GALWAY CLINIC
WHAT MATTERS IS YOU

Queen Margaret University
CENTRE FOR PERSON-CENTRED PRACTICE RESEARCH

Facilitating transformation from within the workplace.
Embracing person-centred systems and process through participatory research.

A Story

The Story Tellers

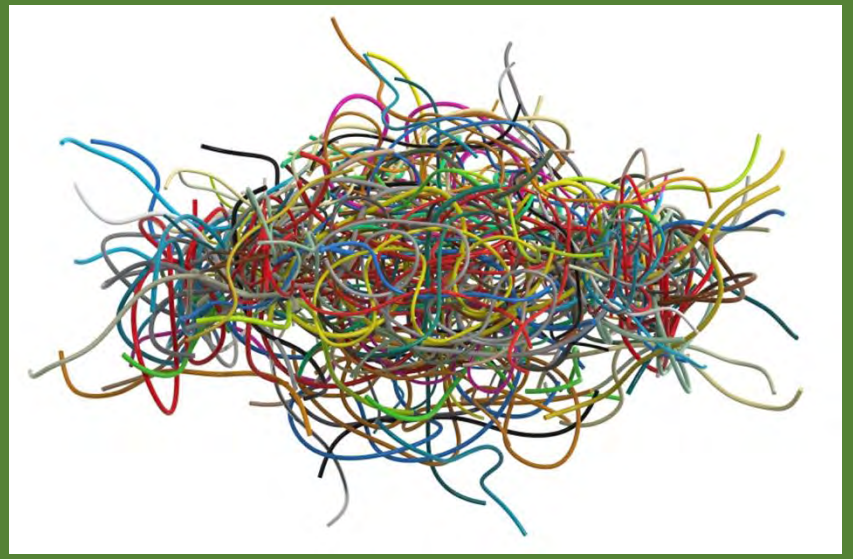
Dr Michele Hardiman
Practice Development ,
Education and Research
Facilitator.

Ms Sinead Hanley,
Director of Nursing,
Galway Clinic

Ms Laura Taheny,
Clinical Education
Facilitator, PhD Student

Professor Jan Dewing
Sue Pembrey Chair of Nursing
Director of The Centre for
Person-centred Practice
Research.
Queen Margaret University

Making Time to make Sense of complexity of the work place.



Using two models of workplace facilitation to create conditions for the development of person-centred culture: A PAR study

Dr Michele Hardiman

Facilitating and enabling work-based facilitators in the midst of practice.

“Facilitating on the Run”

Ms Laura Taheny

Designing and implementing an Electronic Nursing Record as part of the Integrated Hospital Information System. A Practice development Approach.

"From Mechanical to meaningful capture of Patient Information."

Ms Sinead Hanley

An evaluation of an electronic record.

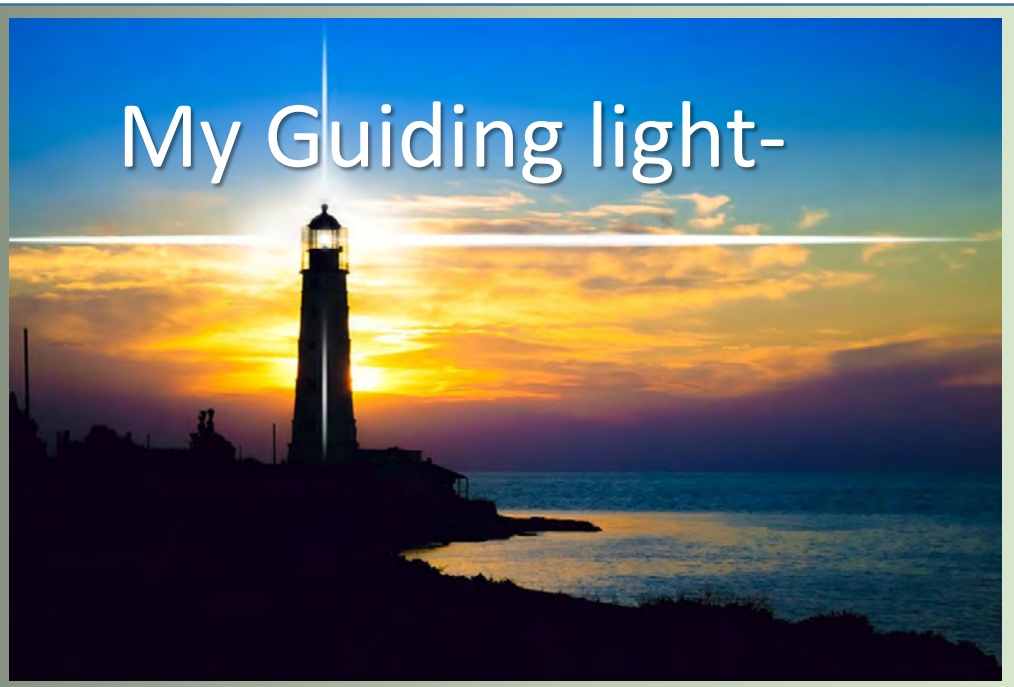
"What have we learned and what next."

Professor Jan Dewing

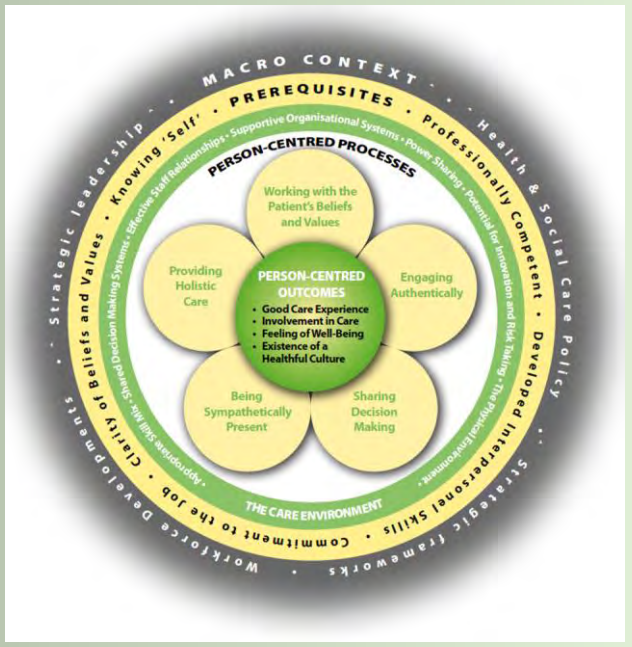
Chapter One

Using two models of workplace facilitation to create conditions for the development of person-centred culture: A PAR study

Dr Michele Hardiman



Person-centred Practice Framework
(McCormack & McCance 2017)



Culture is defined within the workplace, if culture is to change learning is needed to support transformation within the work-place.
(Raelin, 2008).

What can we not see in our own workplace?

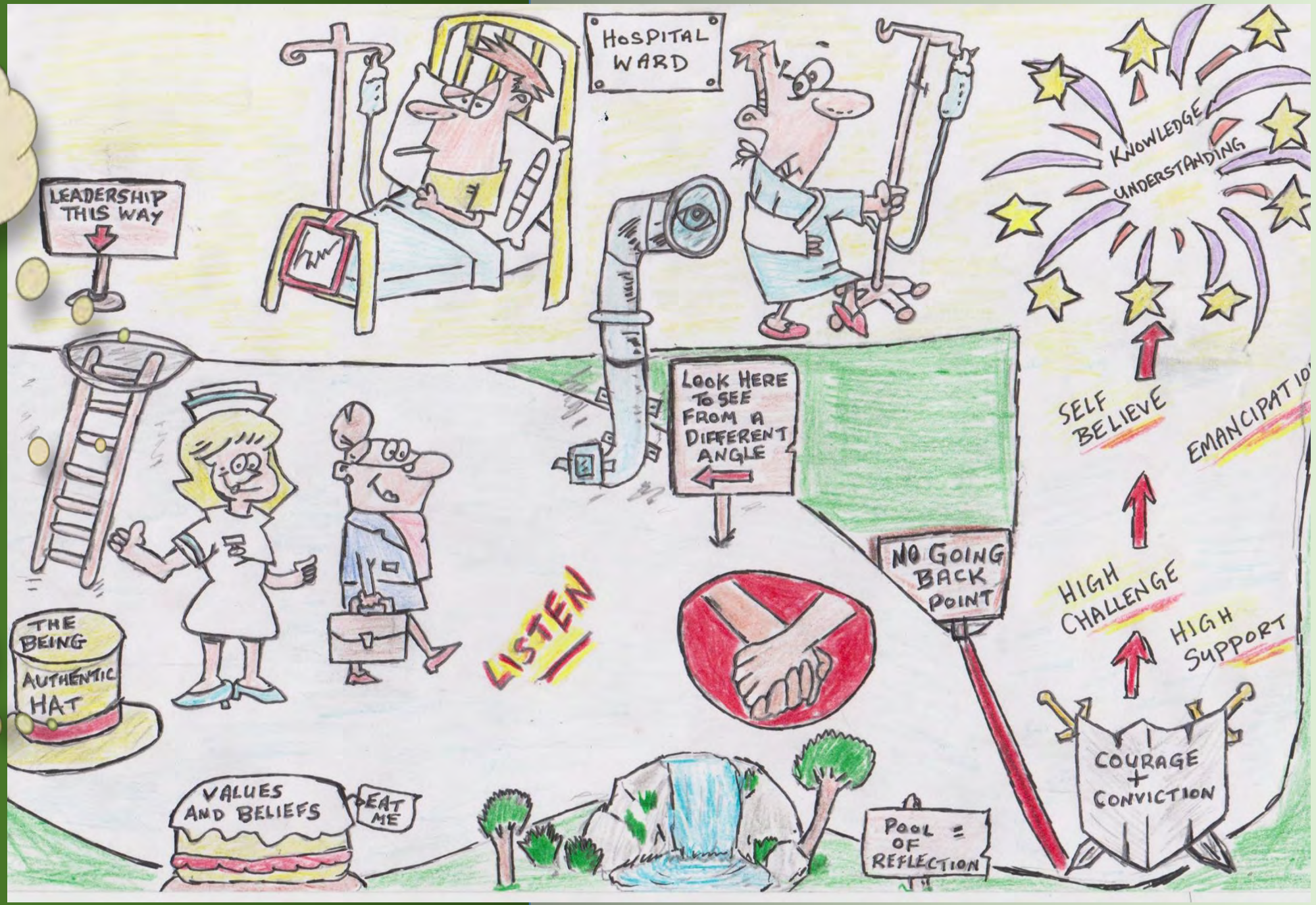
Get beneath the surface of what's going on – a quest for enlightenment, empowerment and emancipation.

