

National Clinical Programme for Older People



WHAT MATTERS TO YOU?

A quality improvement initiative to enhance
compassionate person-centered care

Foreward

Care, Compassion, Trust and Learning are core tenets of healthcare values in Ireland and the public expect health care that is competent, compassionate and caring. In the past decade, a number of reports have challenged this expectation. Recent studies in Ireland found that older people feel invisible and regard health services to be lacking in dignity, respect, and compassion. This finding is similar to the Mid-Staffordshire Enquiry, which noted older people were viewed as a nuisance, rather than adults who should be partners in their care.

“What Matters to You” is an initiative that supports person-centeredness in care. It is a simple approach to capturing issues that are

DON Berwick stated on Twitter recently that “What Matters to You” (WMTY) is the most important question healthcare professionals can ask their patients, as it sets the compass of care in the right direction. Jason Leitch (NHS Scotland) describes WMTY as the new vital sign. He suggests the emphasis for healthcare staff appears to centre on “What’s the matter with you”. He suggests that while the presenting health issue is a concern to the patient, their experience of hospital care is measured by the level of dignity, compassion and respect with which they are treated.

important to the individual in the hospital and when known by staff can improve patient experiences. The National Clinical Programme for Older People (NCPOP), in collaboration with the Quality Improvement Division (QID) and the Irish Hospice Foundation (IHF), partnered with two acute hospitals in Ireland, as part of a pilot project to inform the national rollout of “What Matters to You”. This document provides an overview of the concept “What Matters to You (WMTY), the education programme and the tools developed to support its implementation and the findings of a pilot programme which was undertaken in two acute hospitals in Ireland.

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Introduction

On admission and throughout the acute hospital stay, the main focus of the healthcare professional is the medical model of care, which revolves around the physical status of the patient¹. The emphasis appears to centre on “What’s the matter with you”². While a focus on rapid treatment, high turnover and shorter lengths of hospital stay is not wrong, problems arise when these goals are prioritised at the expense of values such as compassion. When values are regarded as an optional extra, the primacy of care is lost³. Dewar⁴ suggests that the system must find a way to allow both paradigms of care to flourish and co-exist.

Until we synthesise and value both elements of care and deliver them in equal measure, on a consistent basis, we will not meet the needs of frail older people, their families or the community⁵. While the presenting health issue is a concern to the patient, their experience of hospital care is measured by the level of dignity, compassion, and respect with which they are treated^{6,7}.

1. Dewar, B., & Nolan, M. (2013). Caring about caring: Developing a model to implement compassionate relationship centred care in an older people care setting. *International Journal of Nursing Studies*, 50(9), 1247–1258.

2. Doyle, C., Reed, J., Woodcock, T., & Bell, D. (2010). Understanding what matters to patients - identifying key patients’ perceptions of quality. *JRSM Short Reports*, 1(1), 3. Retrieved from <http://shr.sagepub.com/content/1/1/3.full.pdf+html>.

3. Patterson, M., Nolan, M., Rick, J., Brown, J., Adams, R., Musson, G., (2011). *From Metrics to Meaning: Culture Change and Quality of Acute Hospital Care for Older People*. Report for the National Institute for Health Research Service. Delivery and Organisation Programme.

4. Dewar, B. (2011). Caring about caring: an appreciative inquiry about compassionate relationship centred care. A thesis submitted to Edinburgh Napier University in accordance with the requirements of the degree of PhD. Retrieved from <http://researchrepository.napier.ac.uk/id/eprint/4845>

5. NHS. (2014). Safe, compassionate care for frail older people using an integrated care pathway: Practical guidance for commissioners, providers and nursing, medical and allied health professional leaders. NHS

6. Health Service Executive & Age Friendly Ireland. (2015). *Listening to Older People : Experiences with Health Services*. Health Service Executive

7. Health Service Executive & Age Friendly Ireland. (2016). *Listening to Older People : Experiences with Health Services*. Health Service Executive

What Matters to You (WMTY)

To provide care that is effective and compassionate we need to know the details of care that matter to the person⁸. The WMTY initiative supports this approach to care, as it involves healthcare staff asking the patient what is important to them, rather than simply concentrating on their diagnosis and past medical history. Information captured through WMTY provides staff with a unique knowledge of the person, which then informs the plan of care for that patient.

