



“Frequently Asked Questions

Why are we introducing this initiative?

Compassionate care involves knowing the patient as a person (Lown et al. 2011) and developing a relationship of equals where the carer conveys an understanding of the patient’s suffering in such a way that they alleviate some of that suffering (von Dietze & Orb 2000). There is a critical link between services who regard the patient as an equal contributor to their care, where their opinions are sought and valued, and the provision of compassionate care (Department of Health 2014). The “What Matters to You” initiative supports this concept.

What is “What Matters to You”?

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 the patient as a person and are aware of “What matters” when they are in hospital. The “What Matters to You” initiative involves us asking the patient to tell us what matters to them and capturing some of that information at their bedside on the “What Matters to You” board.

Q: What type of information will be displayed?

A: The type of information displayed is up to the patient. Some examples of information patients like us to know include (see WMTY board below):

- Likes and dislikes – i.e. food and drink, how they 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 they like to do on a regular basis.

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

Q: When should the “What Matters to You?” board be completed?

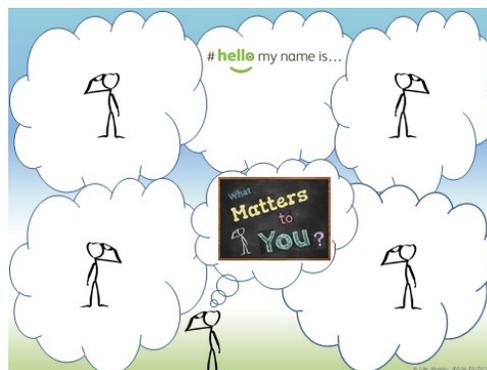
A: It is important that this initiative does not become a tick box exercise on admission. Therefore the board should be completed when the patient has been in the ward for at least two days. On admission, please give them the information leaflet, which provides an example of a completed board. Please ensure they are offered an opportunity to complete the board at a suitable time after admission. They may decide to complete it themselves or they may request their family member to complete it with them. Otherwise they may require your support to complete the board. It is important to note that the board can be changed over the period of admission to reflect the changing need of the patient. An example would be if they have been admitted for an operation, it may be important to them that they are not in pain. However as they recover this may no longer be important.

Q: What if the patient requests something I cannot provide or that is outside of my authority?

A: It is expected that patients will on occasion inform you of a request that you are not in a position to grant. An example of this could be self-medicating in a ward that has no policy to support that process. On such occasions do inform the patient that you appreciate the importance of this request for them, but on this occasion it is not a process that is supported by hospital policy. However, it is important to inform them that you will capture this request in a log that can be used by the ward team to discuss potential practice development or improvement initiatives. A patient may also discuss concerns beyond their care in the hospital which may not be within your role to address but **with the patient's permission** you could feedback to an appropriate team member for support. This may also include concerns/wishes about future care

Q: What if a patient does not want to take part?

A: This is entirely up to the patient; however please inform them that you will display a “non-participation” board to alert other staff that they do not want to participate and will ensure they will not be repeatedly asked to complete a “What Matters to You”.



Q: What if the patient cannot participate in completing “What Matters to You”?

A: Where the patient is not in a position to complete the What Matters to You board they may wish for their family or ask you to complete it on their behalf.

Q: What if there is concern that patient cannot consent to participating in “What Matters to You”?

A: The Assisted Decision Making (Capacity) Act respects the right of everyone to make choices for themselves and at all times to be treated with dignity and respect. The old ‘status’ approach to an individual’s capacity to make decisions is replaced by a new ‘functional’ approach, which has at its’ heart a simple question:

“In relation to this specific issue, at this time, does this person have capacity”?

The focus is now on the positive, one enhancing whatever level of capacity exists, even where it is considerably diminished, and there is a **statutory presumption of capacity** unless there is clear evidence to the contrary.

