



QI TALK TIME

Building an Irish Network of Quality Improvers

What is Person Centred Practice?

Speaker: Professor Brendan Mc Cormack

24th Oct 2017 1-2 pm

Connect

Improve

Innovate

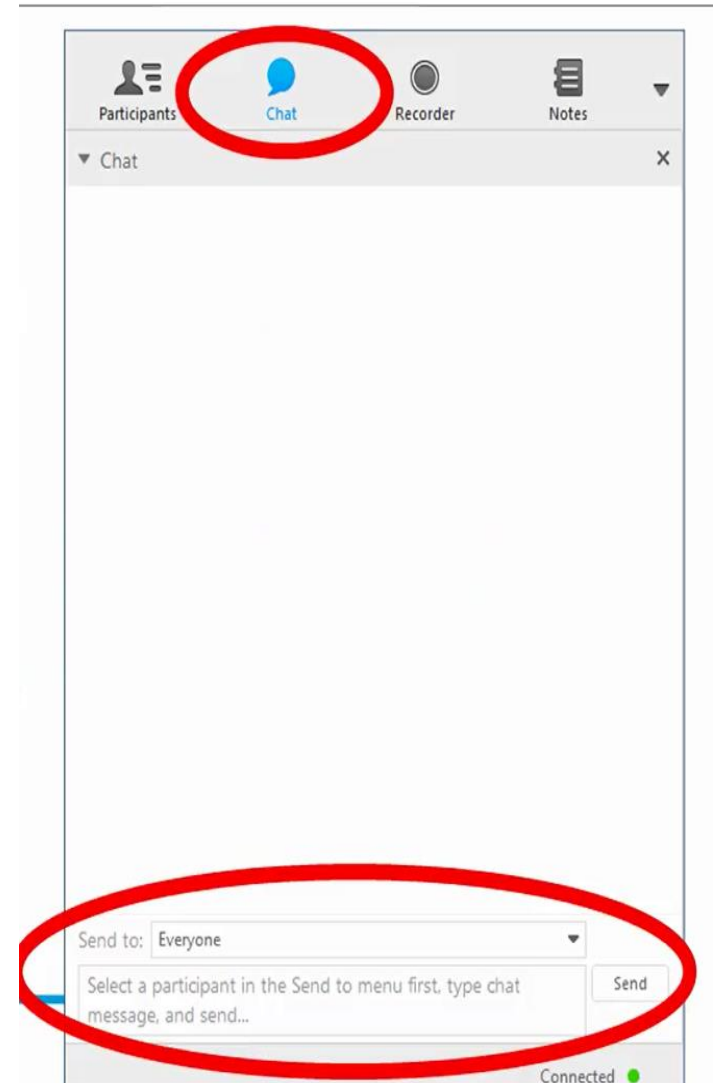
Professor Brendan McCormack

- Head of Division of Nursing; Graduate School; Associate Director, Centre for Person-centred Practice Research, Queen Margaret University, Edinburgh.
- He holds numerous Nursing Professorships in Universities around the world.
- Internationally recognised work in person-centred practice development & research has resulted in successful long-term collaborations in Ireland & other countries.
- He has a particular focus on the use of arts and creativity in healthcare research and development.
- In 2014 he was awarded the 'International Nurse Researcher Hall of Fame' by Sigma Theta Tau International and listed in the Thomson Reuters 3000 most influential researchers globally.
- He is currently in the top 100 'most cited' nurse researchers globally. In 2015 he was recognized as an 'Inspirational Nursing Leader' by Nursing Times.



Instructions

- Interactive
- Sound
- Chat box function
 - Comments/Ideas
 - Questions
- Q&A at the end
- **Twitter: @QITalktime**



What is person-centred Practice?



Professor Brendan McCormack

Head of the Division of Nursing; Head of
QMU Graduate School; Associate Director
Centre for Person-centred Practice
Research, Queen Margaret University,
Edinburgh.

Professor II, University College of South-East
Norway, Drammen, Norway;
Professor of Nursing, Maribor University, Slovenia;
Extraordinary Professor, University of Pretoria,
South Africa;
Visiting Professor, Ulster University, Northern
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The spectrum of the care experience



Care that is mediocre

(Defined as, only ordinary or moderate quality;
neither good nor bad; barely adequate)

***Best
practice***

***Failures in
our system***

Person-centred Moments versus Person-centred Care

Enabling Engagement	Conflicting Priorities	Living Person-centred Care
Ways of working	Feeling pressurised	Embracing person-centred values
Building relationships	Staffing and resources	Being confident and competent
Maintaining momentum	Evolving context	

(McCance et al, 2013)

Patient-centredness Disguised as Person-centredness (IHI)

- Developing care pathways that are co-designed and co-produced with individuals and their families;
- Ensuring that people's care preferences are understood and honoured, including at the end of life;
- Collaborating with partners on programs designed to improve engagement, shared decision making, and compassionate, empathic care; and
- Working with partners to ensure that communities are supported to stay healthy and to provide care for their loved ones closer to home



Editorial: Tell me, how do you define person-centredness?

The International Community of Practice for Person-centred Practice (PCP-ICoP) coordinated from Queen Margaret University, Edinburgh, recently wrote about the current state of person-centredness across several countries in the world (McCormack *et al.* 2015). In that publication, we highlighted a number of concerns, the existence of which are working against the advancement of person-centredness as a coherent theoretically informed and practice-embedded framework for nursing. We believe that a focus on

recurring in the literature are that person-centredness is working with what matters to the patient; it is about acknowledging the values, choices and preferences of patients, and it is about a certain type of nurse–patient relationship – always a compassionate one! Indeed, person-centredness does include all of these attributes; however, this is not the totality of person-centredness and, to advocate it, promotes an unhelpful simplification of the concept. There is a paradox here, as the oversimplification also misses the point that,

in how Karl Rogers is repeatedly proposed as the founder of person-centredness when the etymology of the concept predates Rogers, or Tom Kitwood's definition of personhood unquestioningly accepted as the underpinning framework in research and development work, without considering the implications of using that definition out of context. Sitting on the periphery, we can see a theoretical knot about concepts related to person-centredness and whether or not they fit under the umbrella of person-centred-

(Dewing & McCormack, 2017)



Person-centred Practice:

- focuses on the formation and fostering of healthful relationships between all care providers, service users and others significant to them in their lives.
- It is underpinned by values of respect for persons (personhood), individual right to self determination, mutual respect and understanding.
- It is enabled by cultures of empowerment that foster continuous approaches to practice development.



(McCormack & McCance 2017)

Changing Culture

We should be aware that cultural change is a transformational process; behaviour must be unlearned first before new behaviour can be learned in its place

(Schein 2010)



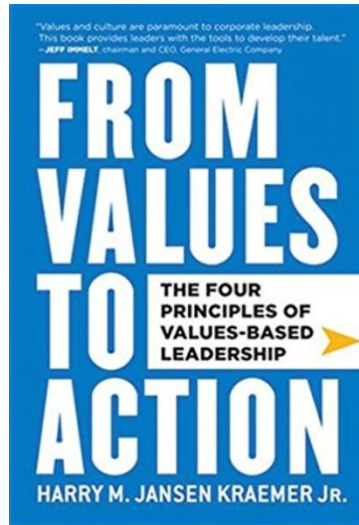
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hello my name is...

