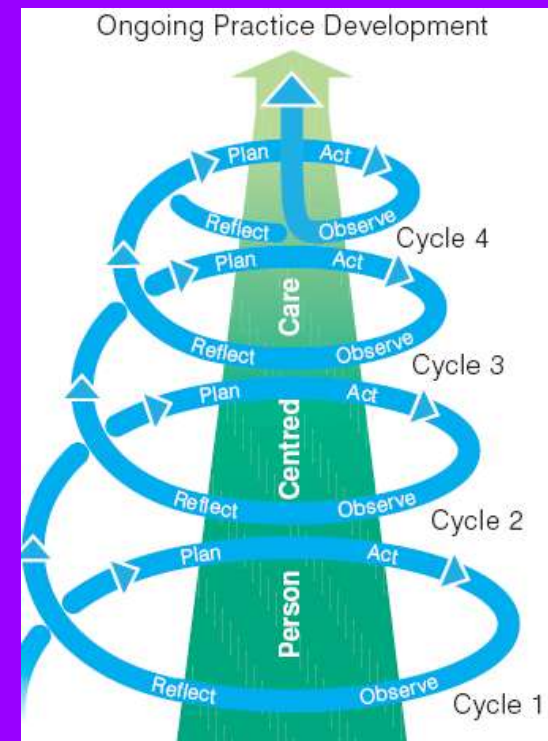


# Facilitating person-centred care for older people with cognitive impairment and disturbed behaviour in the acute care setting using action research.

Dr Julia Poole      Barbara Lewis  
Prof Sharon McKinley  
Prof Lynn Chenoweth  
Assoc. Prof Sarah Hilmer



Action Research Cycles

May I go quickly –  
but if I don't,  
let me not linger,  
unknown,  
unknowing,  
unloved,  
struggling to resolve my life  
without a listener.

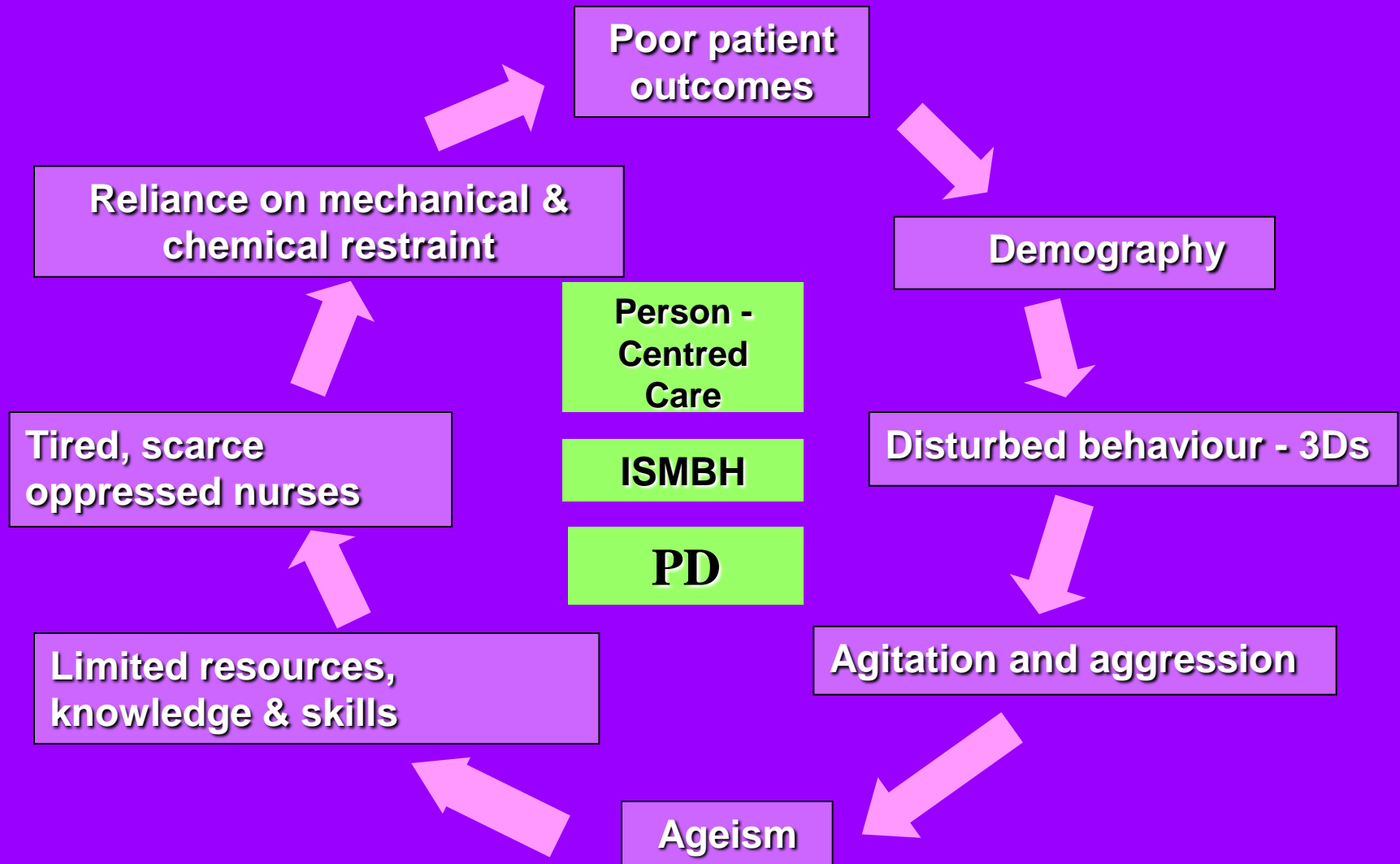
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# Research Question

