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Nursing Older People

‘Five things about me’: a quality improvement project to enhance person-centred care for older people

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Abstract

Although person-centred care is gold standard practice, there are still instances of care that fail to recognise patients as individuals. Person-centred care depends on knowledge of the whole person, including their values, beliefs and aspirations. This article describes a quality improvement project that developed patient profiles based on ‘five things about me’ to create person-centred care for older people on a medical ward. The effect on staff, older people and their families was assessed through questionnaires and group and individual discussions. During the project period 37 patient-centred profiles were completed out of 52 eligible patients. Ward staff reported increased confidence when delivering person-centred care and older people and their families confirmed improvements in care delivery and strengthened relationships with staff.

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Key words

families, older people, patient assessment, person-centred care, service improvement

Key points

- ***The ‘five things about me’ patient-centred profile (PCP) helps ward staff get to know the older people they care for and reminds them of people’s individuality, values, beliefs and aspirations.***
- ***The project has improved person-centred practice, reinforced patients’ ‘sense of self’ through feeling respected and valued and strengthened relationships with staff.***
- ***‘Five things about me’ profiling can be implemented in other acute settings because of the simplicity of the central concept and could be used across care pathways between acute, primary care, and community care services.***

Introduction

The idea that care staff should make every interaction or intervention person centred has become widely accepted since the term was first used in the 1960s (The Heath Foundation 2016). Despite person-centred care being cited widely as a quality indicator, and with legislative commitment to ensure its delivery (Department of Health and Social Care 2013), there is evidence of care that fails to recognise patients as individuals (Care Quality Commission (CQC) 2020).

McCormack and McCance (p3, 2017) defined person-centred care as ‘an approach to practice established through the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives (…)

underpinned by values of respect for persons, individual right to self-determination, mutual respect and understanding.' This emphasises the relationship-oriented foundation of person-centred care which supports knowledge of the whole person, including their values, beliefs, assets and aspirations.

These features are reflected in the 'what matters to you?' approach, cited in the NHS Long Term Plan (NHS England 2019), which promotes delivery of person-centred care by encouraging healthcare staff to ask patients 'what matters to them' and not just 'what's the matter with them'. Dewar and Nolan (2013) argued that to foster relational patient-centred care healthcare staff need to establish 'who you are and what matters to you'. Initiatives in health services tend to focus on the second part of this description and this was evident in practice at the Manchester Royal Infirmary (MRI). To emphasise the importance of the first part, 'who you are', a quality improvement project was initiated on a medical ward at MRI. This article describes the project that aimed to improve person- and relationship-centred care for older people.

Background

An audit of case notes on the project ward in 2016/2017 identified that only 19.1% of patients with dementia had a person-centred assessment (Royal College of Psychiatrists 2017), findings echoed in a local CQC (2017) systems-review of Manchester's health and social services. Following a visit to the ward as part of the review, the CQC (2017) reported that 'people were not always involved in decisions about their care and frontline staff would sometimes liaise with family members to the exclusion of the patient'.

The MRI had adopted the 'what matters to you?' approach (NHS England 2019) across its services and initiated a local campaign that included knowledge dissemination and practice development activities. However, the initiative was not embedded into routine practice, implementation varied and information gathered about patients was not always available to other staff. For example, staff on the project ward asked older people 'what matters to you?' and recorded their responses in 'speech bubbles' above their bed. But the information was often simplistic because of limited space, was easily lost during transfer and was rarely retained across care episodes. Further, staff reported that they did not always know what they were asking.

Despite these challenges the 'what matters to you?' campaign provided a good foundation for this project which aimed to use 'life story work' (LSW) to enhance person-centred care. LSW involves supporting older people to build a personal biography that helps them make sense of their current experiences and supports their sense of self (Thompson 2011). It can improve mood and memory, bolster pride in achievements, strengthen relationships with care staff and support patient-centred care (McKeown et al 2010). Successful LSW projects are characterised by input from participants and family/significant others at the information gathering stage and robust technological solutions to document and preserve the end products (Gammonley et al 2015, Elfrink et al 2018). In this project, the aim was to use the LSW format to create person-centred profiles (PCPs) which would help ward staff get to know older people as individuals to improve their care experiences through collaborative care planning centred around who they are as well as what matters most to them.

Quality improvement project

Aim

The overall aim was to make care on a medical ward for older people more person- and relationship-centred. Specific objectives were to develop and pilot PCPs and to store and use these electronically.