Build the relationship

- Be Authentic
- Share values
- Professional Respect

Observations of practice Seeing from the patients point of view

Purposeful Actions



Research Design

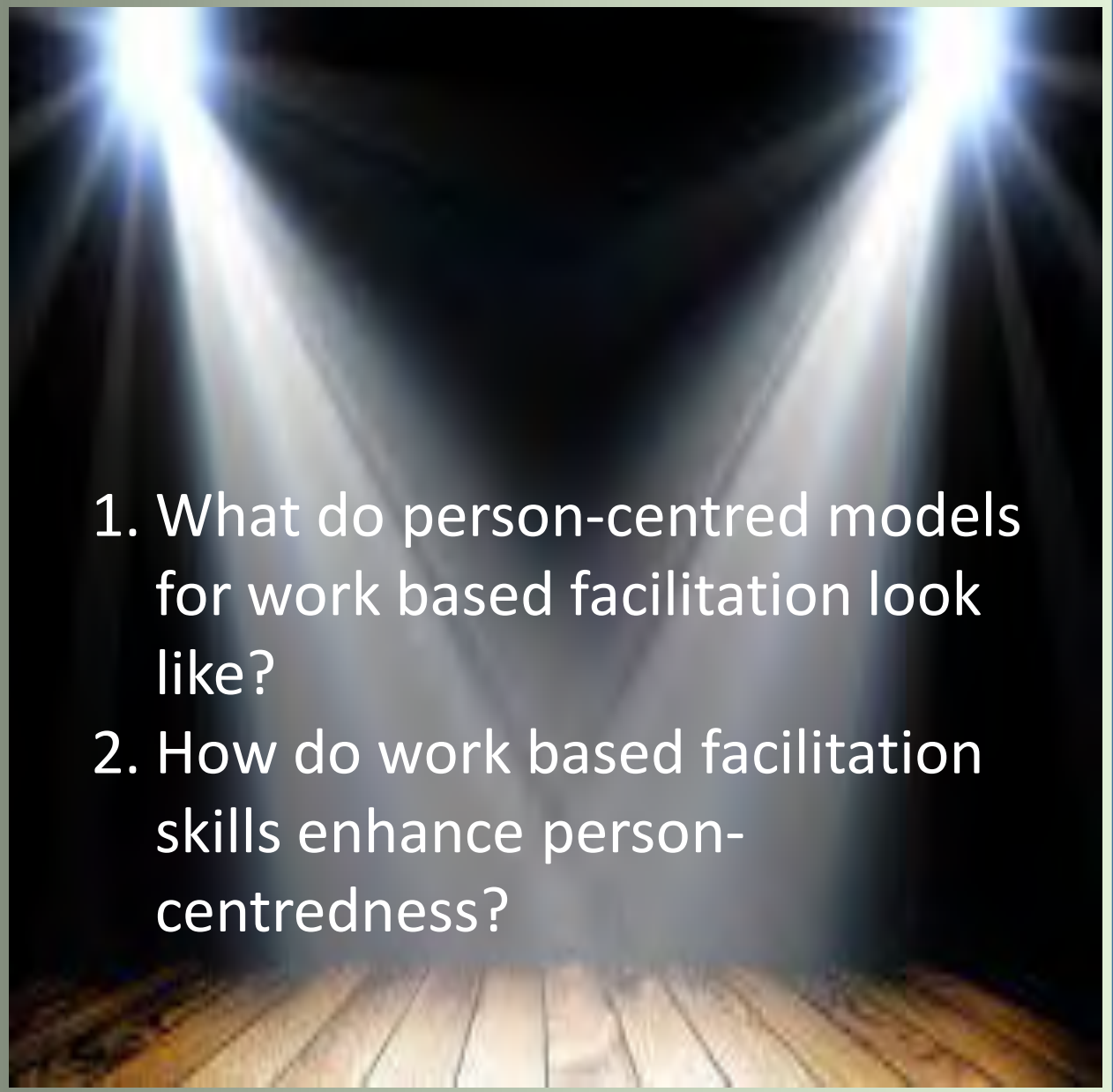
The study is situated within critical social science and draws on participatory action research to explore and refine two facilitation models: Critical Allies and Critical Friends.

Greatly influenced by Critical Companionship (Titchen, 2000) & involved exhaustive critique of related research.

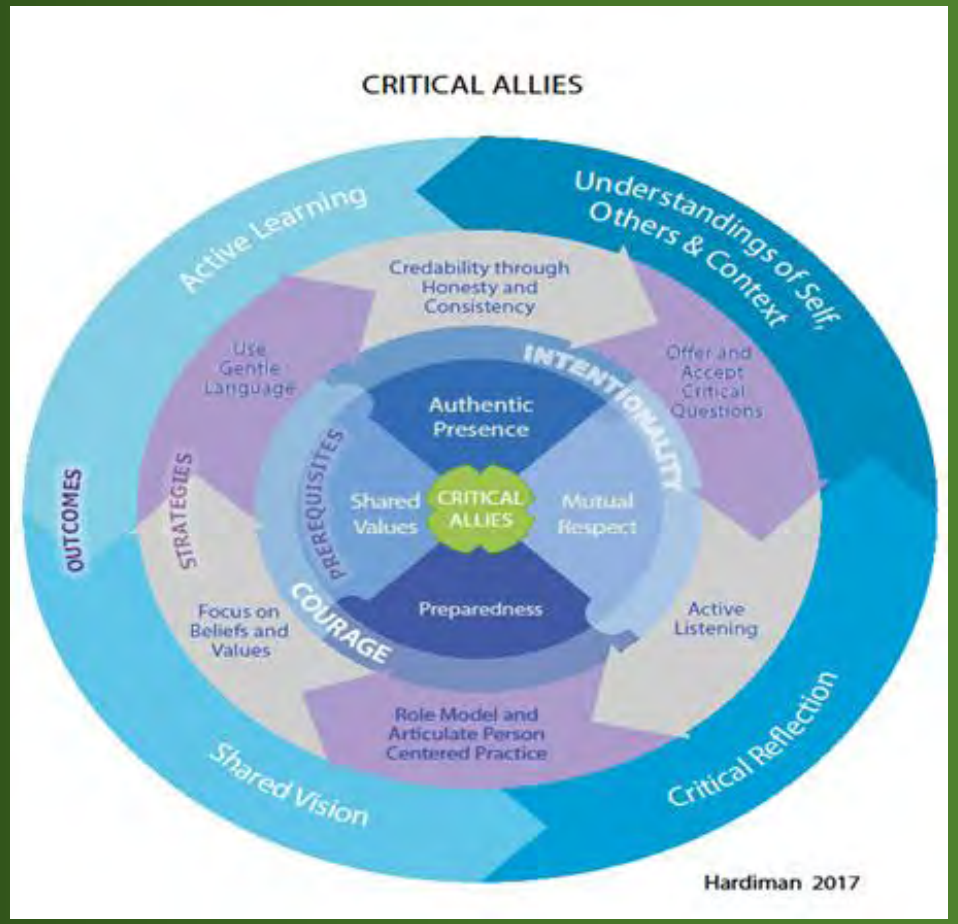
The researcher adopted an insider approach working with nursing leaders within an acute hospital setting.

Five cycles of reflection and action cycles took place followed by a meta-analysis.

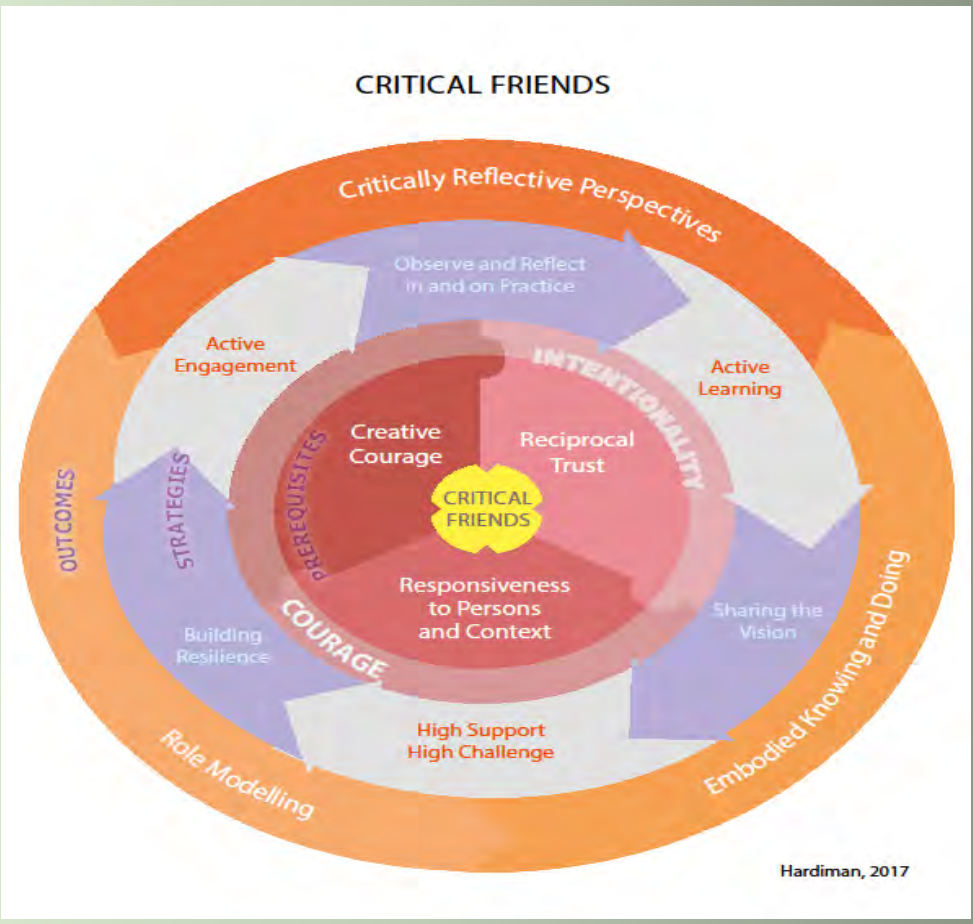
Seeking to find the answers……



Critical Allies are persons on your side that are not yet your friends

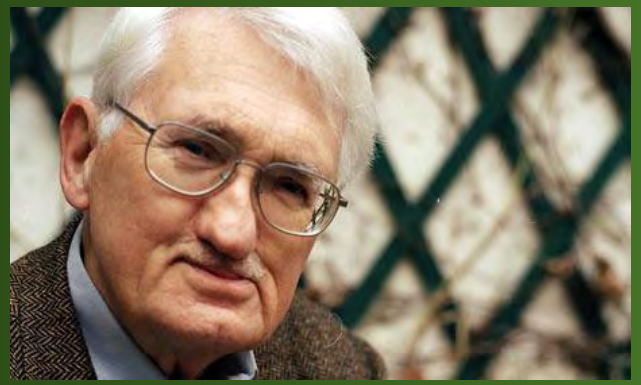


Critical Friends develop though building on the relationships and embodied understanding.

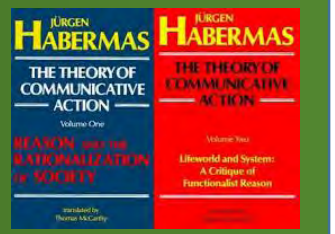


Philosophical Underpinnings

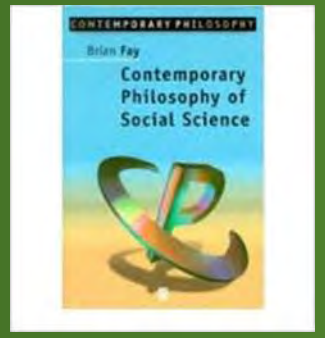
Critical Social Science and the quest for enlightenment, empowerment and emancipation.



Jurgen Habermas's work on Communicative Competence



Brian Fay's work on False Consciousness and Education and the conditions necessary for enlightenment to occur.



My Research Principles

1.A democratic process

Communicative actions cannot be imposed; agreement reached must be by consensus and shared vision with the context of the worldview.

2. Enlightenment through critical social science process

The process of critical social science will in itself result in enlightenment in the social situation if facilitated to do so.

.

