

“What matters to you?”

Staff perspectives on the identification and documentation of “What matters” and the role of values-clarification in palliative care settings



Care and support through terminal illness

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Introduction

- Person-centred care should engage with what matters to patients in terms of their personal values and care preferences as underpinned by the Chief Medical Officer's recent bid for a realistic medicine agenda^[1].
- Health Improvement Scotland designed 5 “Must Do With Me” questions to help patients clarify their own personal values, which includes a “What matters to you?” question for patients to consider (Figure 1).
- The “What matters to you?” question forms part of the person-centred multidisciplinary assessment of each patient at Marie Curie Hospice Edinburgh.

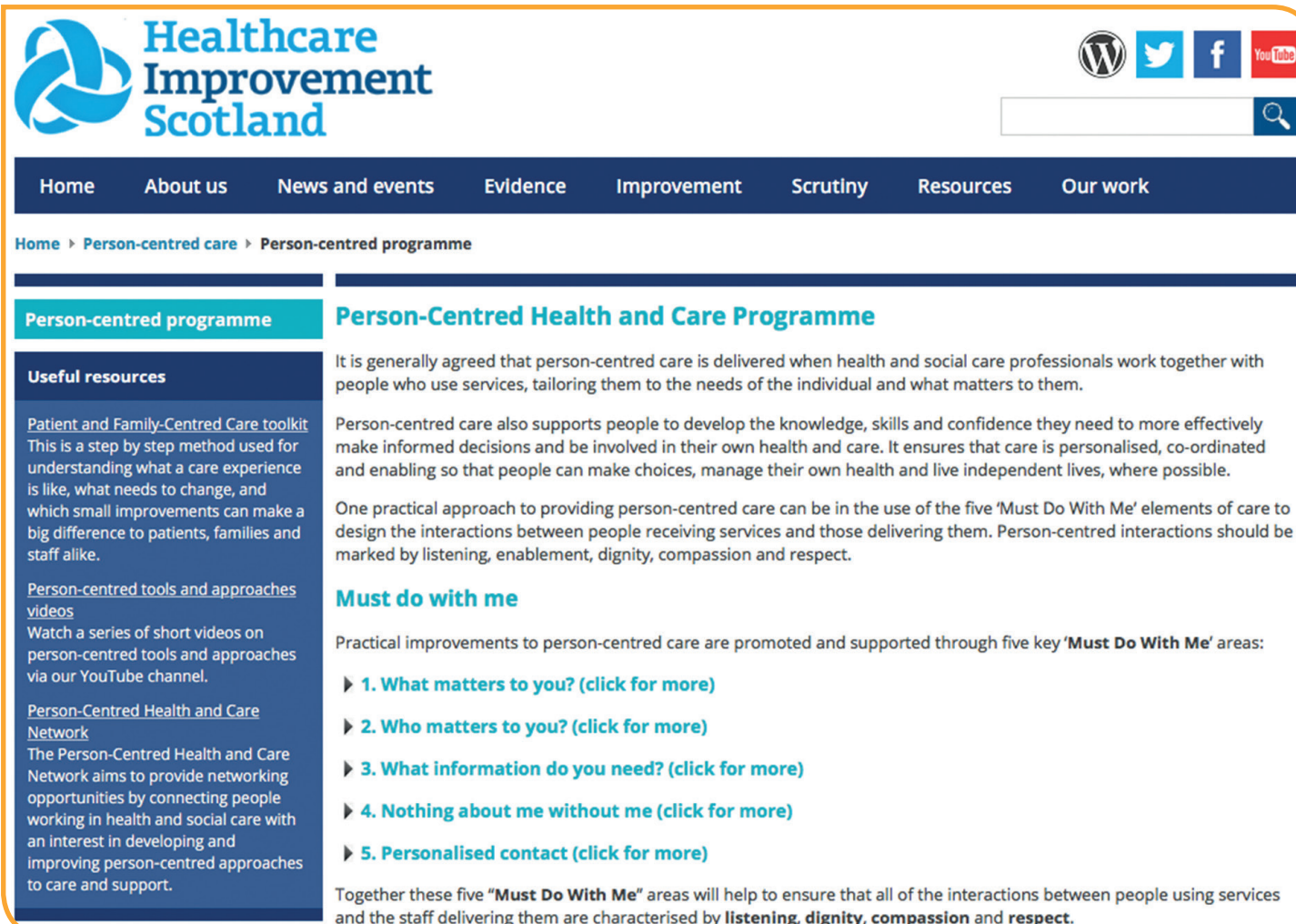


Figure 1: Graphic of Health Improvement Scotland webpage.

