

Adapting to changing times.....

The challenge & the power of
person-centredness



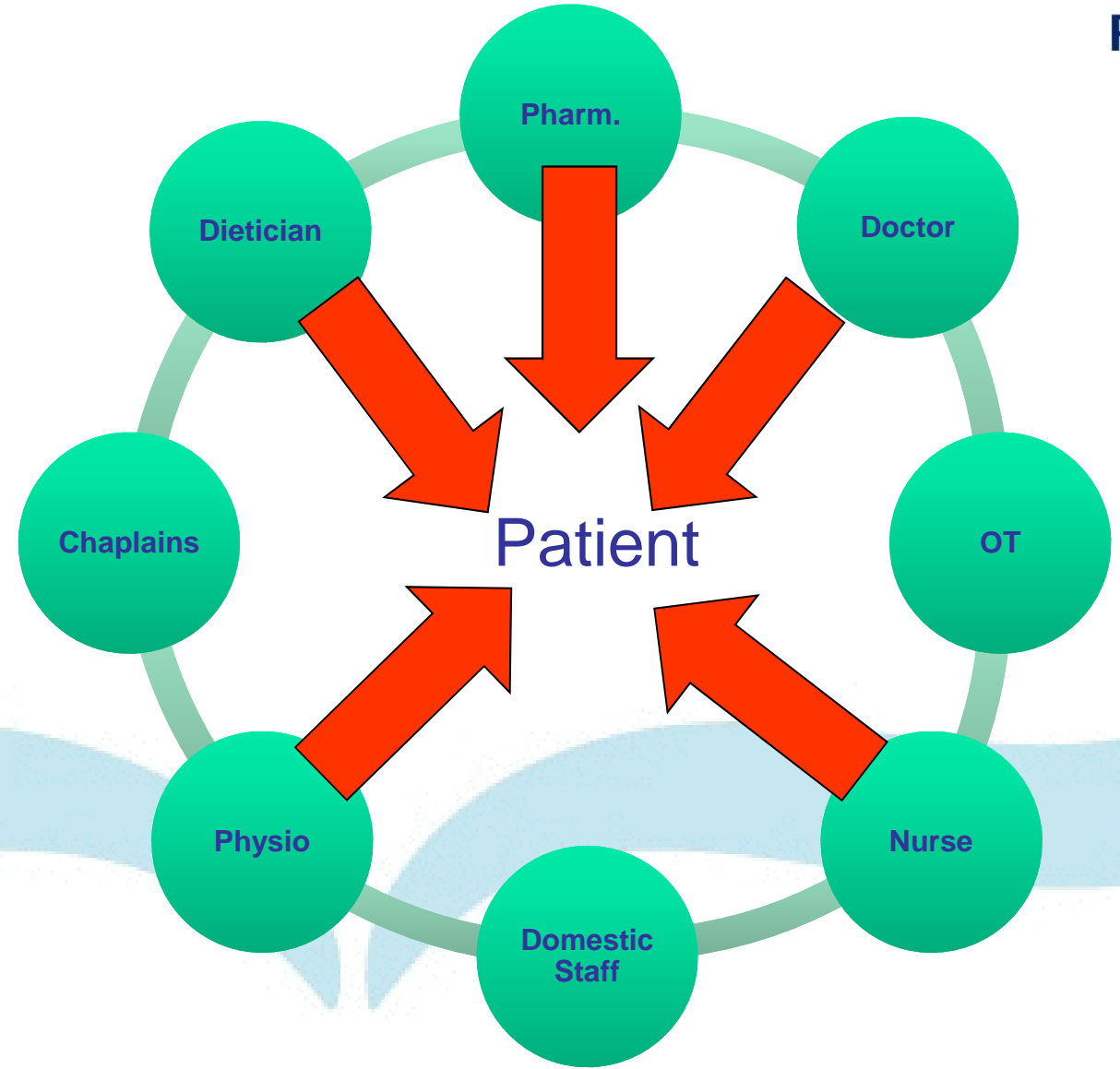


NHS
