

The Person-centred Practice Research Centre (CPcPR): Ageing Research

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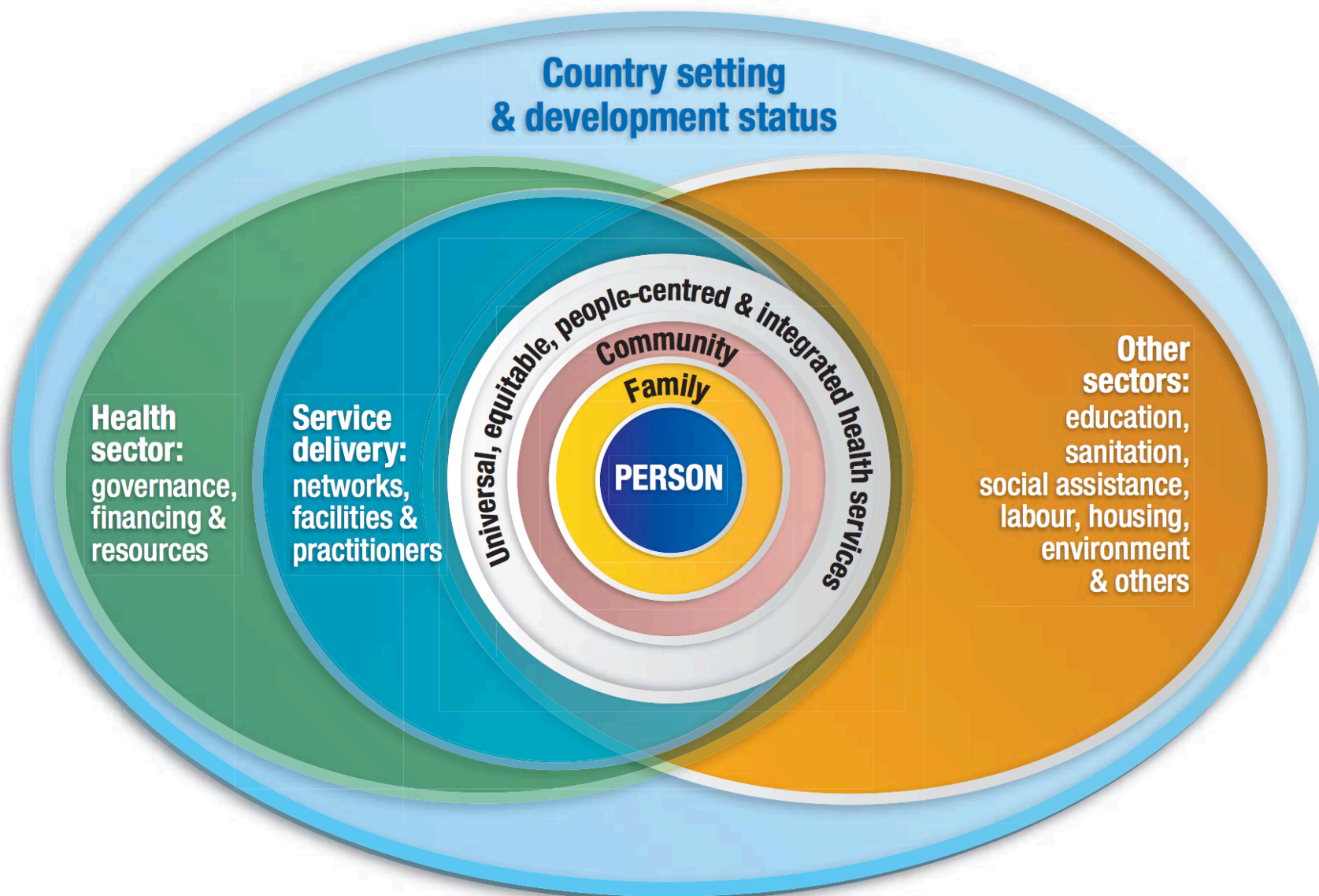


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Research Focus

- Doing research that ‘humanises healthcare’ by keeping the person at the centre of care.
- Promoting new methodologies for person-centred research.
- Influencing international developments in this field.
- Enhancing people’s experiences of care and wellbeing, making a difference to people’s lives locally, nationally and internationally.