The intended impact of the WMTY initiative is to:

- ✓ Counter-balance the sense of invisibility felt by older people admitted to hospital^{6, 7}.
- ✓ Positively influence the experience of patients as they express the issues that are important to them⁹.
- ✓ Enhance the potential to deliver compassionate care, which, in turn, enhances positive outcomes for patients¹⁰.



What Matters to You: The Steps

8. The Health Foundation. (2014). *Person-centred care made simple: What everyone should know about person-centred care*. Health Foundation

9. Firth-Cozens, J., & Cornwell, J. (2009). *The Point of Care Enabling compassionate care in acute hospital settings*. The King's Fund.

10. Lown, B., Muncer, S., & Chadwick, R. (2015). *Can compassionate healthcare be measured? The Schwartz Center Compassionate Care Scale???* *Patient Education and Counseling*, 98(8), 1005–1010.

Step 1: Education

The literature suggests that staff enjoy caring conversations with patients but do not always find them easy ¹¹. The Irish Hospice Foundation's "What Matters to Me" education programme was adapted for use in the acute hospital to support staff with caring conversations. The education programme includes discussion on how compassion can be translated to care, in a way that is meaningful to the patient. Understanding that compassion in caring is not impacted by time, provides staff with the insight to look for opportunities in the moment, to ask the patient what matters to them, which can benefit both the relationship and care delivery. Contact bryan.nolan@hospicefoundation.ie for further details.

WMTY is not solely a nursing role and therefore needs to be promoted as a whole team (including clerical, domestic, portering and healthcare professionals) approach to care and all team members should attend the education programme. The education programme has been allocated Category 1 and 7 CEU points with Nursing & Midwifery Board of Ireland (NMBI). For Health & Social Care Professionals CPD credits are awarded on the basis that one hour of learning is equal to one CPD point (Health & Social Care Professionals Council) or as per their governing body. The WMTY pilot programme found that educating the MDT together and in advance of the initiative enhances morale, was a positive team building exercise and enhanced the team's sense of excitement about WMTY.

11. Dewar, B., & Mackay, R. (2010). *Appreciating and developing compassionate care in an acute hospital setting caring for older people. International Journal of Older People Nursing*, 5(4), 299–308.

Step 2: A Systematic Approach

The literature suggests that the most positive experiences of care occur when staff know what matters to the patient^{4,12}. However, this type of information is often shared in an ad-hoc manner during conversation or in hand over. A systematic approach is required, if we really want to understand what patients consider to be meaningful and valuable.

WMTY is an approach that promotes compassionate relationship-centred care, whereby staff routinely ask the patient what is important to them during their time in hospital. This information is recorded, with the patient's permission, on the WMTY board (Appendix 1) and can be used to inform the plan of care for that patient. The WMTY board can be kept at the bedside/at the back of the bed, or in a place determined by the patient, for ease of access by all healthcare professionals. Information captured in this way provides staff with a unique knowledge of the person, which promotes relation-centred compassionate care and means staff relate to the patient as a person, rather than concentrating on their diagnosis and past medical history¹³.

WMTY boards should be routinely placed the patients bedside on admission, as part of the admission routine. The patient and their families should be provided with the Patient Information Leaflet (Appendix 2) and informed that when information about what matters to the patient is made available, it should be added to the board on an ongoing basis.

12. Youngson, R. (2014). Re-inspiring compassionate caring : the reawakening purpose Workshop. *Journal of Compassionate Healthcare*, 1 (1), 1-3.

13. Smith, S., James, A., Brogan, A., Adamson, E., & Gentleman, M. (2016). Reflections about experiences of compassionate care from award winning undergraduate nurses – What, so what ... now what? *Journal of Compassionate Health Care*, 3(1), 6.

Populating the WMTY board is **not** a specific “task” but is a tool that should be used by all the team, the patient, and their family to assist with knowing what matters to the patient. Where the patient does not want to participate the board (Appendix 3) is placed at the back of the bed to note the patient has been asked WMTY. If the patient wants to participate but would prefer the board was not at the back of the bed the board (Appendix 4) can be put insitu to denote that the WMTY board is in the patients wardrobe.

