What is person-centred communication for patients in acute wards?

The observed experiences of people with dementia in a national audit

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Person-Centred Care

Many definitions, but common themes:

**Respect** for older persons, for their values, needs and preferences

**Partnership and collaboration** between the older person (and their family) and the professional care team

**Patient/person being at the centre** health services revolving around the service user rather than around funders and/or professionals
Key questions

1. What are the experiences of people with dementia in acute care?

2. What does person-centred care look like in practice?

“Although the idea of person-centredness is well understood at a basic level, the challenge is often recognising it in practice. We might think we are delivering care that looks like one thing, but in reality it is quite another.”

(McCance, McCormack & Dewing. The Online Journal of Issues in Nursing, May 2011)
Project Stages

1. Initial development of tool
   - Literature review and consultation with hospital staff and older people
   - Qualitative method to observe person-centred care (no other specifically designed tools)

2. Pilots in 7 hospitals, 19 wards - 76 patients (elderly, medical, surgical)

3. National observational audit...on-going development
The observational tool is called P.I.E. which stands for:

P – Person
I – Interactions
E – Environment
Pilot findings:

- Easy to use by ward staff
- Enabled staff to see care from patient perspective (“It’s like having a story unfold in front of your eyes”)
- Gave rich and honest accounts
- Sensitive to what didn’t happen
- Simplification of data sheets and more guidance
<table>
<thead>
<tr>
<th>Person with dementia</th>
<th>Interactions with staff</th>
<th>Environment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Describe what participants are doing. How do they appear to be faring? Are they reacting to or affected by what is happening (or not happening?) Is care personalised?</td>
<td>Describe each interaction. Who initiated it (participant/staff/other patient/visitor)? What occurred? In your opinion, was this enriching/neutral/depriving for the person? Why? Describe the effect of the interaction, if any, on the person.</td>
<td>What is going on in the immediate surroundings? What can participants see/hear/smell? What would they notice is happening today? Describe what others (patients/staff/visitors) are doing.</td>
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Manual + Workshop + Ward preparation
Two observers, observing 6 patients
The Audit:

- 43 hospitals; 105 wards (Medical, Surgical, Elderly Care)

- 85% observers were external to the ward

- (Mostly) 2 x two-hour observations at 09.00-11:00 and 12.00-14:00

- Average of 6 patients observed per session (n = 608)
Key findings:

- 5/105 wards provided evidence of a person-centred approach
- Care based on an organisationally set, task-driven routines
- Patient-staff encounters task related and impersonal
- People often ignored or left alone for long periods
- **Quality of communication poor…**
  *YET good communication was the basis for person-centred care for people with dementia*
- Aspects of physical environment impersonal and not “dementia-friendly”
1. Ward ethos:

Is there an openness to interact with people who may have dementia at any time?

Do all or most of the staff (ward and other and such as housekeeping/ medical/ therapy/ other clinical staff/ etc) use all available opportunities to connect with all patients?

Why is this important?

If staff are not seeing or interacting with the patient, then there is simply no opportunity to provide for their care.
Frequency of interaction

Typical ward:
Interactions infrequent and restricted to instances of direct care delivery.

- (Ward 55) ‘Although doctors introduce themselves and addressed patients by name there was a tendency to then talk about the person without including them.’

Person-focused ward:
Frequent patient-staff interaction during direct care delivery, when carrying out other tasks around patients, passing by or sometimes just to be ‘social’.

- (Ward 30) ‘They (all staff) would engage in conversation for a minute before passing by patients.’
Initiation of interaction

Typical ward:

Staff-initiated, especially when a task is to be done. Patients may be struggling to contact staff.

- (Ward 48) ‘Buzzers were left out of patients reach for 2 out of the 5 patients. 1 was picked up by the phlebotomist however the other patient went all morning without a buzzer. Drs left curtains drawn, causing 1 patient potentially to feel isolated...’

Person-focused ward:

Patients encouraged and feel at ease to converse with staff at any time or vice versa. Staff are visible or patients can easily call for assistance.