3. Communicative competence:

Communication and participation leads to shared understanding and co-operation

4. Actions orientated to understanding: When a false consciousness has been revealed

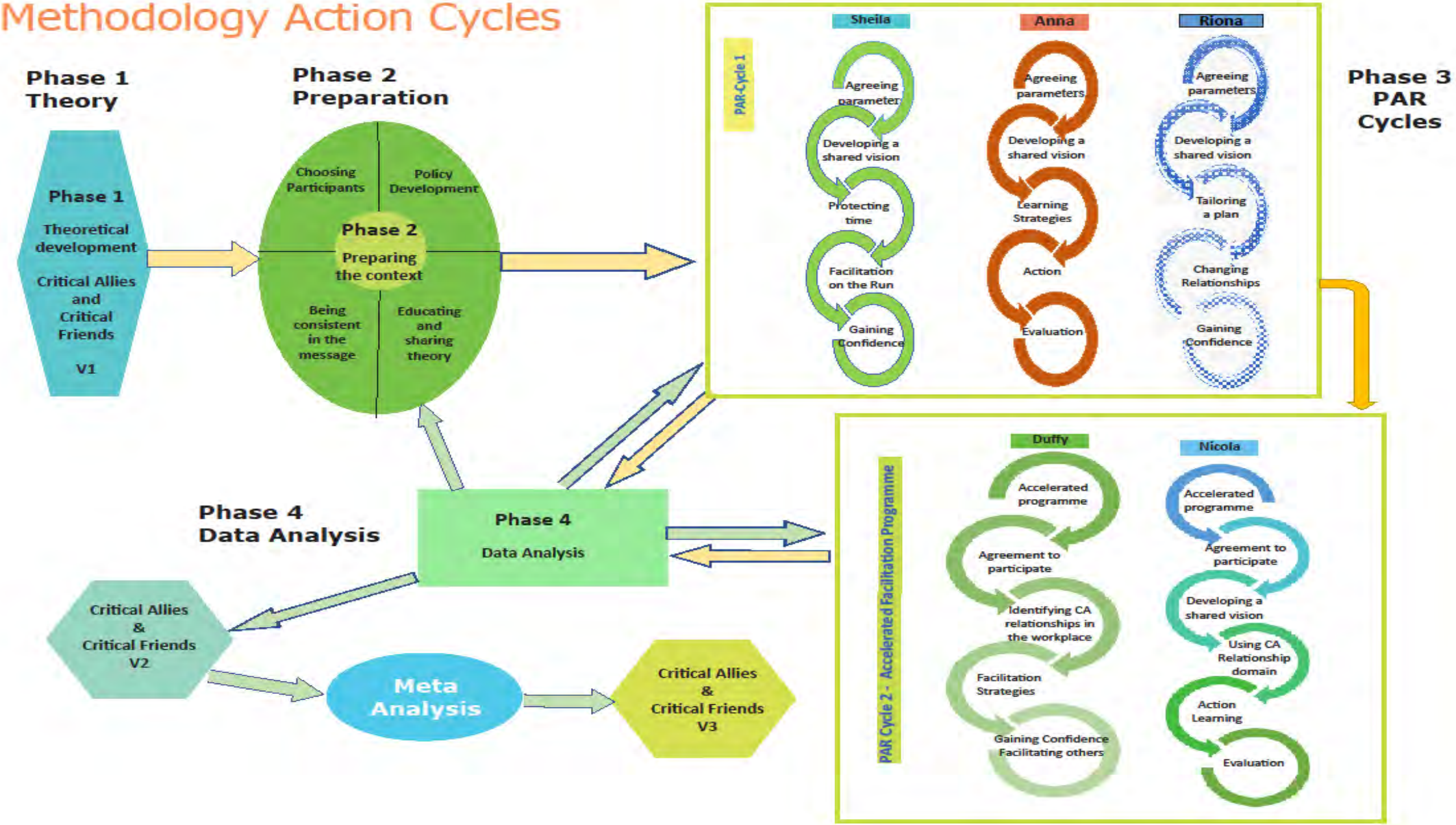
Choosing the right tool to analyse the culture that fits with the philosophical principles.

Five attributes of an effective workplace (Manley et al. 2013 p.150).

1. **Ten key values shared in the workplace.**
    i. Person-centredness
    ii. Open Communication
    iii. High Support /High Challenge
    iv. CIP principles
    v. Teamwork
    vi. Leadership development
    vii. Evidence use and Development
    viii. Lifelong learning
    ix. Positive attitude to change
    x. Safety (holistic)
2. **Values realised in practice.** Presence of vision and mission and collective responsibility.
3. **Adaptability and creativity to maintain workplace effectiveness**
4. **Change driven by needs of patients**
5. **Formal systems of Evaluation and Governance**

- Evidence of quality and effective care - systems was polarised into different departments or specialised areas.
- Outcomes from treatment, throughput and efficiency appeared to take foremost attention rather than the experience of being a patient or member of staff.
- Organisation Values were shared with some but not all.
- There was a willingness and enthusiasm for innovation and creativity.
- Change was driven as an outcome of complaints and other external drivers.
- Unravelling of false consciousness needed to be sensitively facilitated.
- Recruitment and retention was an issue in all departments including nursing.
- There was strong leadership in nursing that wished to empower change

Methodology Action Cycles



Group analysis using collaborative and creative methods.

Data Analysis Map

Meta-analysis Cycle 1

Simple coding onto Critical Allies and Critical friends Models

Meta-analysis Cycle 2

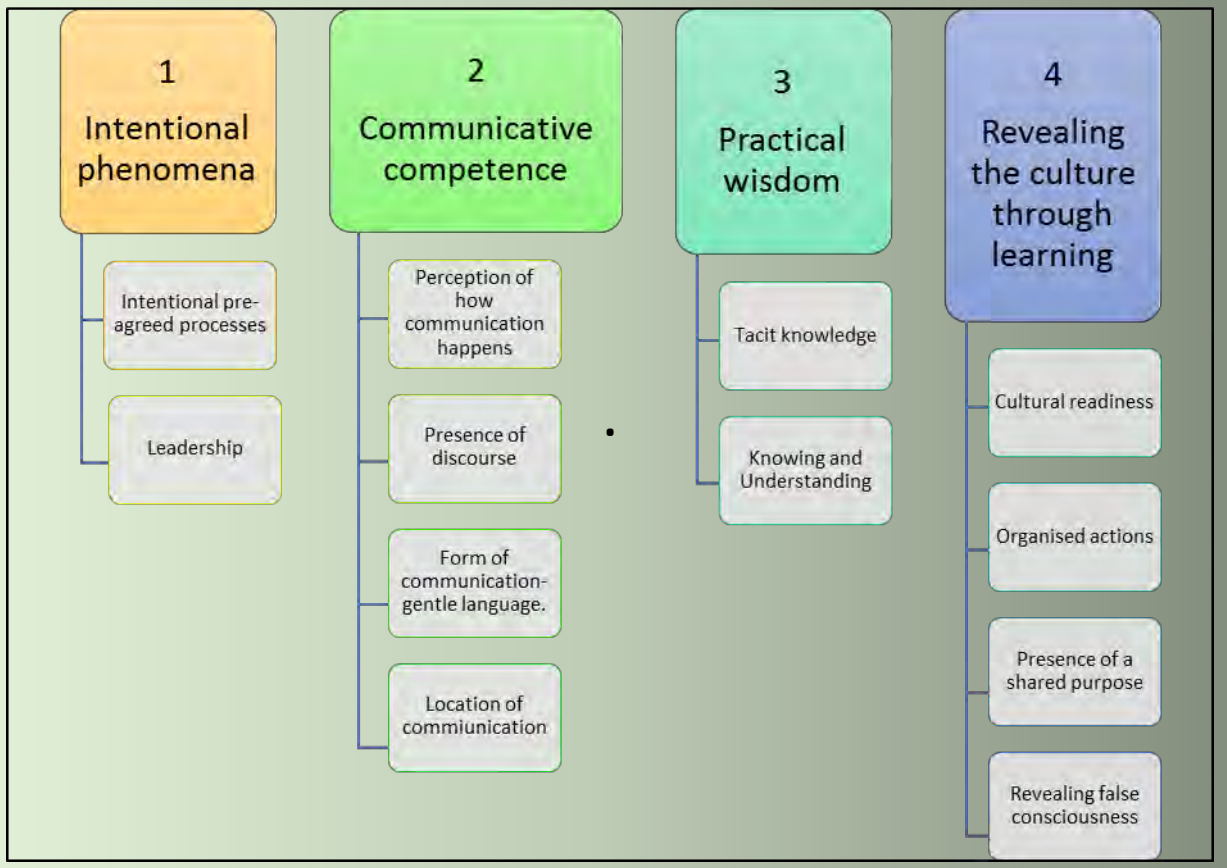
Thematic analysis of data "whats going on?"

Meta-analysis Cycle 3

Consensus building and links to philosophical principles

4 Meta-analysis themes

12 Sub-themes



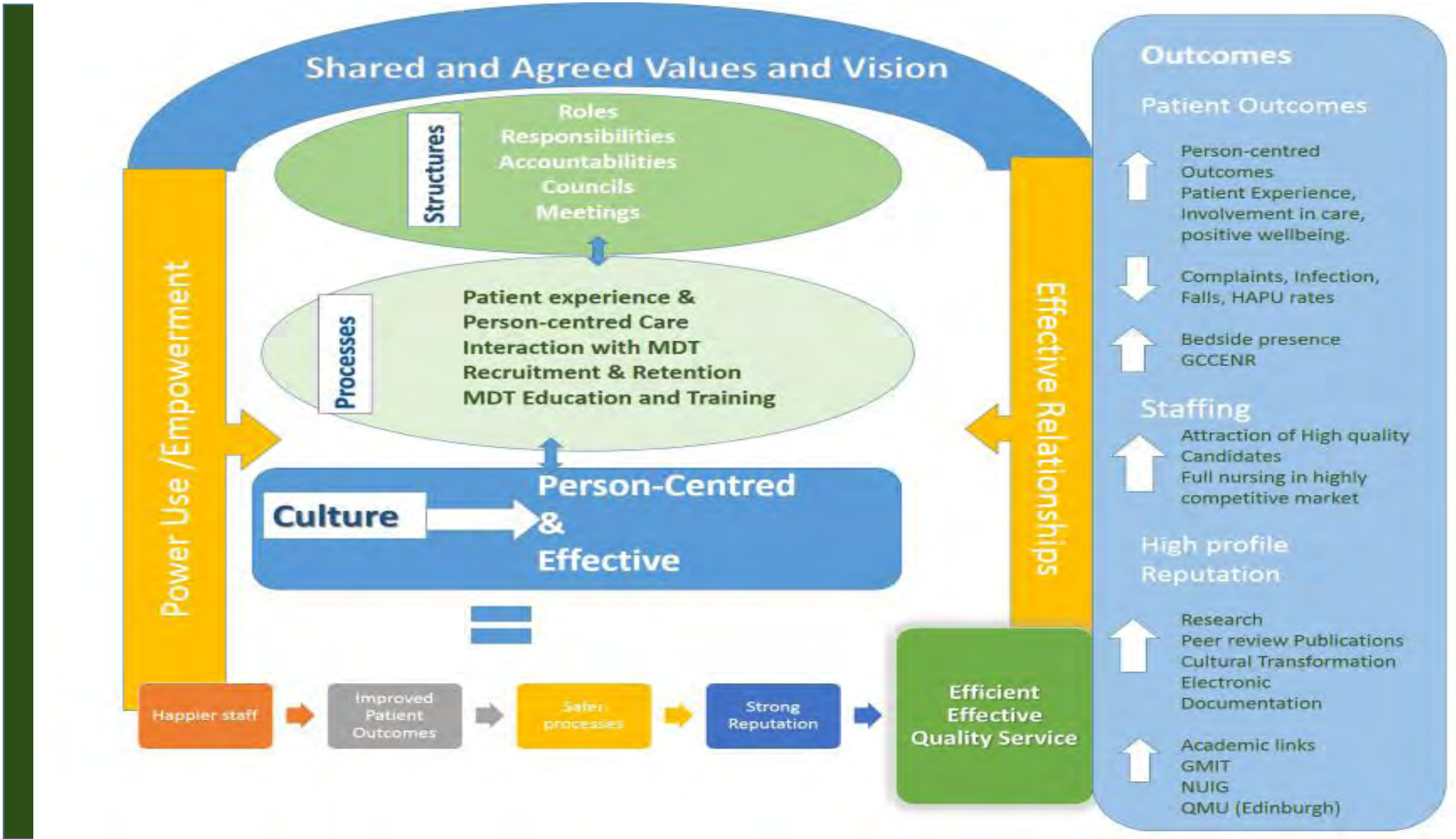
Key Findings

1. Facilitation is grounded in relationships.
   There are **Four pre-requisites** for a facilitative relationship.

   - **Preparedness**
   - **Authentic Presence**
   - **Mutual Respect**
   - **Sharing Values**

2. Facilitation does not always need protected time and space away from the workplace.

3. The models Critical Allies and Critical Friends offer stepping stones from novice to more experienced facilitation and complement the Critical Companionship model (Titchen, 2000).


