



Person-centred Care Planning Dementia in Hospitals

Change package

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Introduction

Welcome to the Person-centred Care Planning change package

The aim of the person-centred care planning change package is to provide guidance to support the delivery of person-centred care for people with dementia in hospital settings. A change package consists of a number of high-level outcomes supported by activities that when implemented, bring about improvement. It brings together what is known about best practices and processes based on evidence from literature, research and the experiences of others.

Note: the term patient is used throughout in the context of people with dementia being patients of the hospital ward.

Why have we developed this change package?

This change package will support hospital teams working with people with dementia to improve person-centred care planning in their service.

Care plans describe the care and treatment that a person should receive. It is important that these plans are person-centred – that is, that they are based around the person and what matters to them. This will ensure that every individual gets the care that is right for them and is based on their needs and wishes.

The package has been developed using learning from an improvement programme which worked with hospital teams across Scotland between 2019 and 2023. The programme supported hospital teams to use quality improvement methodology to test and implement ideas to improve person-centred care planning.

Project aim

Setting a project aim

All quality improvement projects should have an aim that is:

- Specific
- Time bound
- Aligned to the organisation's objectives, and
- Numeric (STAN).

The aim for the hospital improvement programme:

By April 2023, the hospital care of 95% of people in the ward will be informed by a personalised care plan which reflects their strengths, needs, wishes and choices. The person-centred approach will support the prevention and management of stress and distress.

Driver diagram and change ideas

What is a driver diagram?

A driver diagram visually presents an organisation or team's theory of how an improvement goal will be achieved. It articulates which parts of the system need to change, in which way and includes ideas of how to make this happen. It is used to help plan improvement projects and ensure team engagement.

The primary drivers are the key components of the system that need to change to deliver the aim. The secondary drivers are the processes that influence the primary drivers. Changing the processes outlined in the secondary drivers should change the primary drivers and deliver the aim.