Shared Learning from the Pilot

Evaluation was a key element of the pilot programme from the outset, and a number of different approaches were undertaken to ascertain including a staff survey pre and post-pilot, interviews with patients pre and post the introduction of the initiative, interviews with staff post introduction of WMTY and an evaluation of the education programme. Logs of the number of WMTY boards completed were maintained on a weekly basis

Staff on Pilot Wards

It was apparent from interviews that the WMTY initiative was seen as a positive initiative by staff on both wards. Staff reported that the information captured was helpful to patient care, as it enabled conversations, building rapport and establishing relationships. One interviewee stated WMTY enhanced person-centered care, as knowing the patient as a person resulted in more flexibility around meal times and visiting times on her ward.

This finding is supported in the literature, where the quality of care is reported to be based upon relational dynamics, which can positively impact upon the patient’s experience of healthcare^{3, 14}. Another interviewee shared the learning that occurred for her when she was

calling her patient “John,” which was his given name, but he was called “Sean” at home. She wasn’t calling him by the right name, and he wasn’t responding and was becoming agitated. When she realised he was called Sean he started to engage with her. She recognised the importance of the detail WMTY can provide in enhancing patient care.

Person-centered care cannot be practiced in a mechanical or disconnected manner, but must be a genuine connection with the patient as an individual ¹⁵. One nurse stated that WMTY reminded her to engage with the patient as a person and the initiative enhanced her sense of job satisfaction. She stated she felt a sense of achievement when the patient recognised her outside of the hospital setting. The sense of the patient knowing and relating to the staff member was raised at a number of interviews and supports the concept that person-centered care is a two-way relationship, where the patient engages in a person-to-person relationship with the nurse ¹⁶. One HCA stated that undertaking the WMTY education programme had made her realise that she had a lot more to contribute to patient care. She had since completed an advocacy programme and was volunteering with Support and Advocacy for Older People in Ireland (SAGE).

14. Department of Health: Office of the Chief Nursing Officer. (2016). *Position Paper One: Values for Nurses and Midwives in Ireland*. Department of Health.

15. Sharp, S., McAllister, M., & Broadbent, M. (2015). The vital blend of clinical competence and compassion: How patients experience person-centred care. *Contemporary Nurse*, 6178, 1–13.

16. Baker, G. (2011). The roles of leaders in high-performing health care systems. The KingsFund

This supports the suggestion that gaining insight into the patients lived experience of care cultivates person-centered values and enhances the development of compassionate practitioners¹⁷. However, it was also of note that support staff (catering and domestic staff) felt that while they attended the education programme, there was no role for them in the completion of the boards. The sense that WMTY is the remit of nursing was also noted in the interview with the doctor who valued the information obtained through WMTY, but felt that as nurses spend the majority of time with patients; completing the boards would be their remit.



Take Away Message

- ✓ Having named champions onsite is crucial to maintaining momentum especially in organisations that are undergoing continuous change.
- ✓ The initiative can be used to assist first-year student nurses in completing their communication learning objectives.
- ✓ Engaging students in the initiative has the potential to re-engage staff and enhance hospital-wide discussion on the initiative, as the students share their learning with colleagues and during future placements.
- ✓ Higher Education Institutes at the WMTY pilot sites agreed to include the WMTY initiative in the undergraduate nursing curriculum as part of their communication module to enhance communication and person-centered care.

17. Tee, S. (2012). Service user involvement - Addressing the crisis in confidence in healthcare. *Nurse Education Today*, 32(2), 119–120.

The findings of the Listening to Older People Report ^{6,7}, the interviews completed pre-implementation of WMTY on the pilot wards and the feedback from NHS Scotland suggests that WMTY is an initiative that can enhance person-centered compassionate care.

Interviews with patients at the end of the pilot suggest that patients do think that it is a positive initiative, especially for older people with cognitive and communication issues. The learning diaries maintained on the ward captured a number of situations where WMTY was key to the provision of better outcomes for patients. These included reduced agitation and better relationships between staff and patients (Appendix 5).