Fig 1. Conceptual framework for people-centred and integrated health services



Person-centredness



“Person-centredness is an approach to practice established through 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)

Person-Centred Nursing

Theory and Practice

Brendan McCormack
& Tanya McCance

WILEY-BLACKWELL

SECOND EDITION

Person-Centred Practice in Nursing and Health Care

Theory and Practice

Edited by
Brendan McCormack
Tanya McCance

WILEY Blackwell

ROUTLEDGE ADVANCES IN THE MEDICAL
HUMANITIES

Person-centred Health Care

Balancing the welfare of clinicians and patients

Stephen Buetow

ROUTLEDGE

Practice Development in Nursing and Healthcare

SECOND EDITION

Edited by
Brendan McCormack | Kim Manley | Angie Titchen

WILEY-BLACKWELL

Practice Development Workbook

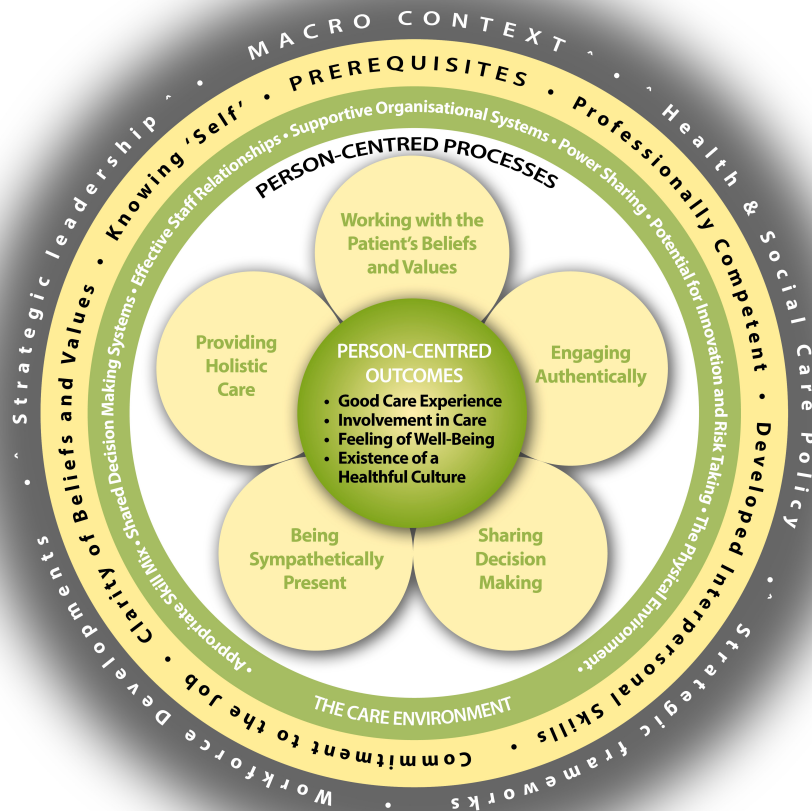
FOR NURSING, HEALTH AND SOCIAL CARE TEAMS

Jan Dewing | Brendan McCormack | Angie Titchen

WILEY Blackwell



Person-centred Practice Framework



- Globally adopted
- Translated into 3 languages
- Underpinning strategy and policy frameworks
- Curriculum framework
- Theoretical framework in research
- Instrument development
 - PCPI-S
 - PCPI-SU
 - PCPI-ST
- Model development & testing

(McCormack & McCance 2017)

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

National Coordination Team

- Professor Brendan McCormack, QMU
- Dr Debbie Baldie, QMU/NHS Tayside
- Lorna Peelo-Kilroe, HSE
- Margaret Todd, HSE

Aim

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



Practical Application

- A five day accredited facilitator development programme provided jointly by QID and QMU to develop 50 Area per annum in development and facilitation methods (n = 150)
- Each of these 50 staff will facilitate groups of 10 in their organisation (supported by the National Coordination Team). Thus at any one time, 500 staff will be engaged in person-centred culture development (n = 1500)
- Each group of 50 will have 10 days of facilitation development and support by the National Coordination Team



Evaluation & Management

- Pre, intra and post implementation evaluation of the 4 PCP outcomes
- Processes & outcomes mapped to existing HSE QI frameworks
- Ethics Approval
- Governance Framework
- Accreditation





PcPRC - Four pillars of research:

- Older persons and living with dementia
- Persons with palliative and/or end of life care needs
- Persons with long term conditions
- Public health and wellbeing





Better Health in Residents in Care Homes



Better Health in Residents in Care Homes

4 treatable conditions:

- Dehydration
- Acute congestive heart failure
- Respiratory infections
- Urinary tract infections



Key components of BHiRCH project

- The Stop and Watch Early Warning Tool,
- The Care Pathway
- A structured approach for communicating with primary care (SBAR)
- Support for introducing and embedding change – quality collaborative implementation methods
- Methodology: Pilot cluster randomised trial in 8 care homes in Yorkshire and 6 in Greater London

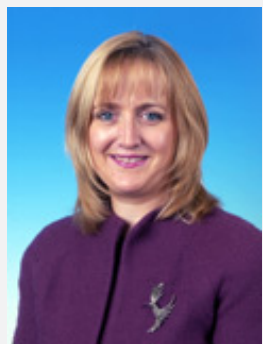


TESA – DRI

Technology Enriched Supported Accommodation – Dementia research initiative

ulster.ac.uk

The project team



**Professor
Suzanne Martin**



Jean Daly Lynn



Janeet Rondón- Sulbarán



Eamon Quinn



**Professor
Assumpta Ryan**



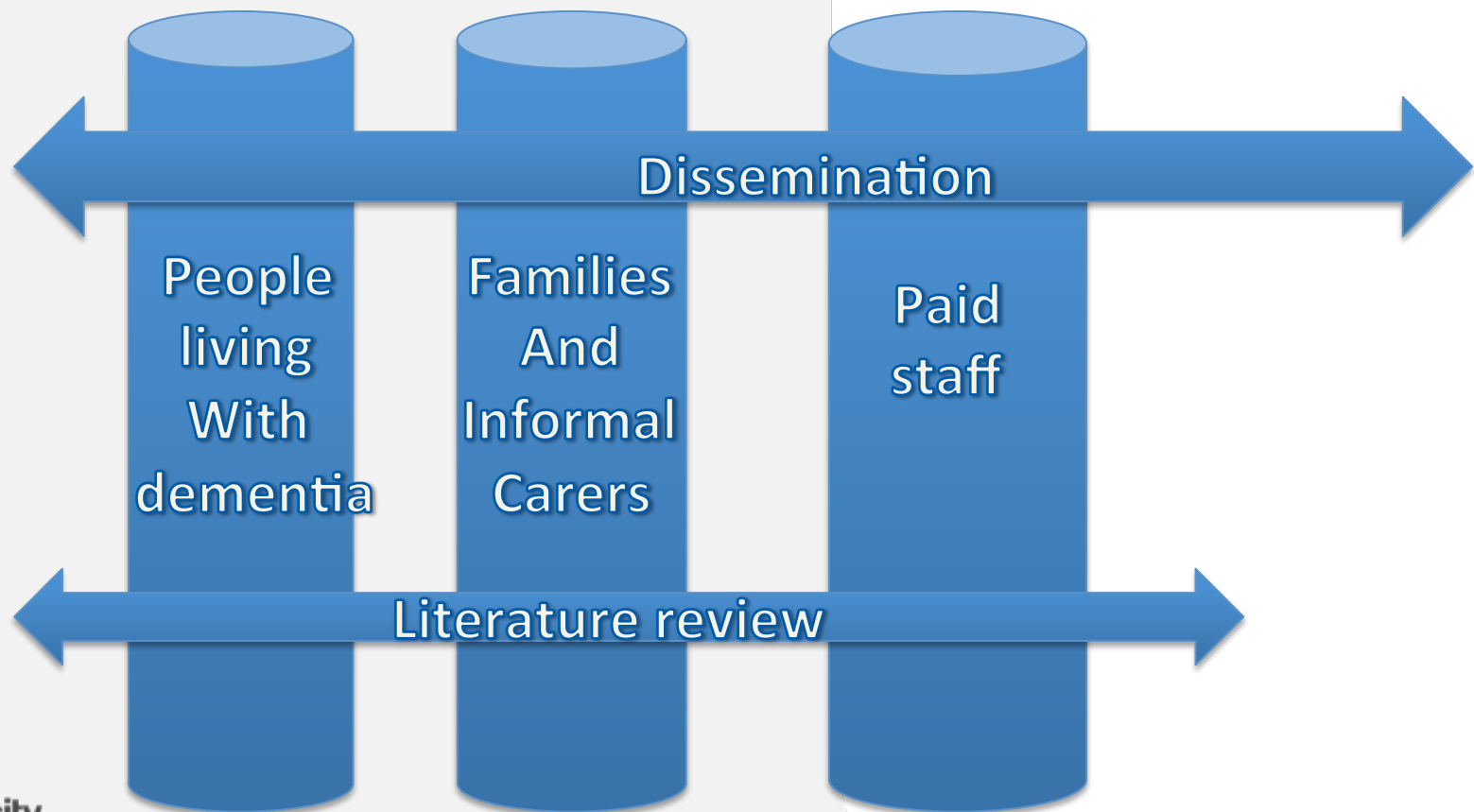
**Professor
Brendan McCormack**



Steering Committee

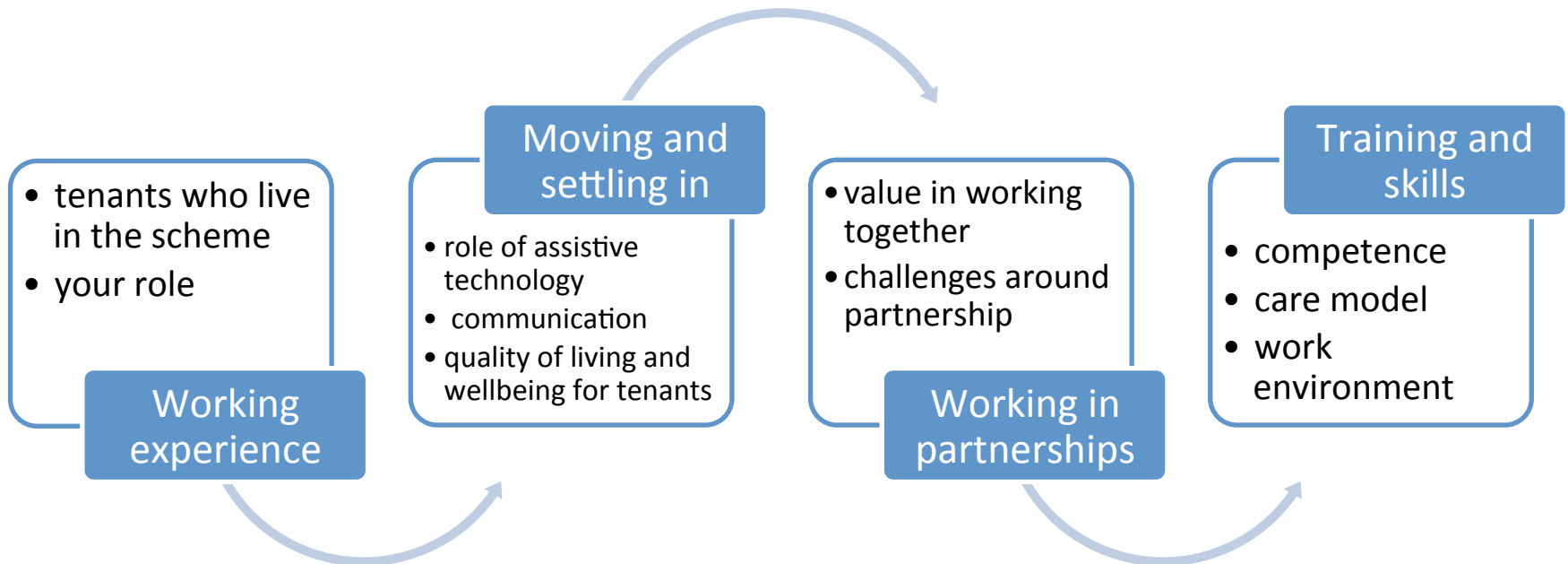
Research Aims

To explore the perspectives of ***people with dementia*** who live in person-centred supported, ***technology*** enriched housing schemes, their ***family*** and ***paid employees*** at the facilities.