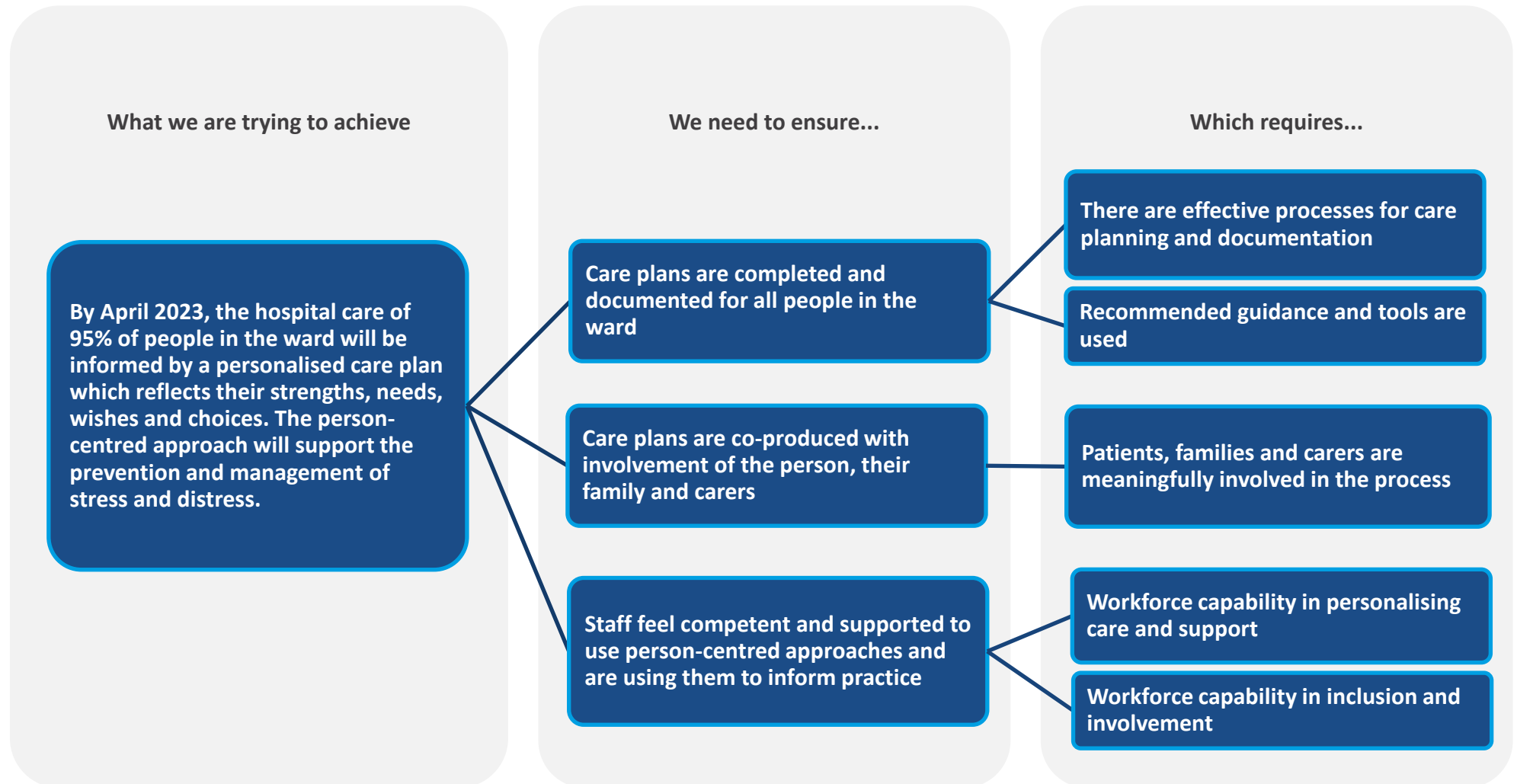
Change ideas

Change ideas are specific practical changes the project team can make to change the processes in the secondary drivers.

The following pages provide a range of change ideas for person-centred care planning. They are grouped by the primary driver that they influence. Project teams should select change ideas to test and implement. A range of change ideas will be needed to ensure there are changes to all primary drivers.

This change package does not contain an exhaustive list of change ideas. Project teams can also generate their own change ideas that will help drive change in the secondary drivers. One way of generating ideas is to use the question "How might we?" For example, "How might we engage relatives and carers more meaningfully?"

Person-centred care planning driver diagram 2023



Primary Driver: Care plans are completed and documented for all people in the ward

Why is it important?

Effective processes are important to ensure that care plans and supporting documents are completed and reviewed appropriately and that the multi-disciplinary team can contribute to person-centred care planning. Effective processes such as ward rounds, huddles and family meetings also support good communication between staff, patients, carers and family members.

Secondary drivers

There are effective processes for care planning and documentation

Recommended guidance and tools are used

Change ideas

Include "Getting to know me" in admission packs

Coloured stickers on case notes to identify completion and use of person-centred information

Personalised activity planner to support person-centred, meaningful activity

Use multidisciplinary ward rounds and huddles for communication of key information

Face to face meetings or telephone calls with family/carers

Coloured binders to identify where information is held

Audit process for care plans

Use Mental Welfare Commission care planning guidance

Process flowchart laying out the steps required for each new admission

'This is me' posters at patient bedside

Ensure staff have time to complete and review care plans – extend length of review cycle

Evidence and guidelines

Resource	Source	What it is and what's it for?
Person Centred care plans. Good practice guide	Mental Welfare Commission	PDF guidance on good practice in the development of person-centred care plans for people using mental health, dementia and learning disability services.
Guide Template for developing Standard Operating Procedures	NHS Education for Scotland	An online template to support development of standard operating procedures.

Tools and resources

Resource	Source	What it is and what's it for?
Getting to Know Me	Alzheimer Scotland	A downloadable PDF to support hospital staff to gain better understanding of patients with dementia. The document is designed to be completed by a person with dementia, or a carer or relative.

Primary Driver: Care plans are co-produced with involvement of the person, their family and carers

Why is it important

The involvement of patients, families and carers is essential for effective person-centred care planning to take place. The views and wishes of the person with dementia form a key part of the care plan through the use of good conversations. Additional information from families and carers is also important, especially if the person with dementia has difficulty communicating their wishes.