Recommendations & Next Steps

1. **Leadership** commitment to support and promote the project is crucial. This includes releasing staff for training sessions, supporting local champions, helping overcome barriers and resistance.
2. **Engage** with staff at ward level– conduct baseline interviews with staff or consider using some front line ownership tools (<http://www.liberatingstructures.com/>).
3. **Plan** regular meetings with staff during the planning and implementation stages to provide updates, identify barriers and share learning.
4. **Identify** front line champions with capacity to drive the project and work closely with these champions, with regular meetings and updates.
5. **Anticipate** resistance – seen as an addition to the workload, staff shortages, sick leave, annual leave, etc.
6. Have **supporting materials** ready – patient information leaflets, posters, FAQs, (Appendix).
7. Organise a **launch** in the hospital – make it an event.
8. **Communicate** clearly **realistic** expectations for the introductions of the project – one nurse – one patient at a time, not an entire ward.
9. **Capture and share** stories and examples from “What Matters to You” story boards.

Conclusion

The role of caring conversations is repeated throughout the literature, which suggests that to understand a human being one needs to understand his or her story and this requires a willingness to develop relationships, through engagement in real dialogue, based on honesty and courage. WMTY is an approach that supports caring conversations and compassionate relational care.

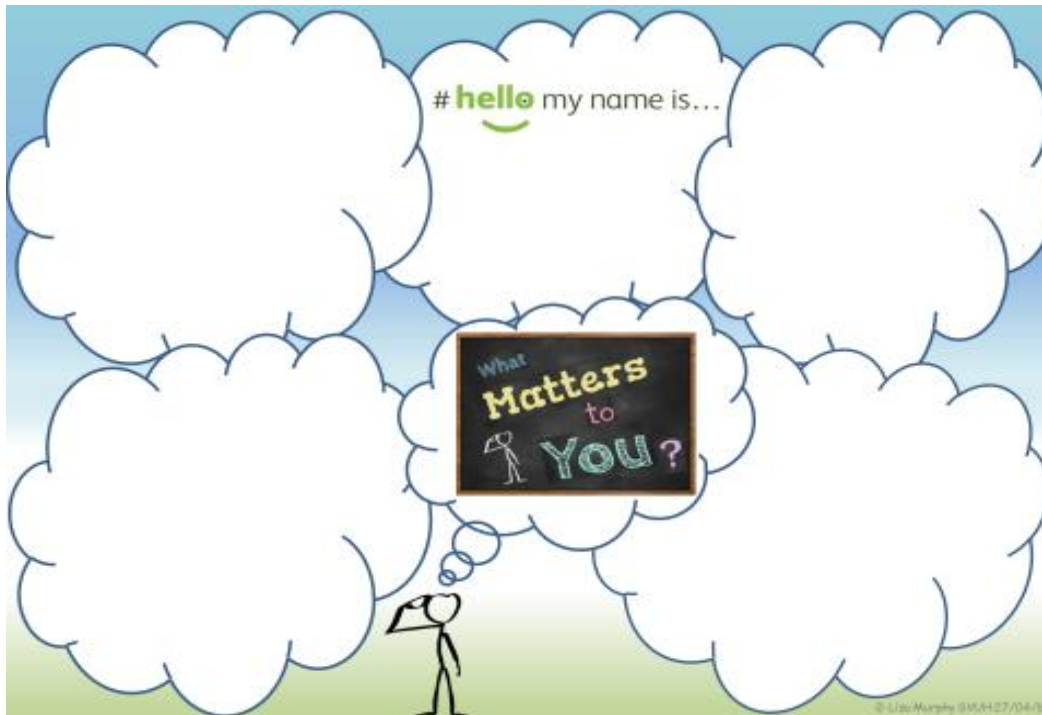


https://www.youtube.com/watch?v=H_Z1ZvjIKDE

Jason Leitch NHS Scotland: WMTY TED

APPENDICES

Appendix 1: WMTY Board: Front



WMTY Board (Back)



Appendix 2 Patient/Relative Information Leaflet



“What Matters to You” – Patient/ Relative Information

We recognise that being in hospital can be a stressful experience for patients and their families. We want to try to reduce that stress, as much as possible and we have found that we can do that better when we get to know you as a person and are aware of “What matters to You” when you are in hospital. The “What Matters to You” initiative involves us asking you to tell us what matters to you and capturing some of that information at your bedside.

Q: What type of information will be displayed?