Protected Mealtimes Review

Findings and Recommendations Report



Exploring patient, visitor and staff views on open visiting



Protected Mealtimes Review

Findings and Recommendations Report

- Barriers to Implementation
 - Ward rounds
 - Diagnostic tests
 - Visitors
 - Other healthcare professionals
 - Lack of “Board to Ward” level leadership
 - Lack of education and training of all staff groups



Systems elements: structures, processes, patterns (after McCormack, Manley & Walsh 2008)

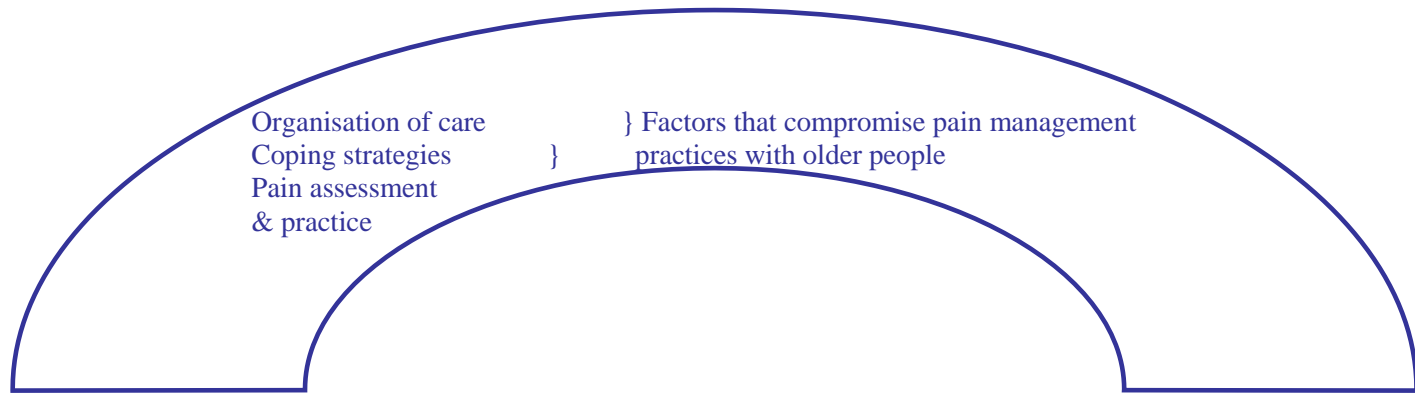
Service Improvement		(Micro) Culture Development
Structures	Processes	Patterns (after Plsek, 2001)
<ul style="list-style-type: none"> • Organisation boundaries • Layout of equipment, facilities, departments • Roles, responsibilities • Teams, committees and working groups • Targets, goals 	<ul style="list-style-type: none"> • Patient journeys, care pathways • Supporting processes such as requesting, ordering, delivering, dispensing • Funding flows, recruitment of staff, procurement of equipment 	<ul style="list-style-type: none"> • Decision-making: from hierarchical & position-bound to rapid by experts. • Relationships: from draining of energy to generating energy for new ideas. • Conflict: from negative & destructive feedback to opportunities to embrace ideas. • Power use: from power over to power to enable. • Learning: from learning that is threatening and risky to the status quo to learning that is developmental in intent.
<div> Magnet Hospitals Patient Safety Programmes Service Redesign Quality Improvement Programmes Systems Change </div>		

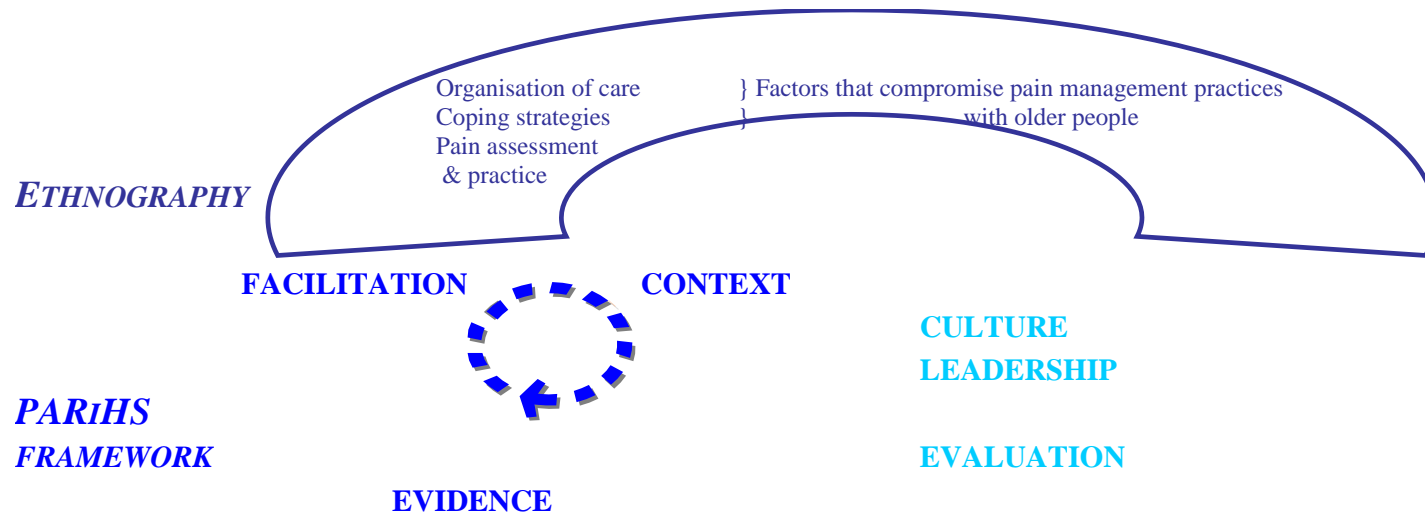
Determining Factors that impact upon
effective evidence based pain
management with older people, following
abdominal surgery

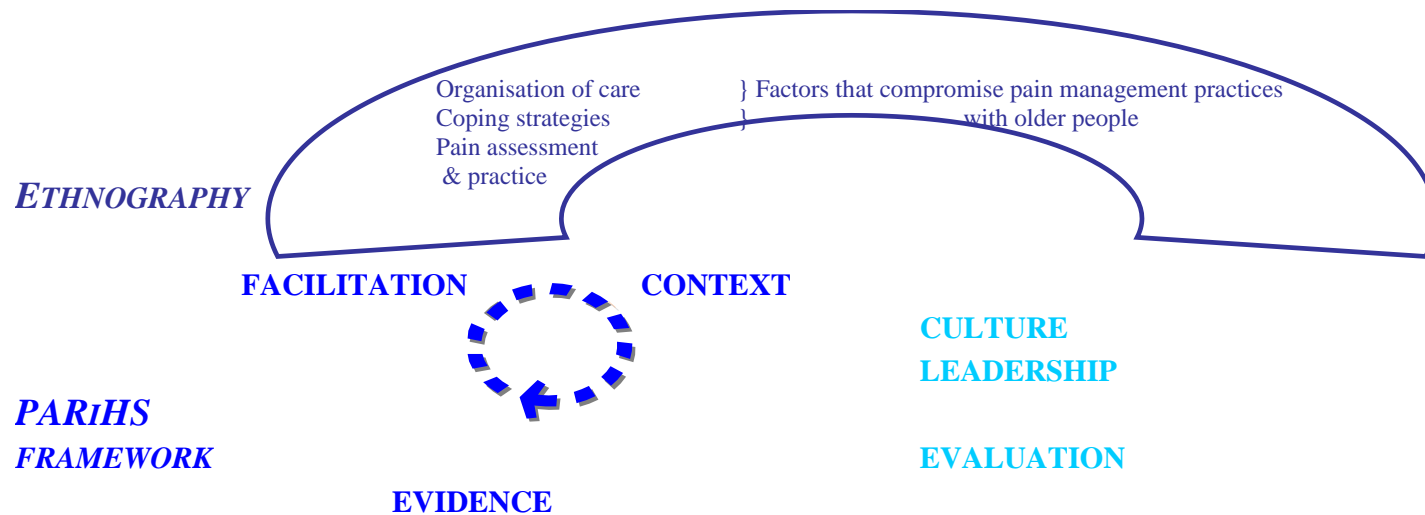
A CONTEXTUAL WEB

(Brown and McCormack, 2010 & 2017)

ETHNOGRAPHY – (1 YEAR)