Can the instigation of a special person-centered approach to care of patients with cognitive impairment and disturbed behaviour in acute care result in

1. decreased nursing stress
2. enhanced patient care practices
3. **improved patient outcomes and family satisfaction?**

# Literature Review & Problem Summary



Person - Centred Care (PCC) (Kitwood and Bredin, 1992); Integrated Structural Model of Human Behaviour (ISMHB) (Kanter, R. M. 1977); Practice Development (McCormack, Manley and Garbutt 2004)



Mrs A

**NURSING NOTES FOR  
COMMUNICATION  
AND CARE CUES**

Pin Class: 00

We realise that as a carer (spouse, partner, relative or friend) there may be important information that you would like us to know so that we can provide better care. Please can you **EXPLAIN** the significant things?

1. Does the patient have any communication difficulties (eg can't say what they may want to, can't understand etc)?

YES. VASCULAR DEMENTIA + CONFUSION. CAN'T SWALLOW.  
SPEECH IS AFFECTED.

2. Does the patient normally move about (eg by themselves, with walking stick or walking frame, holding on to the furniture etc)?

PRIOR TO ADMISSION, PRUE WALKED WITH A STICK.

3. Does the patient wear any artificial aids (eg dentures, hearing aid, glasses, limbs etc)?

2X HEARING AIDS, READING GLASSES.

4. What are the usual hygiene habits (eg showering/bathing, shaving, toileting, continence, denture management etc)?

ALL OK UP TO ADMISSION. SHOWERING WITH ASSISTANCE

5. Are there any special food or drink requirements or likes/dislikes (eg allergies, consistency, religious, milk/sugar etc)?

PRUE LOVES A CUP OF TEA.

ALLERGY TO MORPHINE

6. What are the usual sleeping habits (eg bed time, waking time, pillows, blankets, position, night caps, settling routines etc)?

BED BY 9.30pm. AWAKE 7am. 2 HOUR AFTERNOON REST 1-3.

OCCASIONAL MORNING REST. SLEEPS WITH 2/3 PILLOWS.

