowledgements to the CF pédiatric Team and to the Adolescents who participate in the QI Program - 36th european congress of cystic fibrosis society 12-15 June 2013