On occasion a patient might require support with regard to decision making. Support may take the form of

- Needing things explained in a clear easy to understand manner, a manner which is appropriate for the person.
- Sometimes a person may need someone to make decisions with them.
- At other times, even when a person is not in a position to take part in the decision making process, decisions may nonetheless have to be made. The person’s input is still valuable and must be respected as the law states that the decision made must be one which the person would have made for themselves, if able.
- A person’s desires, preferences, beliefs and values must be known and used when making decisions on their behalf

It is important that a patient with limited capacity is treated in the same way as a patient who can express their wishes. Where the patient has limited or no capacity and family members are aware of information the patient would like us to know the “What Matters to You” board can be completed. Consideration must be given as to where the person would want the information kept. As one of the aims of What Matters to You is to enhance communication between all staff and patients. Staff should remember to access the information if it is not displayed above the bed. (see below)

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

A: The purpose of “What Matters to You” is to ensure that what matters to the patient is forefront on the minds of those who engage with them over their period of stay in the hospital. This is achieved by placing the “What Matters to You” board above their bed so that staff can interact with the patient based on the information they want to share. However, If the patient doesn’t want the

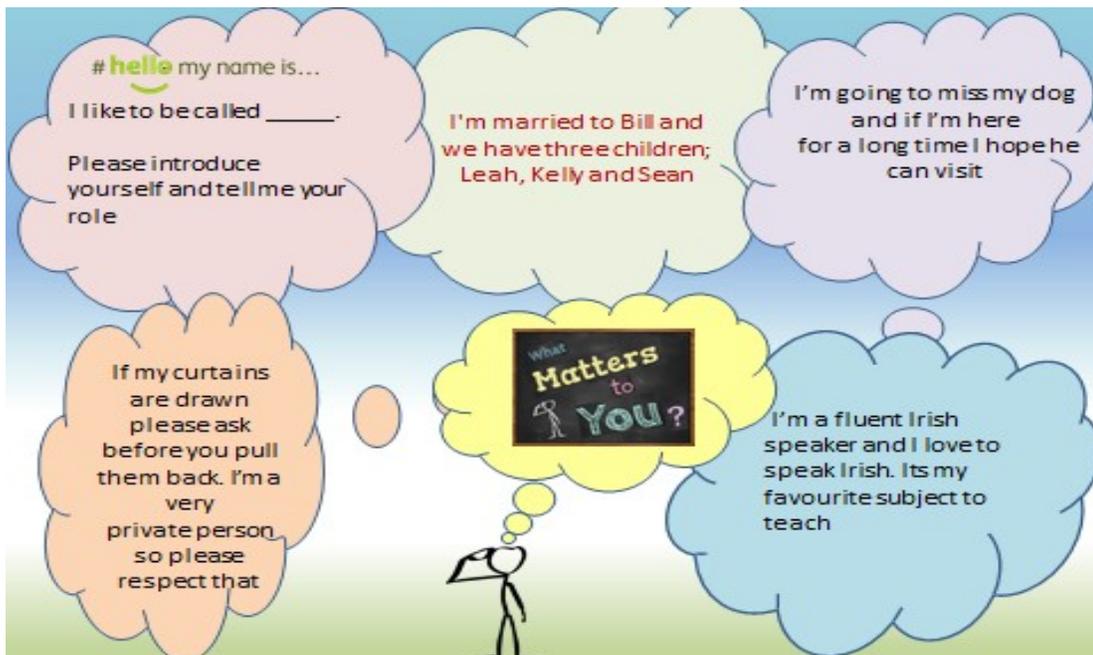
information displayed above their bed, advise them that it can be placed in their wardrobe or at the end of their bed as they prefer. The patient's preference is always the important factor.



The "What Matters to You" stick man can be placed on the door of the wardrobe to inform staff that the board is on the inside of the door.

Q: How do I complete the "What Matters to You"? board?

A: Here is an example of the kind of things people like to write. They can write as much or as little as they like. One of the clouds will contain the logo # **hello** my name is... This is a prompt to **all staff** to introduce themselves to the patient and explain their role in the organisation and in the patients care.



If you are interested to find out more about "What Matters to You"
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