Forth Valley

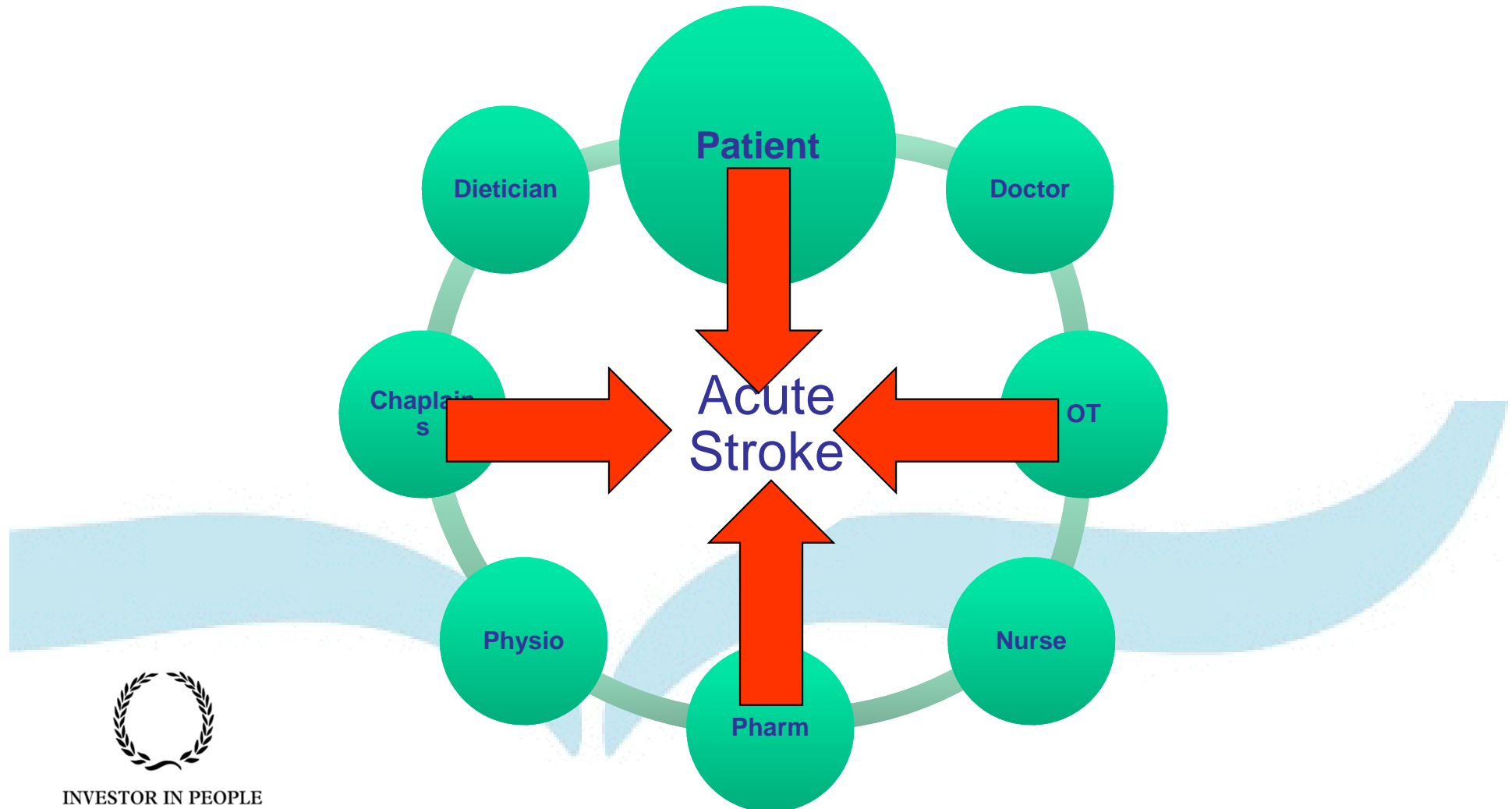


INVESTOR IN PEOPLE

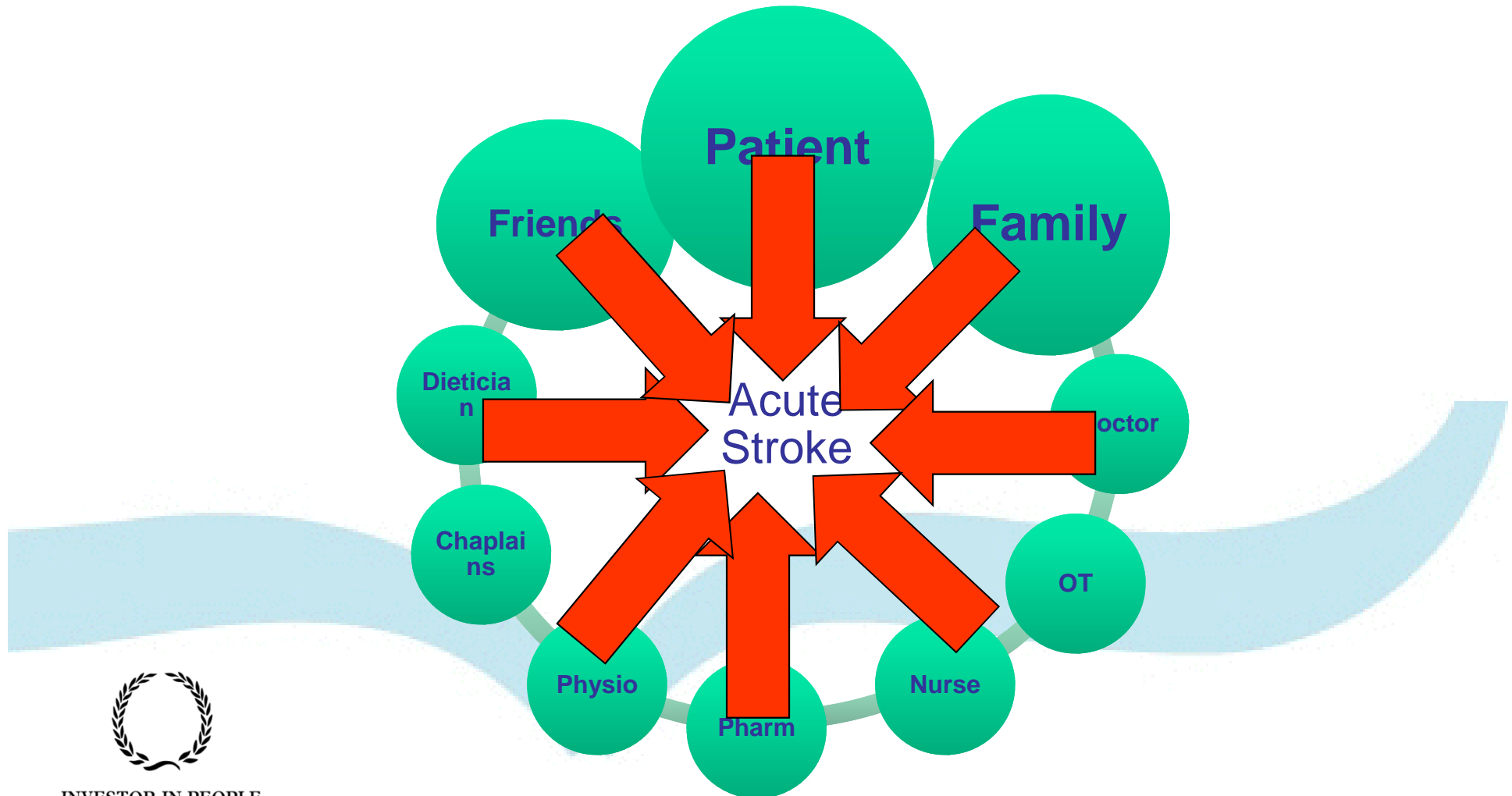
The healthcare team.....