Secondary drivers

Patients, families and carers are meaningfully involved in the process

Change ideas

Choice of timing and approach for families and carers to be involved in care planning processes

Information board for families including example completed documents

Use person-centred visiting approaches

Use digital approaches e.g. emailing documents such as "Getting to know me" to families

Include families and carers in review meetings

Work with families to develop life story book to support meaningful activities

Evidence and guidelines

Resource	Source	What it is and what's it for?
Person Centred care plans. Good practice guide	Mental Welfare Commission	PDF guidance on good practice in the development of person-centred care plans for people using mental health, dementia and learning disability services.
Carers and confidentiality – good practice guide	Mental Welfare Commission	PDF guidance to support carers and families who support a person with dementia, mental illness, learning disability or related conditions to understand consent, confidentiality and sharing information.
Care plans: how people with lived experience and their friends and family want to be involved	Mental Welfare Commission	PDF guidance on involving people with lived experience and their carers and families in care plans. The information is written for service users and carers.
Shared decision making in realistic medicine. What works	Scottish Government	Summary of research considering shared decision making.
Creating a life story for a person with dementia	Dementia UK	Resources, including a video, to support people with dementia to create a life story.

Resource	Source	What it is and what's it for?
Understanding and improving experiences of care in hospital for people living with dementia, their carers and staff: three systematic reviews	Gwernan-Jones R, Lourida I, Abbott RA, Rogers M, Green C, Ball S, et al. Understanding and improving experiences of care in hospital for people living with dementia, their carers and staff: three systematic reviews. Health Serv Deliv Res 2020;8(43).	Overview of three systematic reviews considering experience of hospital care for people living with dementia.
Identifying features associated with higher-quality hospital care and shorter length of admission for people with dementia: a mixed-methods study	Sanatinia R, Crawford MJ, Quirk A, Hood C, Gordon F, Crome P, et al. Identifying features associated with higher-quality hospital care and shorter length of admission for people with dementia: a mixed-methods study. Health Serv Deliv Res 2020;8(22)	A study which considers factors associated with reduced hospital stay and improved quality of care for people with dementia.

Tools and resources

Resource	Source	What it is and what's it for?
Getting to Know Me	Alzheimer's Scotland	A downloadable PDF to support hospital staff to gain better understanding of patients with dementia. The document is designed to be completed by a person with dementia, or a carer or relative.
What matters to you? Resources	What Matters To You?	A series of resources to support the implementation of What Matters to You?

Primary Driver: Staff feel competent and supported to use person-centred approaches and are using them to inform practice

Why is it important?

Training and support is necessary to develop a culture of person-centred care. The pace and routine of busy hospital wards can be a barrier to a person-centred approach, so staff require time to develop their knowledge and practical skills in this area. This includes time to have good quality conversations with patients, their families and carers and to use the information they gather in care planning. Ongoing support from managers is required to allow staff to undertake necessary training and to support a person-centred approach in the day to day activities of the ward.

Secondary drivers

Workforce capabilities in personalising care and support

Workforce capabilities in inclusion and involvement

Change ideas

Involve a wider range of staff in care planning such as Health Care Support Workers and Allied Health Professionals

Develop ward observation skills and approaches

Support a person-centred culture by engaging with local Dementia Champions and Specialist Improvement Leads

Train multidisciplinary team in person-centred conversation skills

Involve all staff in the use of 'Getting to Know Me'

Use NHS Education for Scotland Promoting Excellence resources

Use an education board to support staff with the process of person-centred care planning

Develop a weekly multi-disciplinary group to assess and manage patients with differing levels of stress and distress

Use Mental Welfare Commission care planning guidance

Evidence and guidelines

Resource	Source	What it is and what's it for?
Promoting Excellence: A Framework for all health and social services staff working with people with dementia, their families and carers	NHS Education for Scotland	Web page based knowledge and skills framework. The framework is for all health and social services staff working with people with dementia, their families and carers.
Person Centred care plans. Good practice guide	Mental Welfare Commission	PDF guidance on good practice in the development of person-centred care plans for people using mental health, dementia and learning disability services.
Dementia Guideline	Healthcare Improvement Scotland (SIGN).	Webpage providing information on the SIGN guideline on dementia.
Understanding and improving experiences of care in hospital for people living with dementia, their carers and staff: three systematic reviews	Gwernan-Jones R, Lourida I, Abbott RA, Rogers M, Green C, Ball S, et al. Understanding and improving experiences of care in hospital for people living with dementia, their carers and staff: three systematic reviews. <i>Health Serv Deliv Res</i> 2020;8(43).	Overview of three systematic reviews considering experience of hospital care for people living with dementia.
Can person-centred care for people living with dementia be delivered in the acute care setting?	Abbott, R.A., Cheeseman, D., Hemsley, A. & Thompson Coon, J. 2021, "Can person-centred care for people living with dementia be delivered in the acute care setting?", <i>Age and Ageing</i> , vol. 50, no. 4, pp. 1077-1080	A commentary looking at person-centred care for people with dementia in the acute care setting.