Overview of Topic Guide

Paid staff interviews





Listening and Learning Hospitals Pilot Programme

**Prof Brendan McCormack, Prof Jan
Dewing, Lesley Carter (AgeUK)**



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Overarching Objective

- To test out that listening; hearing, acting and learning on feedback from older people will lead to an improvement in the delivery of high quality person-centred care



- **PHASE 1**

- *Stage 1* Rapid literature review
- *Stage 2* Development of a model of listening and learning for implementation in phase 2

- **PHASE 2**

- Facilitative change and testing the model: interventions in the pilot site





Methods

- *Listen and Learn Conversation 1:1*
- *Topic of the week*
- *Hotspots/ Emotional Touchpoints (structured activity)*
- *Time for Tea (social event)*
- *Listen and Learn Letter*



Key Findings

- Benefits of 'real-time' feedback
- Role of volunteers
- Methods are simple and low cost
- Seeing the bigger picture through the 'small things'
- Need for ongoing learning
- Need more flexible feedback systems in organisations



Obtaining patient care experience feedback from patients who have **dementia** or **cognitive impairment**





What is
happening
just now??



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CENTRE FOR PERSON-CENTRED
PRACTICE RESEARCH



Scoping the Needs Of Families And Carers of people with Multiple Sclerosis

Bulley, C., Baer, G., Mahal, D.,
Buckton, C., Donald, S., Lugton, K.,
Gillespie, D., and McCormack, B., 2017.



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*What kinds of support
or intervention help
families or carers of
people living with MS,
who do they help, in
what circumstances,
and why?*