Shared and Agreed Values and Vision
Structures
Roles
Responsibilities
Accountabilities
Councils
Meetings
Processes
Patient experience &
Person-centred Care
Interaction with MDT
Recruitment & Retention
MDT Education and Training
Culture
Person-Centred
&
Effective
Power Use /Empowerment
Effective Relationships
Happier staff
Improved Patient Outcomes
Safer processes
Strong Reputation
Efficient
Effective
Quality Service
Outcomes
Patient Outcomes
Person-centred Outcomes
Patient Experience, Involvement in care, positive wellbeing.
Complaints, Infection, Falls, HAPU rates
Bedside presence
GCCENR
Staffing
Attraction of High quality Candidates
Full nursing in highly competitive market
High profile
Reputation
Research
Peer review Publications
Cultural Transformation
Electronic Documentation
Academic links
GMIT
NUIG
QMU (Edinburgh)

Chapter 2
Facilitating and enabling work-based facilitators in the midst of practice.

“Facilitating on the Run”

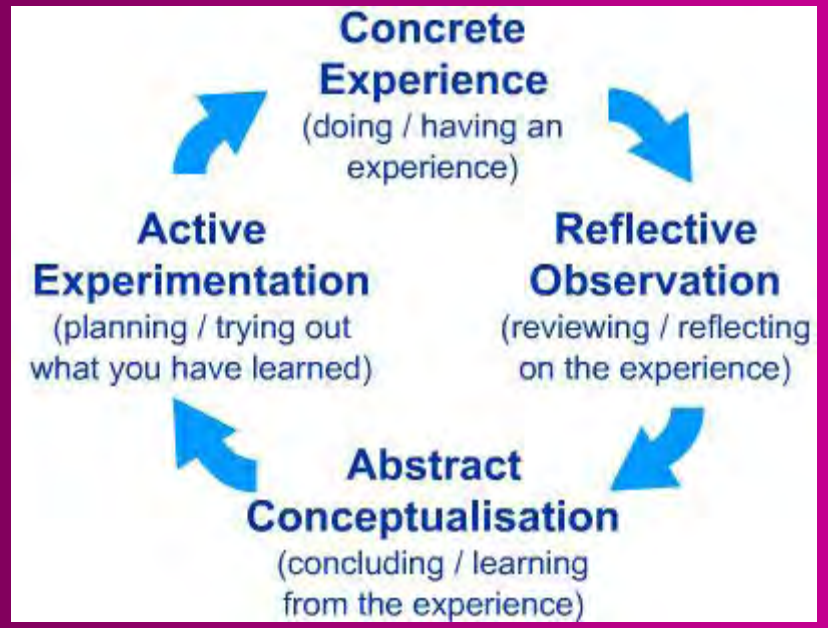
Ms Laura Taheny

Background to the Research

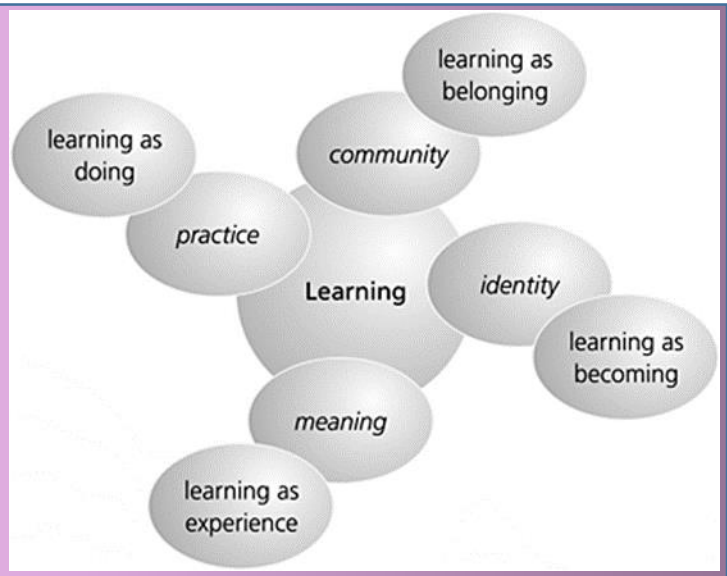
Internationally, person-centred practice is being integrated in healthcare policy to address concerns which arose as a result of failures in meeting minimum standards of care. The Person-Centred Practice Framework states that a "Healthful Culture" will emerge as an outcome; which is linked to flourishing. Flourishing as an outcome from developing person-centred cultures needs to be better understood. This can be done by learning through practice based approaches to research.

Aims of the Programme:

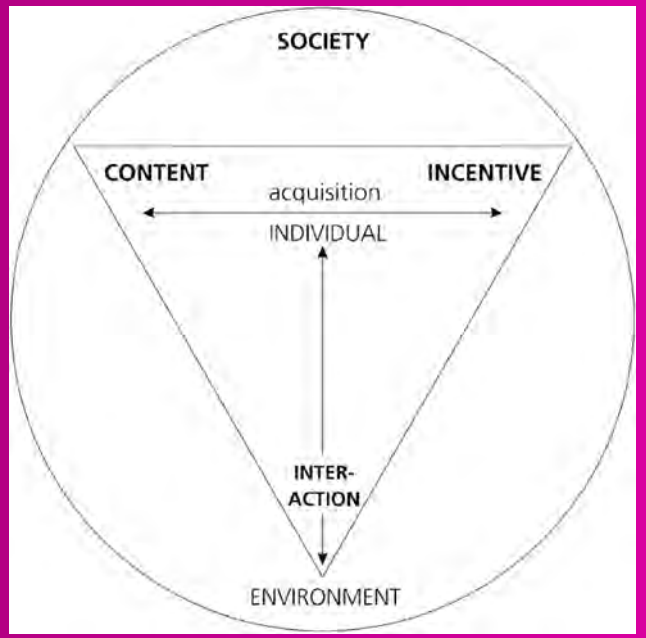
1. To prepare nurses to be work-based facilitators (WBF) of person-centred practice.
2. To test a specific method of facilitation; "Facilitation on the Run" developed as part of a PhD research study.



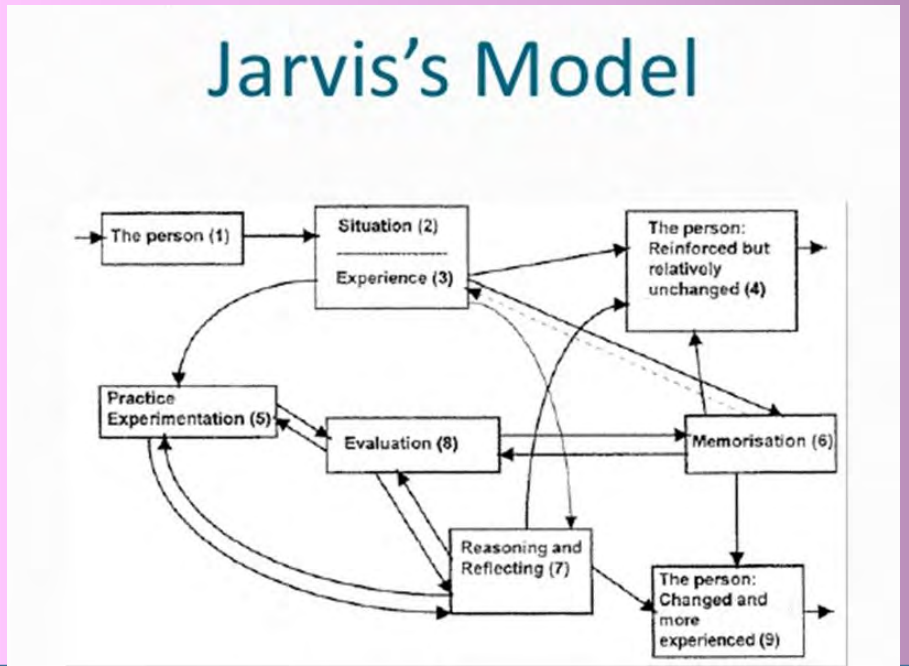
(Kolb, 1984)



(Wenger,1998)



(Illeris, 2009)



(Jarvis, 1987)

Work-based Learning

(Manley et al. (2009), DoHC (2010), Durrant et al. (2011), Smith (1994), Rycroft-Malone (2004))

"The consequences of WBL include individual/personal, interdisciplinary/team and organisational effectiveness. WBL aspires to enable all those involved in WBL, and all those benefitting from it, to flourish and grow"

(Manley et al., 2009)

In Comparison to Training..

(Siebert & Walsh, 2004)

Active Learning

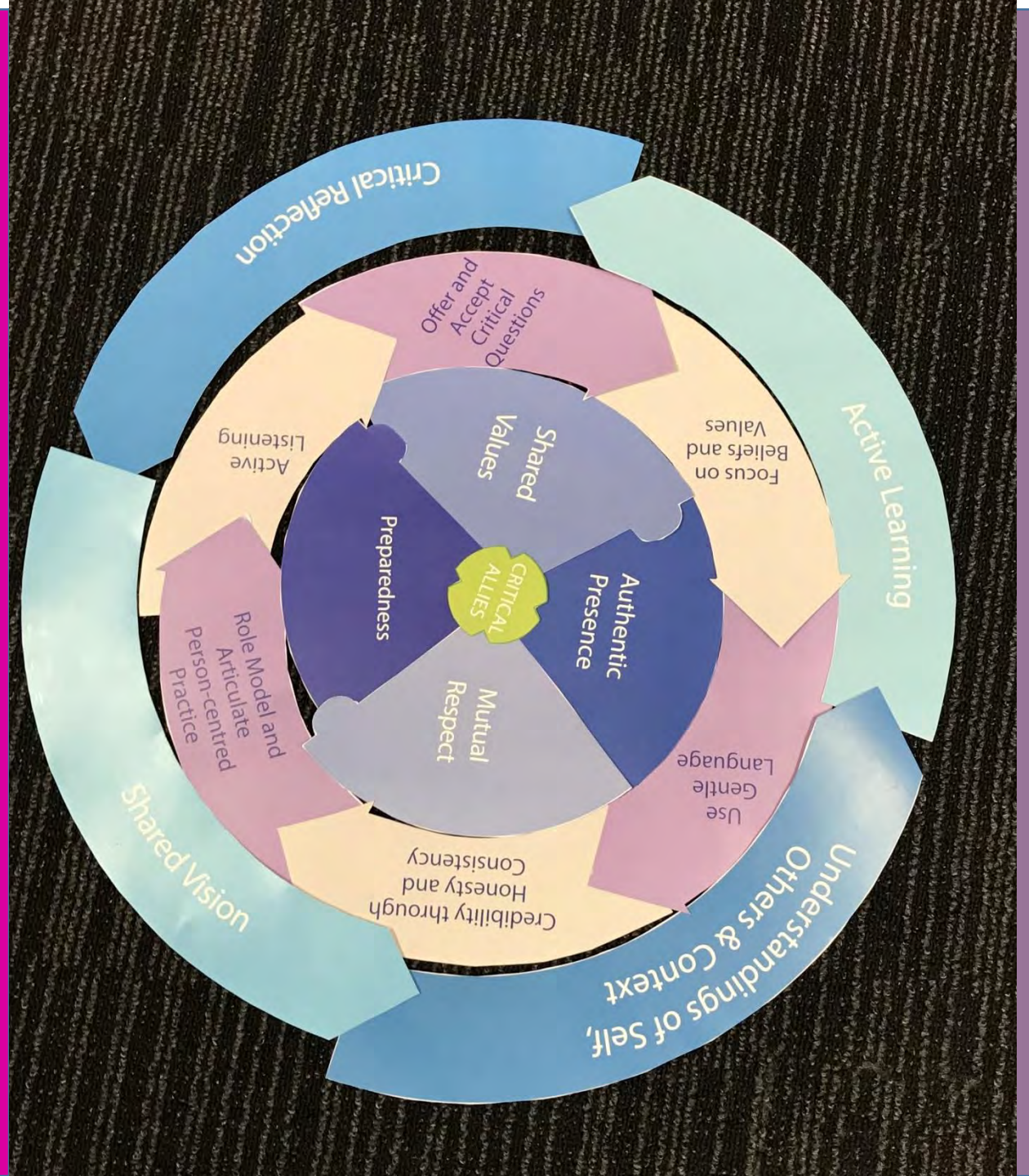
Dewing, (2008), McCormack et al., (2010)