- (Ward 30) ‘Patients encouraged to converse with staff.’
Consistency in staff teams

Typical ward:
Tasks commonly carried out by some individuals or groups of staff around patients without acknowledging their presence.

- (Ward 77) ‘A different domestic was cleaning around and moving beds out etc without telling the patients what she was doing, no eye contact or even a smile. The patient looked afraid and vulnerable.’

Person-focused ward:

- (Ward 30) ‘The care of the patient and interaction with all of them was fantastic. The whole ward team were constantly speaking to patients.’

- (Ward 74) ‘All staff including hostess, cleaner, nurses, doctors visiting health professional etc spoke to the patients, when in the bay area, whilst completing their tasks.’
Inclusivity

**Typical ward:**

Staff may be attentive only to the person they are seeing. People with dementia may not be approached to the same extent as other patients.

- (Ward 29) ‘Caterer took the red tray to patient and put down on table - no interaction with patient. Patient who is composure gets asked full menu and there is interaction.’

**Person-focused ward:**

All patients communicated with, acknowledged or included by staff, regardless of how they present.

- (Ward 62) ‘All staff were extremely patient when individuals were becoming repetitive in speech and behaviour’.
1. Ward ethos:

Is there sensitivity to patient cues and an anticipatory response to needs?

Are staff observant of verbal and non-verbal cues given by people with dementia, to provide a timely response?

Why is this important?

This creates the opportunity for staff to address emotional or physical needs quickly before they escalate.

Distress or discomfort are prevented and patients are not struggling to communicate their needs to staff.
Responding to patient cues

Typical ward:

Staff may respond appropriately to individuals who ask for help. Verbal and non-verbal cues from patient may go unnoticed/be ignored. At worst:

- (Ward 76) ‘Member of nursing staff walked straight past a patient who asked for help, she looked at her and ignored her. This lady was then incontinent and had to be changed.’

Person-focused ward:

Staff are extremely aware of and responsive to cues from patients, anticipate their needs and act on these immediately to pre-empt/prevent discomfort, agitation or distress.

- (Ward 64) ‘Staff are quick to respond to patients needs even when not vocalised. Quick to anticipate needs so call buzzers rarely heard.’
2. Systems to support a personally meaningful connection:

Do staff focus on the individual person with dementia during an interaction and find the means to engage in a way that makes sense to them (try to take their perspective or ‘enter their world’)?

Why is this important?
Breaking down barriers to communication is essential to addressing individual needs.
Knowing the patient as a person

Typical ward:

There is limited (little, if any) evidence of personalised care.

- (Ward 60) ‘Staff chatted to the patients whilst they were caring for them about what they needed them to do but there was no conversation about the individual, the weather, previous jobs etc.’
- (Ward 10) ‘Communication not collecting/using/valuing personal life history.’

Person-focused pockets:

- (Ward 55) ‘Staff member bought a soft toy for a patient who was anxious and distressed saying that her own one had been removed for washing… the person cuddled it and looked more settled.’
- (Ward 48) ‘It is evident that staff use washes as an opportunity to communicate with the patients. This can range from encouraging them to be aware of how they are getting better, ‘your legs look much better today’ to just to see how they feel. The nurses often discuss grand children and their own family.’
Enabling patient participation

Typical ward:
The focus is more on completing the task from a staff perspective, which may be undertaken in a mechanistic unyielding manner. A worst case example:

- (Ward 77) ‘One lady asked for the toilet. The OT walked past and told her it was not her job, ‘press your buzzer’. The OT did not go to tell nursing staff that the lady wanted the toilet, just left her there having told her to press the buzzer, she didn’t know what the buzzer was.’

Person-focused pockets:
A clear attempt is made to work with the person’s perspective.

- (Ward 102) ‘This lady wanted to keep the curtains open while using commode and the toilet door open. Nursing staff helped find solutions. They realised she was afraid in confined spaces and took her to a larger shower room to use the toilet to reduce her fears.’
3. Use of Propellers:

FORM OF ADDRESS

- **Use of patient’s preferred name:** (Ward 79) ‘Patients preferred names are present on the notice board above their beds, this encourages staff members to call them by their preferred names rather than their given names.’