Does the patient SMOKE  Yes  No BUT NOT SINCE ADMISSION TO HOSPITAL

Does the patient drink alcohol regularly  Yes  No 1/2 GLASS OF LUNCH + DINNER.

Please could you bring in some comforting personal items (eg toiletries, photos, rug, clothing, books, music etc) so that we can reassure and orientate your relative.

Name & relationship of person completing the form:

Name: KATHLEEN Relationship: DAUGHTER Date: 01/07/09

Surname: \_\_\_\_\_ MRN: \_\_\_\_\_  
Given Names: MRS A.  
Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_  
(Affix patient label here)

PREFERRED NAME: PRUE

Where born: SYDNEY AUCT. Time lived in Australia: \_\_\_\_\_

Language spoken at home: ENGLISH English ability: \_\_\_\_\_

Names of Adult Family Members (spouse, brothers, sisters, etc): JOHN P. S (HUSBAND)  
MILES P. (BROTHER) DEIDRE P. (SISTER)

Names of Children: BRENDAN, MICHAEL, MIKO, KATHLEEN, MARY,  
JOHN + JENKO.

Names of Grandchildren: TIM, MATT, KEIRAN, BEN, CARA, MIFFY,  
SCAN.

Names of other Special People or Pets: \_\_\_\_\_

Cultural or Religious Practices: ROMAN CATHOLIC

Past Major Occupation: GENERAL PRACTITIONER.

Past Hobbies or Interests: BRIDGE, GEMSTOCKERY, READING.

Occasions of Importance: BIRTHDAY.

Other Special Issues and/or important habits (likes, dislikes, rituals, ways of doing things etc)

Name & relationship of person completing the form:

Name: KATHLEEN Relationship: DAUGHTER Date: 01/07/09

NURSING NOTES FOR COMMUNICATION AND CARE CUES

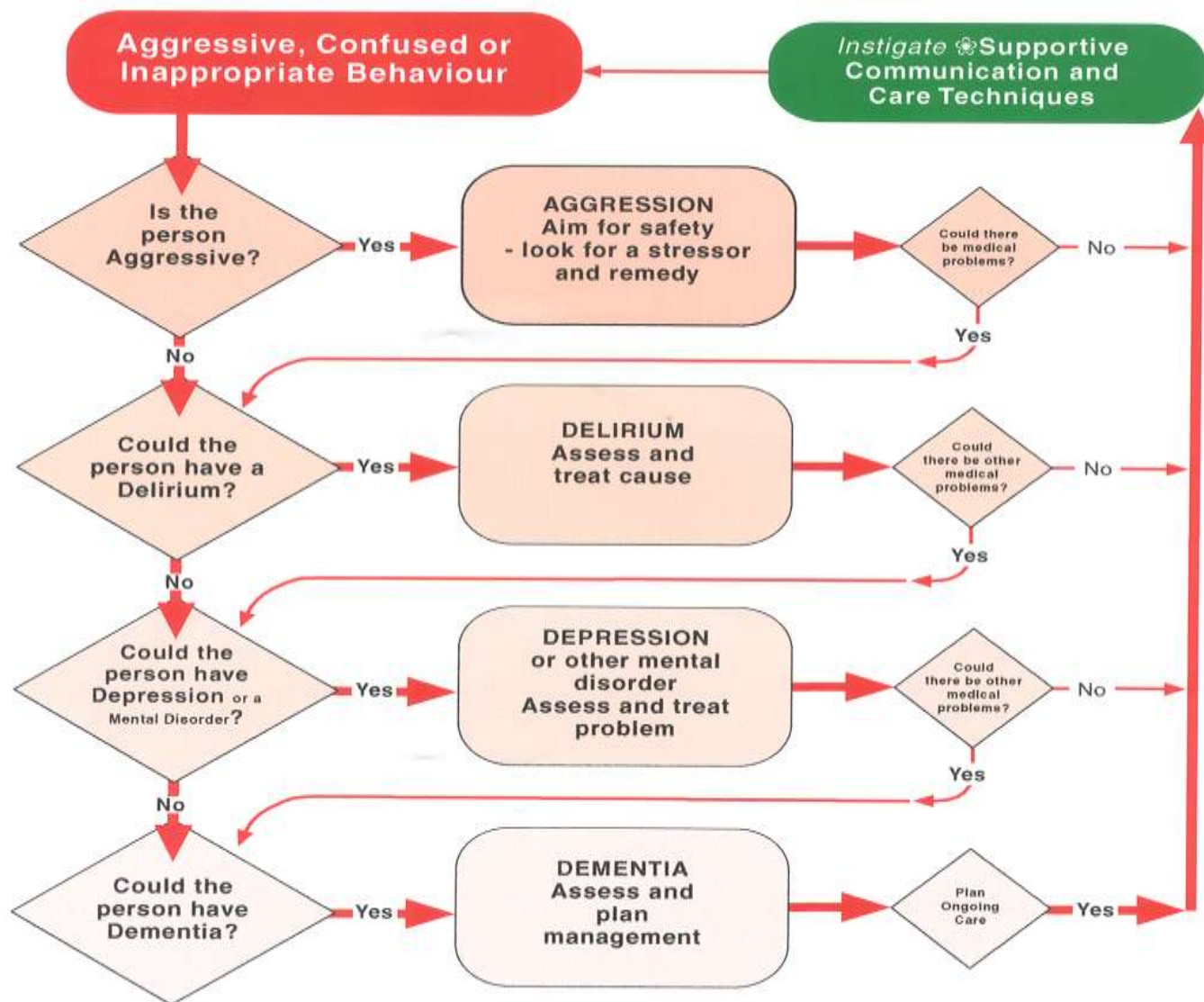
BINDING MARGIN  
DO NOT WRITE

# Results

- **Nurses (decreased stress?)**
  - ↑ stress in hypo-alert behaviour
  - ? some moderately burnt out
  - ↑ delirium education, trend dementia education
- **Interactions (improved nurse and patient outcomes?)**
  - ↑ IO, trend ↑ Positive Social care
- **Nursing Care**
  - ↑ Communication and Care Cues (CCC) form
  - no other observable change



**Figure 1: Poole's Algorithm: Nursing Management of Disturbed Behaviour in Older People**





# Supportive Communication and Care

**Show respect and empathy - to  
reinforce and REINSTATE the  
person's sense of DIGNITY and  
IDENTITY**

# Person-Centred Care

Kitwood and Bredin, 1992

- *a sense of personal worth or self esteem*
- *a sense of agency*
  - ... *the ability to produce, achieve, make a mark upon others and the world*
- *a state of social confidence*
  - ... *being at ease with others*
- *a state of hope*
  - ... *a sense that the future will be, in some way, good.*