The healthcare team.....



The healthcare team.....



Why bother with person centred care?

The subliminal signal!



NHS Scotland Healthcare Quality Strategy



- The 7 C's

- Caring & compassionate staff & services
- Clear communication & explanation
- Effective collaboration between clinicians patients & others
- Clean & safe care environment
- Clinical excellence



“People must always come before numbers. Individual patients and their treatment are what really matters. Statistics, benchmarks and action plans are tools not ends in themselves. They should not come before patients and their experiences.”

**Robert Francis QC, *The Mid Staffordshire
NHS Foundation Trust Inquiry***



- Doing to.....?
- Doing for.....?
- Doing with.....?
- Is your ICU person centred?



Professionalism Vs Consumerism....

- *“Trust us, we know what is best for you....”*

OR

- *“Let us know what you need and want,
and that is what we shall try to offer.....”*

OR

- Some kind of combination of the above?



Key challenges.....

- **Improving**

- Access
- Communication
- Collaboration

- **Tackling**

- Staff / Service-centred attitudes
- Staff / Service-centred systems & processes of care



Background literature



Critical Care Family Needs Inventory (CCFNI) (Molter & Leske 1983)

1. Proximity & Access
2. Information
3. Assurance
4. Comfort & support

Families of pts in ICU suffer from significant levels of anxiety, depression, PTSD

Jones et al; Int. Care Med 2004

Pochard et al; Crit Care Med 2001

Review of 57 Belgian ICU's – ALL reported using restrictive visiting policies.

Vandijck et al; Heart & Lung; March 2010



Background – our experience



NHS Forth Valley Families experience of ICU

- 23 families
- **Found it difficult to retain information**
- Found environment bewildering
- **Written communication would be helpful**
- Information about functioning of an ICU would be helpful
- **Would like visiting to be more flexible**



Proposed Improvements

- Use a structured communication tool to invite families to participate in setting daily goals
- Abolish restrictive visiting in favour of flexible visiting
- Initiates a means to obtain experience feedback from families



Four Tools

1. Structured collaboration with daily goals
2. Staff focus groups
3. Remove visiting restrictions
4. Real-time “experience” feedback