ORIENTATION

- **Telling a patient your name:** (Ward 11) ‘Everyone addressed by their names. Staff always introduced themselves prior to undertaking any intervention.’

- **Continual orientation to time of day, routine, and place:** (Ward 113) ‘Whilst being taken to the toilet by an HCA, a patient became agitated about where he was and why he was in hospital. The nurse calmly explained that he was in hospital and why. This would allay the patient’s fears and orientate him.’
Propellers:

INFORMATION PRESENTATION

- **Simple and clear presentation**: (Ward 99) ‘Nurse approached patient to assist them to choose their meals for the following day. They spoke clearly and slowly, allowing time for the patient to understand what was being said and make their choice. Where necessary they changed the way they asked the question to help the patient to understand.’

- **Use of various and appropriate verbal and non-verbal communication techniques** (Ward 35) ‘A therapy assistant gave information to one patient using varied communication techniques. This involved good body positioning, clear speech but also utilised visual information, demonstration and feedback. As a result the patient was more engaged than at any other time during the observation.’
EXPLANATION

- **Step-by-step explanation during care activity in terms that the person can understand:** (Ward 89) ‘A student nurse interacted well with patients while carrying out observations. Explaining clearly the process involved. She also used the Care Round Tool to ask specific questions of patients. Are you comfortable, are you in any pain? Do you want a drink. Then took appropriate action when a patient wanted pain-killers. The rapport was such that when offered help from another nurse the patient said they would wait for the student to come back from her break as she said that she would help her then with a wash.’

- **Checking back with the patient that they understand:** (Ward 81) ‘Patient with confusion was given call buzzer by nurse, nurse asked the patient to demonstrate to her that she could use the buzzer before she left the patient.’
NEGOTIATION

- **Agreement with the person:** (Ward 54) ‘Good examples of staff listening to the person i.e. complaint of pain which was managed.’

- **Knowing or facilitating personal choice:** (Ward 82) ‘One patient in particular had particular preferences to his drinks (like and dislikes), staff ensured he had his favourites at hand (this was important as his oral intake needed encouragement).’

ENCOURAGEMENT TO COMPLETE AN ACTION:

- (Ward 60) ‘Lots of encouragement and praise from therapy staff to go a little further than they had previously managed post op and praising them when they had achieved this.’

TIME GIVEN TO THE PATIENT:

- (Ward 76) ‘Staff talked to the patients taking their time with them i.e. patients hearing aid was not in position correctly, the nurse took 30 minutes talking to the patient reassuring her and getting her hearing aid in place correctly.’
Top actions planned from PIE

1. Staff to interact with people with dementia at every opportunity
2. Raise staff awareness of the immediate impact of positive and negative interactions on patients
3. Organise ward activity to enable frequent patient-staff interaction
4. Ensure people with dementia can reach their call buzzers
5. Collect, use and share information about the patient as a person
6. Negotiate with and provide care to the person to fit their routine and preferences rather than the ward routine
7. Recognise the attributes of exceptionally skilled members of staff and use them as role models or dementia champions within the team
8. All staff – ward staff and other staff groups - to attend dementia awareness and communication training
9. Work with all staff managers and teams to raise awareness and to develop an agreed and consistent approach
Conclusions

- A person-centred care experience through effective communication is rare yet possible.
- It is possible to provide this through an organised and proactive **ward approach** which is:
  
  CONSISTENTLY APPLIED
  
  BY STAFF TO ALL PATIENTS ALL OF THE TIME

- Everyone wants a piece of P.I.E. !!
Next steps

NIHR funded research (Feb 2013-2016):
(How) can wards progress step-by-step to a consistently person-centred approach?

- PIE consists of an observational method and linked guidance to effect changes in ward practice over time

- Implementation in five NHS Trusts (11 wards, elderly and orthopaedic) over 18 months

- Will person-focused communication lead to improvements in care experiences and health outcomes for people with dementia?
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- Using PIE can enable Care and Compassion to be at the heart of everything we do
- Practice development tool – review progress