Facilitators in the Midst of Practice

PD programmes are designed to meet the needs of nurses and healthcare staff within the workplace with a person-centred and evidence based resolve, facilitative learning and reflection (Manley et al., 2008)

Facilitation Workshops

Breaking Down the elements in order to build them up again



Using Critical Allies and Critical Friends as a pathway for Novice and Proficient facilitators

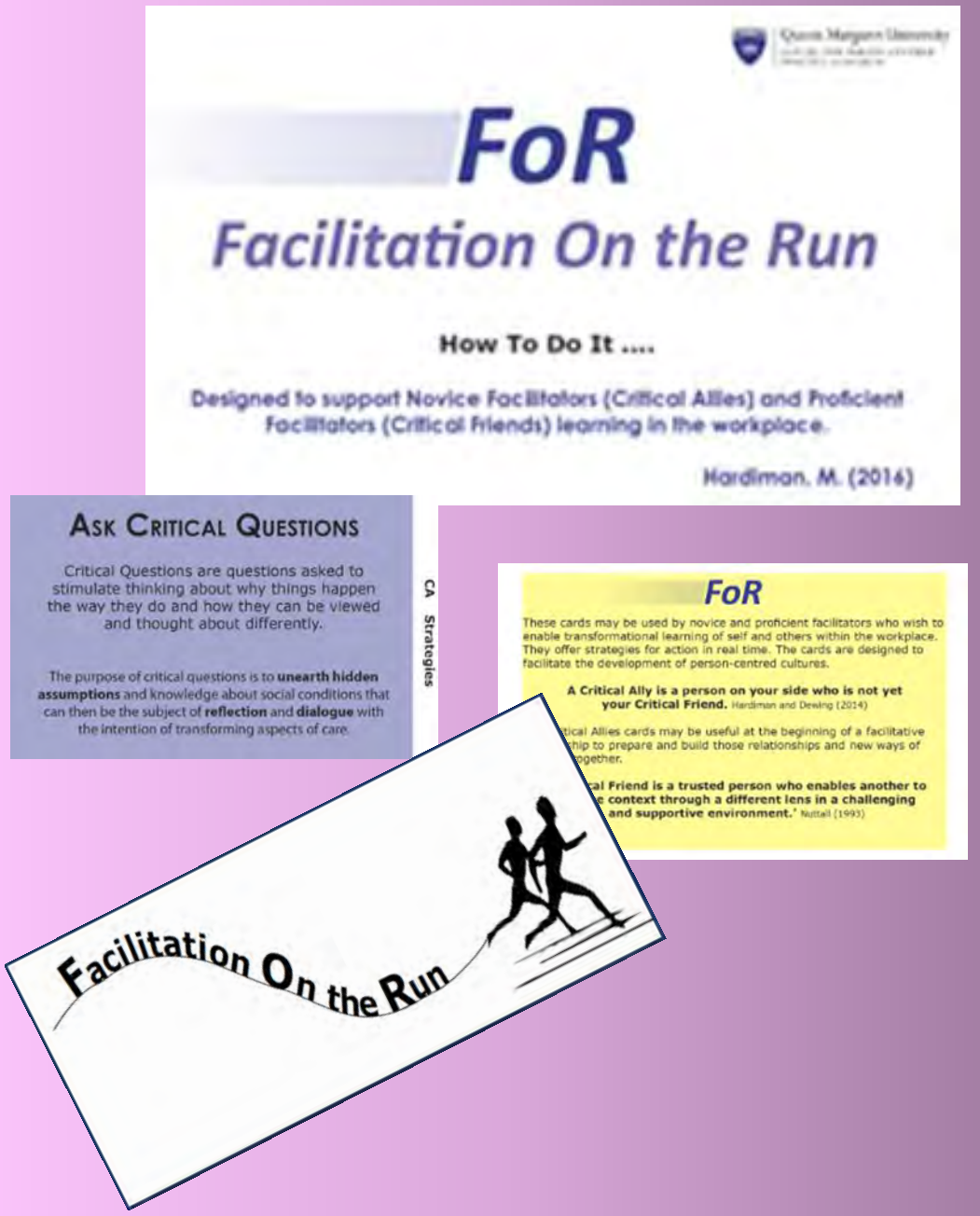
Use of Tools to help facilitators learn.

Facilitation on the Run (FOR):

Facilitation does not always need protected time and space away from the workplace.

(Hardiman, 2017)

Facilitation skills and strategies can be integrated into everyday work quickly and unobtrusively we have called this method Facilitation of the Run.



Challenges of Becoming a Novice Facilitator

Learning has occurred when attention and actions have shifted towards new or different knowledge, understanding or behaviours (Lee & Dunston, 2011)

Consequential Results of the Facilitation Programme

- Improved experiences of care for the giver and receiver
- Enhanced perception of flourishing amongst nurse leaders
- Decreased number of complaints
- Improved retention of nurses
- Attraction of high quality candidates

Some of which are those stated by Durrant et al., 2009 as aspirations of WBL

Flourishing is the highest good of human endeavour and that towards which all actions aim. It is success as a human being (Aristotle)

Four essential elements for flourishing

- To feel challenged (by self and others)
- To feel connected (outside and within)
- To have autonomy
- To use our valued competencies (what we have learned in our lives)

(Gaffney, 2011)

I have become self aware

I have been challenged more than I ever expected

I feel so lucky to be part of the group

The future looks bright the more enlightened and empowered I become
If it is a cult I say I am happy to belong.

Karen O Connell

I am stronger, more resilient and adaptable

I am now authentically present

I am transformed

I am living and breathing a person centred culture

GALWAY CLINIC
WHAT MATTERS IS YOU

Chapter Three

Designing and implementing an Electronic Nursing Record as part of the Integrated Hospital Information System. A Practice development Approach.

Ms Sinead Hanley Director of Nursing

"From Mechanical to meaningful capture of Patient Information."

Aims and Objectives

The aim of the nursing project was to agree a framework for designing, implementing and evaluating a bespoke electronic nursing record that fits within and concurs with a hospital wide Hospital Information System (HIS)

objectives :

- Ensure provision of a comprehensive, holistic record of assessment, planning care (interventions) and evaluation of the care delivered.
- Develop documentation that meets the legal and professional requirements
- Incorporate international nursing language.
- Provides evidence of person-centred nursing practice (McCormack & McCance, 2010)
- Includes the use of person-centred language in pre-set content which will in turn support person-centred practice.

Methods

Using PD methodologies and principles to involve end users and clinical leaders in the development of a person-centred and evidenced based record.

Criticisms of using an EMR in nursing:

Common trends

- ❑ time it took to access and use the computers,
- ❑ insufficient hardware
- ❑ unreliable Wi-Fi
- ❑ personal belief by nurses that it detracted from delivering individualised care.

Timmons (2003)

.

General dis-satisfied with the quality of electronic documentation that is driven mainly by risk assessments and interventions and captures less about the relationship and care delivered.

Bøgeskov and Grimshaw-Asgaard (2018)

The core of person-centred care originates from the development of person centred relationships and is supported by shared decision- making which is inherently difficult to articulate and describe in a patient record

"Patients are not merely a set of problems but rather a unique and complex individual person. Capturing even some of that uniqueness is challenging even if we have the time"

"I need to make sure I have passed on all the information about my patient"

How much information do I need to know if the patient is only here for one night?

"How can I feel confident that my notes will reflect the relationship I have with my patients"

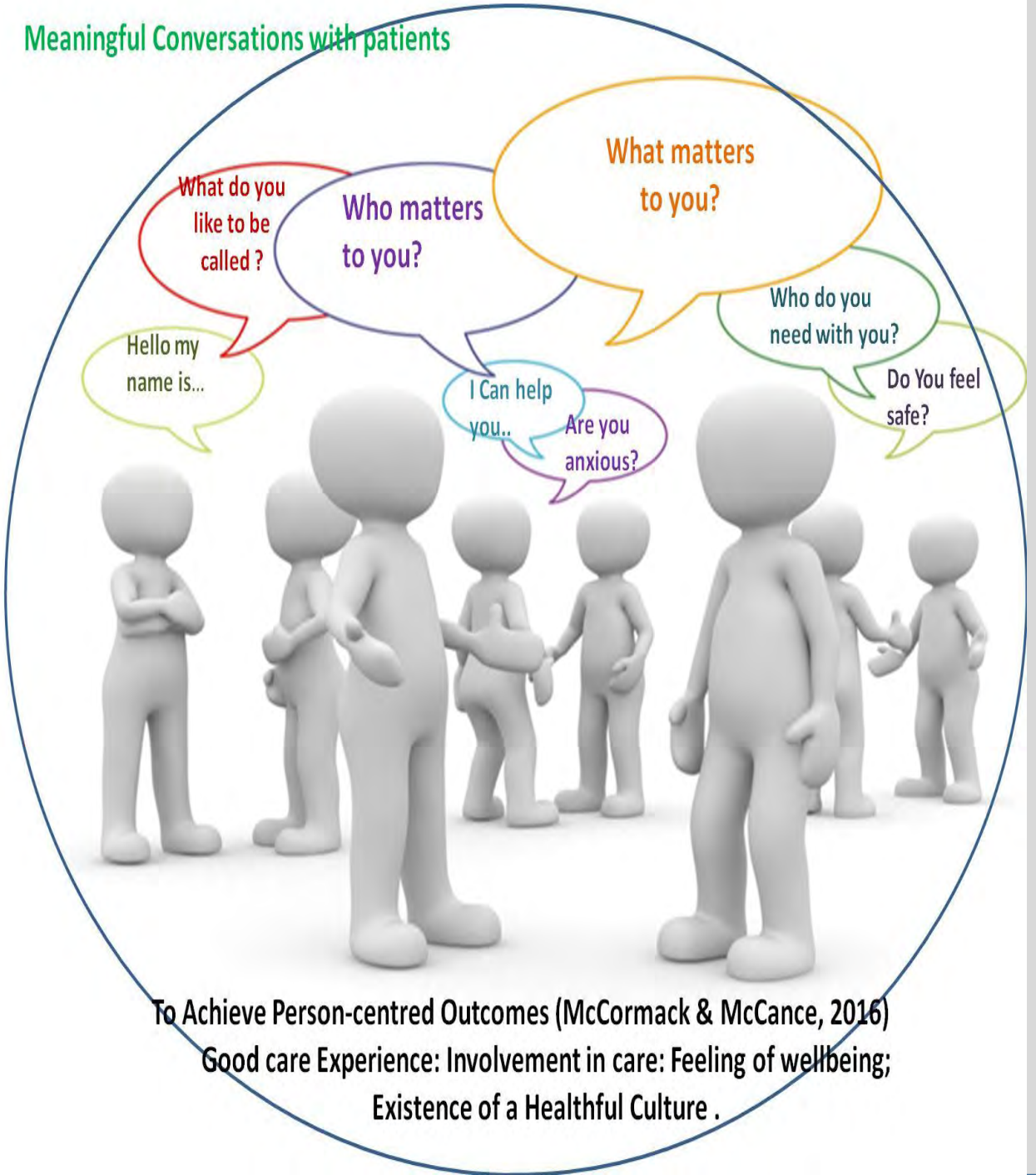
"Patients often share stories with us about things that are important to them but we're not sure how to write that."