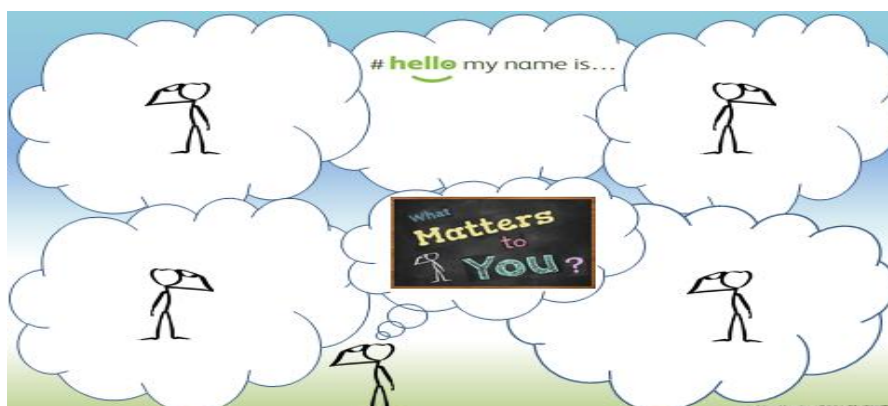
A: The type of information displayed is up to you. Some examples of information patients like us to know include:

- Likes and dislikes – i.e. food and drink, how you like to be addressed
- People, pets, places or hobbies – eg. Family and friends, hobbies, favourite holiday destinations.
- Routines –getting up and going to bed, things you like to do on a regular basis.

Knowing a bit about you will allow us to get to know you as a person and provides us with the opportunity to discuss more than just your illness and/or reason for admission. Having information about your personal routines allows us to adapt our care to permit you to continue these routines, in as much as possible, while you are in hospital.

Q: What if I do not want to take part?

A: This is entirely up to you however we will display a non-participation board, which alerts staff that you do not want to participate and will ensure you will not be repeatedly asked to complete a “What Matters to You”.



Q: What if I want to give the information but don't want it displayed above my bed?

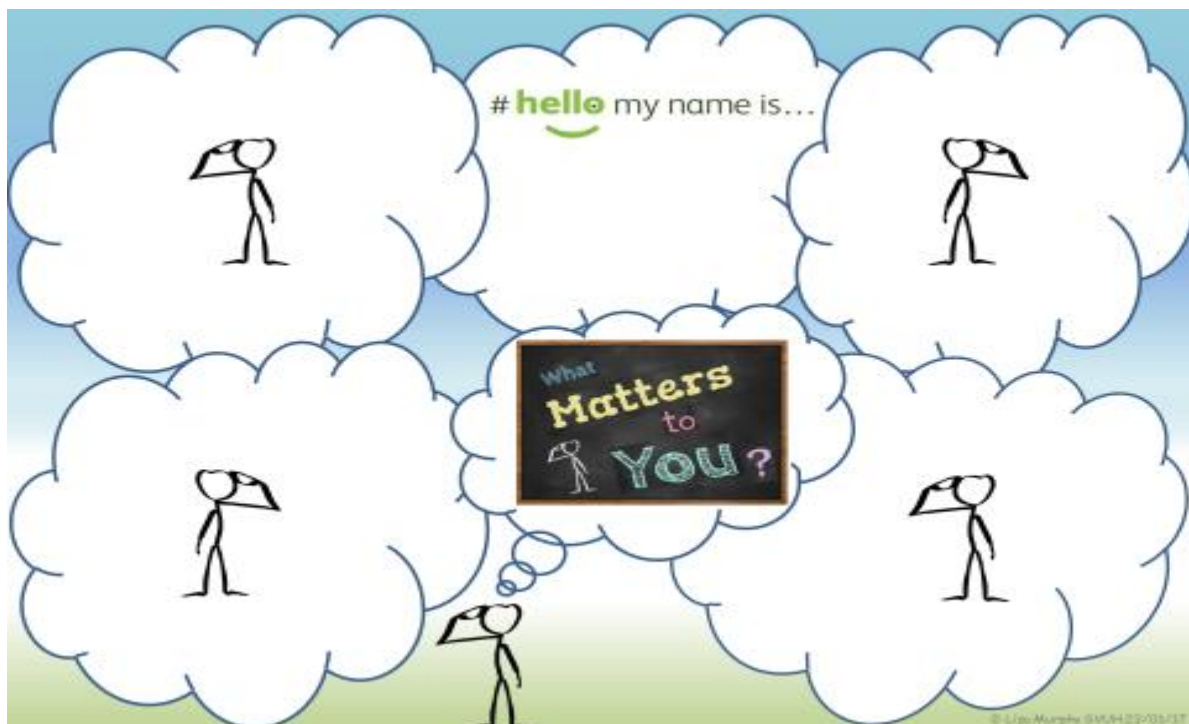
A: If you don't want the information displayed above your bed we can place it in your wardrobe or at the end of your bed as you prefer.