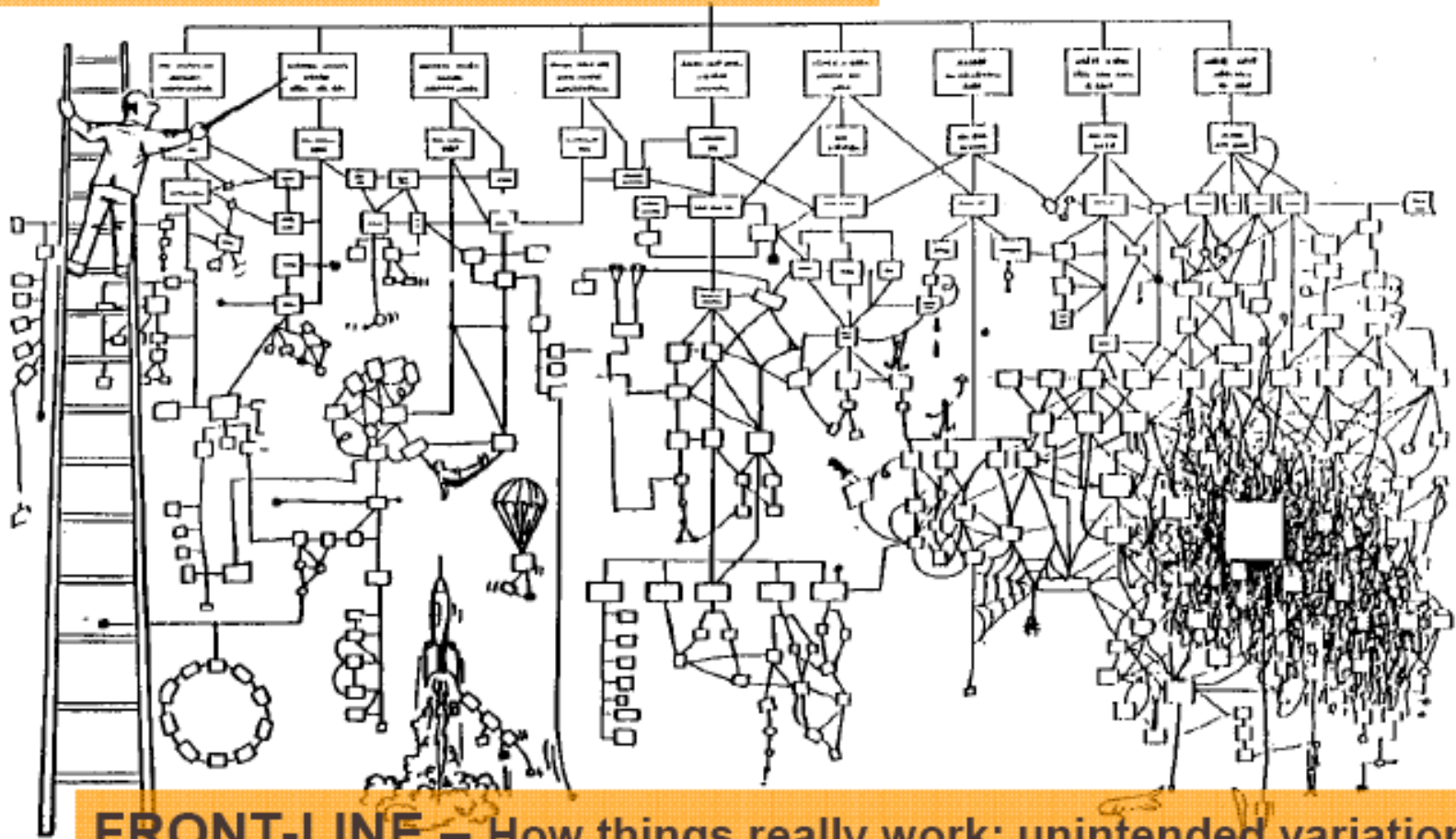
# Person Centre Care

Loveday and Kitwood 2000

- Attend to the whole person
- See each individual as special and unique
- Give respect for the past
- Focus on the positives
- Stay in communication
- Nourish attachments
- Create community
- Maximize freedom, minimize control
- Don't just give – receive as well
- Maintain a moral world

# ***KEY framework: ALL Work is a Process!***

**LEADER – “How I think things work”**



**FRONT-LINE – How things really work: unintended variation**

**Confusion...Conflict...Complexity...Chaos**

# Family Carers

- NSW Carers Action Plan
  1. Carers are recognised, respected and valued
  2. Carers are partners in care
  3. Hidden Carers are identified
  4. Services for Carers are improved
  5. Carers are supported to combine work and care

# Engaging with Carers

- *Creating community....*
  - Embracing what is there – don't reinvent the wheel
  - Carers are partners in Care – utilising their unique knowledge of the patient
  - It is about reinforcement and reminders to Carers, staff and 'the system'
  - Person centred care is about all aspects of the person

# REMEMBER

**Behaviour is a means of  
communication**

**The person is not the problem  
the problem is the problem**



"Do you know what I fear most about old age?"

"No what?"

"Incontinence!"

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