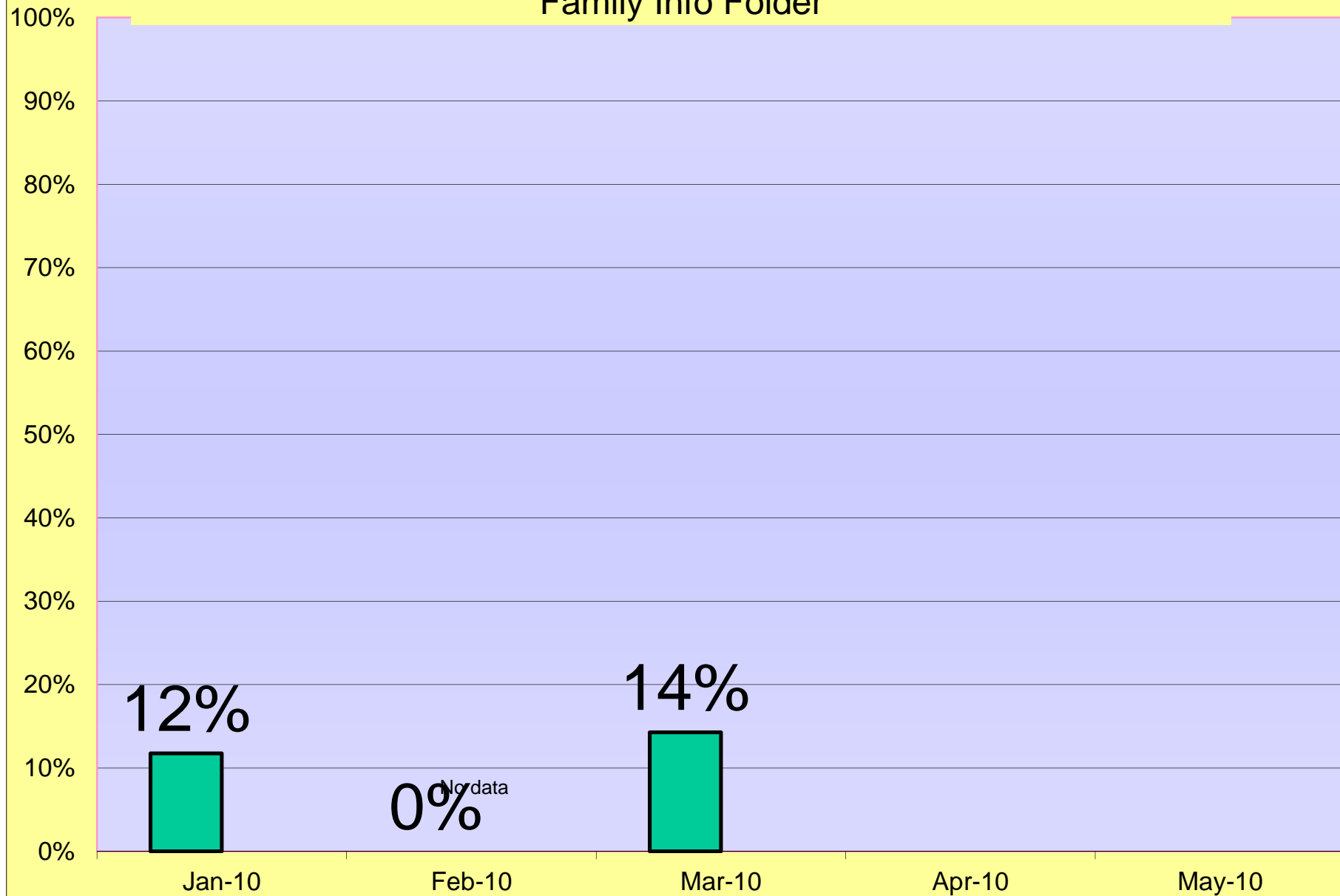


Implementation

- **Daily Goals Communication Tool**
 - Lots of small tests over a 4 wk period Mar/Apr 2010
 - 1pt 1 nurse, then 2, then 3, and all
 - Opportunity to iron out flaws & make tool fit for purpose
 - Raised awareness amongst staff, gave opportunity to get used to tool, ask questions, etc.



Family Able to Describe Two or More Daily Goals **OR** know to refer to Family Info Folder



■ % Families Describe 2 Goals ■ % Patients with info sheet present at bedside & completed

**Daily Information for Families
Intensive Care Unit**



Date: 30/6/10

Pts Nam

DOB:

Today's Plan:

- New drip in neck for drugs.
- Go to CT scanner at 4pm.
- Still has high temp - bloods to labs ?? infection.
- Start new 'feed' through drip in neck as not absorbing feed through tube in nose.
