

# Remember to put ME in your assessment

Increasing the completion of person centred information by registered nurses on an acute medical ward for older people. Author: Lauren Hanson

## Introduction

In July 2017, the Trust received their results from taking part in the third round of the National Audit of Dementia (NAD) that audits the quality of care received by people with dementia in general hospitals. Reflecting the national results, the report documented that personal information which supported the care of individuals with dementia was not documented (Royal College of Psychiatrists (RCP) 2017a; RCP 2017b).

This was despite the Trust taking part in many initiatives such as the 'Forget-Me-Not' scheme that aims to gather personal information about patients to inform their care. A group of nurses working in the Department of Medicine for Older People at the Trust were asked their thoughts on why said initiatives are not used. Feedback suggested that although they considered personal information about patients important, due to the initiatives being optional and separate from the required nursing assessment meant they were often forgotten or not prioritised.

In an ageing society many older people in the United Kingdom are living with complex comorbidities, disability and frailty who require care which is focused on their individual needs (The Kings Fund 2014). Acute-care services are regulated to ensure that all individuals receive person-centred care that is based on an assessment of their needs and preferences (Care Quality Commission 2018). The National Audit of Dementias' recommendation of using a monitoring programme to embed the collection, sharing and use of person-centred information is relevant to all service users of acute care including the older person (RCP 2017b).

## Goal

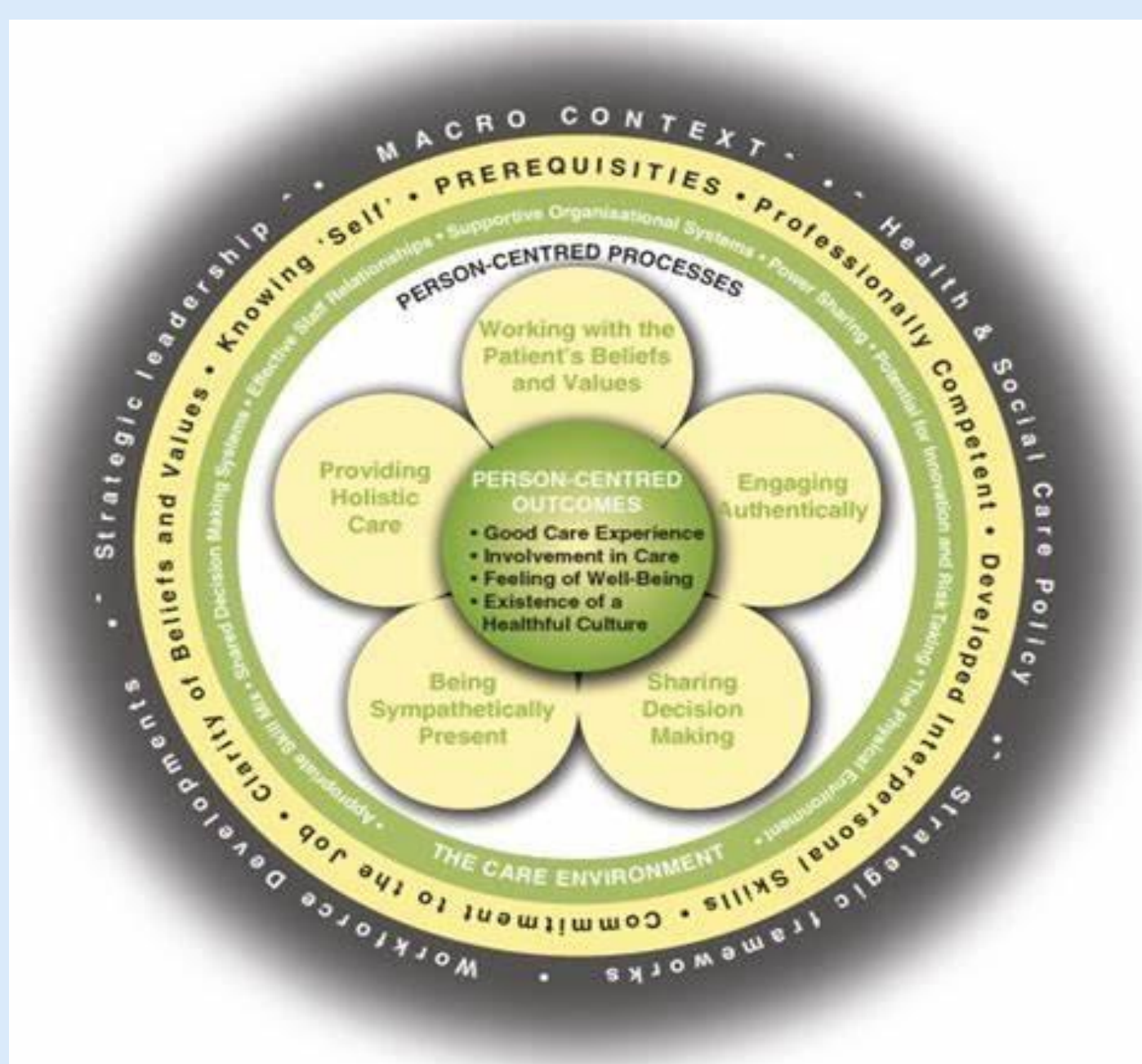
The aim of this project was to increase the completion of person-centred information as defined by National Institute for Health and Care Excellence (NICE) (2010; 2015) by registered nurses on an acute medical ward for older people by 20% over a 3-month period.