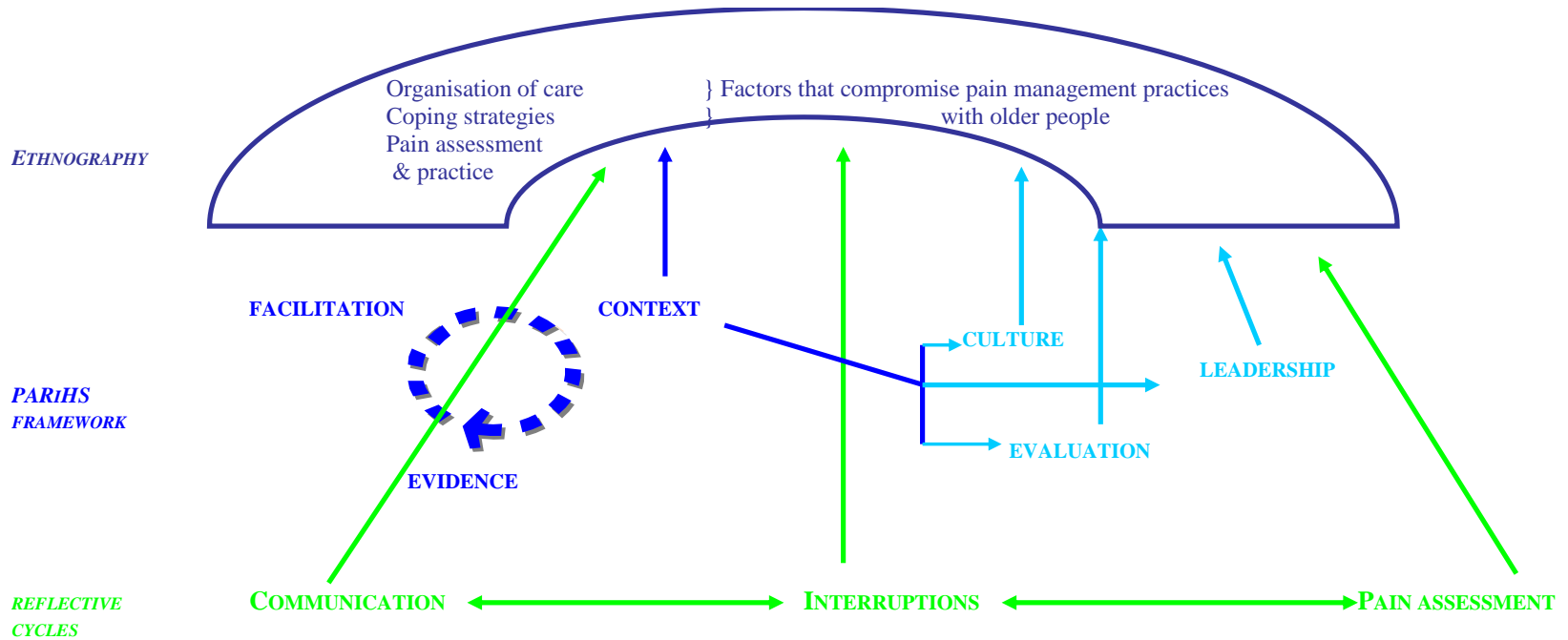
TWO YEAR ACTION RESEARCH STUDY

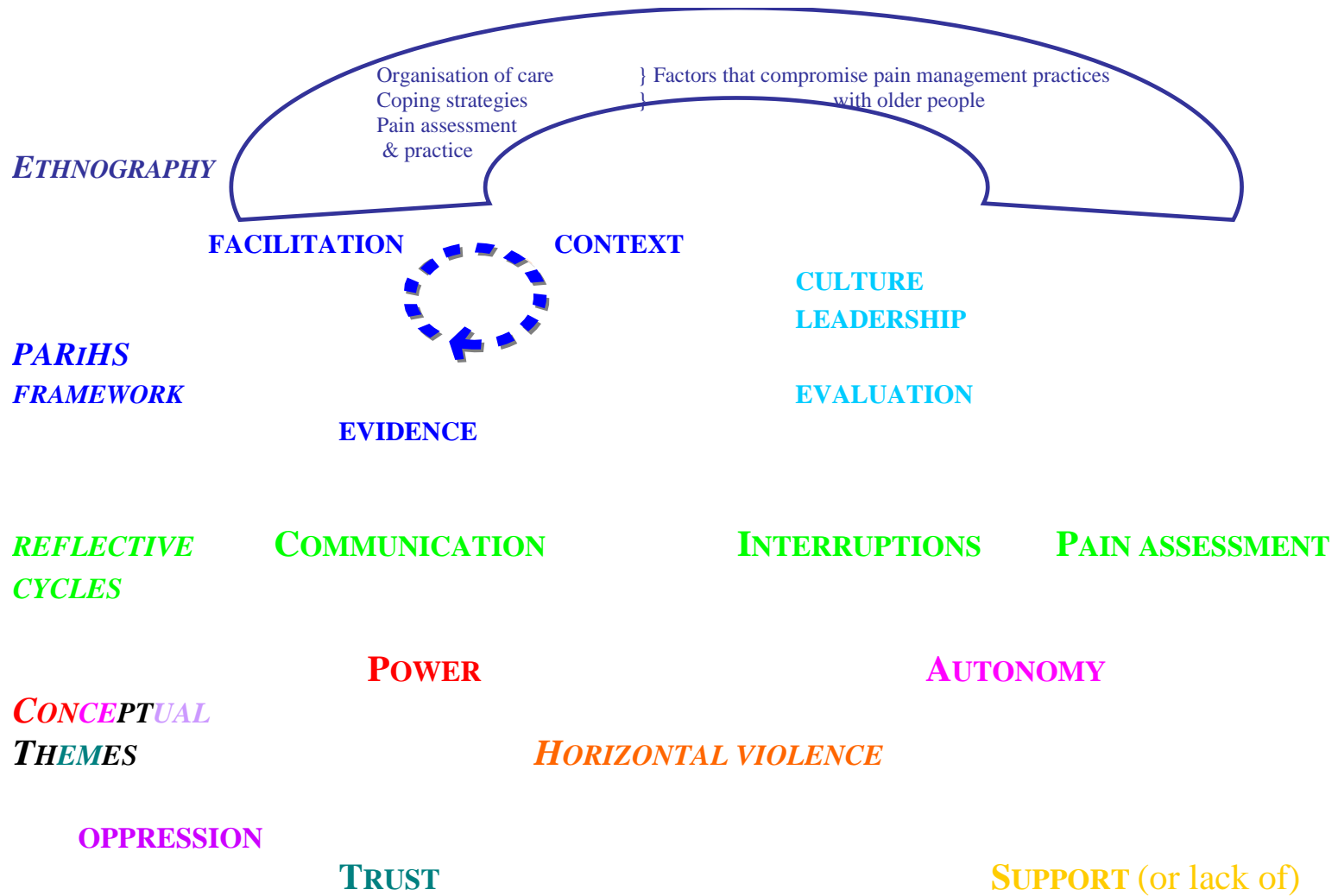
**REFLECTIVE
CYCLES**

COMMUNICATION

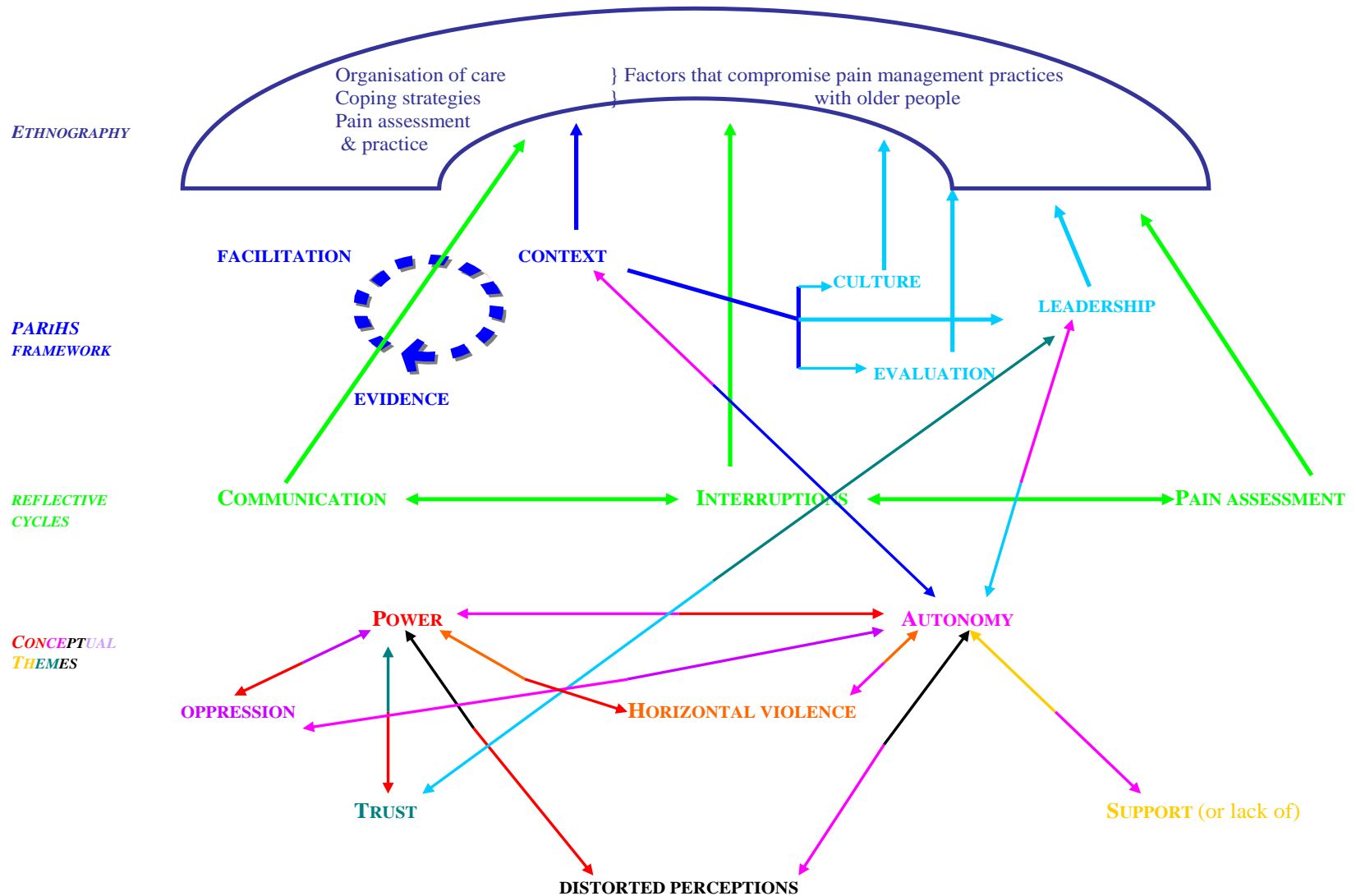
INTERRUPTIONS

PAIN ASSESSMENT

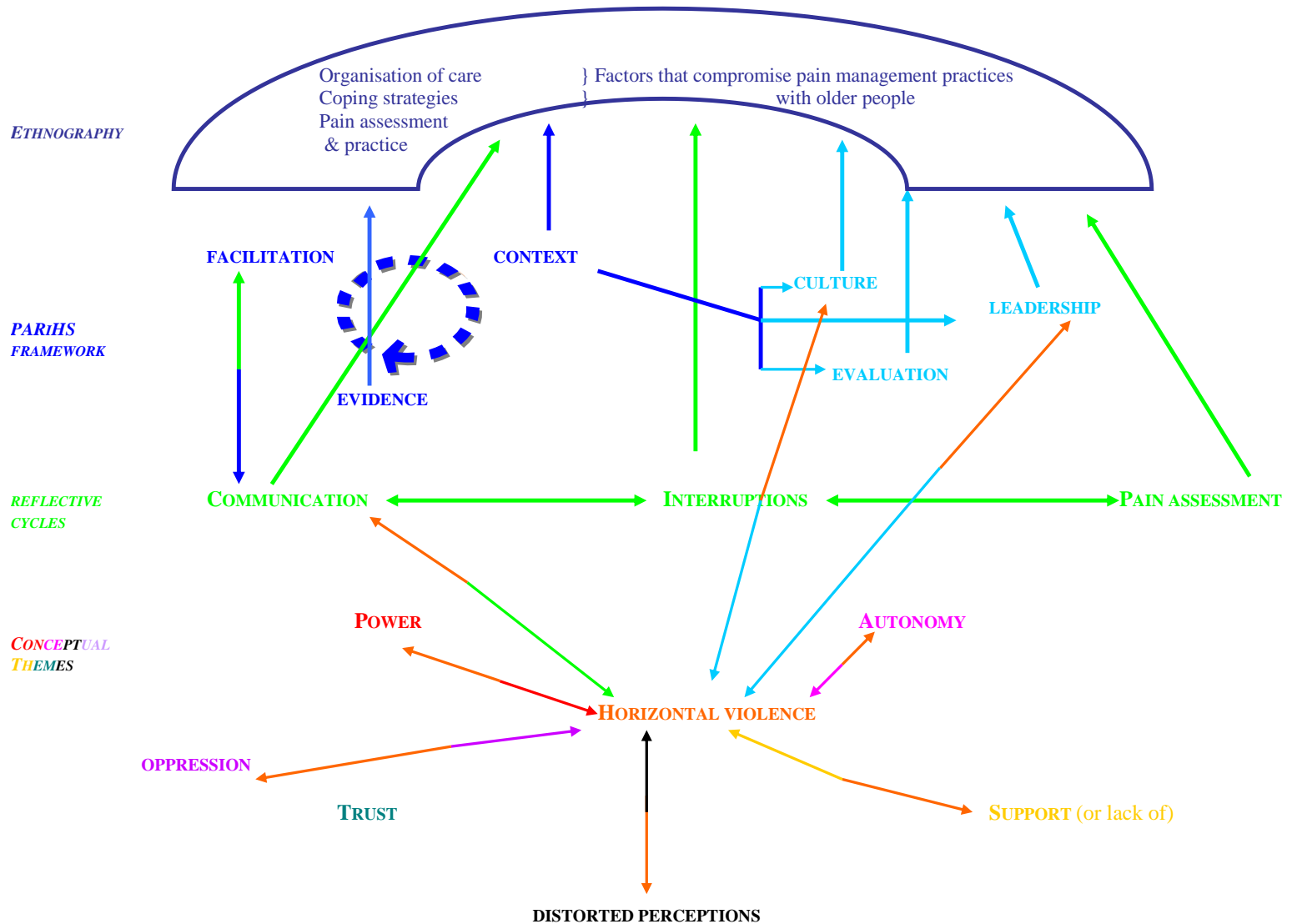




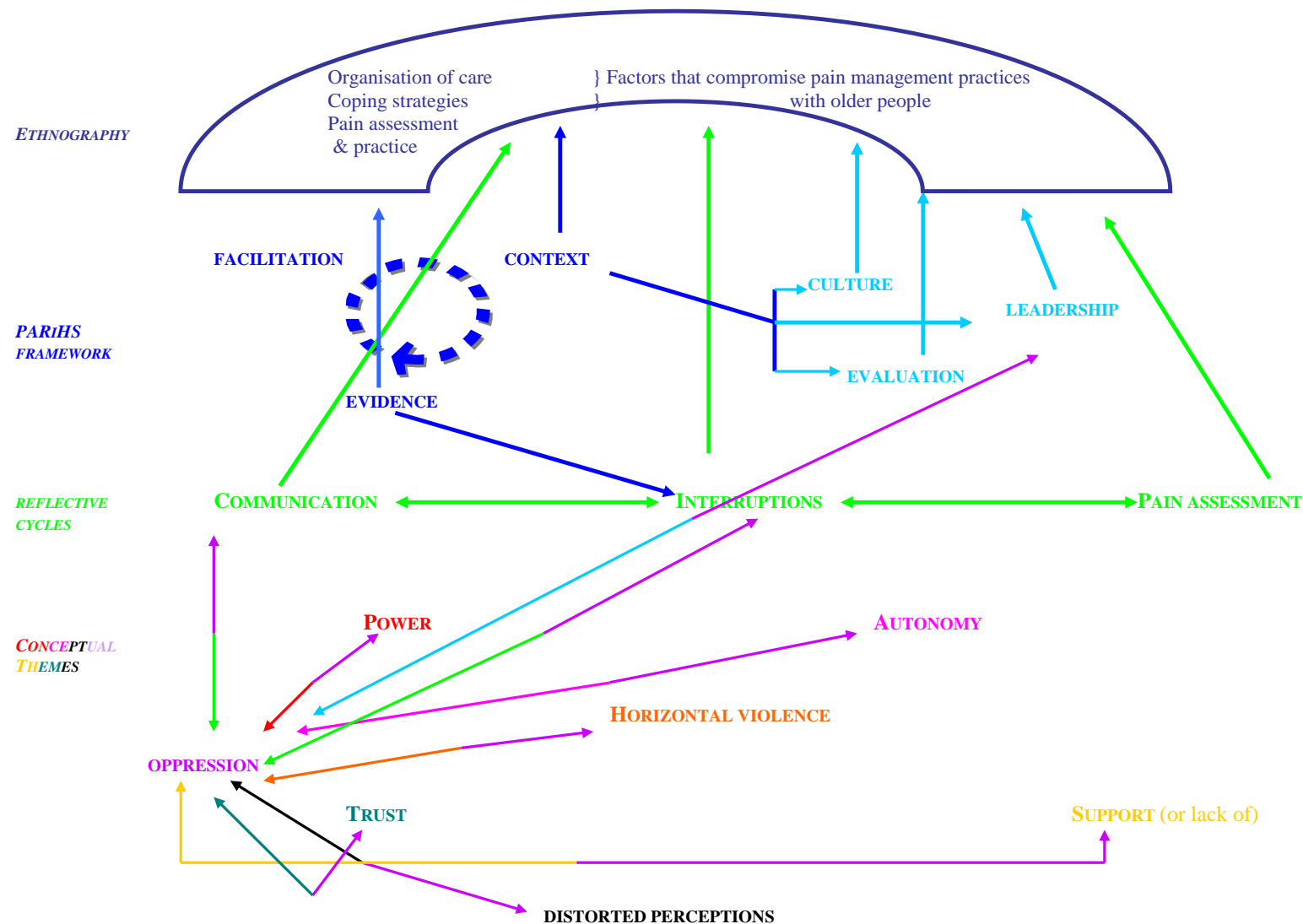
Autonomy



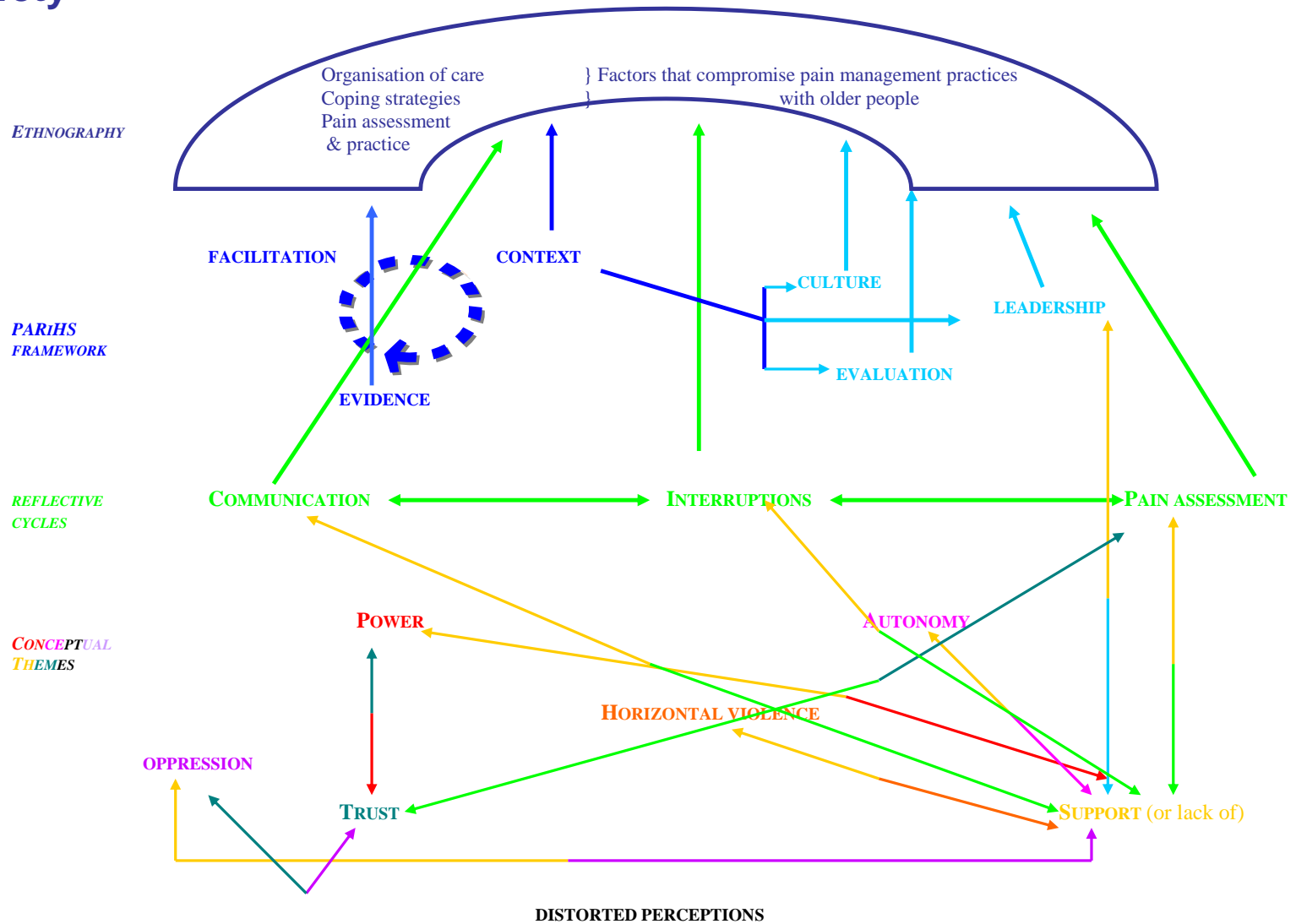
