

Turning a challenge into an asset:

# Implementation of Person-centered Care Pathway Incorporating Recovery Principles for Psychiatric In-Patients

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HA Convention  
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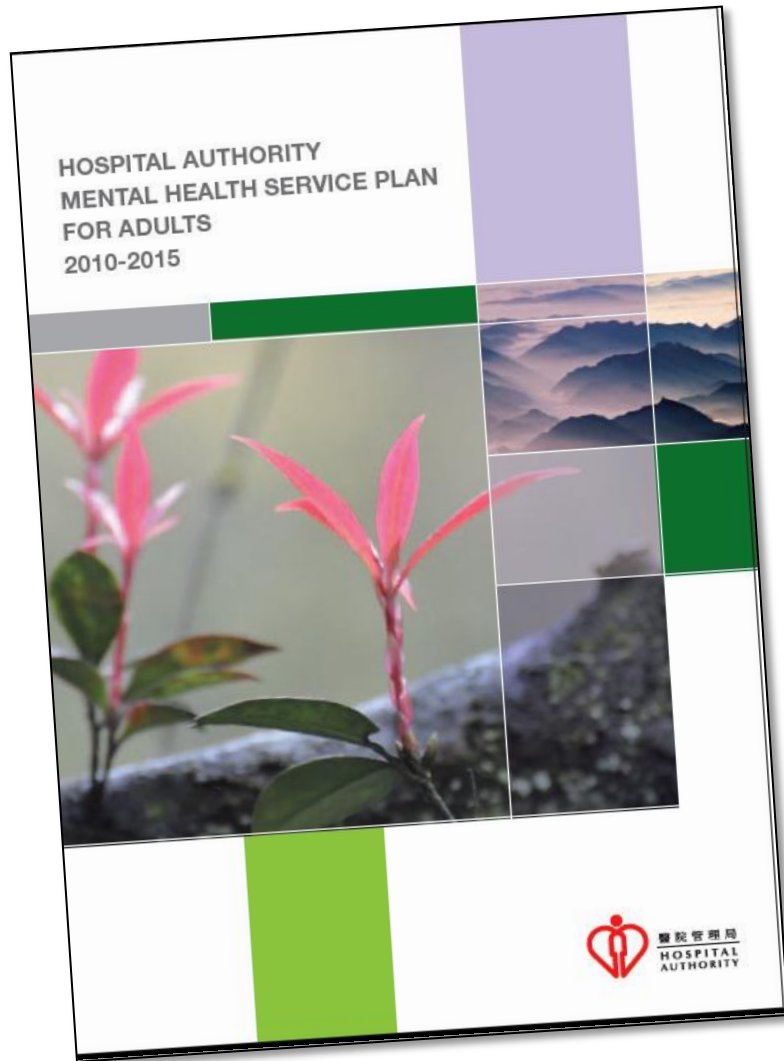