## Method

The Person-Centred Practice Framework (PCPF) by McCormack and McCance (2017) was used alongside the 'COM-B' model by Michie et al. (2011) to understand the project aim in behavioural terms and facilitate the development of theory-driven behavioural change interventions. Plan, Do, Study, Act (PDSA) cycles supported the development and testing of these interventions.

An audit tool was developed to audit the case-notes pre and post interventions to see if the 'individual needs' were captured. The Person Centred Practice Inventory (PCPI) staff questionnaire by Slater et al (2017) was used pre and post to understand the nurse's perception of person-centredness. Semi-structured interviews were conducted with the nurses involved in the project to understand if the interventions had improved their capability, opportunity and motivation.

Figure 1.1 visual representation of the PCPF



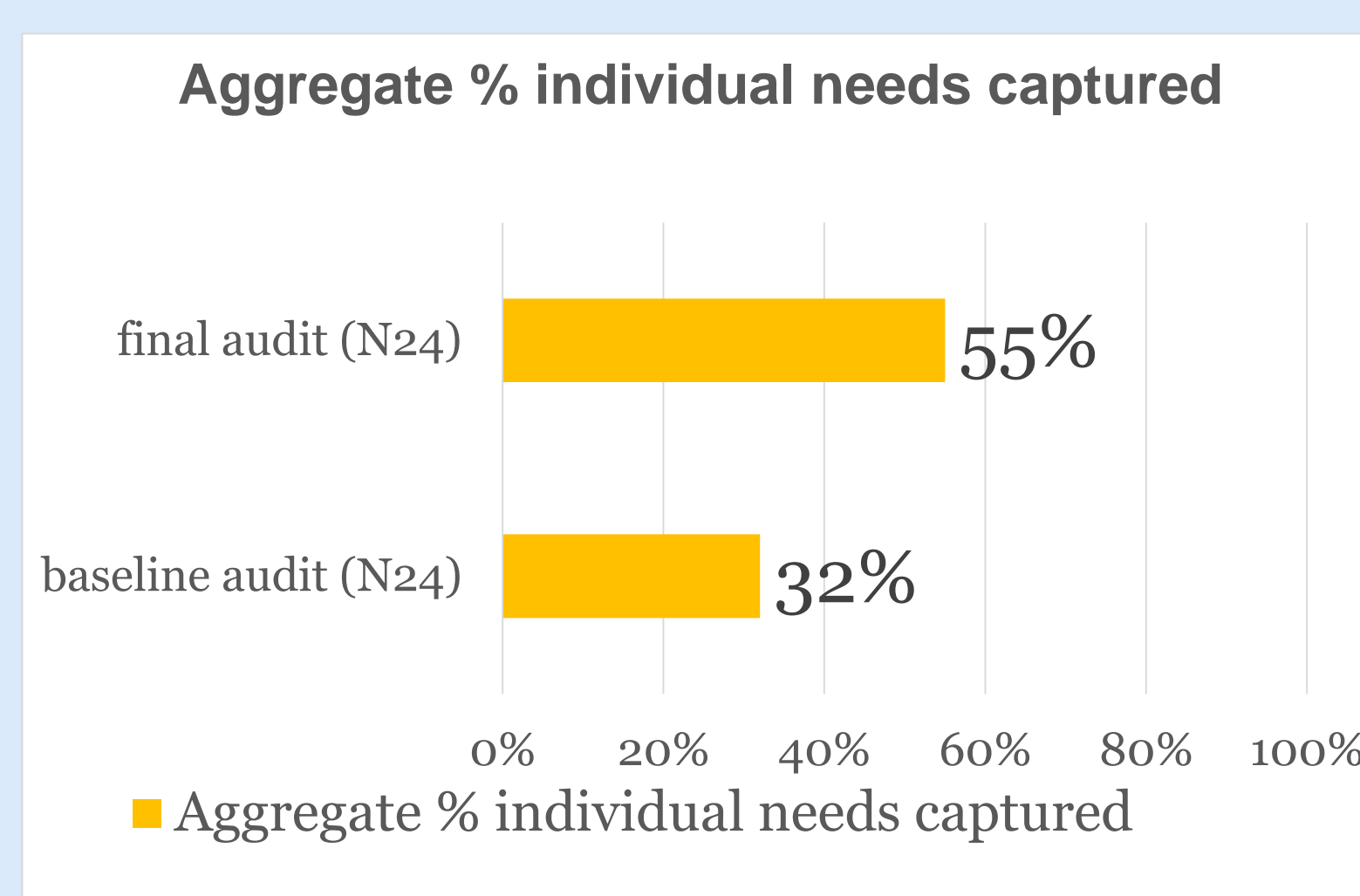
## Interventions

- The nursing assessment form was structured and articulated to be person-centred and thereby improving nurses' opportunity to complete a person-centred assessment.
- Training was delivered to enhance the nurses' understanding and capability to complete a person-centred assessment.
- A visual prompt within nursing documentation was used to motivate the nurses to carry out a more person-centred assessment.

## Results

The mean result for each of the concepts of the PCPI staff questionnaire stayed the same both pre and post intervention, with a mean score of 4 suggesting the nurses agreed their practice to be person-centred. Although the baseline audit looked at (n=24) case-notes, only (n=17) had a completed nursing assessment form. Therefore, when calculating the overall percentage this was considered. **Figure 1.2** displays the results of this analysis demonstrating an aggregate percentage increase of individuals needs captured in the nursing assessment form of 27%.

Figure: 1.2 individual needs captured



The audit post intervention included both the old and new assessment forms therefore it was useful to compare the data from both forms. The data was analysed using the same principals as the pre and post audit. Despite this being an unplanned measurement, the comparison was useful as it provided real time comparison of the forms which improved the external validity that the results related to the planned interventions. The results demonstrated that the old form had an aggregate percentage of individual needs captured of 26% (N13) and the new form aggregate percentage of individual needs captured of 66% (N11) demonstrating a 40% increase.

This finding was supported by the nurse interviews themes which were deductively analysed using PCPF. Themes of 'provision of holistic care', 'developed interpersonal skills and knowing self', 'engaging authentically' and 'involvement in care' were apparent. These themes are illustrated by the verbatim responses from the registered nurses in **figure 1.4**.

Figure 1.4 examples of nurse responses

*'Feels like you are asking about them, other form was just generic it didn't feel like you was asking about the person' RN 9.*