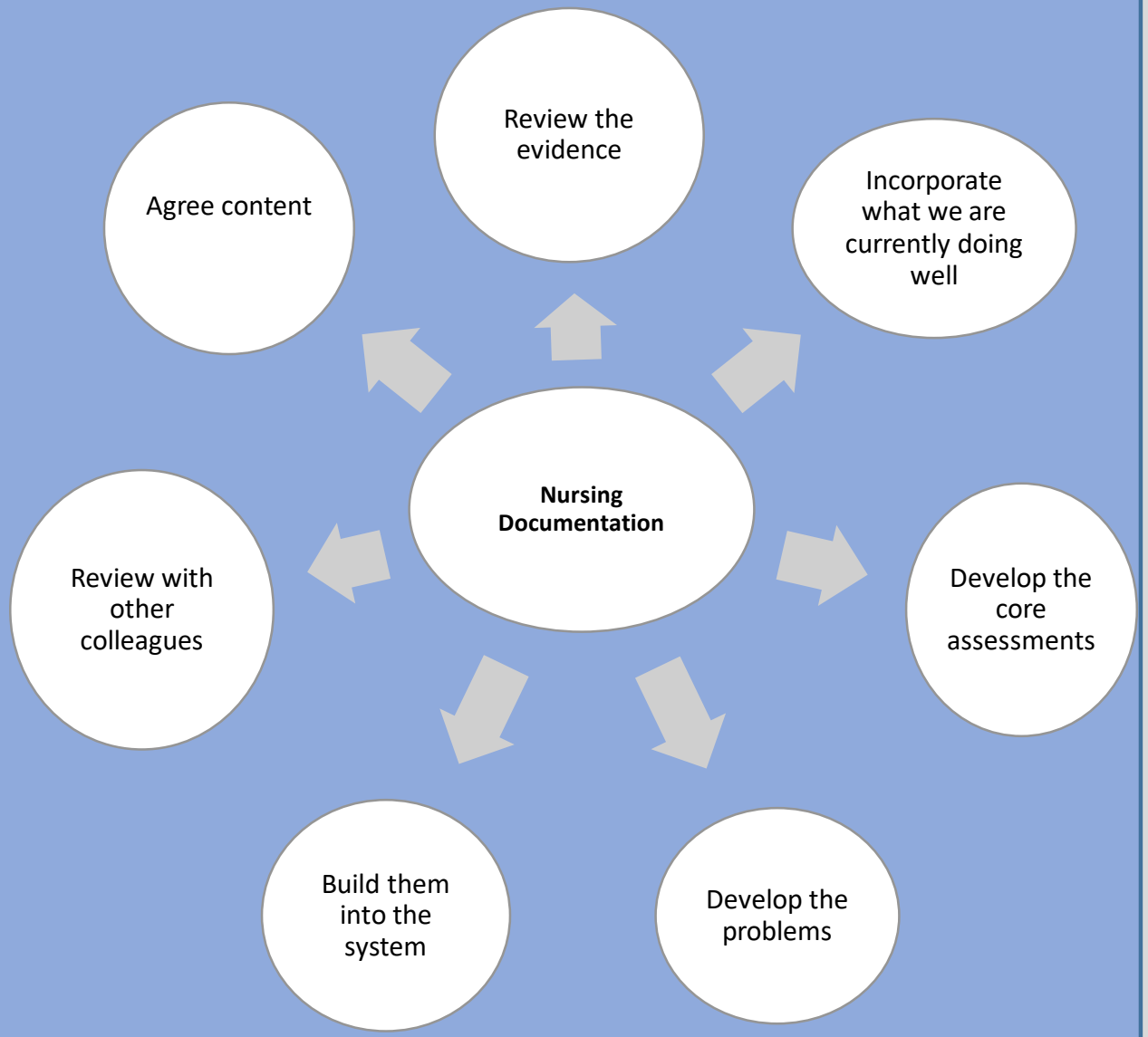
"Are Values and Beliefs only about Religion?"

.

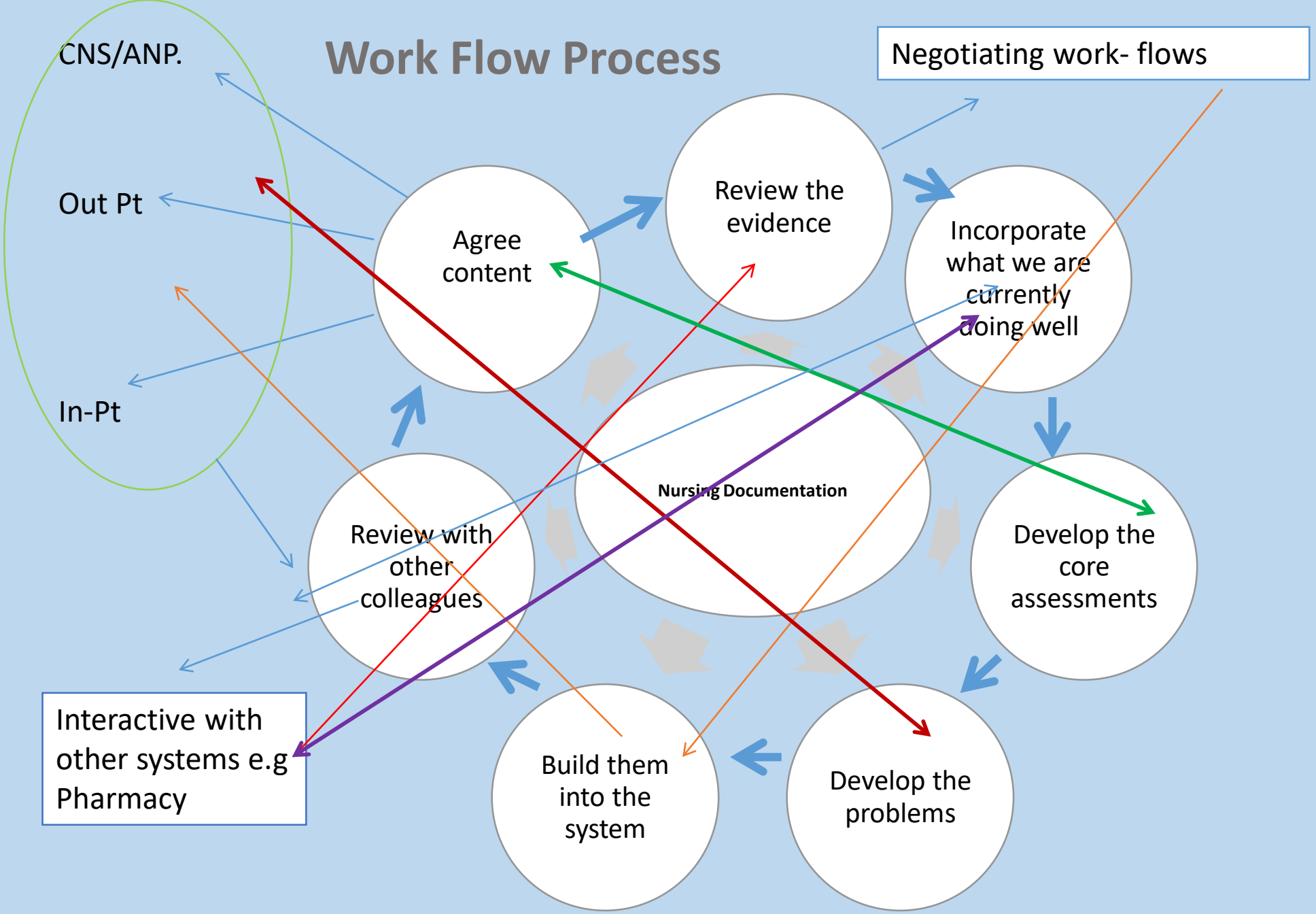
"I am uncomfortable talking to patients about values and beliefs"

Language Use and meaningful dialogue .
How will we know what matters?





Complex Development-Work Flow Process
Involving the end user in a meaningful way.


Work Flow Process
CNS/ANP.
Out Pt
In-Pt
Negotiating work- flows
Agree content
Review the evidence
Incorporate what we are currently doing well
Nursing Documentation
Review with other colleagues
Develop the core assessments
Interactive with other systems e.g Pharmacy
Build them into the system
Develop the problems

Solution Focused and facilitated team working.

SEARCHING FOR UTOPIA

ALL IDEAS EXPLORED

BLANK CANVAS

Equality

Practice changes

Literature search

Training needs

International nursing language

Our Learning
Key Point 1: Use of the CIP principles.

Relating all decisions back to the shared vision and objectives for the project.
Nursing staff needed to be happy that the information they sought as necessary, was either collected in an alternative section of the record or needed to be convinced that the information did not enhance the care record at all.

Our Learning
Key Points 2: Focussing on assessment and establishing relationship as the gateway to a holistic record.

During an assessment, the nurse engages in a number of interrelated clinical, social and cognitive tasks to establish a picture of the person

To deliver on the principles underpinning nursing practice of respect; professional accountability and responsibility; quality of practice; trust and confidentiality (NMBI, 2014).

Our Learning
Key Point 3: Value of a Gatekeeper

Appointed as part of the process to prevent query duplications, variances in language and multiplicity and maintain true to the vision and values for the project.

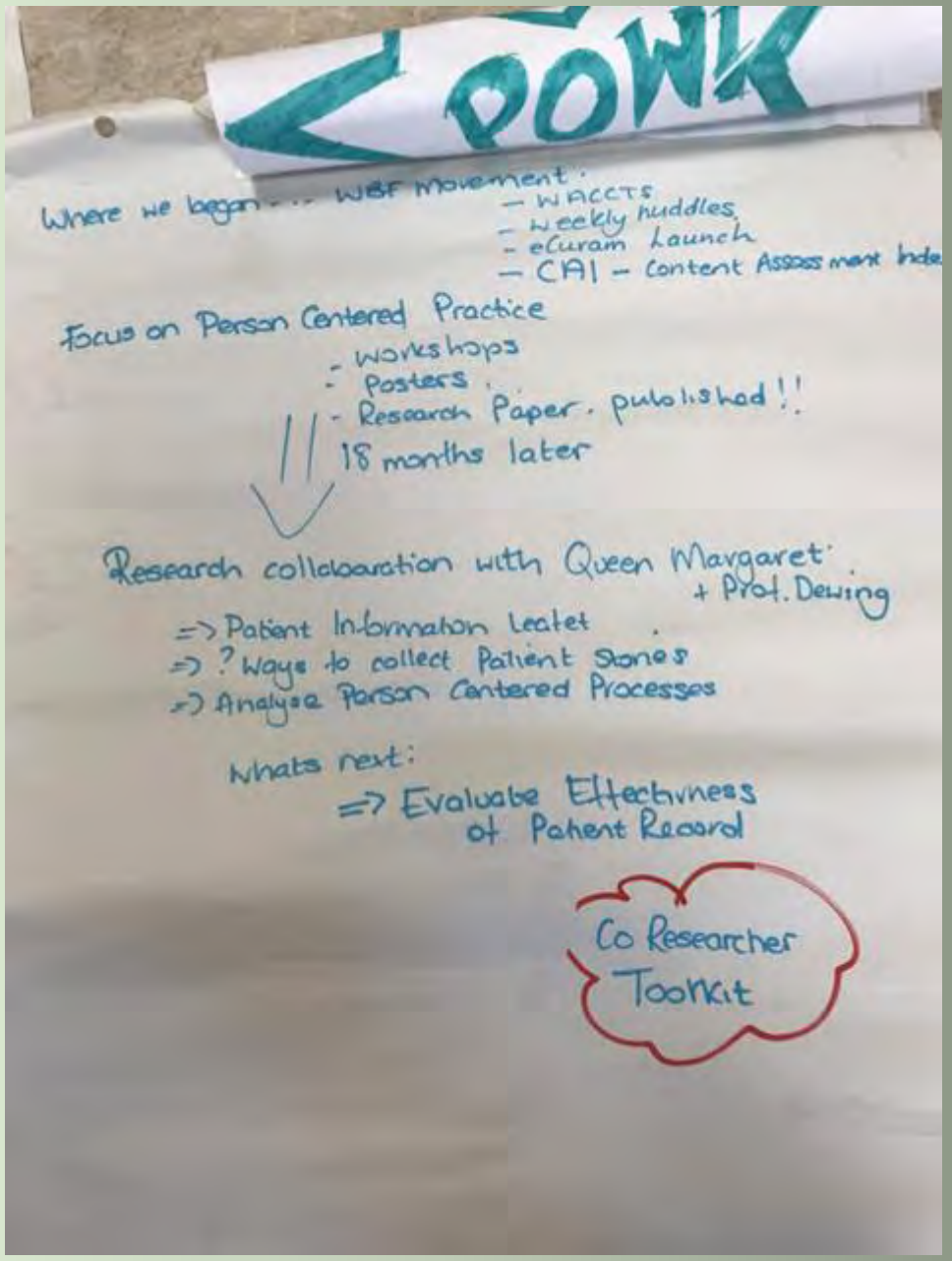
A person who had sufficient authority and knowledge of the whole EMR is responsible for the governance of nursing documentation from a hospital wide perspective.