# Healthcare Paradigm Shift



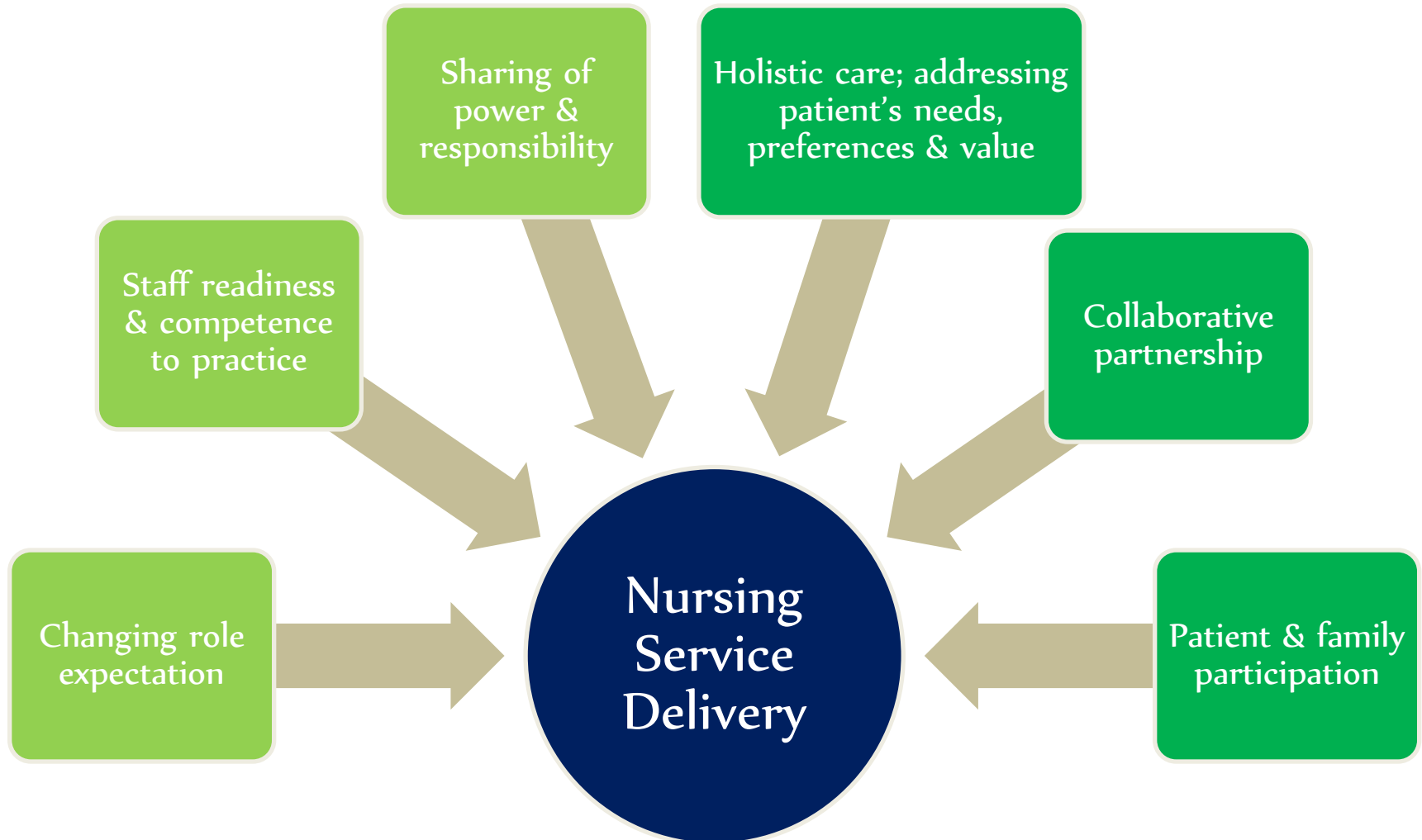
Patient-centered care as **one of the six**  
**aims for improvement** for the  
healthcare system.

# Healthcare Paradigm Shift



Providing a person-centered service  
based on **effective treatment  
and the recovery of the  
individual**

# Challenges Imposed by Paradigm Shift



# With a Care Pathway, What We Want to Achieve?



1. **Provide a guide** to explain the most appropriate pathway to take care inpatients during hospitalization.
2. **Standardize the key elements of care** based on patients'/ carers' needs as well as the person-centered and recovery concepts.