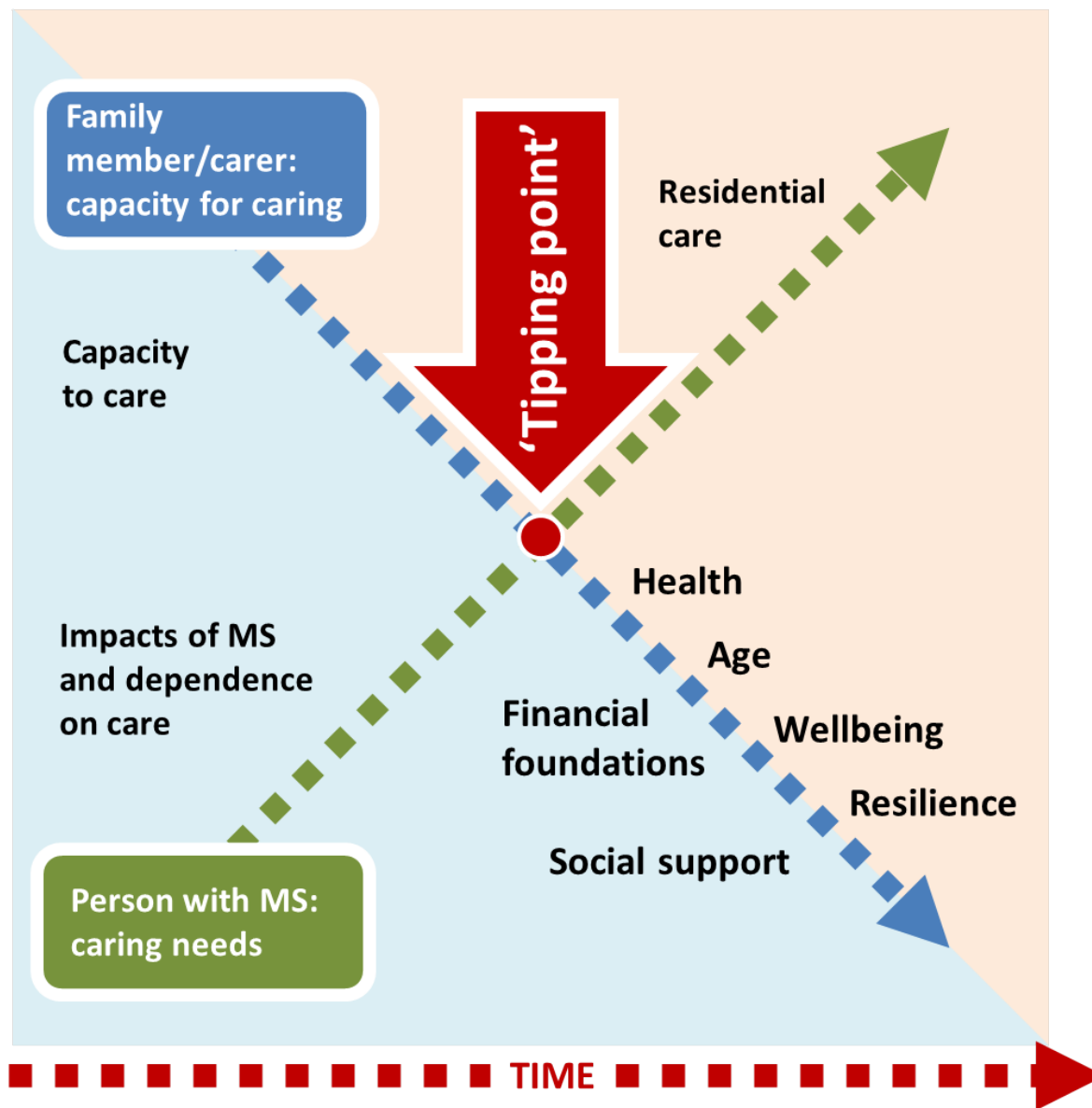
Rapid Realist Review and Evaluation



Participants

- Predominantly
 - Older (43/49 over 50 years old)
 - Spouses (also 3 partners, 2 siblings, 4 parents)
 - Most lived in the same house
 - Most not employed (80%); 6 employed
 - More cared for person who used a wheelchair
 - White, heterosexual





N.B. Basic conceptual graph described by a participant in a focus group; descriptions added to reflect qualitative analysis



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Unsupportive contexts

Aim to modify

Less modifiable contexts

For consideration

MS unpredictability and impacts e.g. cognitive /physical; personality and coping style

Supportive contexts

Aim to achieve

Positive outcomes

Mechanisms

Positively impact on contexts

Person-centred service delivery

Prompts to action

Point of contact for
information / advice

Personalised coaching

Training in capabilities to
enhance caring

Technology & equipment

Respite options for all

Well trained, flexible care
support

Volunteer support

Well facilitated peer support

Counselling

Sub-mechanisms:

Face-to-face AND online
interaction / learning / training

Joint opportunities with
person with MS

Self-aware regarding roles and needs

Priority on the need for self-care

Confident and capable information user

Positive financial foundations

Assertive & tenacious

Confident and capable
problem-solver and planner

Good health

Managing workload

Trust in care
support /respite

Flexible care support or
adaptable lifestyle

Able to be away from caring
role

Supportive social network

Supportive relationship with person
with MS

Available emotional support

Not perceiving oneself as having the
needs of a carer

Difficulty valuing personal needs

Less confident and capable information user

Less positive financial foundations

Less assertive and tenacious

Less confident and capable problem-solver and planner

Health concerns

Overwhelmed by workload

Difficulty trusting care support / respite

Difficulty incorporating care support into routines

Difficulty being away from caring role

Loss of social network

Complex relationship with person
with MS

Times of particular challenge and
negative emotion

Reduced access to opportunities
due to availability, finance,
or responsibilities

Deteriorating physical and/or emotional health; reduced capacity for caring; difficulty accepting the situation and coping with negative emotions e.g. desperation and guilt; difficulty sustaining close relationships and social isolation; loss of sense of self;

Negative
outcomes

Physical and emotional wellbeing and resilience; confidence and preparedness for changing roles using varied strategies, technology and equipment that improve caring experiences; time for own needs; financial capacity; validation and acceptance of emotions; positive attitude; engagement in health-promoting activities; preservation of sense of self; enhanced relationship with the person with MS.



Recommendation:

Person-centred service delivery

Prompts to action

Point of contact for information or advice

Personalised coaching

Training in capabilities to enhance caring

Respite options for all

Volunteer support

Well facilitated peer support

Counselling

Multicomponent online support intervention



Dissemination Phase of the Lydia Osteoporosis Project (LOP)

Dr Margaret A C Smith & Miss Claire Pearson,
Division of Nursing, School of Health Sciences, Queen Margaret University, Edinburgh
msmith1@qmu.ac.uk

NOS Bi Annual Osteoporosis Conference
ICC Birmingham 7th to 9th November 2016

Project aims and objectives

Aims:

- To raise frontline healthcare staff's awareness of osteoporosis prevalence and associated increased fracture risk
- To investigate moving and handling in older people in acute care through research and education.

Objectives:

- Disseminate key findings from research, education implementation and evaluation.
- Highlight implications of osteoporosis for acute care of older adults by developing
 - interactive website
 - complex education intervention (van Merriënboer & Kirschner, 2013).