*'More thoughtful like ask me as a person... feel more reflective of how I approach a patient like sometimes you can be so busy you can just see a bed number or the aggressive patient or the patient being speialed, it helped me to see the person and I think the form has helped that also' RN8.*

*'Importance of taking the time to speak to people... don't assume everyone is the same, people are individuals... its important to complete the assessment with the person like find out their likes, dislikes, chat with the person not at the nursing station' RN2.*

## Discussion

The project demonstrated how nurses in acute care can be supported to ensure that their assessment of the older person is person-centred and captures individual needs by implementing theory-driven behavioural change interventions. It is difficult to establish whether this was individual interventions or the interventions collectively that resulted in this achievement. It could be argued that the interventions could have been delivered and measured independently to understand this. Nevertheless, the use of the COM-B model by Michie et al (2011) enabled me to appreciate the importance to enabling the nurses the opportunity, capability and motivation to change their behaviour therefore it seemed unethical to deliver and measure the project interventions as separate entities.

## Conclusions

This project shows how nurses in acute care can be supported to ensure that their assessment of the older person is person-centred and captures individual needs by implementing theory-driven behavioural change interventions. Although the study was not able to determine if the project resulted in positive patient outcomes; the plan to spread the project to other wards has provided this opportunity. However, in a period where we are becoming increasingly reliant on electronic-systems, it is important we understand how systems can support nurses in carrying out person-centred assessments of older people in acute care.

## References

- The Kings Fund (2014) *Making our health and care systems fit for an ageing population*. The Kings Funds, London.
- Care Quality Commission (2018) Regulation 9: person centred care. Retrieved from <https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-9-person-centred-care>.
- Royal College of Psychiatrists (2017a) *National Audit of Dementia care in General Hospitals 2016- 2017: Local report for: Whiston Hospital St Helens and Knowsley Trust July 2017*. London.
- Royal College of Psychiatrists (2017b) *National Audit of Dementia care in General Hospitals 2016- 2017*. London.
- McCormack, B. and McCance, T. (2017) *Person-centred practice in nursing and health care: theory and practice*. Second edition. Chichester, West Sussex, Wiley, Blackwell.
- Michie, S., Van Stralen, M. and West, R. (2011) The behaviour change wheel: A new method for characterising and designing behaviour change interventions. *Implementation Science*, 6, 42, 2-11.
- Slater, P., McCance, T. and McCormack, B. (2017) The development and testing of the Person-centred Practice Inventory – Staff (PCPI-S), *International Journal for Quality in Health Care*, 29, 4, 541–547.