How Does the Person-centered Care Pathway  
**Developed?**



# **Based on Extensive Consultations**



- 1. Patients**
- 2. Carers**
- 3. Nurses**
- 4. Supported information**

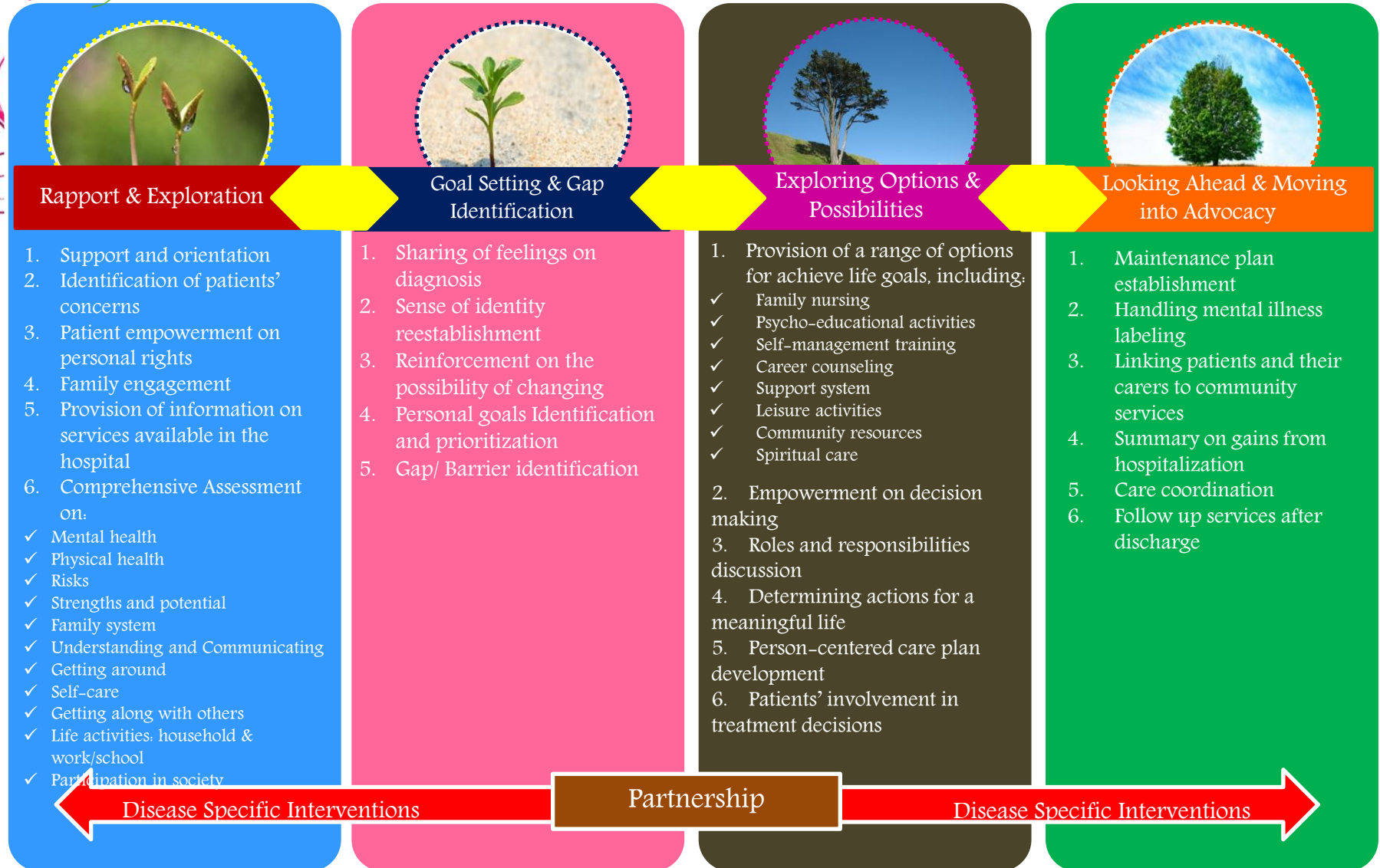
# Process of Redesigning Care Around Needs





# A Person-centered Care Pathway for In-patients

*Jointly Developed by Patients, Carers and Nurses (Jan 2013)*



# 2 Levels of Application

## 1. Ward Operation Level

- Provides a framework for the integration of recovery and person-centered concepts into daily routine of care



## 2. Primary Nurse Level

- Develops a person-centered care plan template for facilitating patients'/ carers' participation in their own care planning



# **What Have Been Done to Support**

the Implementation of Person-centered Care Pathway?

# 1. Staff Training

- A **series of recovery trainings** have conducted to promote cultural change
- Included recovery training in the curriculums of the **Induction and orientation program** for newly recruited or transferred-in nursing staff
- **252 (81%)** supporting staff and **267 (56%)** nursing staff in in-patient setting were trained



# 2. Person-centered Care Plan

Base on the patient's own goals

Work with patient to explore all possible options and empower them to take actions

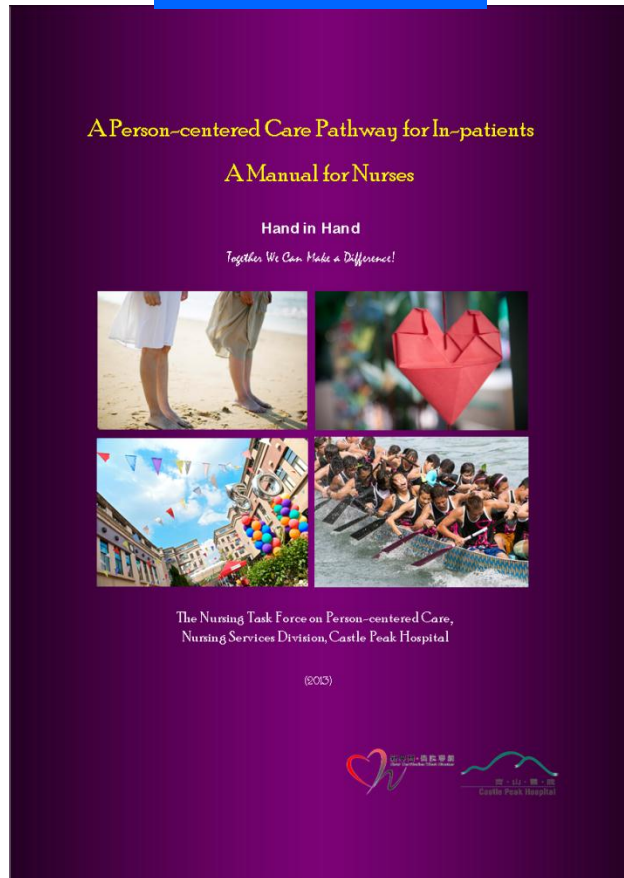
A share decision making tool that incorporates coaching