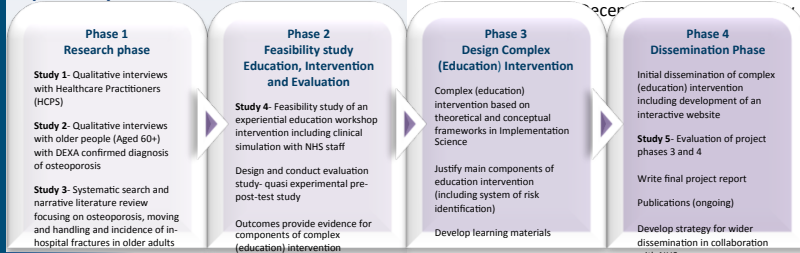
About Osteoporosis

- Common bone disease worldwide, affects over 3 million people in UK, over 250,000 in Scotland
 - 1:2 females, 1:5 males over 50 years will break bone in remaining lifetime (NOS 2016)
- Accounts for 300,000 fractures per year in UK
- Silent disease, few outward signs/ symptoms until well advanced or fractures sustained.
- Incidence rises with age, affects 50% of people aged 75 and over (NOS 2015)
- Increased morbidity and mortality (hip fractures), reduced QoL (especially vertebral fractures)

Background literature

- Management of osteoporosis and prevention fragility fractures (SIGN 2015, NICE 2012, IOF 2016, NOS 2016)
- Some healthcare staff have suboptimal knowledge of osteoporosis and associated increased fracture risk.
 - In hospital fractures in severe osteoporosis (often linked to falls but not always).
 - Limited research on Moving and Handling in older people with osteoporosis in acute care

Project Design: 4 phase sequential exploratory mixed methods



Main Project Findings

- Prevalence underestimated
- Complicated condition, largely silent presentation
- Impact can be severe
- Implications for frontline staff not well-understood
- Moving & handling as a complex intervention
- Value of clinical simulation & TEL

Aims of Dissemination

- Increase awareness of osteoporosis, fracture risk and implications for acute care
- Facilitate conversations between frontline healthcare staff and others about implications of osteoporosis for older people in acute care
- Provide platform for innovative education resources, and ultimately,
- Enhance patient experiences of acute care.

Dissemination methods: Traditional and contemporary

- Presentations and publications local, national and international
- Press/ Social Media (QMU Supports World Osteoporosis Day Campaigns 2015 & 2016)
- Launch interactive website www.lydiaosteoporosis.com with Niche Social Network
- Online module 'Caring for my bones', complex learning
- Stakeholder Conference/ website launch, (November/ December 2015).
- Conduct 2 survey evaluations, stakeholder conference and website osteoporosis

Results: Dissemination & Evaluation

- Conference evaluation/ website launch feedback from healthcare professionals, academic & support staff, members of public/ patients
 - Very positive, low return rate for written or online survey 1 (population N=44, returns 12, RR 27%)
 - Very positive oral feedback at event and later
- Osteoporosis community, wider project contacts, online survey 2, January- February 2016 (N= 100+, returns 26, RR 26%)
 - Confirmed initial membership registration IT problems resolved.
 - Website easy to navigate, attractive, content clear and informative.

Nurses in Scotland tackle 'ageing time bomb'



Year 2 Undergraduate Nursing students, try out an 'osteoporosis suit'.
Photograph: Jane Barlow
LIZZY BUCHAN Scotland on Sunday
Saturday 24 October 2015



Queen Margaret University
21 October at 18:32
Students model osteoporosis simulation suits for an STV interview on World Osteoporosis Day 2015.
Photo by Tracey Legge Photography

Use of Social Media and Popular Media QMU Supports World Osteoporosis Day

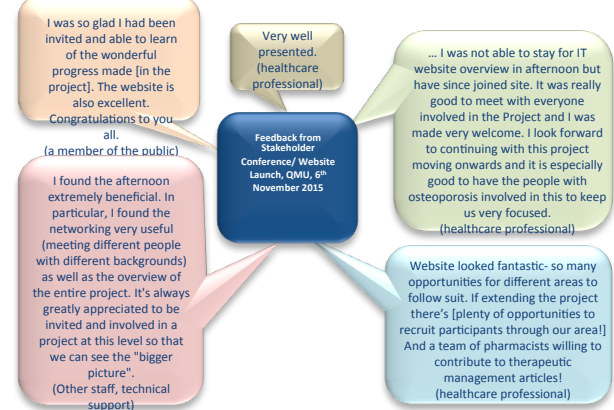
QMU Facebook / Twitter

Broadcasts: STV News / BBC Radio Scotland

Newspaper: Scotland on Sunday, (October 2015)