Method

The project was conducted between September 2018 and March 2019 and included three months of project design followed by four months of implementation and evaluation. The initiative was co-designed with stakeholders including older people, their families and significant others, ward nursing staff, allied health professionals, ancillary ward staff and corporate managers. Preliminary focus groups, cycles of project activity with feedback mechanisms, the appointment of staff project champions and evaluation opportunities for stakeholders promoted engagement, helped to share and shape participants' values and beliefs about person-centred care and assured a co-designed product.

The process was supported by established quality improvement methodologies including the capability, opportunity and motivation behaviour change model (COM-B) (Michie et al 2011) and the plan-do-study-act model for improvement (Advancing Change and Transformation (ACT) Academy 2017). As a quality improvement initiative, the project was not subject to formal ethical approval although permission to proceed was granted by the Manchester University Foundation NHS Trust.

Context

The project ward had a stable management structure and positive culture, and staff had experience of successful improvement projects and positive changes. Corporate endorsement of the 'what matters to you?' campaign also meant the initiative had organisational support.

Intervention

The project lead (first author), who was nurse manager for the ward, engaged with stakeholders individually and in focus groups to introduce the initiative and plan delivery. This preliminary work informed a 'driver diagram' (ACT Academy 2017) which set out the primary and secondary drivers required to achieve the project's aim. The COM-B model was used to map the primary drivers, which included staff engagement (capability and motivation), engagement of older people, their family and friends (capability and motivation) and supporting infrastructure (opportunity).

Project champions were an important part of the supporting infrastructure. Six nurse and nursing assistant champions self-selected based on their interest in the initiative and willingness to be involved in its delivery and had protected time to consider findings from the focus groups, review the literature on LSW, develop the intervention and promote its use.

The project group agreed that collecting people's stories and reflections would be based on five pieces of information which could be expanded if patients wished. This would ensure that patients and their families could decide what was important to share and that the PCPs would be concise enough to enable busy staff to absorb the information. One older person stakeholder captured the purpose of the PCP by suggesting it should be like 'a letter of introduction to the hospital' and that staff would then know 'who they were reckoning with'. The concept was inspired by another stakeholder who came up with the tagline 'five things about me'. An engaging poster was then designed to disseminate information about the initiative to the ward community.

Impact measurement and methods

Various methods were used to assess the effects of the intervention (Table 1). The proportion of older people with a completed and/or abridged PCP uploaded to the ward's electronic handover system during the project period was measured through documentation audit at discharge. Since practice development is intrinsic to this initiative and central to scaling up and sustaining improvements, changes to practice were identified through a questionnaire based on the person-centred practice inventory (PCPI) (McCormack and McCance 2011) for older people, their families/carers and staff, which was administered pre- and post-intervention. Contextual factors (Table 1) were included because of the anticipated relationship between these characteristics and the likelihood that a PCP could be completed.

These data were supplemented with qualitative feedback from ward staff, patients and their families/carers through pre- and post-intervention impact assessment questionnaires (staff (*n*=11), patients (*n*=10) family/carers (*n*=9 pre- *n*=10 post-intervention) and informal group and individual discussions with the project lead.

Table 1. Measurement strategy

Process measures	Outcome measures	Contextual factors
» Proportion of people with a completed person-centred profile » Group and individual discussions with staff about the effectiveness of the intervention and process » Plan-do-study-act cycles	» Effect of the intervention on the experience of older people, families, carers and staff using a questionnaire based on the Person-Centred Practice Inventory: items rated on a 5-point Likert scale » Qualitative feedback from older people, their families and carers about whether the intervention was beneficial	» Length of stay » Length of time medically fit for discharge » Presence of family member on ward » Diagnosis of dementia » Incidents of violence and aggression and harm-free care for this admission » Complaints for this admission

Analysis

Descriptive statistics in numbers and percentages were used to analyse and present quantitative data. Differences in pre- and post-intervention PCPI scores were analysed by each item in the holistic care domain to assess the range of intervention effects. Contextual factors were used to review variability in the results. Qualitative feedback was explored for insight into ease of use and effect of the PCPs on care from the perspective of nursing staff, older people and their families.

Findings

Completion of PCPs

Fifty-two eligible patients were discharged during the project period of whom 37 (71.1%) had 'five things about me' PCPs documented in abridged or full versions and uploaded to the ward's electronic handover system. Box 1 shows an example of a full and abridged version of a PCP.