HOSPITAL AUTHORITY New Territories West Cluster			<small>For Hospital Admitted Patient, please use "HS" Label. For A&amp;OP attendance, please use A&amp;OP Label</small> Name: _____ HKID: _____ HNO/OP No.: _____ Sex/D.O.B: _____ Dept: _____ Hospital : * CPH / POH / SLH / TMH <small>* Pls circle as appropriate</small>	
<b>Person-centered Care Plan</b> 以人為本護理計劃				
Priority 優先次序	Goal(s)目標	Justification(s) 建立目標的理由	Where is Patient now in relation to Goal? 與現時目標的距離	Barrier(s) 達到目標的障礙
			Nearest Faraway 1-2-3 -4 -5-6-7-8-9-10 <small>很接近 很遙遠</small>	
			Nearest Faraway 1-2-3 -4 -5-6-7-8-9-10 <small>很接近 很遙遠</small>	
			Nearest Faraway 1-2-3 -4 -5-6-7-8-9-10 <small>很接近 很遙遠</small>	
Goal 目標: _____				
Action Step(s) to attain goal 實現目標的步驟		Who 由何人	When 何時	Resources Needed 所需資源

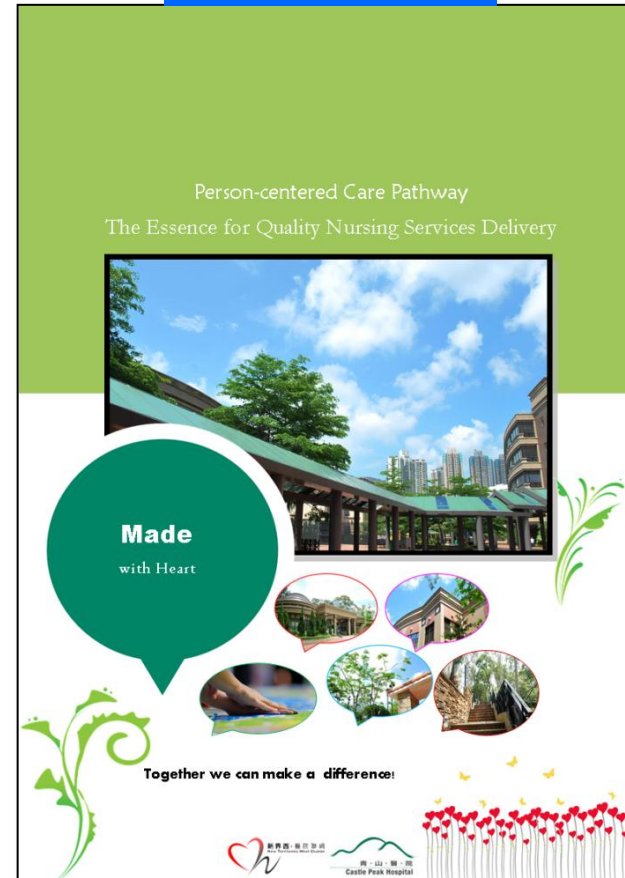
Signed (Primary Nurse) 專責護士簽署: \_\_\_\_\_ Signed (Patient)Optional 病人簽署(選擇性): \_\_\_\_\_  
 Name 姓名/Rank 職級: \_\_\_\_\_ Name 姓名: \_\_\_\_\_  
 Date 日期: \_\_\_\_\_ Date 日期: \_\_\_\_\_

# 3. Production of Manuals for Nurses

2013 version



2014 version



As an engagement for the implementation of Person-centered Care Pathway among frontline colleagues



自己的路，由自己決定。



## 4. Maintenance Plan (自在自主、居安手記)

- A personalized relapse prevention plan
- Promote continuity of care among helping professionals and carer(s) after patient discharge