Aims

- i. Explore staff perspectives on the role of understanding patient values and their interaction with clinical practice in a palliative care setting.
- ii. Evaluate the current practice of identifying and documenting “What matters to you?” as a proxy for values-clarification.

Methods

- A service evaluation was undertaken consisting of a retrospective Electronic Patient Record (EPR) review and two focus groups.
- The EPR review comprised the 20 most recently deceased inpatients at the time of data collection (19th March, 2018). Case-note data was summarised and analysed for core themes.
- Twelve healthcare professionals took part across two focus groups. Focus group transcripts were transcribed verbatim and thematically analysed.

Results

- Participants agreed that the question “What matters to you?” reflects the patient-centred culture of the hospice and the importance of prioritising a patient's wishes over your own agenda.

“I think it's a really powerful tool, it's a great starting position for conversation.” (P4, nurse)

- During the focus group it was raised that Health Care Assistants do not have access to the daily assessment where this information is documented in the EPR, despite staff acknowledging their regular patient contact.

“You guys have a wealth of information about what the patient is like.” (P3, doctor)

- There was agreement that values-clarification is particularly salient in a palliative care setting and impacts on health care professionals' examination of their personal values.

“I think it makes you evaluate your values more often and maybe, I don't know, you come and reflect and try to be insightful, probably more regularly than any other type of job.” (P5, doctor)

Staff contribution to values-related case-note entries

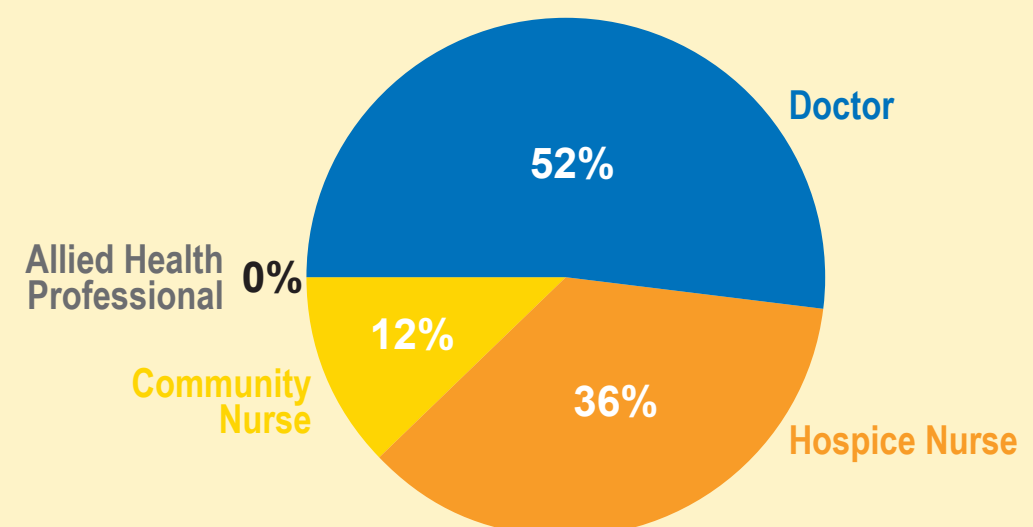


Figure 2: Pie chart demonstrating staff contribution to values-related case-note entries.

- Doctors recorded “What matters to you?” information in the EPR most frequently (52%) followed by inpatient unit nurses (36%) (Figure 2).
- The “What matters to you?” question provides space for long-term goals to be included as well as day-to-day thoughts and concerns.
“It gets the little things and the bigger things without people sometimes knowing that they're talking about their values.” (P6, doctor)
- Discrepancies arose regarding what information should be documented under the “What matters to you?” EPR topic heading, in terms of specific relevance.
“It's being able to look back quickly and be able to see where...it's being able to access that quickly.” (P5, doctor)
- The MDT format does not enable adequate understanding of what matters to a patient due to time constraints and lack of detail in electronic entries.
“You're quite limited at the MDT in terms of time and typing and a couple of words per box and you don't really get a feel for it.” (P7, doctor).
- A wide-range of values themes was identified on the EPR^[2] (Figure 3).

