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Objectives

- Review concepts of adult education
- Understand the concept of risk taking among older patients with good cognition levels – discussion re confused patient
- Reasons to Communicate!
- Develop perspective about the Patient / Family Context
- Communication ideas and strategies

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Patient needs to be part of our Team

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Understanding the Patient and Family Context

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Carer Context

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- Almost 50% of caregivers provided >70 hours per week of care with 33% providing care '24/7'
- Mean age of primary caregivers for older people in Australia 55years / >37% of caregivers of older people live with disability themselves
- 44% reported deteriorating Health
- Mental health risks - large survey in ACT (n=2,081), caregiving associated with >50% increased risk of clinically significant anxiety and depression

Carers NSW 2016 Survey. 2016.
Butterworth P, et al.,2010

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Patient's Context

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- Unwell – fever, fatigue, weakness, pain
- Stress – new condition, loss of health perhaps permanent
- Unfamiliar environment – many people sincerely dislike hospitals
- Multiple staff, many who do not introduce themselves and who ask repeatedly for the same information
- Older Patients – visual, hearing and cognitive changes and may not have sensory aids in place
- No clear direction about length of stay , hospital process

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Evidence From The Older Patient's Perspective

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- 75% think not at risk of falling in hospital
- Low levels of knowledge
- Not interested / think staff will tell them "if they need to know"
- Low levels of motivation

Lee et al 2013; Haines, Hill et al 2010; Hill et al 2011

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Patients' Perceptions – no Education

- Alert, Acutely ill Inpatients (n = 158) at Risk of Falls
- Activity that raised most fear of falls - walking outside the hospital room (46%)
- Patients who did not perceive that they were likely to fall anticipated significantly fewer negative outcomes of falling and less fear of falling
- Patients (48%) reported - confident / very confident they could get out of bed without help

Twibell et al: 2015

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Because you feel embarrassed, in my case I used to do everything for myself, I haven't been in hospital for 20 years; I just didn't want to ask anyone to help me. I want to do it for myself.'

Sometimes I needed help, I will wait for a nurse nearby who looks friendly and ask 'can you help me to get out of bed?' But if a nurse is not nearby or you think the nurse is not friendly enough…

Haines TP et al, 2012

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Intentional Rounding

- Many patients unsure of the professional identity or designation of staff, so they did not always understand whether or not a particular person's presence at their bedside was part of regular rounding or for some other purpose
- Patients did not necessarily make a distinction between nurses, doctors and other health-care professionals
- Patients and carers not always clear on what had happened on their current admission (or on previous wards).
- Overwhelming majority of patients and carers did not recall an explanation of IR (by that or any other name)

NHS UK Harris et al; 2019

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Communication Principles

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Hello my Name is…..

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Practical tips

- **Slow down** – spend a small amount of quality time speaking with each patient – ask **OPEN** questions
- Use **plain non medical** language
- Show or draw **pictures**
- **Limit** the amount of Information provided / repeat it
- Use **Teach Back** technique
- **Encourage** Questions

Sit rather than Stand

Listen rather than Speak

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Learning Styles

- Acknowledge all patients are Different – "patient" is an individual learner, therefore approach varies for each
- Pointing at pictures in guides or on walls
- Giving patient a verbal reminder list (auditory)
- Practical display – bedside to chair, use bell
- Encourage patient to take notes, dot points
- Discuss with family member present (if carer – encourage family members to visit often and make them welcome!)

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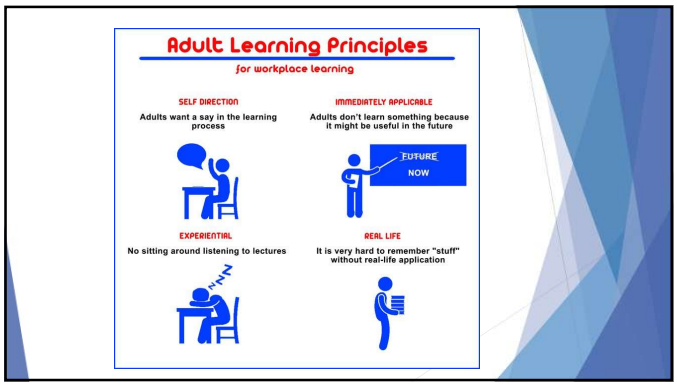

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What might Patients on a Ward want to Learn?

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- Are falls are a problem?
- Do I need to know anything about my own rehabilitation other than when I will be discharged?

Hospitalized older patients spend greater than 80% of their time lying in bed and less than 43 min per day walking, despite being ambulatory upon admission (*Brown, Redden et al., 2009*).

- Is it the Doctor who will tell me everything?
- Is there any reason to learn about ringing the bell or staff looking after me?