Men 2

**Barriers 障礙:**

Incapable of coping with mental symptoms 未能有效處理精神病的徵狀

**Goal:目標**

Manage own mental symptoms  
懂得處理自己的精神病徵狀

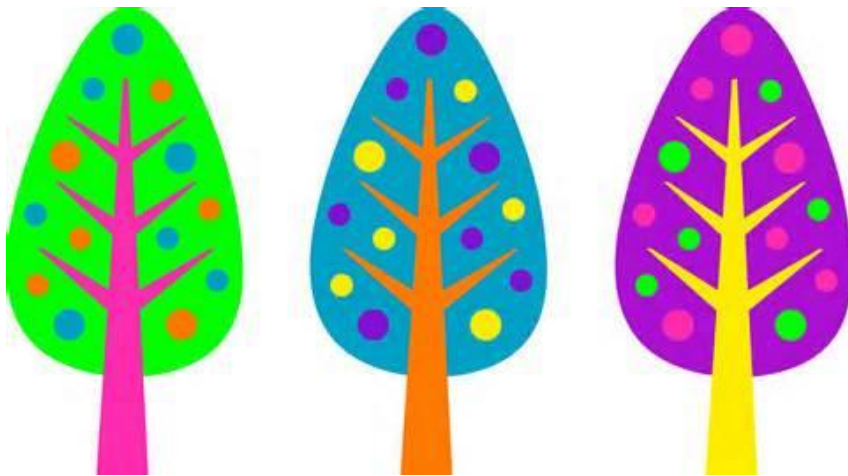
**Actions 行動:**

- ◇ Provide patient with information on nature of mental illness and related symptoms.  
向病人提供精神病的相關資訊，當中包括精神病的性質及徵狀。
- ◇ Discuss with patient the importance of coping with his/her symptoms.  
與病人商討有效處理精神病徵狀的重要性。
- ◇ Work with patient to identify symptoms which is distressing.  
與病人一同找出令他/她煩惱不安的徵狀。
- ◇ Explain to patient on functions of medication in controlling symptoms.  
向病人解釋藥物對控制精神病徵狀的作用。
- ◇ Review with patient on the events which leading to increases in symptoms or hospitalizations.  
與病人一同探討會令他/她的精神病徵狀增加並引致入院的事情。
- ◇ Encourage patient to monitor his/her own pattern of symptoms and the associated triggers.  
鼓勵病人監察自己精神病徵狀的特定模式和誘發病情變壞的事故。
- ◇ Explore with patient ways to distract from symptoms.  
與病人一同找出轉移精神病徵狀的方法。
- ◇ Assist patient to select a supportive person to validate his/her perceptions.  
與病人一同找出一個支援者，去幫助他/她確認精神病徵狀的感覺。
- ◇ Involve patient in training groups to enhance his/her understanding on symptom management.  
鼓勵及安排病人參與小組訓練，以提高他/她對精神病徵狀的管理能力。
- ◇ Discuss with patient about the contingency plan if the voices tell he/she to hurt himself/herself and/or others.  
與病人一同制定如有聲音指示他/她傷害自己或他人的應變計劃。
- ◇ Teach patient problem-solving skills.  
教導病人解決問題的技巧。
- ◇ Help patient to identify and practise ways to relieve anxiety arising from mental symptoms.  
幫助病人找出方法去處理因精神病而產生的焦慮，然後進行練習。
- ◇ Encourage patient to discuss with his/ her CMO on drug regime.  
鼓勵病人與主診醫生商討有關其用藥情況。

## 5. An Electronic Pull Down Menus

Derived from recovery/  
person-centered concepts,  
which outlined options for  
achieving patient's goal

# How to Address Language Differences?



Person-centered Care Plan + Maintenance  
Plan + Pull-down menu are with

English, Traditional  
Chinese and Simplified  
Chinese Versions

# What Have been Done to Ensure Adequate Respect and Responses to Patients' Needs?



A patient panel was established for reviewing the suitability of pull-down menu



# **Effectiveness of Satisfaction**



# Study Design

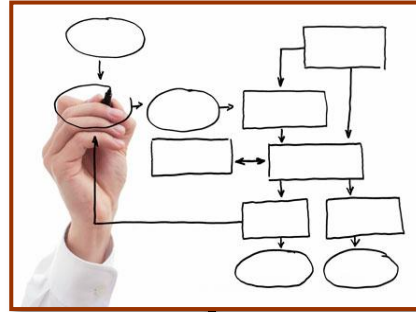
## Sampling



## Instrument



## Procedure



Nurses, patients and carers with specific inclusion/exclusion criteria

The Perception of Care Chinese Translation Questionnaire (Modified) + a self developed questionnaire

Prospective: compare the changes in the level of satisfaction before and after the implementation of the pathway

