Canterbury Christ Church University

East Kent Hospitals University NHS
NHS Foundation Trust

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

Full Implementers		**Partial Implementers**		**Non Implementers**					
Seaford Trust		City Trust	Ironbridge Trust	Central Trust			City Trust	Valley Trust	
Poplar Ortho-paedic ward	Crane Frailty ward	Rivermead Step-down rehab ward	Netherton Acute medical ward for pts with dementia	Beech Older people/ ortho-paedic ward	Rose Stroke unit	Denton Enhanced recovery ward for pts with dementia	Cedar Ortho-paedic ward	Ambridge Care of older people	Oak Ortho-paedic ward

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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.

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Thank you

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