Implementing the PIE programme to improve person-centred care for people with dementia on hospital wards.

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Implementing PIE - background

• 40% older people admitted to hospital likely to have dementia (NAO, 2007)
• RCP (2011) found little evidence of person-centred culture on most wards
• PIE programme of improvement devised and introduced to improve care focusing on Person, Interaction and Environment
• Evaluation funded by NIHR on 10 wards in 3 regions
Implementing PIE - background

• Aims:
  – To provide an account of how staff engaged with PIE
  – To test out a theory of change

• Methods: Mixed methods design, incorporating multiple case studies, in 3 regions

• Data collection:
  – Observation of PIE action planning meetings
  – Interviews with staff
  – Documentation

• Analysis: grounded theory approach, drawing on NPT
## Implementing PIE – variation across sites

<table>
<thead>
<tr>
<th>Full Implementers</th>
<th>Partial Implementers</th>
<th>Non Implementers</th>
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<tbody>
<tr>
<td>Seaford Trust</td>
<td>City Trust</td>
<td>Central Trust</td>
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<tr>
<td>Poplar Orthopaedic ward</td>
<td>Crane Frailty ward</td>
<td>City Trust</td>
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<td>Netherton</td>
<td>Rivermead Step-down</td>
<td>Valley Trust</td>
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<td>Ironbridge Trust</td>
<td>rehab ward</td>
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<td>Central Trust</td>
<td>Rose Stroke unit</td>
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<td>Beech Orthopaedic ward</td>
<td>Denton Enhanced</td>
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<td>Older people/</td>
<td>recovery ward for</td>
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<td>acute medical ward for</td>
<td>pts with dementia</td>
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<td>Cedar Orthopaedic ward</td>
<td>Ambridge Care of</td>
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<td>older people</td>
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<td></td>
<td>Oak Orthopaedic ward</td>
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</tbody>
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Implementing PIE – accounting for variation: readiness criteria

• Criteria all fulfilled at recruitment
  – Interest from senior hospital management
  – Agreement of senior ward staff
  – Commitment from practice development lead

• Implementers
  – Clinical/divisional matrons attended workshops
  – Ward managers facilitated
  – PD leads and specialist dementia team initiated

• Partial implementers
  – Senior staff/facilitators often absorbed with restructuring & staff shortages

• Non-implementers
  – PD lead left and not replaced
Implementing PIE – accounting for variation: Normalisation Process Theory 1

• Coherence – seen as meaningful
  – Implementers: ‘they see it as supporting them’
  – Partial & non-implementers: Initial enthusiasm, esp. after workshops.

• Cognitive participation – worth committing time & effort to
  – Implementers: ‘It’s allowed us to step back’
  – Partial: observations but little action
  – Non: engagement not seen as feasible
Implementing PIE – accounting for variation: Normalisation Process Theory 2

Collective action – implementers

Meal times as a social event
Observations noted patients not eating well
Plan: Patients sit at table for lunch as at home
Increased mobilisation, conversation and nutrition

Music as a purposeful activity
Observations noted continual noise from radio
Plan: Select calming music and introduce other musical activities e.g. carols at Christmas, volunteer musician
Patients calmer, staff engaged
Implementing PIE – accounting for variation: Normalisation Process Theory 3

• Collective action – partial implementers
  – Lack of resources to meet action plans
  – Ceiling effect?

• Collective action – non-implementers
  – Organisational turbulence
  – Staff shortages
  – CQC diverting attention
  – Ward closures
Implementing PIE – accounting for variation: Normalisation Process Theory 4

• Reflexive monitoring – reflection and review
  – Periodic meetings held opportunistically
  – Review of previous plans & recent observations and set new actions
  – Plan for further observations
  – Problems arranging times/venues/staff availability
  – Changes noted: staff using opportunities to chat to patients; ward calmer; staff better at eliciting patient need from behaviour
Implementing PIE – reflections and looking forward

- NPT fails to fully account for variation in implementation – contextual issues important
- PIE not implemented exactly as anticipated
- Principles retained, procedures adapted to allow expansion to other wards in trust
- Conclusion: PIE has the potential to improve person-centred care for people with dementia, however, success is dependent on certain local conditions and readiness criteria.
Thank you

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