Patients and carers complete the questionnaire before discharge

Nurses complete the questionnaire after the pilot and full implementation



Baseline Survey:  
2 months before  
intervention



Phase 1 : 6-  
month pilot in 7  
specialties wards



Midpoint  
Survey: after  
phase 1 pilot



Phase 2 : 6-  
month full  
implementation  
in all wards



Post-  
intervention  
Survey : after  
phase 2 full  
implementation



# Pilot Findings (1)

	Patients		Carers		Nurses
	Pre-intervention	Post-intervention	Pre-intervention	Post-intervention	Post Pilot
No. of cases recruited	63	57	25	28	63
Age range(yr)	35-45yr (44.4%)	35-45yr (47.2%)	35-45yr (48%)	35-45yr (42%)	
Years in role					21-30yr (45.2%)
Gender (%)					
Male	45(71.4%)	31(54.4%)	18(72%)	16(57%)	35(55.6%)
Female	18(28.6%)	26(45.6%)	7 (28%)	12(43%)	28(44.4%)
Duration of Receiving Mental Health Service	52.4% Less than 6months	48.3% Less than 9 months	72% less than 6 months	68% Less than 9 months	



# Pilot Findings (2)

## Patients Satisfaction

The Satisfaction Score of Individual Subscale	Before implementation		After implementation		Independent pair t test	
	Mean	SD	Mean	SD	t	p
1. Information Received	1.7407	.47432	2.0994	.61026	6.526	<0.001
2. Interpersonal Aspect of Care	2.4825	.91110	3.0737	.84639	8.208	<0.001
3. Continuity / Coordination of Care	1.8135	.66271	2.0132	.56693	3.556	<0.001
4. Global Evaluation	7.0159	2.32443	7.7368	1.48235	2.002	.0483

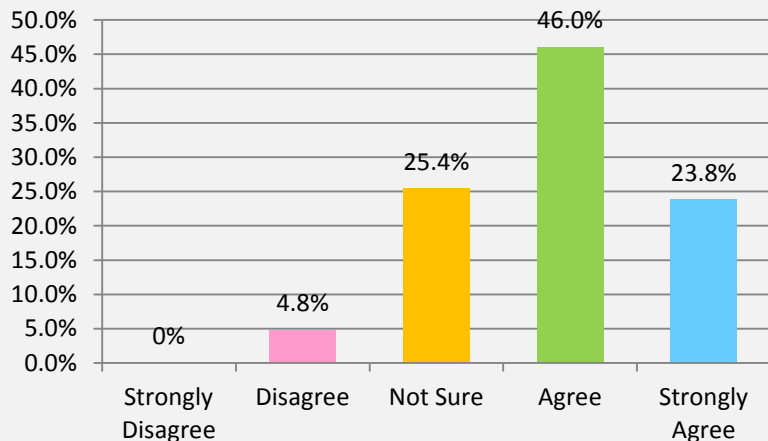
- Significant improvement was found in the four Subscales



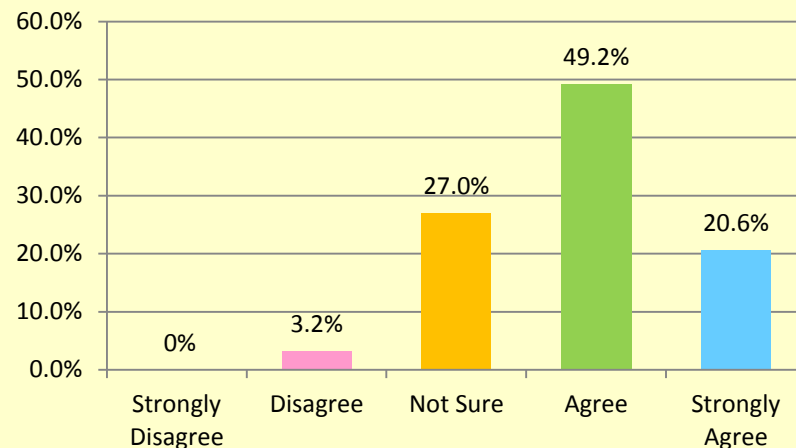
# Pilot Findings (3)

## Nurses Satisfaction

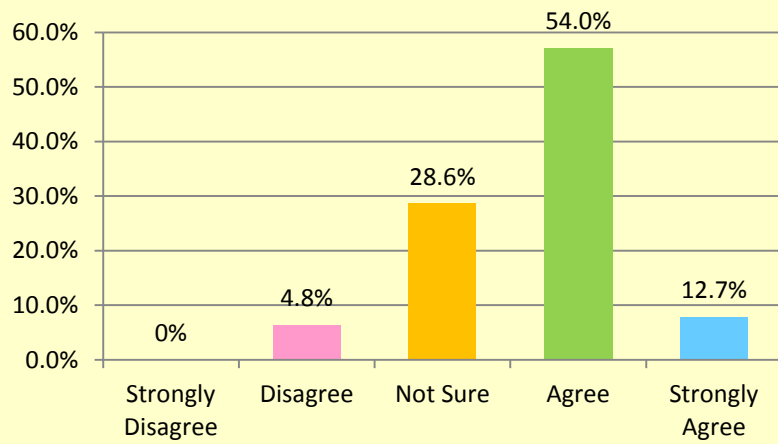
Perceived the Implementation of the Care Pathway Increases their Workload