Resource	Source	What it is and what's it for?
Identifying features associated with higher-quality hospital care and shorter length of admission for people with dementia: a mixed-methods study	Sanatinia R, Crawford MJ, Quirk A, Hood C, Gordon F, Crome P, et al. Identifying features associated with higher-quality hospital care and shorter length of admission for people with dementia: a mixed-methods study. Health Serv Deliv Res 2020;8(22)	A study which considers factors associated with reduced hospital stay and improved quality of care for people with dementia.

Tools and resources

Resource	Source	What it is and what's it for?
TURAS learn - Dementia	NHS Education for Scotland	Dementia online learning site for health and social services staff.
Personal Outcomes Network	Personal Outcomes Network	A website to support a personal outcomes approach in children and adult services.

Measurement

Measurement is an essential part of improvement as it helps the project team understand if the changes they are making are leading to improved care. Below you will see an outline of three types of measures used in improvement and a link to the measurement framework.

Outcome measures

Outcome measures are used to understand if the changes are resulting in improvements towards the aim.

Process measures

Process measures demonstrate that change ideas are improving the underlying processes that contribute towards the outcome.

Balancing measures

Balancing measures are used to determine if the changes are affecting things elsewhere in the system (unintended consequences).

The following measures are for teams to use for person-centred care planning improvements. You may identify other concepts and changes that require measurement to further understand your progress towards improved care. Our team's contact details are available at the end of this document should you wish to discuss measurement for improvement.

Measurement name	What/ how to measure
Provision of meaningful activity	<p>Percentage of patients within the ward who have meaningful activities recorded within their care plan daily.</p> <p>Numerator: The number of patients within the ward who have engagement with meaningful* activities documented within their care plan daily (previous three consecutive days)</p> <p>Denominator: Total number of care plans reviewed (10 inpatients, every two weeks).</p> <p>Percentage Calculation: (numerator/denominator) x 100</p> <p>Exclusion Criteria: In the event that a patient was unable to participate in meaningful activity in the preceding 3 days due to factors such as being unwell or not present on the ward (e.g. due to appointments elsewhere), they should be excluded and another patient's notes selected in their place.</p> <p>*Activity will be considered 'meaningful' if it has been identified as important to that person through the person-centred care planning process.</p>
Person-centred care plan in place	<p>Percentage of people in the ward who have:</p> <ul style="list-style-type: none"> • A documented person-centred plan of care which shows patient and / or carer involvement • Individualised goals identified, or under development • A plan of care related to their assessed needs. <p>It will be an all-or-nothing measure. Care plans require to have all aspects of the above definition to be compliant.</p> <p>Numerator: The number of patients who have a nursing care plan that meets the above criteria.</p> <p>Denominator: The number of care plans reviewed.</p> <p>Percentage Calculation: (numerator/denominator) x 100</p>

Measurement name	What/ how to measure
Number of falls	<ol style="list-style-type: none"> 1. Determine the numerator – the total number of in-patient falls. 2. Determine the denominator – the total number of acute occupied bed days for the same time period. <p>Calculate the falls rate by dividing the numerator by the denominator and then multiply this figure by 1000 to give the number of falls per 1000 acute occupied bed days (OBDs).</p> <p>Report the numerator and denominator monthly. Provide annotations as appropriate to reflect any interventions you made during the month.</p>
Patient / carer experience	<p>Qualitative data regarding the care experience of people with dementia in hospital and their carers / family members.</p> <p>Teams should have a process in place for capturing the experience of people with dementia and their carers / family members who use their services. This should be used to identify improvements.</p> <p>Tools and resources to support this include:</p> <ul style="list-style-type: none"> • Healthcare Improvement Scotland. Experience based co-design [online] • Healthcare Improvement Scotland, Care experience improvement model for health and social care [online] • NHS Scotland, What Matters to You? [online], and • Care Opinion [online].
Staff experience	<p>Teams should have a process in place for capturing the experience of staff working in the service. Tools to support this include:</p> <ul style="list-style-type: none"> • imatter, and • SPSP Safety Climate Resource: Staff Questionnaire.