European Kate Granger Award for Compassionate Care
Best use of Innovation Category
2019

An evaluation of an electronic record.

"What have we learned and what next."

Professor Jan Dewing



Background

Broader micro, messo and macro cultural development

Build on PhD research findings

Connection through Centre for PcP Research and ICoP

Desire to find a research project to collaborate on

What is Person-Centred Practice?

The nursing team in the Galway Clinic follow a Person-centred Practice framework (developed by International leaders in nursing McCormack and McCance 2017) which guides our practice to ensure that we care for you in the best way possible, the way you would like us to. It puts you at the centre of all your healthcare choices and decisions.

The Electronic Record of Your Care

Moving away from traditional, paper based documentation. We at the Galway Clinic have recently introduced an innovative, multi-professional electronic record of documentation. It was created in order to enhance the development of a person-centred culture by our nursing staff. We anticipate that this record will contribute to our knowledge, understanding and impact of person-centred documentation. We hope to capture person-centred care within the electronic record to enhance Nursing at the Galway Clinic, across Ireland and Worldwide.

Are We Capturing
Who You Are And
What Matters to You?

GALWAY CLINIC

Queen Margaret University
CENTRE FOR PERSON CENTRED PRACTICE RESEARCH

The Aims of Our Research

We hope to find out:

- How well the electronic record works at capturing what is important to you.
- If all the care that you receive is reflected by the nurse in the electronic record.
- If there are ways which we can improve our care record.
- Identify if we need to develop an education plan for our nursing staff to improve documentation and other aspects of person-centred care.

How We Will Carry Out This Research?

We will:

- Observe nurses carrying out care including documentation on the ward.
- Look at our electronic record to see how well it is working.
- Interview staff to see how effective our electronic record is used in everyday practice.
- Carry out interviews with patients to see if we are finding out what matters to them and if our nursing team provide this care in the way the patient wants.
- We will be using a type of participatory research that enables members of the nursing team to become person-centred researchers with the support of the internationally renowned Person-centred Research Centre in Queen Margaret University, Edinburgh.

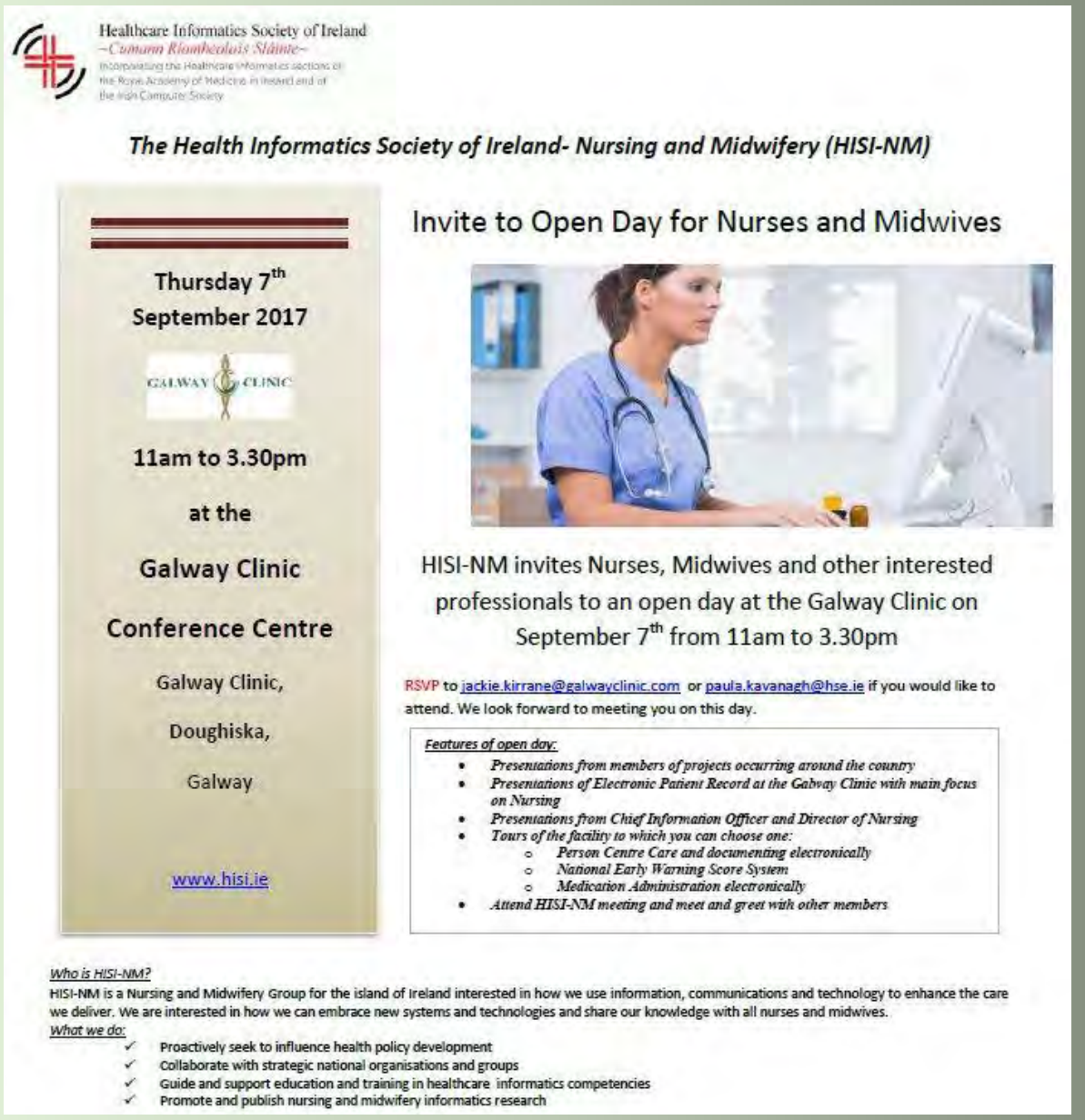
If you want to know more about the research please ask to speak to your nurse who will put you in touch with the research team.

Authors: The Work-based Facilitators Group
Date: July 2018

Aims of the research

1. To evaluate how the Galway Clinic Complete Electronic Nursing Record (GCCENR) contributes to person-centredness within the clinic based on The Person-centred Framework (McCormack and McCance 2017)
2. To suggest how the GCCENR can be further developed and any strategic and education/learning implications.

To collaboratively prepare for a larger funded research grant application.



Healthcare Informatics Society of Ireland
~Cumann Riomheolaís Sláinte~
Incorporating the Healthcare Informatics sections of the Royal Academy of Medicine in Ireland and of the Irish Computer Society

The Health Informatics Society of Ireland- Nursing and Midwifery (HISI-NM)

Thursday 7th September 2017

GALWAY CLINIC

11am to 3.30pm

at the

Galway Clinic

Conference Centre

Galway Clinic,

Doughiska,

Galway

www.hisi.ie

Invite to Open Day for Nurses and Midwives

HISI-NM invites Nurses, Midwives and other interested professionals to an open day at the Galway Clinic on September 7th from 11am to 3.30pm

RSVP to jackie.kirrane@galwayclinic.com or paula.kavanagh@hse.ie if you would like to attend. We look forward to meeting you on this day.

Features of open day:

- *Presentations from members of projects occurring around the country*
- *Presentations of Electronic Patient Record at the Galway Clinic with main focus on Nursing*
- *Presentations from Chief Information Officer and Director of Nursing*
- *Tours of the facility to which you can choose one:*
  - *Person Centre Care and documenting electronically*
  - *National Early Warning Score System*
  - *Medication Administration electronically*
- *Attend HISI-NM meeting and meet and greet with other members*

Who is HISI-NM?

HISI-NM is a Nursing and Midwifery Group for the island of Ireland interested in how we use information, communications and technology to enhance the care we deliver. We are interested in how we can embrace new systems and technologies and share our knowledge with all nurses and midwives.

What we do:

- ✓ Proactively seek to influence health policy development
- ✓ Collaborate with strategic national organisations and groups
- ✓ Guide and support education and training in healthcare informatics competencies
- ✓ Promote and publish nursing and midwifery informatics research

International Practice Development Journal

Online journal of FoNS in association with the IPDC (ISSN 2046-9292)

Title of Article	**Workbased facilitators as drivers for the development of person-centred cultures: a shared reflection from novice facilitators of person-centred practice**
Type of Article	**Critical Reflection on Practice Development**
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Abstract

Background: Person-centredness is now an accepted term in policy and strategy documents worldwide, but Lavery (2016) highlights the need to bridge the gap between the aim of achieving person-centredness and the ability to deliver it. In this respect, practice development is a recognised methodology for enabling a person-centred culture (McCormack et al., 2013). This initiative follows on from a doctoral research study in the hospital that focused on the facilitation of person-centred cultures. Informed by the research, the nursing governance team decided to develop novice and proficient facilitators of person-centred practice for each nursing area in the hospital. These included clinical nurse specialists and clinical nurse managers.

Method: Evaluation Instruments

- ✓ PCPI-S Person-centred Practice Inventory (Staff version)
- ✓ WCCAT Workplace Critical Culture Analysis Tool
- ✓ Person-centred Moments
- ✓ Interviews with patients and review of documentation
- ✓ Co-researcher Reflections

Note: 2 instruments were being piloted as a part of other international research

Activity	Target	Completion by
Read IPDJ article	**1-2 weeks**	**19/9/2018**
Observation/ WCCAT Planning • Posters • WCCAT V5 • Feedback Guidelines for wards • Action Plan • Practice Obs if needed	**3 weeks**	**26/9/2018**
Interview schedule	**3 weeks**	**26/9/2018**
Interview Questions	**1 week**	**12/9/2018**
PCPI-S Schedule Agree schedule	**1 week**	**12/9/2018**
Person-centred Moments (Data Collection)	**Ongoing**	**Ongoing**

Method

- ❑ Current level of person-centredness in the documentation and make observations relevant to other aspects of nursing practice.
- ❑ Prepare co-researchers and take part in a documentary/record of care analysis against the named model of person-centred practice.
- ❑ Prepare co-researchers and take part in observations of practice and staff interviews to see how the record of care is used in every day care.
- ❑ Share and feedback to staff groups with the Galway Clinic.
- ❑ Action Planning in teams with co researchers
- ❑ Make recommendations for education and learning

The Person Centred Practice Inventory – Staff (PCPI-S)

Developed by Slater, McCormack and McCance (2017).