Q: Can I change the information on the board once I have completed it?

A: Yes we recognise that what matters to you may change while you are in hospital. An example would be if you have been admitted for an operation, it may be important to you that you are not in pain. However as you recover this may no longer be important. You are welcome to add or remove information at anytime.

Here is an example of the kind of things people like to write, you can write as little or as much as you like. One of the clouds will contain the logo "Hello my name is....." We also want to ensure staff introduce themselves to you and tell you their role in your care.

Appendix 3: WMTY Board Denoting Patients Does Not Want to Participate



Appendix 4: Denotes WMTY Board is in Patients Wardrobe



Appendix 5: Excerpt from Ward Diaries

Excerpt 1

The patient was allocated a side room due to behaviours that challenge. Having been reviewed by Psychiatry of Later Life (POLL) a review by a Psychologist was suggested. At this time staff found it difficult to provide care to this lady as she was abusive and uncooperative. Staff felt uncomfortable attending her, yet challenged that they were not meeting her needs. The Psychologist was aware of WMTY and suggested that he would use the WMTY board as a tool to begin his conversation with the patient. In the WMTY conversation the lady offered a number of key things that were important to her. She wanted to have her shower at 10.30am precisely, not before and not after that time. She also hated mashed potato and was fed up telling everyone and yet it still arrived on her plate every day. The information provided in this conversation was reproduced with her permission on a WMTY board and placed at the back of her bed. This information then formed part of her plan of care. In as much as possible she was offered a shower at 10.30am and when this was not possible staff explained why and contracted another time with her (as suggested by the Psychologist). The kitchen staff were directed not to put mashed

potato on her dinner and a note was placed in the kitchen diary to this effect. Within a number of days staff reported less outbursts from this lady and that they were finding caring for her to be less stressful.

Excerpt 2

Mary was very agitated and was a high falls risk. She was constantly trying to get out of bed and the use of bed rails made her risk of injury from a fall higher. Therefore we needed to request one to one supervision for her. However, we were very short staffed over Christmas due to high sick leave. In desperation we rang the next of kin, a niece and requested that a family member come and sit with Mary, until we could access agency staff to provide the supervision she required. The niece was very happy to assist and came immediately. It was obvious she was very fond of Mary and when she began to get agitated she started to sing to her. Mary responded immediately and joined in the singing. She relaxed and they laughed together. Her niece shared that Mary had always loved to sing and she would return with some CD's of her favourite songs. In learning what matters to Mary we were able to understand how to provide care to her in a real person-centered way. From then on we sang with Mary when we saw signs of agitation and played her CD's for her. Staff reported how lovely it was to hear music on the ward, especially music that was appropriate to the patients we care for.

Excerpt 3

The first WMTY interview unearthed information that made us realise we are doing the right thing. One of the HCA had the conversation on the first day and chose Jenny who had been with us three weeks. Jenny agreed to participate and told Karen that she had been an artist when she was younger and that she had art hanging in a number of galleries around the world. We were all so excited to know this nugget of information could come from WMTY and it was even more exciting that this was found out on the very first WMTY interview. Jenny soon became the ward superstar and all the staff (including the consultants) ensured they chatted about her art with her when they saw her. Jenny was so delighted that people knew something about her besides the fact she had a stroke and staff found it a real way of breaking the ice and having a person-to-person chat with Jenny.

Excerpt 4

While completing the patient interviews before we started WMTY on the ward the interviewer found out that Martin had been secretary to President Hillary. This was something we were not aware of. Knowing this brought a new found respect for Martin and this made us reflect that any one of our patients could be a “Martin” and the only way we will ever know is if we stop and ask. We are all very excited about WMTY and what other information it will provide us about our patients.