Horizontal violence



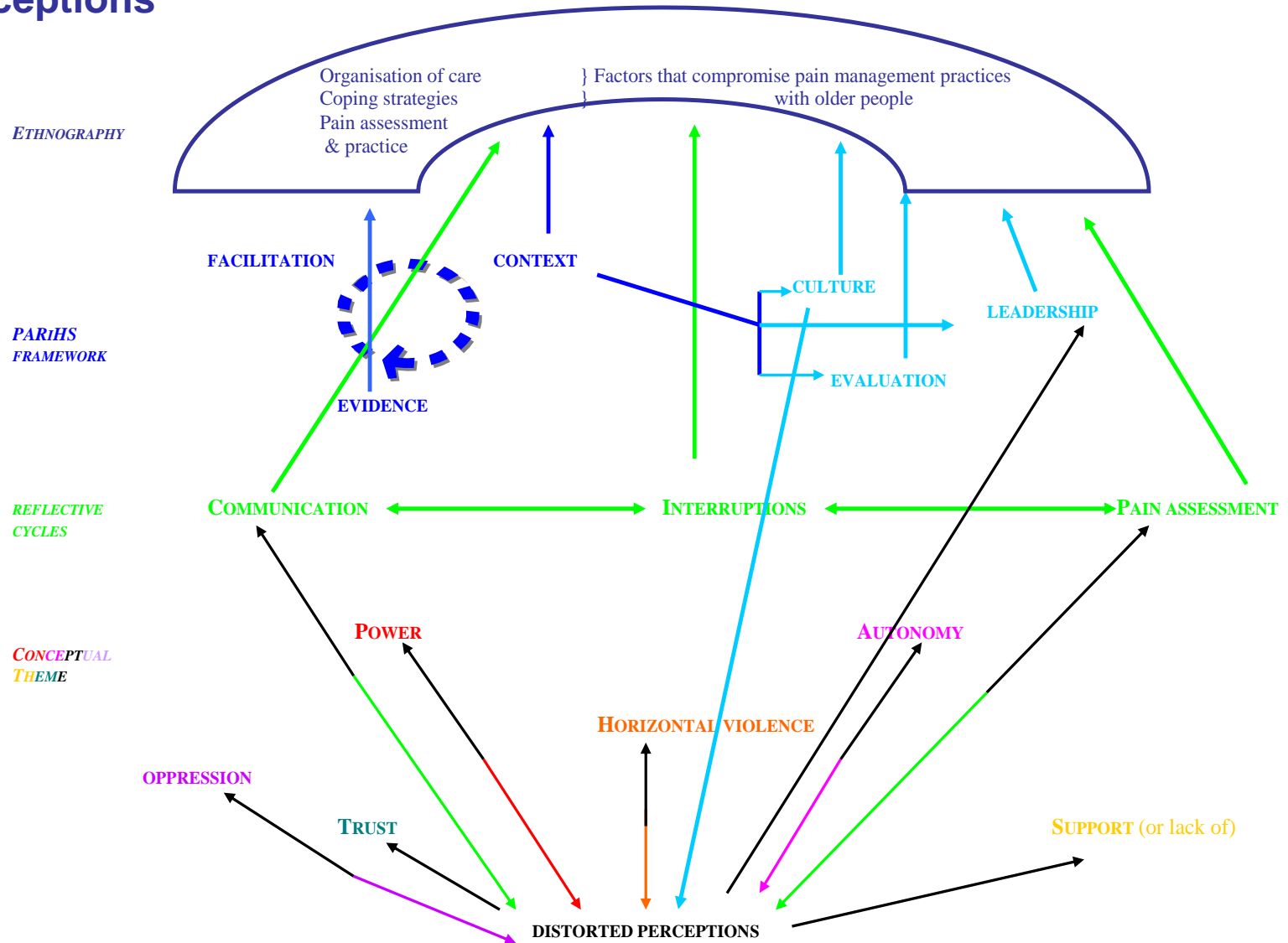
Oppression



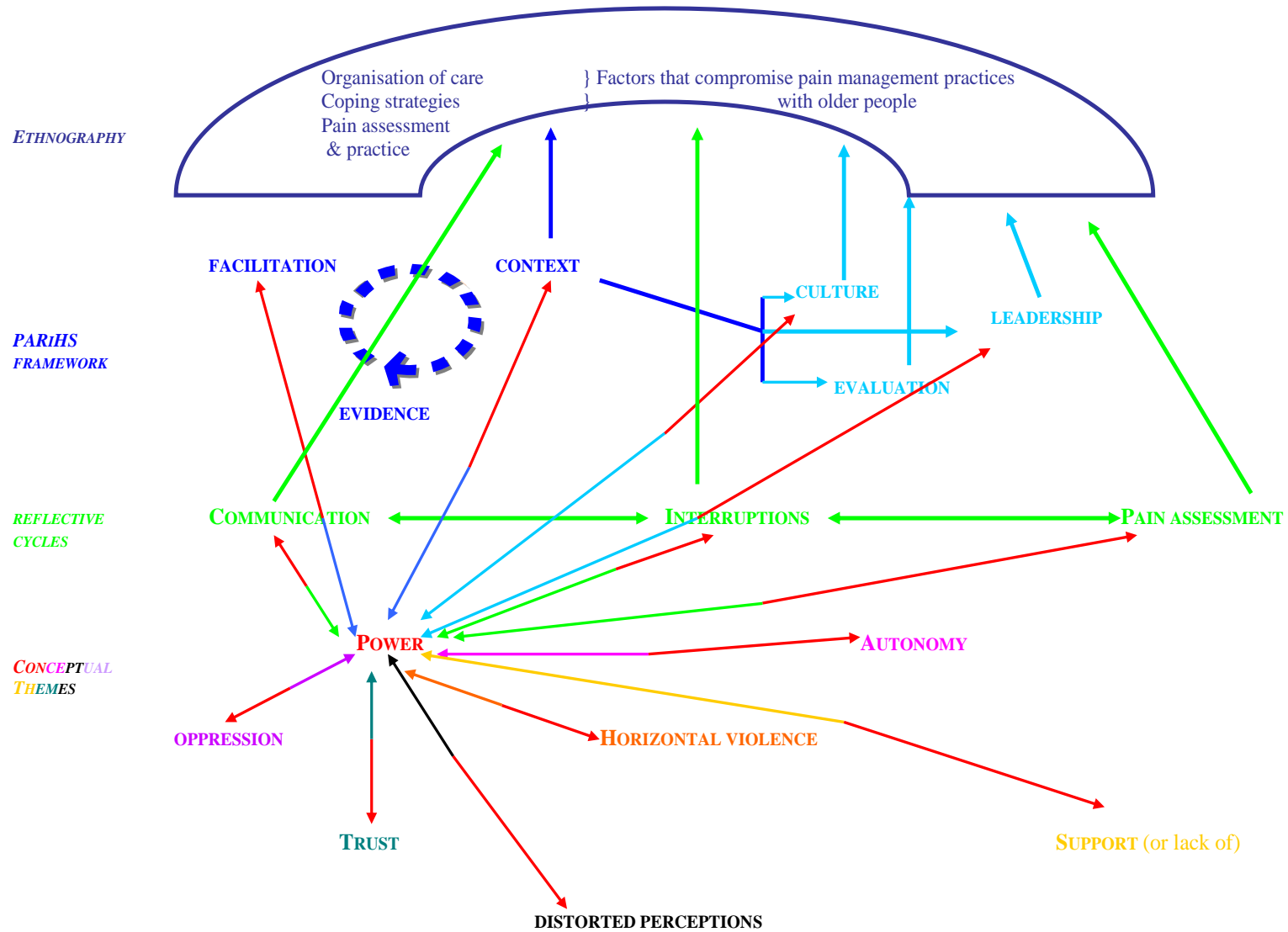
Psychological safety



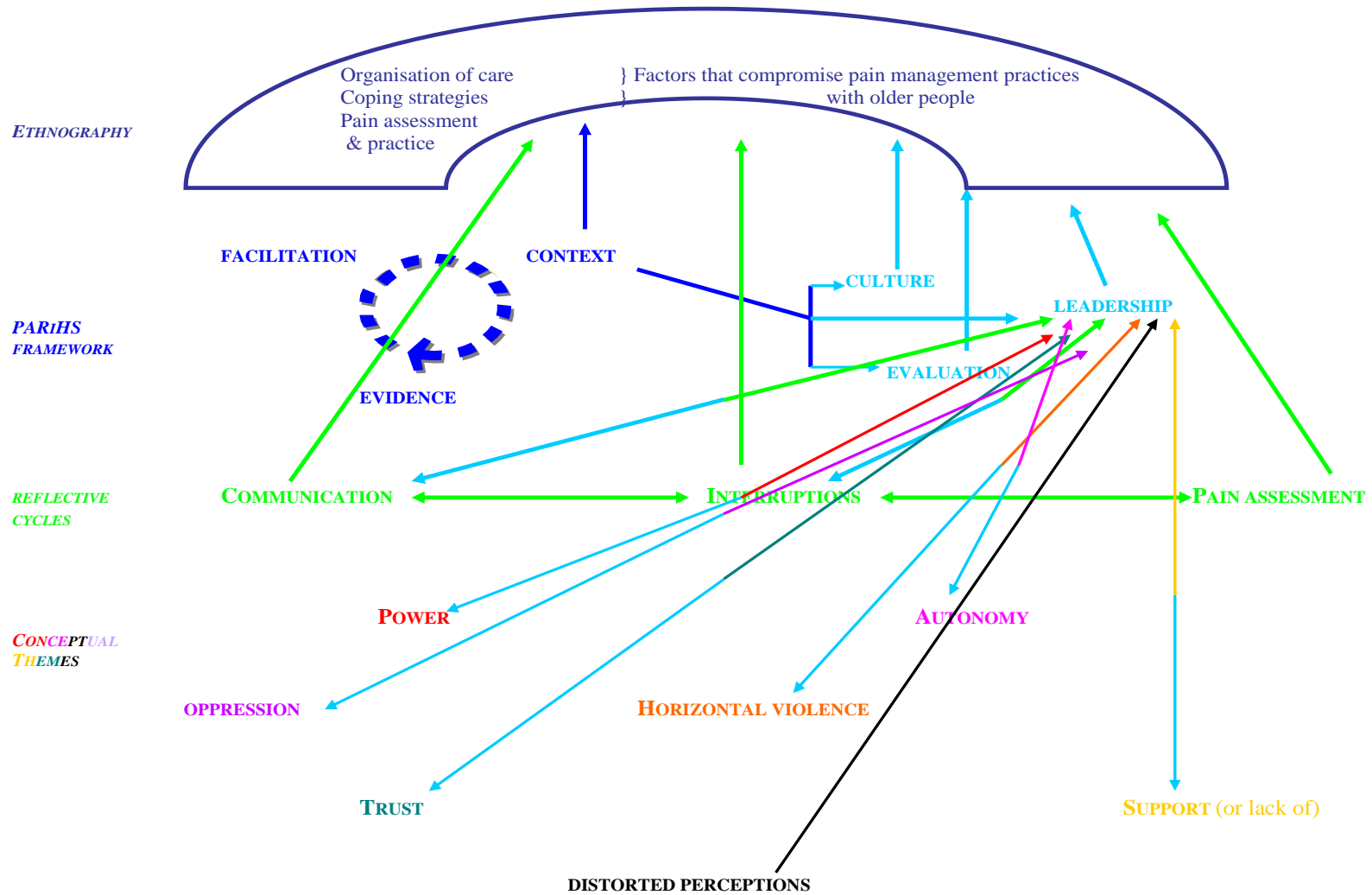
Distorted perceptions



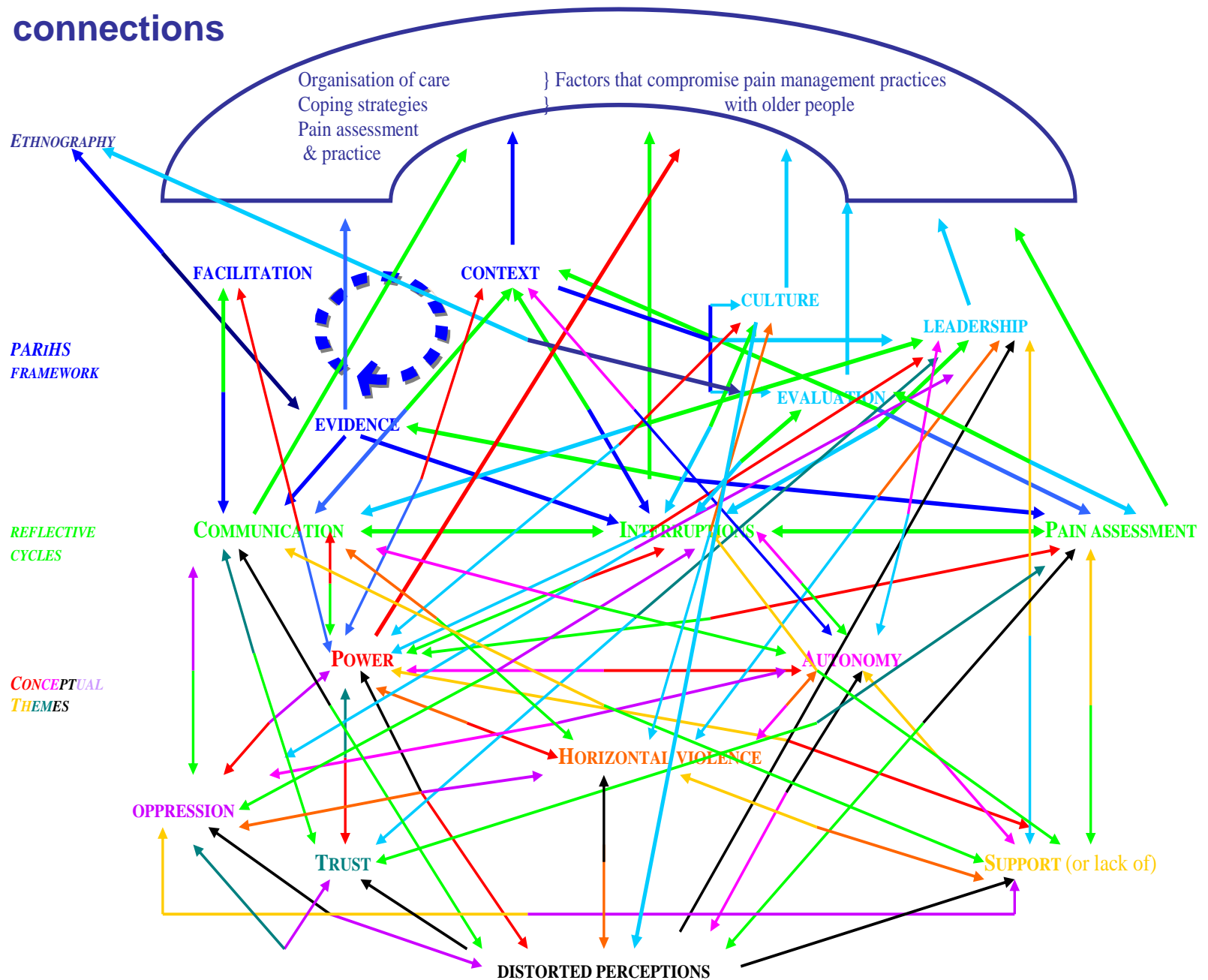
Power

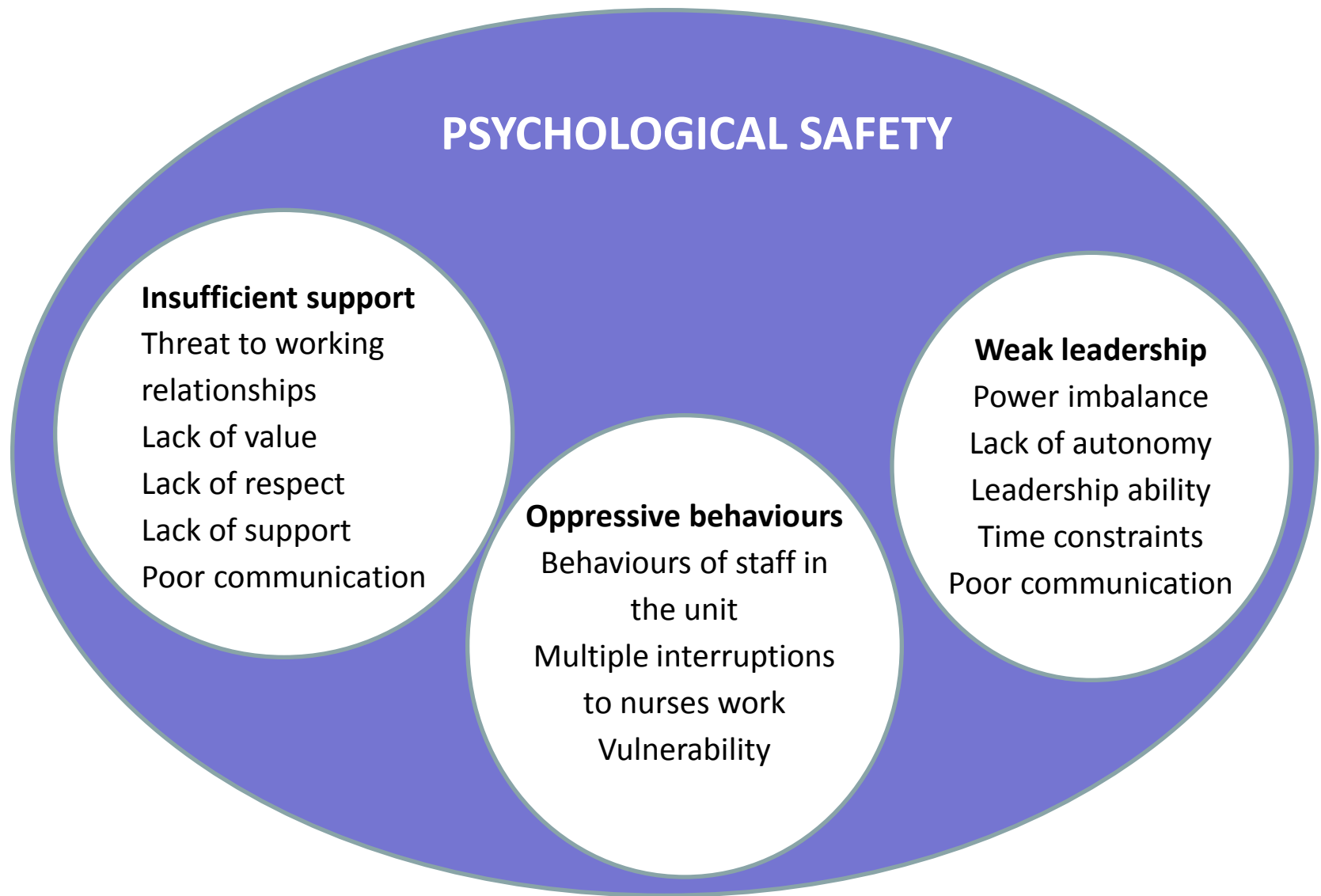


Leadership



All connections





(Brown & McCormack, 2017)

Interaction Ritual Chains





Interaction Ritual Chains

nurses and care workers need to be
'emotionally touched' by their everyday care
experiences and the systems in which we
practice need to be structured and managed
in such a way that they enable the quality of
such encounters to be maximised

(McCormack & Skatvedt, 2016)



Laloux's Organizational Levels

	Model	Key Breakthroughs
	TEAL Evolutionary	Self Management, Wholeness, Evolutionary Purpose
	GREEN Culture Driven Organizations	Empowerment, Value Driven Culture, Stakeholder Model
	ORANGE Large Corporations, Charter Schools	Innovation, Accountability, Meritocracy
	AMBER Governments, Churches, Public Schools	Formal Roles, Hierarchies, Processes
	RED Gangs, Mafias, Mercenaries	Division of Labor, Command Authority

Laloux Model from *Reinventing Organizations*, Image from Philippe Bailleux

Reinventing Organizations (Laloux 2014)

Deep inside, we long for soulful workplaces, for authenticity, community, passion, and purpose

- Trust
- Autonomy
- Soulful Practices





Practice Development Programme to Develop Cultures of Person-centredness within the HSE.