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Bell Ringing

…Luckily, I was close enough to the bed to reach my call light…it [call light] didn't slip away as it usually does in the night, it slips down, you know, and then I can't reach it…

…He (another patient) was ringing his bell a lot, but that was just because he needed a lot of help. He couldn't see where things were, whereas I didn't ring my bell, not because I didn't need help, but because I knew if you ring too much they get cross with you …

Carroll et al 2009, Haines et al 2012

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Importance of Orientation to the Ward

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Orientation allows Patient to:

- Feel more a part of the Hospital while they are there
- Learn about the Hospital's Culture
- Understand Hospital Basic Work Flow and principles
- Meet all Relevant Staff or at least understand roles
- Understand what is Expected of them – Key for Rehabilitation
- Focus on their Role, rather than their Stress levels!

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Patient comments after Safe Recovery Program

- Surprised because didn't think anyone Falls in Hospital…
- Brought me to my Senses…
- Need to keep in mind that other people need help too, so be patient, not think you are the only one…

Hill et al: Lancet 2015, BMJ Open 2016

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Barriers Identified

I Tend to be Overconfident and Push myself' 'I don't have much Patience..

..Thinking I can do it Myself because Chair / Bed is Close by..

Hill et al BMJ Open 2016 doi:10.1136/bmjopen-2016-

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Barriers Identified to Asking for Help - Ringing the Bell

'Feeling like I am a Burden'

'If I Need to go to the Toilet in a Hurry'

'Nurses are always very Busy'

Hill et al BMJ Open 2016 doi:10.1136/bmjopen-2016-

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Communicative Rounding vs Intentional Rounding

Hello I am Anne-Marie……

- How is your toileting going – are we coming round when you need to use the toilet?
- Are you feeling OK about ringing the bell?
- What questions do you have?
- How are you feeling like you are progressing?
- Are you feeling OK, would you like to talk/ review, are your family coming in soon?
- Anything else you would like to find out about? Do you have your phone? Your bell? Please ring anytime☺

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Communication – Key Tips

- Saying, "What questions do you have?" This specific wording creates the expectation that patients should ask questions.
- Asking patients what questions they have several times/ repeat daily
- Saying, "You have heard lot of information about (diagnosis). What can we review again?"
- Saying, "[Diagnosis/ Ward] may be new to you, and I expect that you have some questions. What would you like to know more about?"
- Using the right body language. Sit, don't stand, sit at the same level as your patient.
- Looking and listening. Look at patients when talking and listening, as opposed to looking at the chart or computer.
- Showing that you have the time. Be conscious about presenting yourself as having time and wanting to listen to their questions. Try not to interrupt.

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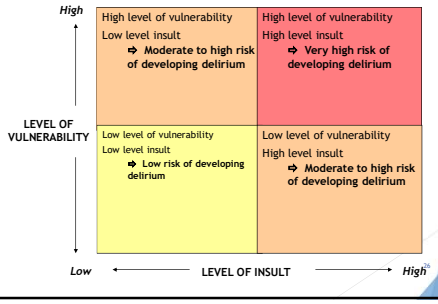
What causes Delirium



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Dementia / Acute Confusion

https://www.dementiafriendly.org.au/resource-categories/communication

https://aci.health.nsw.gov.au/chops

- Confused behaviour often indicates a NEED
- Differential Diagnosis of Dementia vs Acute Confusion
- Requires a coordinated MDT response of Environment, Staff and Family
- Simple structured approach – be kind , be calm, orientate person, validate feelings,
- Do NOT reach for medications – reach for family, infection screen, fluids, extra snacks, Focus on the environment

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Educators on Rehabilitation Wards for 10 to 40 weeks

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Example of three way interaction

Educator role	Patient	Staff	Environment (mediated by staff and patient)
Patient individually educated on reasons why/ how to take action of using mobility aid: educator clarifies with staff/ patient to eliminate differing perceptions of mobility level	Avoids risk taking behaviour - uses mobility aid correctly	Staff consistent on their instruction about use of mobility aid / level of assistance they provide to the patient	Mobility aid available, correctly prescribed and in reach at all times

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Educator comment

"..You educate the patient who has been assessed by staff on their mobility chart as requiring assistance, about being safe and to ask for assistance then a nurse will go in and say you need to be independent so it's a total contradiction.."

Hill AM et al 2015

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Patient feedback to Safe Recovery Educators

- Are you Inspiring your patients to communicate?

"..Making patients feel firm to say you cannot leave the room, I need my bell, I need my telephone, and that was quite difficult because patients were quite afraid to make a comment..."

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Summary

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- Patients with good cognition - Patients thoughts and feelings about their recovery is the key reason they take risks
- Patients with acute confusion or dementia – agitation or hypo-activity levels, not understanding what is happening is the key reason they take risks

These Factors can be addressed by

Effective Communication

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