Contact

Keep up to date

You can keep up to date with our dementia work by:

- visiting our dementia [web pages](#)
- following us on X (formerly Twitter) @Focusondementia or use the #Focusonhospitals, and
- signing up for our newsletter by emailing his.focusondementia@nhs.scot.

Get in touch

Email us at his.focusondementia@nhs.scot if you have a question about the dementia in hospitals programme or if you would like to speak to a member of the team.

Appendix one – Our drivers

What we are trying to achieve	We need to ensure...	Which requires...
<p>By April 2023, the hospital care of 95% of people in the ward will be informed by a personalised care plan which reflects their strengths, needs, wishes and choices. The person-centred approach will support the prevention and management of stress and distress.</p>	<p>Care plans are completed and documented for all people in the ward</p> <p>Care plans are co-produced with involvement of the person, their family and carers</p> <p>Staff feel competent and supported to use person-centred approaches and are using them to inform practice</p>	<p>There are effective processes for care planning and documentation</p> <p>Recommended guidance and tools are used</p> <p>Patients, families and carers are meaningfully involved in the process</p> <p>Workforce capability in inclusion and involvement</p> <p>Workforce capability in personalising care and support</p>

Appendix two – Our change ideas

Primary driver one	Secondary drivers	Change idea
<p>Care plans are completed and documented for all people in the ward.</p>	<ol style="list-style-type: none"> 1. There are effective processes for care planning and documentation. 2. Recommended guidance and tools are used. 	<ol style="list-style-type: none"> 1. Include "Getting to know me" in admission packs. 2. Coloured stickers on case notes to identify completion and use of person-centred information. 3. Personalised activity planner to support person-centred, meaningful activity. 4. Use multidisciplinary ward rounds and huddles for communication of key information. 5. Face to face meetings or telephone calls with family/carers. 6. Coloured binders to identify where information is held. 7. Audit process for care plans. 8. Use Mental Welfare Commission care planning guidance. 9. Process flowchart laying out the steps required for each new admission. 10. 'This is me' posters at patient bedside. 11. Ensure staff have time to complete and review care plans – extend length of review cycle.

Primary driver two	Secondary drivers	Change idea
<p>Care plans are co-produced with involvement of the person, their family and carers.</p>	<p>1. Patients, families and carers are meaningfully involved in the process.</p>	<ol style="list-style-type: none"> 1. Choice of timing and approach for families and carers to be involved in care planning processes. 2. Information board for families including example completed documents. 3. Use person-centred visiting approaches. 4. Use digital approaches e.g. emailing documents such as “Getting to know me” to families. 5. Include families and carers in review meetings. 6. Work with families to develop life story book to support meaningful activities.

Primary driver three	Secondary drivers	Change idea
<p>Staff feel competent and supported to use person-centred approaches and are using them to inform practice.</p>	<ol style="list-style-type: none"> 1. Workforce capabilities in personalising care and support. 2. Workforce capabilities in inclusion and involvement. 	<ol style="list-style-type: none"> 1. Involve a wider range of staff in care planning such as Health Care Support Workers and Allied Health Professionals. 2. Develop ward observation skills and approaches. 3. Support a person-centred culture by engaging with local Dementia Champions and Dementia Specialist Improvement Leads. 4. Train multidisciplinary team in person-centred conversation skills. 5. Involve all staff in the use of 'Getting to Know Me'. 6. Use NHS Education for Scotland Promoting Excellence resources. 7. Use an education board to support staff with the process of person-centred care planning. 8. Develop a weekly multi-disciplinary group to assess and manage patients with differing levels of stress and distress. 9. Use Mental Welfare Commission care planning guidance.

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