Box 1. Example of a full and abridged person-centred profile

‘Five things about me’
Full version
I love animals very much. I have a cat called Misty who is very important to me.
I have glaucoma so I am very poorly sighted and so I often need assistance finding things and sometimes a little assistance eating. I am also a little hard of hearing.
I am an evening person and tend to enjoy doing things at night-time.
I love bright colours, the brighter the better. I love bright nail polishes and make up.
I like dark chocolate and I prefer tea to coffee. I am not a fussy eater and will eat anything
I grew up in Whalley Range and live there now. I was in show business and travelled around a lot. One of my favourite places was Southport. I travelled there by train and stayed for a while during a job. I started show business in my 20s and would work for short spells at a time. I specialised in dancing, specifically tap, ballet and modern. I taught dancing for a while but stopped as I don’t like children.
I am an only child and I was very close to my parents, Stella and Matthew. I never married, but I had lots of friends from both home and my show business world. I was a very sociable person and went out a lot.
I like gardening. I used to knit but wasn’t very good at it and used to drop stitches all the time. I also sewed. I like to paint very much and I went to art college. I love animals, I currently have a cat. I also used to have a dog called Monty and a rabbit called Topsy. I had a bright red motorbike for many years. I loved it and I used to travel everywhere on it

Abridged version
» I am a dancer and was in showbusiness all my adult life meaning I travelled a lot
» I went to art college and especially love painting; I love bright colours
» I had a bright red motorbike for years and used to love riding everywhere on it
» I am an animal lover and have a cat called Misty at home who I miss very much. I worry what will happen to her in the future
» I love my home and am looking forward to going home

Analysis of contextual factors revealed the following:

» Older people who were on the ward for longer than 21 days were more likely to have a completed PCP.

» PCPs were more likely to be completed for those who were medically fit for discharge 14 days before actual discharge.

» Those with a PCP were more likely to have dementia than those without, but less likely to have a family member present who could support completion of the PCP.

Effect of the intervention on patient-centred care

Pre- and post-PCPI ratings for older people and their families/others are shown in Tables 2 and 3. Positive results were reported across all items, and many showed marked improvements. Staff responses (*n*=25) to the four items in the ‘holistic care’ construct of the PCPI are presented in Figure 1 and show marked improvements post-intervention.

Table 2. Effect on older people pre- and post-intervention (*n*=10)

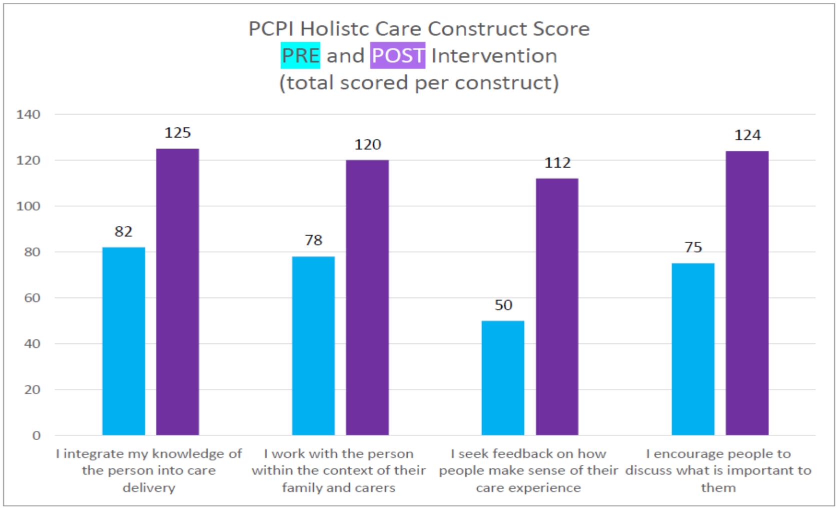
Older people	I feel the staff know me as an individual		I feel my beliefs and values are respected			I feel the staff care about what is important to me and have discussed this with me		I feel the staff care ABOUT as well as FOR me		The staff encourage me to discuss my experience of their care so they can improve things for me		I feel my loved ones are involved in decisions about my care as much as I want them to be		I feel my loved ones are supported by the staff	
	PRE	POST	PRE	POST		PRE	POST	PRE	POST	PRE	POST	PRE	POST	PRE	POST
Strongly agree	6, 60%	8, 80%	8, 80%	10, 100%		4, 40%	10, 100%	8, 80%	10, 100%	4, 40%	5, 50%	5, 50%	5, 50%	6, 60%	8, 80%
Agree	4, 40%	2, 20%	0	0		2, 20%	0	1, 10%	0	3, 30%	3, 30%	2, 20%	4, 40%	0	0
Disagree	0	0	0	0		0	0	0	0	2, 20%	0	0	0	0	0
Strongly disagree	0	0	0	0		0	0	0	0	0	0	0	0	0	0
Neither agree nor disagree	0	0	2, 20%	0		4, 40%	0%	1, 10%	0	1, 10%	2, 20%	3, 30%	1, 10%	4, 40%	2, 20%