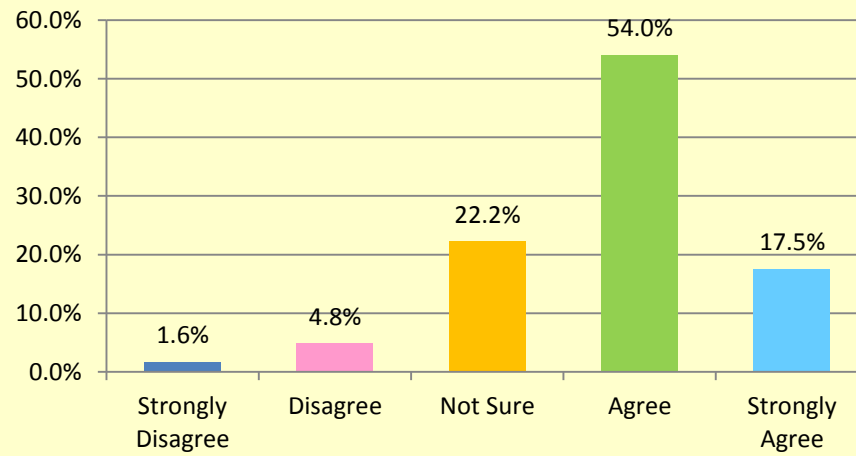
Considered the Care Pathway Enhances the Quality of Care to Patient