- Still in contact with Edinburgh re advice etc.

What would you like to happen for your family member today?

Just to keep dad's eyes nice, I know that they look different ~~sick~~ when fluids being pushed into him. Mum gets upset when she sees his eyes looking red.



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**Daily Information for Families
Intensive Care Unit**



Date: 28/6/10 .

Pts Name

DOB:

Today's Plan:

- + Ensure Brian is comfortable, with regular position changes.
- + get pressure relieving mattress
- + Keep Brian safe with sleepy medicine to allow us to give required treatment.
- + commence medicine to help bowels move.

What would you like to happen for your family member today?

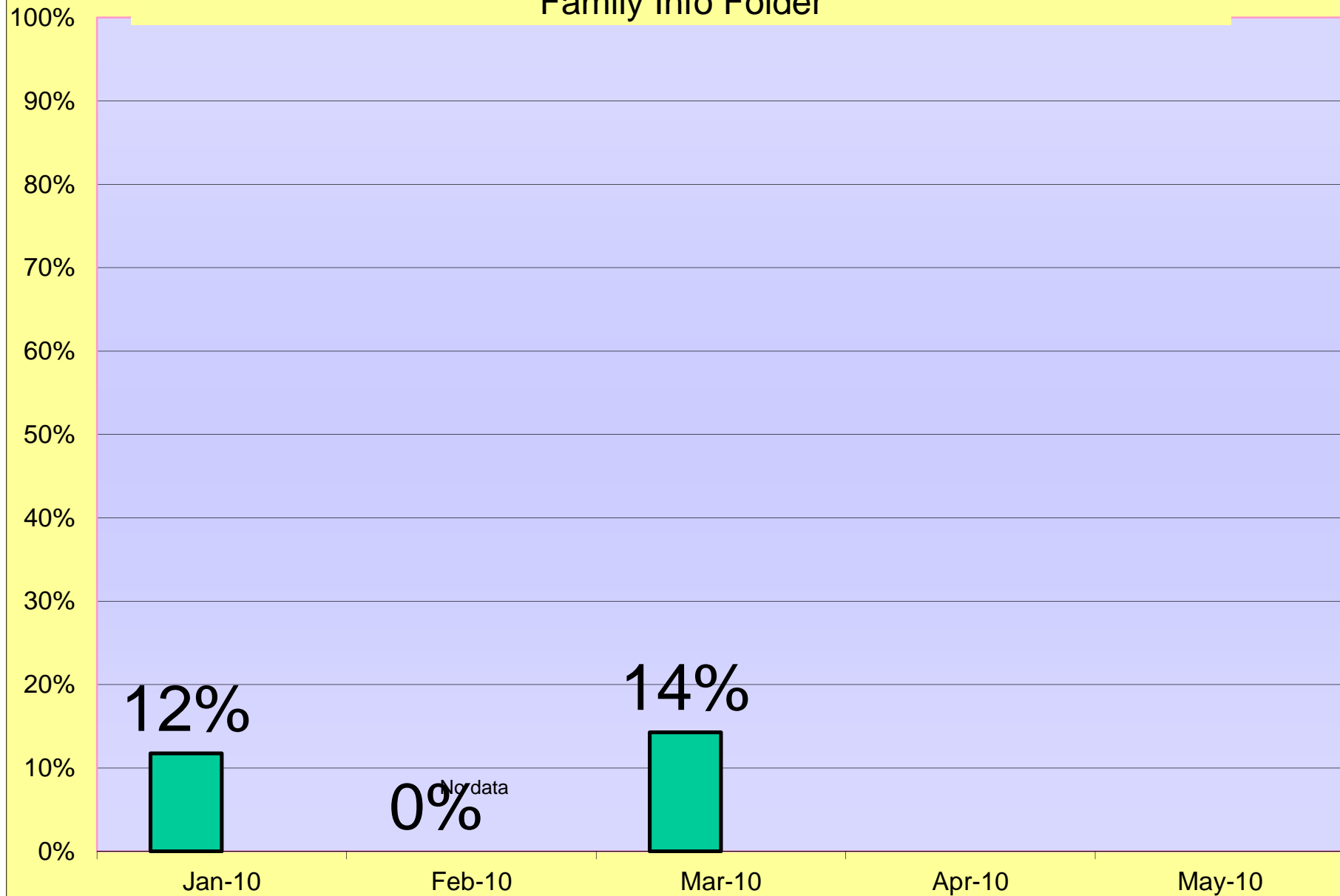
Could you now ~~moving~~^{repositioning} his legs please.