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Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Programme Leadership



Sign-off: HSE Leadership Team

Sponsors: Dr Philip Crowley QID, Pat Healy SCD

Programme team:

QID (Corporate):

Dr Philip Crowley, Greg Price, Maria Lordan- Dunphy

Programme development and facilitators

Prof Brendan McCormack & Dr Debbie Baldie - QMU

Lorna Peelo-Kilroe (QID/ONMSD) & Margaret Codd (QID)



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Programme aim



To implement a programme of transformational practice development to develop a culture of person-centredness in the HSE



Participants & what's involved



2 Cohorts - 70 participants (30xID, 40xother)

- Senior personnel – 1/2 per service
- 5-day accredited programme in PD and facilitation methods (3days and 2 days)
- Followed by 10 'modules' over 11 months
- Each participant facilitates groups of 10 in their organisation
- Supported by the National Coordination Team
- At any one time, 500 staff engaged in person-centred culture development in the workplace,
- Repeat 2018 & 2019

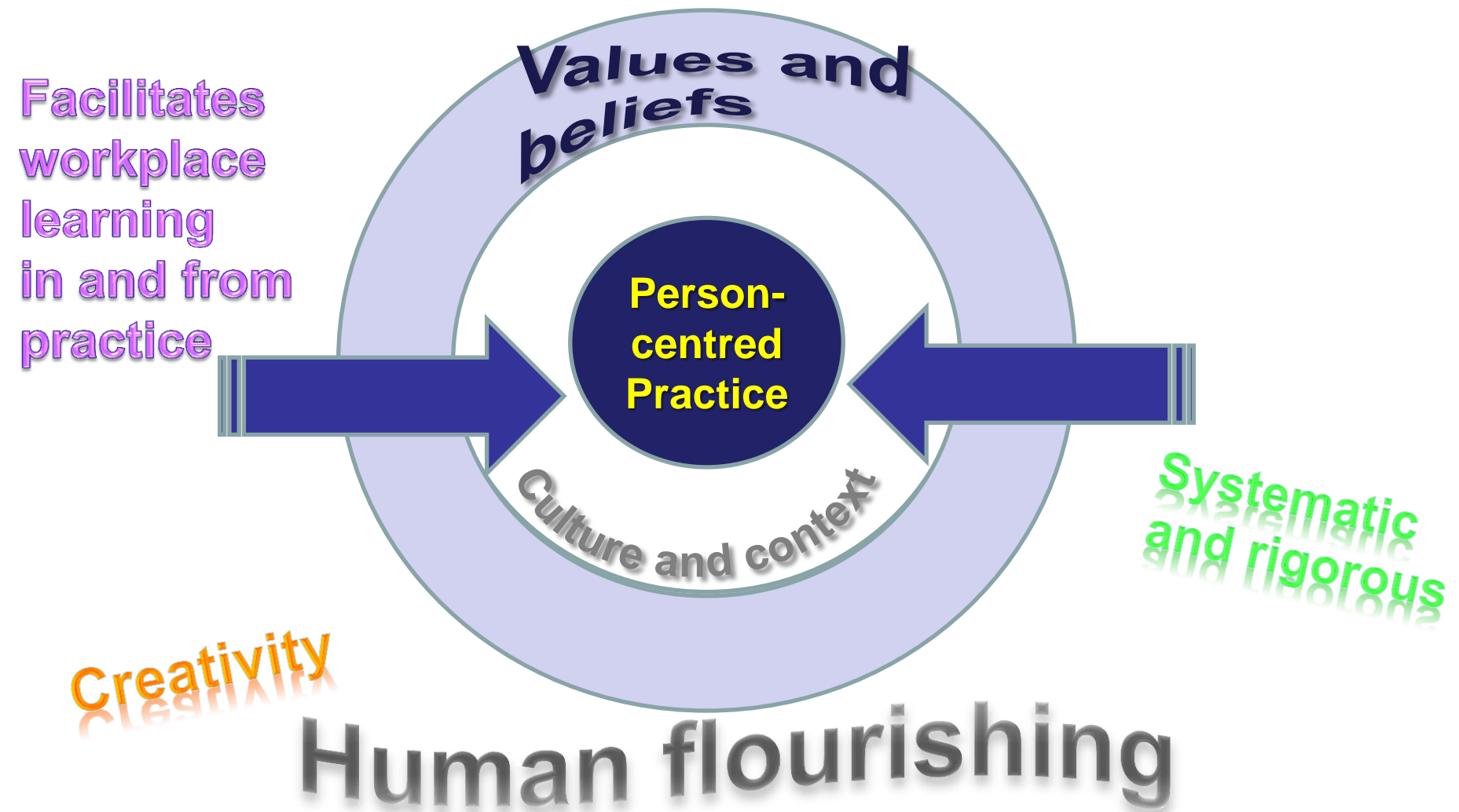


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Methodology: Transformational Practice Development



Evaluation

- Ongoing using **situational evaluation** e.g. data from meetings, activities, TPD processes, reflective conversations, notes, dialogue with colleagues, etc
- Three formal evaluations per year using internationally **validated tools**:
 - Workplace Culture Critical Analysis Tool (McCormack et al 2009)
 - Person-centred Practice Inventory (Slater et al 2016)
 - Focus groups with participants





Implementing a Model of Person- centred Practice in Older Persons Settings across the Republic of Ireland (2007-2010)

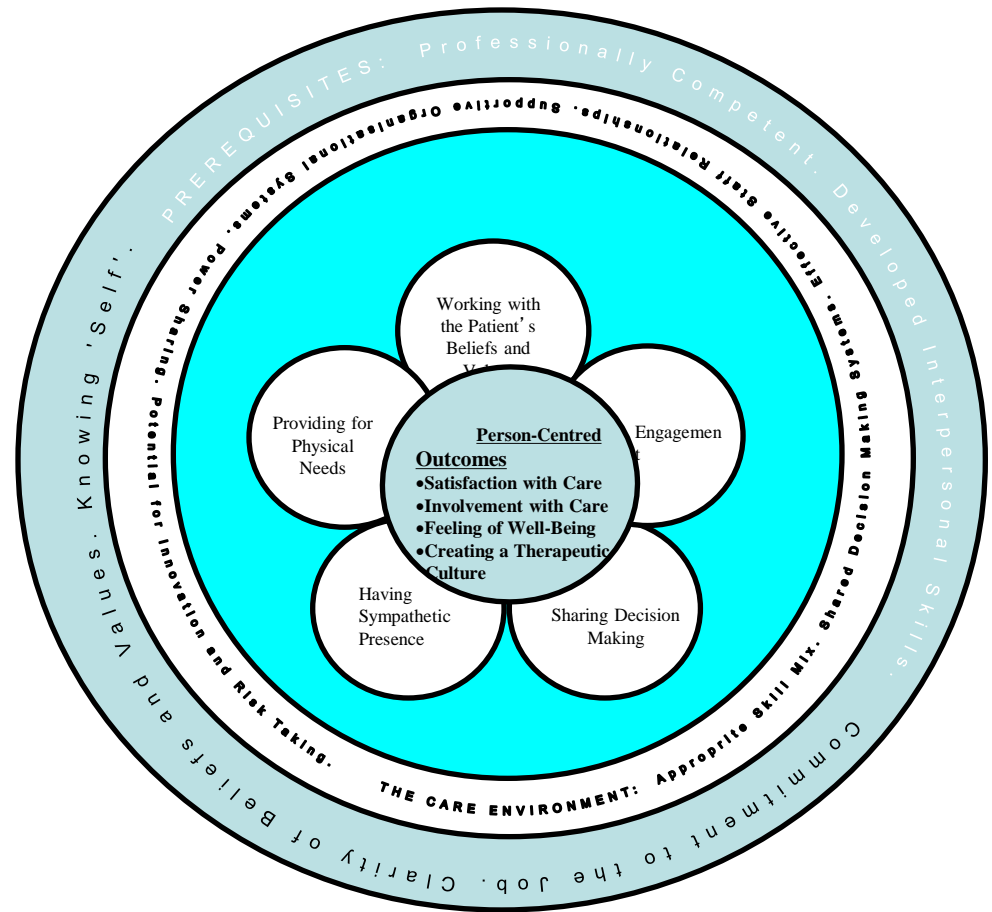


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Facilitating Person-centred Practice

- Knowing the person
- Knowing self as person/care worker
- Knowing own and others limitations
- Knowing the environment



Outcomes (McCormack et al 2010)

- The findings from the combined evaluation approaches show:
 - *Residents having more choice*
 - *More hopeful environments*
 - *More effective teamwork*
 - *Better inter-professional relationships*
 - *Settings being more open to change and innovation*
 - *High challenge with high support being practiced*
 - *Development of facilitation skills*
 - *The development of more person-centred environments*
- The positive role of the facilitators working collaboratively and in partnership with staff groups.
- The role of the Unit Manager in different units is a [statistically] significant factor in the way different settings achieved more or less change in culture.



Key Messages

- Need to move from moments of person-centredness to sustained person-centred cultures
- Micro-culture development needs to address practice patterns
- Collaborative, inclusive & participatory approaches are needed to change patterns
- A focus on flourishing through transformational learning has the potential to achieve this goal



Helpful links

Framework for Improving quality



Improvement Knowledge
and Skills Guide



<http://www.hse.ie/eng/about/Who/QID/aboutQID/>

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QITalktime page**



**Next Webex – 7th November
Dr Philip Crowley:
Framework for Improving Quality**

**Thank you from all the team @QITalktime
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