



Contents lists available at ScienceDirect

The American Journal of Surgery

journal homepage: www.americanjournalofsurgery.com

My Thoughts / My Surgical Practice

Hand in hand: A multistakeholder approach for co-production of surgical care



One of the biggest challenges for the surgical community is how to enhance the care of patients through all the phases of the surgical journey, from the diagnosis to operative procedure, hospital admissions, discharge, and rehabilitation.^{1,2} From a patient-centric perspective, patients are more likely to experience good surgical outcomes if they can collaborate effectively to establish a common understanding of the issue and if mutually agreeable care strategies can be developed. To pursue better outcomes, a closed relationship between the patient and the clinician is needed, which involves “doing with rather than doing for.”² In such a perspective, patients must be allowed to play as co-participants, co-designers and co-producers.³ Still, in the modern healthcare ecosystem, which stands as an open one in which several stakeholders cooperate and influence how the care is delivered,⁴ working on the relationship between the patient and the clinician may not be enough. A multistakeholder approach may be the key to improve the clinical outcome, and thus a multidisciplinary perspective might be required.

Starting from this premise, the National Cancer Institute of Aviano, Italy, has recently promoted a program devoted to breast cancer patients, named Oncology In Motion.⁵ The program was conceived with the idea to work on the wellbeing of its surgical patients, especially women. According to the Institute’s experience, while the survival rate after breast cancer is promising, several times a breast cancer patient must cope with a severe diagnosis, surgery, and the following treatment and rehabilitation plan while still standing as a mother, a wife, a daughter, and a worker.^{6,7} Therefore, different issues may emerge beyond the patient’s situation, especially if the hospital fails to provide enough information, support, and services before, during, and after surgery.

The core of Oncology in Motion is to support patients, especially in their discharge phase and in their rehabilitation soon after surgery, designing a tailored fitness program by a multidisciplinary team and frequent follow up even long after discharge thanks to the use of telemedicine. Still, in its development, Oncology in Motion has become a toolbox to support breast cancer patients during all their surgical journey. The main points can be summarized as follows.

1. A co-production perspective

Co-production in healthcare happens when patients are actively engaged in reaching the final outcome, thus co-producing along with clinicians the healthcare service.³ In designing the program and its practical outcomes (including a mobile app and a booklet),

patients, members of some patients’ associations, citizens, and policymakers were involved, in the idea generation, the idea fine-tuning, and the idea communication,⁴ along with the clinicians and other experts, including those of healthcare policies. Patients who were currently coping with the diagnosis, the families of late patients, and citizens, involved considering the importance of breast cancer awareness, brought their experiences, concerns, and expectations into the program, in a multistakeholder perspective. The engagement of women was central to identify those elements that looked underinvestigated or unknown from a patient’s perspective: from the need to know more about lymphedema to the recommended bra to wear soon after surgery, or the simple movements to avoid or foster, like when combing the hair or taking a shower. All the suggestions and concerns were incorporated into the booklet for surgical patients, and the app. All the results were assessed and approved by professionals, patients, citizens, and policymakers.

2. A knowledge translation perspective

Knowledge translation tools and practices had to be put in practice to ensure better communication,⁸ with a “speak less and listen more”⁹ approach, including the use of design artifacts⁴ and non-technical skills like empathy and kindness.

3. A multidisciplinary perspective

While multidisciplinary care in oncology is common, the Oncology in Motion team enlarged its boundaries, including physiatrists, physiotherapists, and fitness experts, along with surgeons, nurses, oncologists, and psychologists. This multidisciplinary perspective has facilitated building personalized fitness paths and recommendations for surgical patients.

4. A telemedicine perspective

Thanks to the app, the project staff can follow up the patients even long after discharge, without the need to go back to the Institute. Experts and clinicians can access data, set personalized goals in terms of steps and cardio activity, continually monitor the progress, sending pushed customized notifications to users whenever necessary.

5. A “you are not alone” perspective

Breast patients can feel assisted all along the way. Thanks to the program, women can get more information, keep in touch

constantly with the clinical and staff team, co-produce part of their surgical care by employing physical exercises in a monitored and safe way. Even those patients that can be considered vulnerable because of their personal situation (for example, single mothers) can be empowered to go back to their everyday life as soon as possible, even after a traumatic event like a cancer diagnosis, surgery, and treatment, feeling less alone in their recovery journey.

The Oncology in Motion experience, conceived to support women after breast surgery in their healing process, is based on several principles and recommendations already present in the surgical literature: improving patient-clinician communication¹⁰ through knowledge translation,⁸ engaging communities by using technology, fostering rehabilitation protocols and identifying the necessary time for recovery.¹⁰ A new perspective emerges. In the Oncology in Motion experience, the key is the co-production of surgical care, with clinicians and other meaningful stakeholders standing “hand in hand” with the patients to maximize the possible outcomes. For the very first time, to our knowledge, a healthcare and surgical program has been entirely co-produced and co-designed with the active engagement of a variety of different stakeholders, namely, professionals of different specialties beyond surgery and oncology, patients, former patients and families of late patients belonging to breast cancer awareness NGOs, citizens, and policymakers, bringing their knowledge, experience, fears, and expectations to build better surgical care and with more cooperative decision-making between surgeons and patients. In Oncology in Motion, co-production did not only stand as a priority in the co-design of the service, but it appears as a pillar of surgical care, with patients actively contributing to maximizing their surgical outcomes and improving their recovery through correct behaviors in terms of what should be done and what activities should be avoided.

While co-production is not new in many public services,³ this concept remains underinvestigated in the surgical literature. We argue how co-production may represent a promising way to bridge the gaps to ensure better surgical care, especially if a multistakeholder approach is employed. We encourage the surgical community to further investigate the benefits of creating programs of co-production, engaging patients and other meaningful stakeholders and how this new approach to preoperative and postoperative care can improve outcomes.

Funding sources

This research did not receive any specific grant from funding agencies in the public, commercial, or not-for-profit sectors.

Authors' contribution

LC and FDM conceived the idea of the study. LM and HB took care of the data collection. LC and FDM wrote the first draft of the manuscript. MM, RB, HB, CF, AB, EO, LM and PA critically reviewed the manuscript. All the authors read and approved the final version of the manuscript.

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7 April 2021

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