Table 3. Effect on families/others pre- and post-intervention (*n*=9 pre-intervention, *n*=8 post intervention)

Family/others	I feel the staff know my loved one as an individual	I feel my loved one’s beliefs and values are respected	I feel the staff care about what is important to my loved one and have discussed this with them	I feel the staff care ABOUT as well as FOR my loved one	The staff encourage me to discuss me and my loved one’s experience of their care so they can	I feel supported by the staff

									improve things for us			
	PRE	POST	PRE	POST	PRE	POST	PRE	POST	PRE	POST	PRE	POST
Strongly agree	6, 66%	8, 100%	5, 55%	8, 100%	4, 44%	8, 100%	5, 55%	8, 100%	4, 44%	8, 100%	8, 88%	8, 100%
Agree	2, 22%	0	4, 44%	0	2, 22%	0	4, 44%	0	4, 44%	0	1, 12%	0
Disagree	1, 11%	0	0	0	0	0	0	0	0	0	0	0
Strongly disagree	0	0	0	0	0	0	0	0	0	0	0	0
Neither agree nor disagree	0	0	0	0	3, 33%	0	0	0	1, 12%	0	0	0

Figure 1. Effect of the intervention on patient-centred care delivered by staff



Qualitative feedback

Feedback from ward staff was gathered through impact assessment questionnaires and informal verbal discussions with the project lead. As part of the impact assessment, staff (*n*=11) were asked two to respond to two statements: ‘I feel having access to this information has helped me get to know my patient better as an individual’ and ‘having access to this information helped me deliver holistic person-centred care in line with my patient’s beliefs and values’. All 11 strongly agreed with the first statement and nine strongly agreed and two agreed with the second statement.

Although focus groups were considered, the busy ward environment made this challenging therefore information was mostly gathered opportunistically. Some staff found the intervention and process of completing the PCP enjoyable for themselves and their patients and that it took less time than they had anticipated. They also recognised that family support was sometimes necessary to ensure accuracy when completing PCPs for people with cognitive impairment. Staff acknowledged that the PCPs supported the development of care relationships in a busy ward by providing succinct accounts of each patient detailing what was important to them.

During the project, as part of the feedback and to support colleague engagement, one of the champions provided three examples of patients from whom they had gathered information (Box 2) and at the end of the project she designed a ‘prompting’ tool to help staff structure conversations (Box 3). Staff commented that both resources were valuable.

Box 2. Three examples of patients about whom one of the project champions gathered information

- A patient with mental capacity who could communicate with ease: Gathered a full page of information during a 20 to 30-minute conversation in which the patient was keen to talk about herself and her family life
- A patient who was hard of hearing with poor eyesight and experiencing acute delirium: The conversation could become stunted but the nurse spoke to her with support from her daughter who filled in gaps about her mother’s early life and was adept at prompting her for information. Took approximately 20 minutes to gather a page of information
- A woman with advanced dementia: Gathered small pieces of information in short bursts of conversation when the patient was calm and oriented. The person-centred profile was gradually completed over a few weeks and focused on the patient’s day-to-day care and needs

Box 3. The ‘now, then and future’ prompting tool

‘Now’

» Daily routine: Up early or likes to sleep late? How do I wash? What do I like to wear? Do I sleep well? What helps me sleep?
» My food and drink favourites: Do I snack/prefer smaller portions/like big meals?
» Communication needs: Am I hard of hearing/need glasses/ speak another language?
‘Then’
» Where am I from?
» Who are my family/close friends?
» What job did I do?
» What hobbies have I had/do I have?
‘Future’
» What matters to me next at this stage of my life? Hopes, fears, priorities, dreams, thoughts about the future

Qualitative feedback from patients and families/carers, gathered through impact assessment questionnaires and informal discussions, suggested that patients found the intervention enjoyable and beneficial and felt respected and valued as a result, and it made some patients feel safe, secure and ‘part of a family’ while on the ward. One patient said doing the PCP made her ‘feel like somebody, not just an anybody’. Families/carers agreed with their loved ones’ views, who they believed were ‘cherished’ and had become ‘part of the family’ and expressed appreciation for the intervention’s ability to ‘cheer up’ their relatives and distract them from low moods.