- ❑ 169 questionaires returned
- ❑ Data coded using an excel sheet which enabled the co-researchers to view the constructs and any anomalies in responses that would be of interest to their teams.
- ❑ Each clinical area had their own analysis which was shared with the team.
- ❑ Overall Hospital Scores Min 3.5 Max 4.35 in all constructs . Each Facilitator was provided with an analysis of the scores from their own unit to feedback.
- ❑ Highlighting areas of high and /low scores.
- ❑ Most important aspect was turning data into information and knowledge for individual and team action

The Prerequisites of the Person-centred Practice Framework

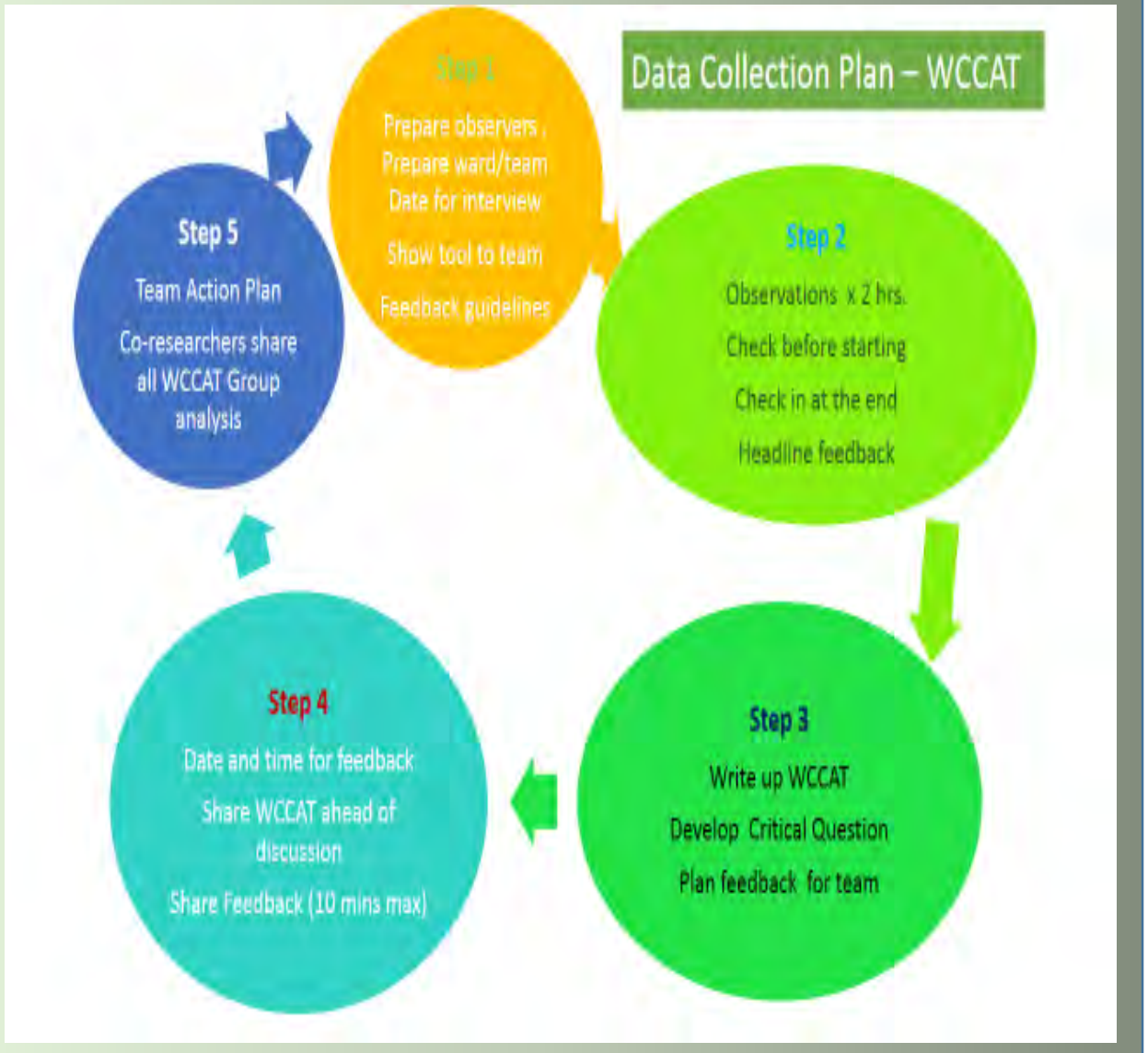
Staff in (NAMED UNIT) scored in the higher band of of 4-5 in most of the constructs in this section **Professionally Competence: Developed Interpersonal Skills; Being Committed to the Job; Knowing Self**

Of significant note is staffs responses to Q2, 4,5, 8 , 9 Where most staff scored the highest sore of 5 demonstrating strong commitment to their roles in (NAMED UNIT)

2. When I provide care I pay attention to more than the immediate physical task.
4. I ensure I hear and acknowledge others perspectives.
5. In my communication I demonstrate respect for others.
8. I strive to deliver high quality care to people.
9. I seek opportunities to get to know people and their families in order to provide holistic care.

WCCAT

Each WBF had a minimum of two opportunities to observe the culture using the WCCAT. In their own unit and then in another unit. As a team the WBF devised a plan.



WCCAT
Summarised using Claims Concerns and Issues Method

Claims	Concerns	Issues
Staff spoke to each other and patients in a warm manner Staff helpful and supportive towards each other while managing their workloads Staff good at sitting down and explaining care to patients Staff good at listening to patient's concerns ISBAR tool used in handover – clear communication heard Discharge information given clearly	Noise pollution Boredom for patients – no stimulation Lack of privacy Loud argumentative talk between staff heard in one area Staff speaking on English language Documentation not done at beside Routinised care Lack of space in some areas - ADU, ICU Aand E Lack of medical staff presence	Do we need a holding bay? Should we be calling this space a holding bay? Can environmental changes be made to protect patient privacy? Does the holding bay need to be an open plan design? How do we do our documentation in real time? Do we need to take time to reflect on our day? Is there too much routine? Is there not enough routine?

Person-centred Moments

Collection period 6 weeks: 80 accounts (52 staff-patient and 28 staff-staff)

Analysis - 17/4/19

- Very busy shift. CNM covered breaks so other nurses could go. Was not taking a break herself. One staff member brought her back a coffee and some cake. " well you need something as well"
- The ward clerk created her own orientation booklet for other ward clerks . She was not asked to do this. This made it easier for new or replacement staff to find their role easier.
- Staff member dropped a prescription off to a patient's house who forgot to bring it home with them.
- Staff member who escorted one patient to their car. Found another patient struggling with a wheelchair and helped the person to where they were going.
- Patient who had not eaten for several days asked for a choc ice. The catering staff went to the shop to get the ice-cream and brought a second for the patients husband as it would encourage the person to eat
- Staff member brought a patients clothes home to wash them as she had no relative visiting
- Noticed a member of catering setting the table top the way the patient liked it
- A patient who was receiving palliative care had a great rapport with the care assistant. Patient was very glamorous and C/A sat with her had helped her do her nails.

- One staff member initiated staff to engage in mindfulness

Patient interviews & review of documentation
Each Co-researcher conducted 4 interviews with patients using a template agreed by the team.
Interviews were conducted over a 4 week period in September 2018.

Total 37 patient Interviews were recorded

Purpose of Interview
Assess the use of documentation to enhance Person-centred care
Persons experience of person-centred care.

- Preferred Name
- Values and Beliefs
- Contact Person
- Person-centred language.

Findings

The indicators of culture showed that most departments were ready for the project and were responsive to new ideas and practices; suggesting the record of care should have been adopted and absorbed into practice. The results indicate that the record of care was visible in daily care practices to varying degrees. This and the other findings will be discussed, as well as the co-researchers learning outcomes.

Recommendation from each member of the team following the research.

- ❑ Celebrate our person-centred moments e.g shared decision making
- ❑ Create professional portfolio to encourage reflection on practice
- ❑ Specific education/learning workshops for all staff on nursing documentation and its relationship to PCC
- ❑ Examine the barriers to staff nurses asking a person about their values and beliefs
- ❑ Change to e record: change header and questions about values and beliefs to what is important to the patient. Ask the person what they wish us all to know about them.
- ❑ More emphasis on the use of preferred name instead of patient

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ORIGINAL ARTICLE

Using two models of workplace facilitation to create condition for development of a person-centred culture: A participatory action research study

Michele Hardiman PhD, RGN, RPN, Jan Dewing PhD, MA, MN

First published: 24 April 2019 | https://doi.org/10.1111/jocn.14897

Read the full text >

PDF TOOLS

Abstract

Aims and objectives

To examine facilitation in workplace learning where nurses are focused on creating person-centred cultures; to provide a framework for novice and proficient facilitators/practitioners to learn in and from their own workplaces and practices; and t provide the conditions where practitioners can gain an understanding of the culture an context within their own workplace.

Background

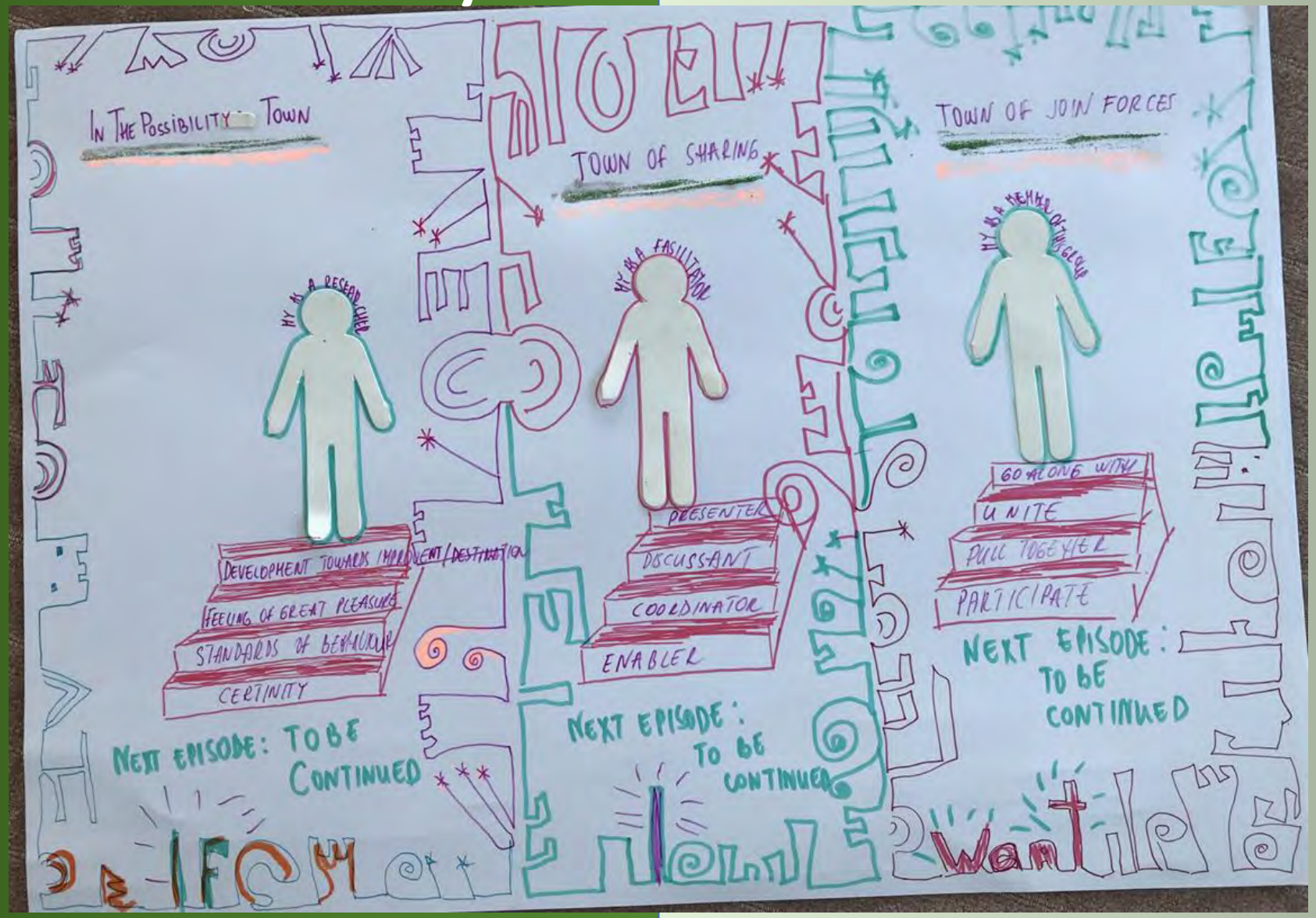
Evidence suggests that person-centred cultures depend on purposeful, facilitated practice-based learning activities. For person-centredness to become more meaningful nursing leaders in their daily work, focus must be placed on their acquisition and use of facilitation skills. The facilitation framework "Critical Companionship" remains an exemplar in the development of expert facilitation skills. Two sequential facilitation models were developed as "steps" towards Critical Companionship, as a framework for novice and proficient facilitators and practitioners to learn in and from their own workplaces and practices.

Design and Methods

Overall Recommendations

- ❑ E records/documentation can be successfully adopted
- ❑ Nurses need to be part of development team
- ❑ Education and learning needs to be attached to a nursing model
- ❑ Workplace facilitation and facilitators (Critical Allies and Friends) are key

The Town Of Possibility



The courage to take bold steps.

Clarity of vision and values and taking an agreed path.

Trusting the process of Facilitating Person-centred Cultures.

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