Keep doing what your doing - thanks 😊



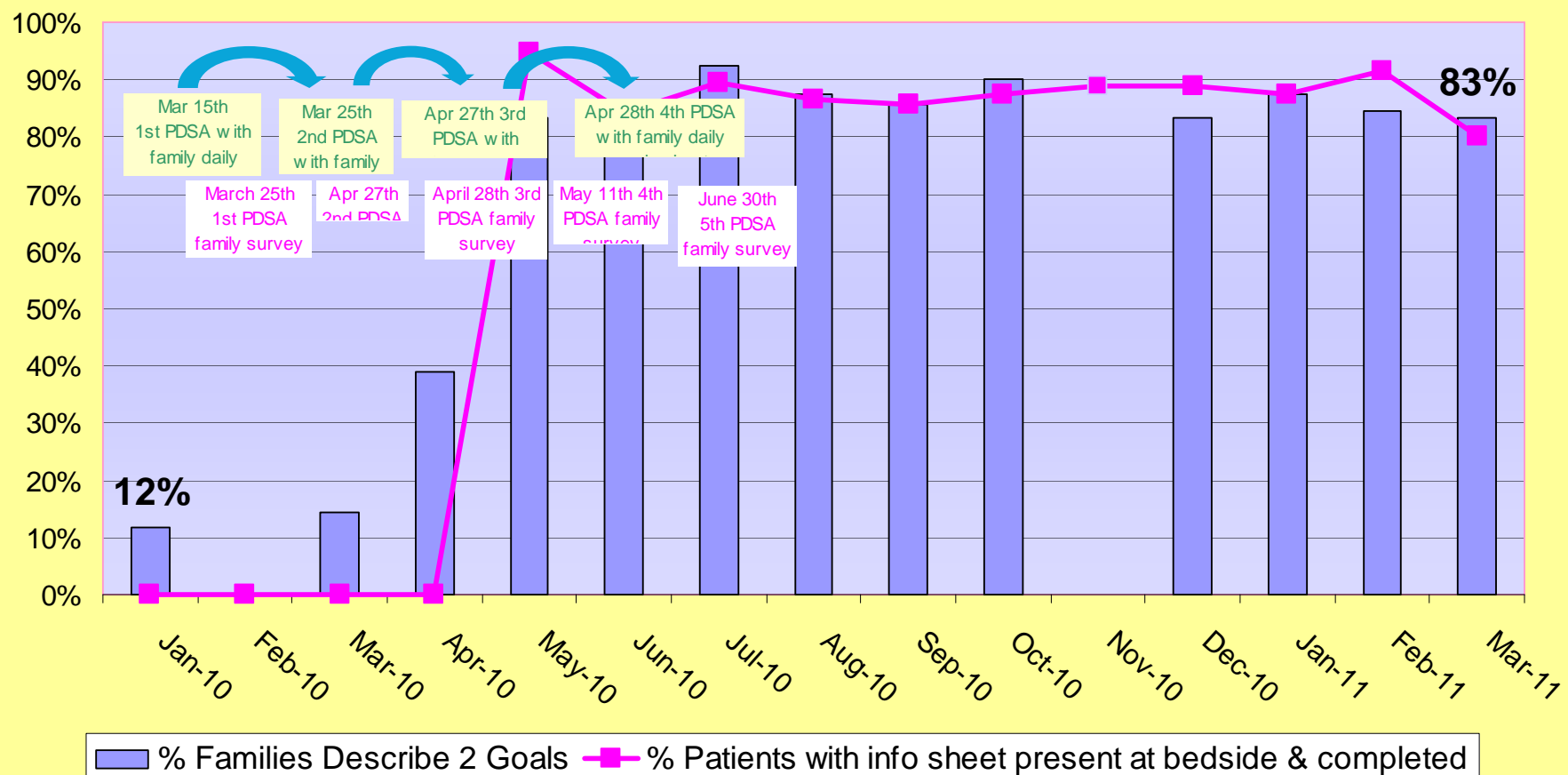
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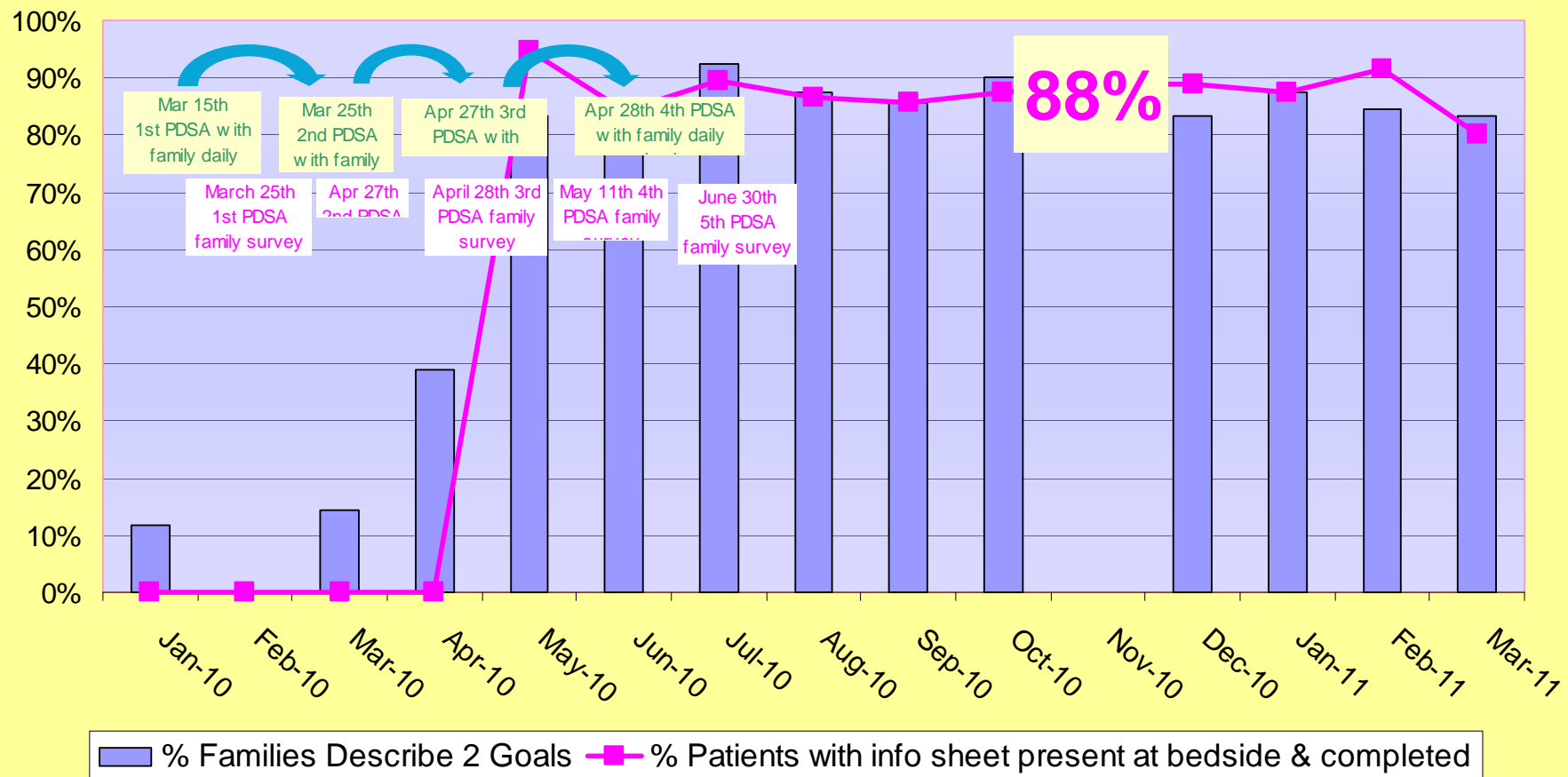


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Implementation

- **Remove visiting restrictions**
 - Evoked strong emotions!
 - Not amenable to small tests of change!



Implementation

- **Person centered Focus Groups**
 - Informal & formal over a three month period
 - 1:1 interviews with key medical & nursing staff
 - 2 questions that helped staff to step outside of a staff-centric mind set
 - Formation of guidance document & circulated for comment
 - August 2010 - implementation
 - Teething problems





Intensive Care Unit



Participating in care: guidance for families

Some families find that participating in care helps them to cope when a family member is in ICU. Other families prefer not to – either way is fine with us. Listed below is some guidance to help you understand which elements of care you may be able to participate in.

Patients in ICU often have a lot of very technical, highly sensitive equipment around their bed. In addition, the patient is often attached to a breathing machine by a special tube in the wind-pipe, either through their mouth or in their neck (a tracheostomy). Also, they will be attached to numerous drips, usually through a large drip in the neck; these drips deliver very carefully measured doses of powerful drugs.