Discussion

This project aimed to develop and pilot PCPs to make care on a medical ward for older people more person- and relationship-centred, and to enable the documents to be stored and used electronically. The initiative was implemented successfully on the ward although there were challenges associated with storage on the hospital electronic patient record (EPR).

Quality improvement process

The combination of quality improvement methodologies operationalised through stakeholder engagement were critical to success, while project champions were important for overcoming staff scepticism. With protected time to consider problems such as staff time and lack of confidence, and to discuss solutions with the project lead, the champions created practical solutions. For example, the prompting tool (Box 3) was developed by a nursing assistant who also worked alongside colleagues to show them how completing PCPs could be incorporated into their work easily.

The information technology (IT) software and systems to support the project were time consuming, complex and required staff training which meant that it was difficult to upload the PCPs to the hospital’s EPR as initially intended. However, the abridged versions were uploaded successfully to the ward’s electronic handover system which was printed daily and made available to all staff involved in care delivery. Work is needed to develop IT systems that ensure the safe storage of the PCPs and easy retrieval across service settings.

Effect of the project

Although 15 patients (28.9%) discharged from the ward during the project period did not have a completed PCP this does not tell the full story. The indicator was calculated from data collected and analysed as a whole across the project time frame. This meant it was not possible to show the increasing proportion of patients with completed PCPs as a result of the project champions building momentum and the associated growth in staff confidence.

Qualitative feedback suggests there has been development of more person-centred practice, which supports other descriptions of the benefits of LSW including enjoyment for older people (Clarke et al 2003), reinforcing people’s sense of ‘self’ in terms of feeling respected and valued (Thompson et al 2011) and strengthening relations with care staff by making them feel safe and secure (Elfrink et al 2018). Families and carers in this project reported similar benefits and highlighted the therapeutic value of LSW described by Clarke et al (2003), for example countering low mood with an enjoyable pursuit.

Qualitative perceptions of improved person-centred care are supported by quantitative PCPI ratings while staff responses to the four holistic care questions post-intervention (Figure 1) indicate increased confidence and skill development in delivering person-centred care.

Sustainability and spread

The Act Academy (2017) diagnostic tool which invites ratings for quality improvement projects across 10 items spanning three domains, process, staff and organisation, was used to appraise sustainability. The project rated 77.1 out of 100 which is a good foundation for sustainability. The score could be increased with improved IT infrastructure.

Therapeutic activity coordinators (TACs), who work with vulnerable and older people across the hospital to support person-centred care, have adopted the project champion role. The TACs work with patients and their families/carers in admission areas, including acute medical, respiratory and urgent care, to complete PCPs and help staff get to know their patients. This is a type of in-reach service that aims to disseminate the intervention and ensure this valuable information is available to all relevant staff throughout patients' whole episode of care, from initial admission, through transfer to or between other parts of the hospital, to discharge and potentially into the community. It also highlights how working with patients and their families to produce PCPs is not limited to those who remain in hospital for extended periods or constrained by staff time or workload.

'Five things about me' profiling could be implemented in other settings because of the simplicity of the central concept and the positive outcomes described here. The full and abridged exemplars in Box 1 and the profile prompting tool in Box 3 can be used by other services to support implementation. There are also opportunities for outreach across care pathways between hospital and community services, for example by sharing PCPs with care homes and community nursing services. In this sense the profiles would become 'live' documents that could promote continuity of person-centred care across diverse service settings.

Limitations

There may have been some positive bias in staff responses to the questionnaires as they were administered by their line manager. However, the congruence between staff and patients'/families'/others' responses reduces the likelihood of this.

It would have been useful to determine the average time between a patient's admission and completion of their PCP and whether this varied for those with different conditions. This could support assessment of the suitability of the intervention for different service settings and provide key indicators for the proportion and type of people who have completed PCPs at specific time points.

Conclusion

The 'five things about me' PCP is a powerful tool that has helped staff get to know the older people they care for and remind them of their patients' vulnerability and their role in protecting them. Slater et al (2017) stated that to give holistic care it is necessary to work with people's beliefs and values, which requires knowledge of the whole person and what is important to them. This project addressed that challenge and has provided evidence and guidance for others to use.

The project has also highlighted the importance of functional IT systems that promote continuity of person-centred care. Finally, an important factor in the project's success was the supportive ward team, without whose enthusiasm, openness to change and insightful contributions during development this project would not have been possible.

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