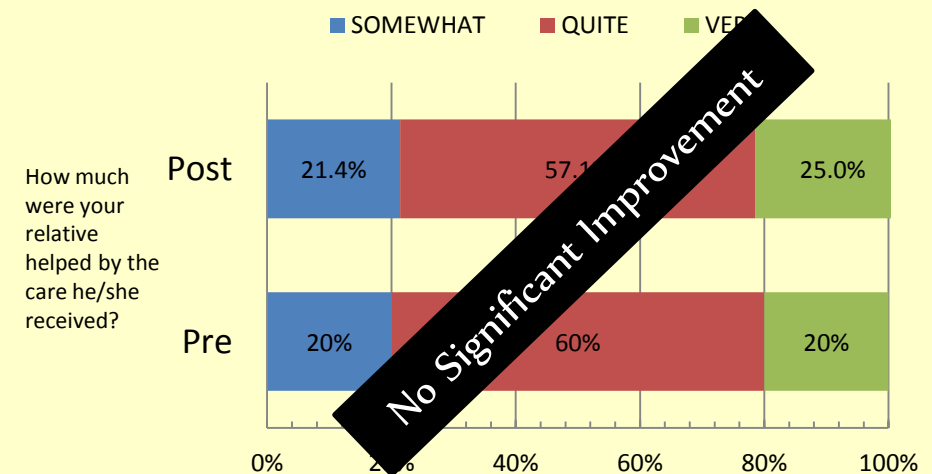
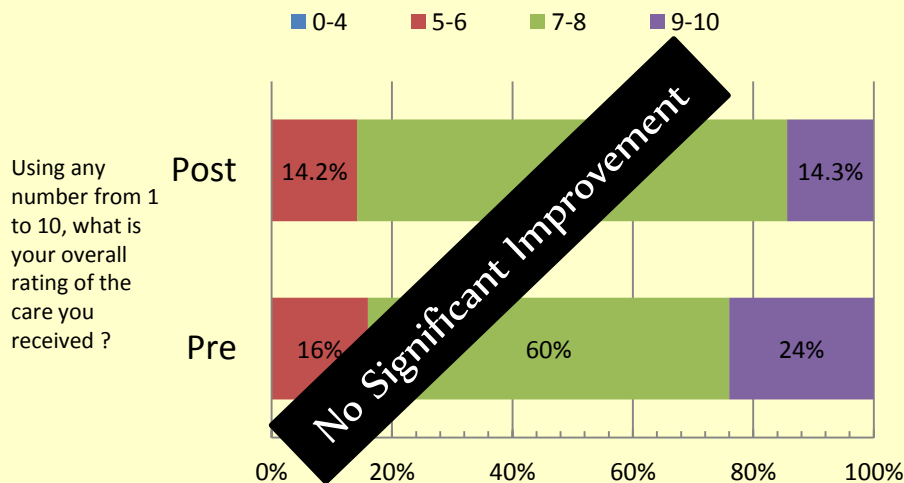
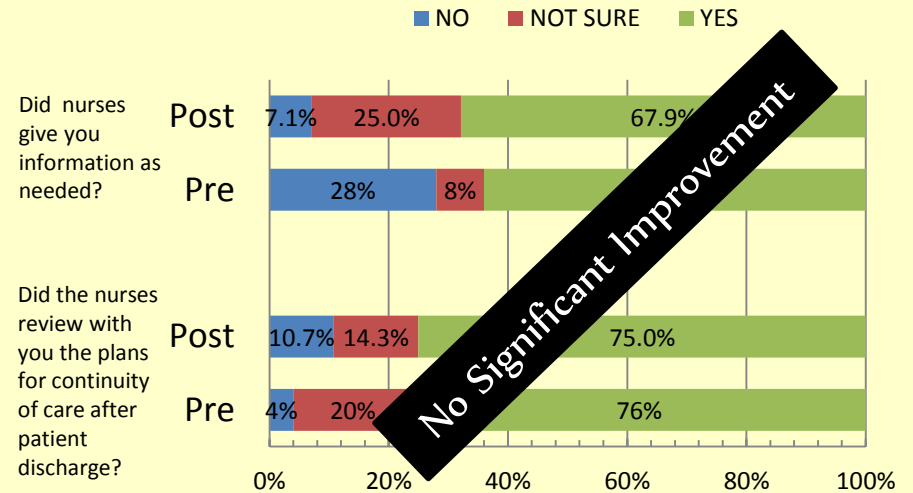
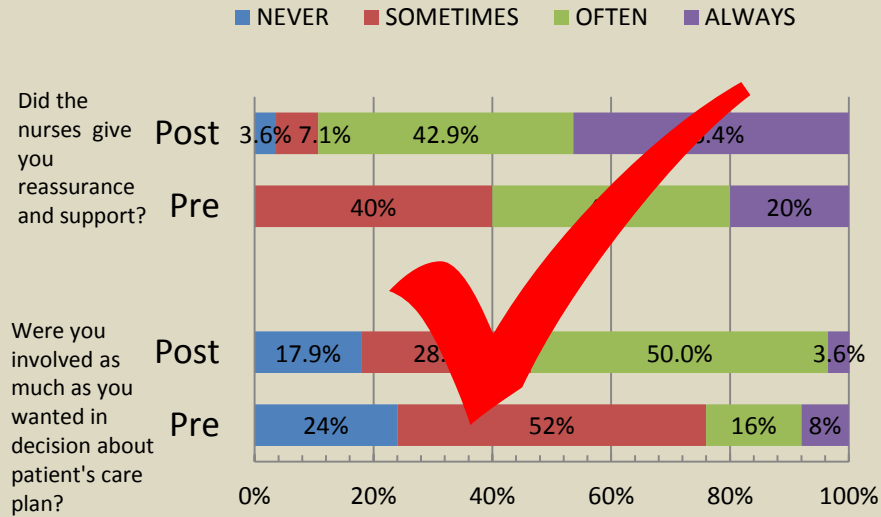
Believed the Implementation of the Care Pathway Promotes Nurse-patient Relationship



Supported the Implementation of the Care Pathway In-patient Context



# Carer Satisfaction



# Way Forward (1)

Full implementation of the Person-centered care pathway in all clinical wards with evaluation to be conducted with improvement made accordingly



# Way Forward (2)

- Peer to Peer: Patient Newsletter
- Aim at promoting patient involvement, strengths sharing and peer support

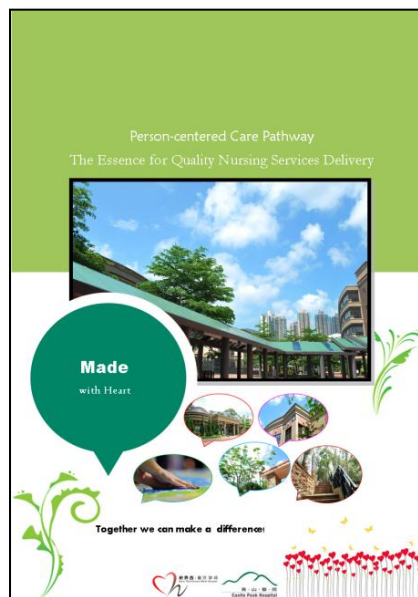




# Way Forward (3)

## Authorizing public access to our educational materials and users' booklet

namely, information leaflet on carer support and stigmatization, maintenance plan and person-centered care pathway pamphlet







**Thank You!**