ICU Nurses undertake specialist training in order to equip them with the skills and knowledge necessary to look after all of these things.

- In order to keep your family member as safe as possible, it is essential that you discuss any participation in care with the nurse at the bedside caring for your loved one.
- Only trained ICU staff should deal with:
 - care of the breathing tubes & oxygen delivery equipment
 - adjustment or silencing of alarms on any piece of equipment
 - adjustments to any machinery around the bed-space
 - using suction on breathing tubes
 - care of drips
 - administration of drugs
- You are welcome to help with many other aspects of care, for example mouth care or certain other aspects of comfort, such as washing your loved ones face or giving a drink. Just speak to your nurse for guidance.

Direct Dial for ICU: 01786 434477

If you have any questions relating to any aspect of your relative's care please do not hesitate to speak to us.



Intensive Care Unit



Flexible Visiting: guidance for families

When a loved one is in hospital it can be a very stressful time. This is especially the case when someone close to you is in the Intensive Care Unit (ICU). We are very aware of the need for families to be close and support one another during difficult times in life. Our flexible visiting policy aims to accommodate this important principle, **this means that we do not have any set visiting times in our ICU.**

How does flexible visiting work?

We have summarised some guidance below to help you organize your visiting in a way that considers your needs, and the needs of you relative.

- Speak to the nurse looking after your family member for advice. They will help you to balance your needs with the needs of your loved one.
- In the initial stages you may want to be around more until you understand what is happening.
- Some people find it difficult to spend long periods in such an intense environment - this is quite normal. If you feel this way you may prefer to have more frequent shorter visits.
- It is important for patients in ICU to remain calm and get lots of rest. If you are spending longer periods in ICU we would ask you to bear this in mind. A few quietly spoken words just to let them know you are here, and sitting holding hands or reading a book by the bedside can be very beneficial.
- Sometimes people do not recover from their illness. If you are in a situation where your loved one has reached the end of their life we relax the 2 people per bed guideline if required.
- To preserve the dignity of you relative, or other patients in the vicinity we will sometimes ask you to wait outside while certain types of procedures are carried out.
- Some people find that participating in care helps them to cope. This may simply be moistening the lips or washing your relatives face. Others prefer not to be involved. Either way is fine with us, just speak to your nurse for guidance about what you can do.