Discussion

- Capturing and documenting ‘What matters’ to patients is perceived as valuable. EPR documentation could be further improved through more regular updating and consistency in relation to how content is recorded by the whole MDT.
- The MDT notes and nursing handover sheets could be better used to facilitate communication of patient values by embedding review and updating of the ‘What matters?’ information into daily ward huddles and all MDT reviews.

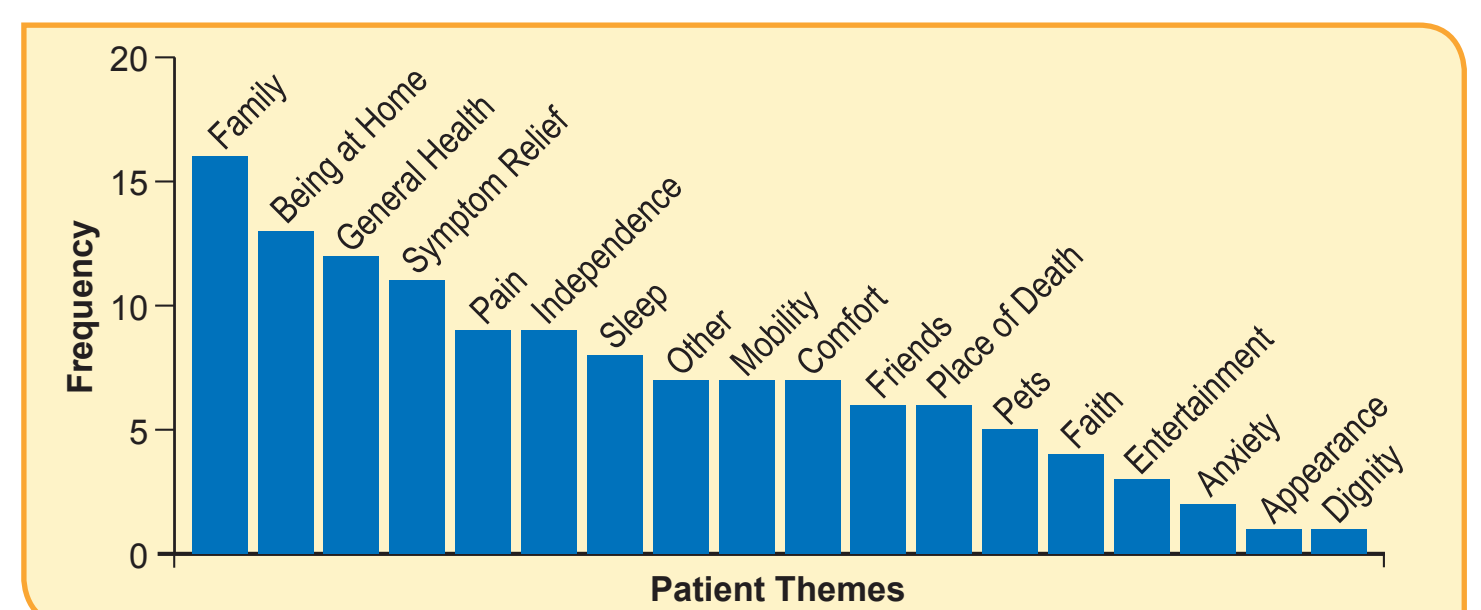


Figure 3: Core themes in “What matters?” inpatient case-notes.

Recommendations and implications for practice

- Explore HCA access to electronic patient record documentation and their potential role in adding person-centred information.
- Provide clarity on where patient values are being recorded within the EPR.
- Update nursing handover sheet more regularly.
- These findings may be used to facilitate changes towards more visible and updated documentation of values-related information in order to enhance this aspect of the patient journey.

REFERENCES:

[1] Scottish Government. Chief Medical Officer's Annual Report 2014-15 [Internet]. Scotland: NHS Scotland [cited 2018 May 24]. [2] Singer PA, Martin DK & Kelner M. Quality end-of-life care: patients' perspectives. JAMA 1999;281(2):163-168.