Scotland's First Minister, The Right Honourable Nicola Sturgeon MSP. Re-launch Scottish Govt. Health Manifesto, February 2016. *The Lydia Osteoporosis Project display* (Division of Nursing, QMU)



Discussion

- Contribution of Implementation Science approach to support dissemination & implementation of research evidence into practice
- Multi-faceted dissemination strategy comprising traditional approaches through to interactive website, social media, well-received.
- Online complex education module 'Caring for my bones' previewed on website, scope to engage and influence practitioners.

Conclusions

- Some frontline staff have limited awareness of osteoporosis or associated increased fracture risk in older patients
- Implications for acute care need to be clearly articulated for all
- Moving and handling best viewed as complex intervention in older people with osteoporosis (Coulter Smith, O'May et al 2016)
- Online education module drawing on current education theories and IT innovations set to engage frontline healthcare staff in complex learning www.lydiaosteoporosis.com
- Multi-faceted dissemination strategy used in LOP reached frontline staff and others
- Implementation of research findings into practice requires sustained engagement with intended audiences, plus benefits of using variety of media & innovative education
- Collaborative Action Research and Evaluation Study underway (LOP 2) with NHS frontline staff acute care and older people post discharge. .

References

- Coulter Smith M., O'May F., Tropea S., Berg J. 2016 A Framing moving and handling a complex healthcare intervention within the acute care of older people with osteoporosis: A qualitative study *Journal of Clinical Nursing* 25, 2906–2920, doi: 10.1111/jocn.13344 <http://eresearch.qmu.ac.uk/4418/> [Accessed 22/10/2016]
- Coulter Smith M., Pearson C., et al 2016 The Final Report for the Lydia Osteoporosis Project. Unpublished monograph available from QMU eResearch repository <http://eresearch.qmu.ac.uk/4419/> [Accessed 22/10/2016]
- Lydia Osteoporosis Project Website <http://www.lydiaosteoporosis.com> [Accessed 21/10/2016]
- van Merriënboer J. J. G., Kirschner P. A. 2013 *Ten Steps to Complex Learning. A Systematic Approach to Four-component Instructional Design*. 2nd edition. New York, Routledge.

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Connecting Health and social care to
Offer Individualised Care at End of Life

Dr. Caroline Dickson



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Methodology

- Development and pilot testing a framework of integrated working that facilitates person-centred care for patients and families at the end of their life who are being cared for in their home.
- Rapid review of evidence drawing on realist methodology





Findings

- Integrated working within supportive organisational structures provides the context required for person-centred caring.
- Potential outcomes identified include the streamlining of care, team efficiency and effectiveness.
- Greater potential for promoting patient autonomy, facilitation of choice together with improved self-management and indications that the overall experience of patients and families was improved.
- The resultant model was refined and pilot tested using a series of 'creative' focus groups with community nurses and social care workers.



Developing Person-centred Cultures at Marie-Curie Hospice, Edinburgh

Methods

- Participatory action research drawing on practice development and appreciative inquiry

Results include:

- Making values explicit
- Increased engagement of staff – 70 staff at meeting
- Sense of knowing people – patients, families and colleagues
- ‘can do attitude’
- Improved hospice environment for patients, families and staff
- Implementation of active learning methodologies
- Implementation of meaningful activities in day services
- Social events
- Celebration of success



Other work ongoing/in planning

- FoNs project with Randolph Hill Care Home Group
- Literature Review re models of care
- Frailty work with Bournemouth University (in planning)
- Person-centredness with older people with dementia – HSE Ireland, Donegal
- Wander-walking and missing persons (literature reviews and projects in planning)
- Dementia friendly University work and 3rd sector partnerships
- Alzheimer's Scotland PhD - OT interventions in dementia care
- Intertwining occupation and healthfulness in the hospital setting to prevent alcohol misuse in older adults (Carnegie Project)
- Human rights (in planning)
- >30 Doctoral students – connected with research pillars