Direct Dial for ICU: 01786 434477

Implementation



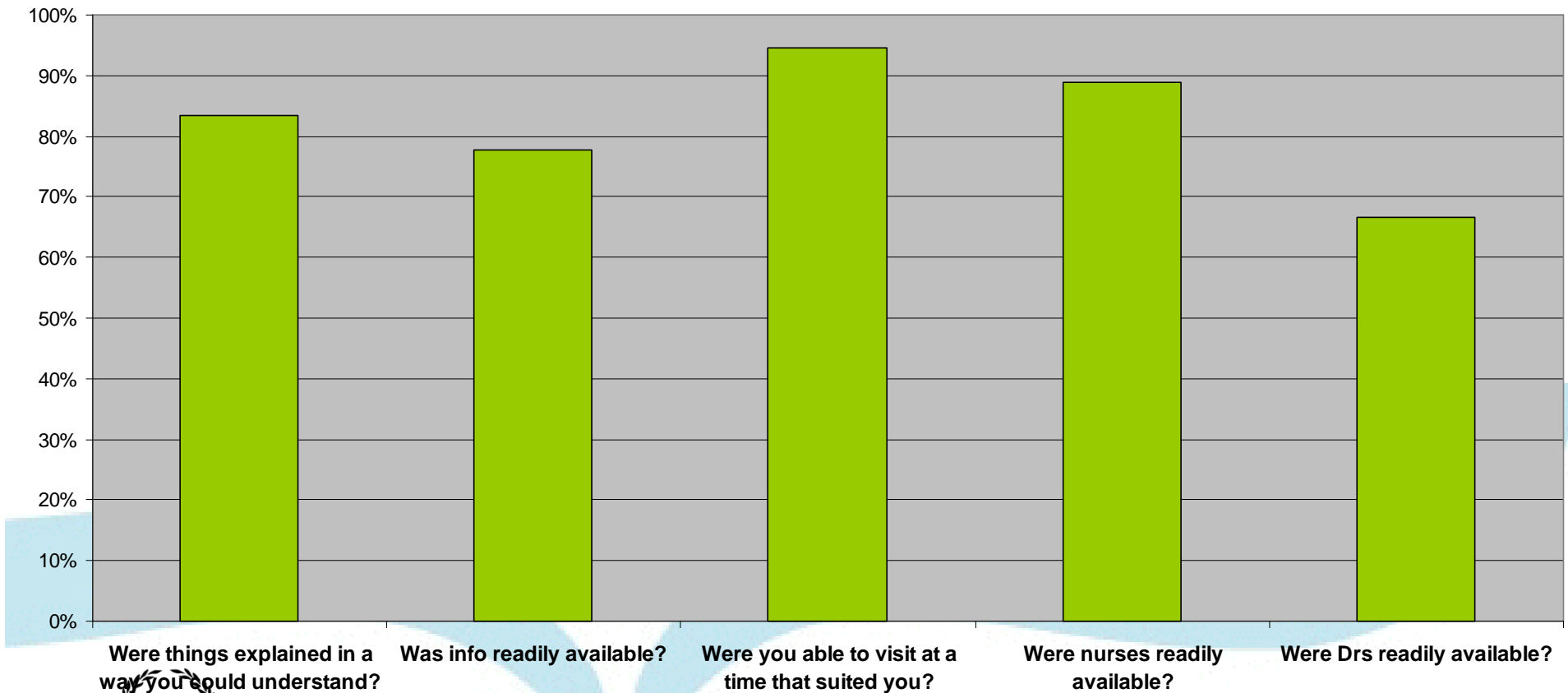
Focus Group Questions

1. What impact do you think a liberalised visiting policy would have on your job?

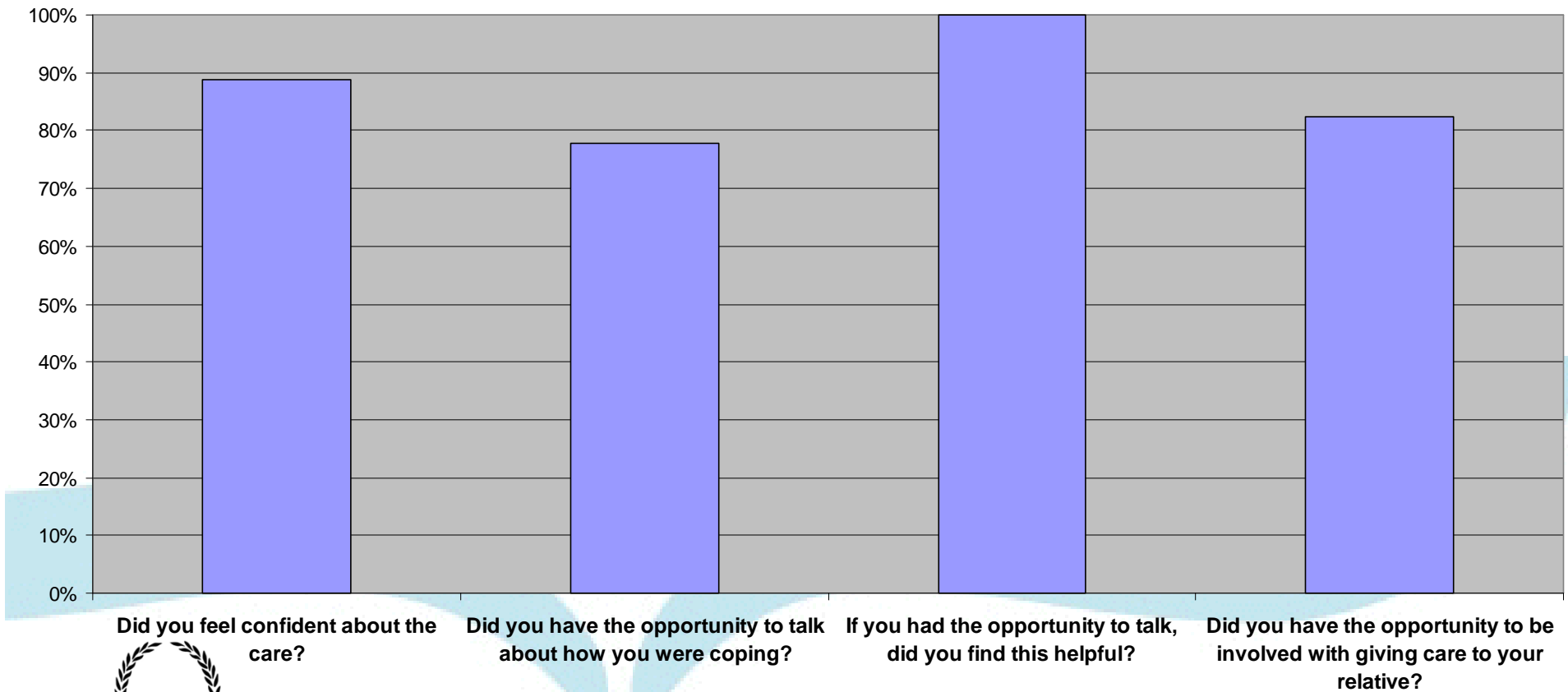
2. What type of access would you like if a member of your family was critically ill in ICU?



Family Experience of ICU Nov 2011 - Jan 2012
% of respondents that answered "Excellent"



Family Experience of ICU Nov 2011 - Jan 2012
% of respondents that answered "YES"



Take home message.....



- The **power of person centeredness** informing & driving change
 - Always ask the question: “what value does this provide for the patient?”
- The importance of formalising & structuring communication
- Patient’s family are not “visitors”, we are the visitors.
- Patients & family are **allies for quality & safety**. They are important members of the healthcare team



A vision of a *truly* person centred healthcare system.....

- Hospitals would have no restrictions on visiting – place, time or person, except those chosen by, & under the control of each individual patient.
- Patients & family would participate in rounds.
- Medical records would belong to patients. Clinicians, rather than patients, would need to have permission to gain access to them.
- Patients & families would participate in the design of healthcare processes & services
- Outpatient depts & operating theatre schedules would conform to ideal queuing theory designs aimed at minimising waiting time.
- Patients physically capable of self-care would, in all situations, always have the option to do it.

• **Etc, etc.....**

(Berwick 2009)

Heaven or Hell?

Our challenge...

- Create the culture
- Individualise care
- Unlock the patient & family resource



Its not dangerous to open up the doors!