

# Best Practice for Older People in Acute Care Settings (BPOP): Guidance for Nurses (2009)



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# BEST PRACTICE FOR OLDER PEOPLE IN ACUTE CARE SETTINGS (BPOP): GUIDANCE FOR NURSES (2009)

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## Contents

- 3 Introduction
- 5 How to use the essential guide
- 5 What would it take?
- 7 'See who I am'
- 10 'Connect with me'
- 13 'Involve me'
- 16 References

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## Introduction

This essential guide accompanies a CD-ROM containing best practice statements for nurses working with older people in acute settings. Both resources are based on and update the Standing Nursing and Midwifery Advisory Committee (SNMAC) guidelines that were published alongside the *National Service Framework for Older People* (Department of Health (DH) 2001, SNMAC 2001).

Best practice statements make explicit what best practice is and are presented alongside the relevant evidence.

The new best practice statements are a resource for nurses who work with older people all or some of the time in general, acute services. They aim to support and guide the practice of individual nurses and to help them explain to others what best care for older people involves. Given that two thirds of hospital beds are occupied by people aged 65 and over, most acute nurses will find these best practice statements relevant.

The statements are based on up-to-date systematic review of the literature and expert consensus. They are the most current and comprehensive evidence-based practice guidelines available for this patient group.

The best practice statements cover a range of topic areas that include, for example, end of life care, meeting mental health needs and promoting continence. They are underpinned by a relationship-centred approach to care (Tresolini and Pew-Fetzer Task Force 2000, Nolan *et al* 2006) that promotes the delivery of dignified and personalised care.

A key feature of the best practice statements is that they draw on the findings of a systematic review of research that reports older patients' and their relatives' experiences of acute care (Bridges *et al*, in press). This review tells us that older people and their relatives want acute hospital staff to focus on:

- ▶ **Maintaining identity: 'see who I am'** – Patients want staff to know what is important to them, and relatives want staff to value what they know about the patient.

- ▶ **Creating community: 'connect with me'** – A connected and two-way relationship with staff gives patients and relatives the reassurance that staff will care for them and meet their needs.
- ▶ **Sharing decision making: 'involve me'** – Patients and relatives want to understand what is happening and to be given ongoing involvement in decision making.

These three key messages highlight the importance of the relationships, however transient, that older people and their relatives build with acute care staff. The best practice statements illustrate how these relationships can be used to underpin positive experiences for patients and the delivery of effective nursing care. This focus on relationships highlights the responsibility that individual nurses have for shaping each patient's experience; it also opens up questions about how organisations can best support a relationship-centred way of working.

*'[Health care] is not a grand machine, a complex of physical facilities, advanced pharmaceuticals, surgical techniques, or an administrative system, however wonderfully conceived. It is instead an essentially human activity, undertaken and given meaning by people in relationships with one another and their communities, both public and professional' (Tresolini and Pew-Fetzer Task Force 2000).*

Working in a relationship-centred way (Tresolini and Pew-Fetzer Task Force 2000, Nolan *et al* 2006) can be difficult in an acute environment with fast throughput of patients, multiple transfers for individual patients and a focus on time-based targets. The best practice statements to be published on the associated CD-ROM illustrate what relationship-centred best practice looks like. This essential guide focuses on how individual nurses and ward teams can explore ways of achieving this in an acute context.

## How to use the essential guide

This guide focuses on helping you and your team to recognise and support relationship-centred working where it already exists and to identify how to achieve improvements where these are needed.

Three background statements and a series of questions follow. These are framed by the three key messages from patients and relatives outlined above. You will need to make time to consider and discuss this material and the feelings and ideas that it stimulates. For each exercise, start by reading the background section. Then, use the central question to guide your thinking and select one or more of the surrounding questions to use as prompts for reflection and discussion.

If you are a manager, you will need to help your staff create the reflective space to do this, and respond positively to what comes out of the discussions. Involving someone such as a link lecturer or practice development nurse may also be beneficial – a skilled facilitator may help you in exploring these ideas more fully.

Carrying out these exercises will be a 'work in progress'. Work through the three areas in sequence as, for example, efforts at improving involvement of patients are unlikely to succeed if current practice does not focus on getting to know patients and establishing a two-way relationship with them. Working through all the exercises will probably take three or more sessions and will hopefully prompt other discussions within the team at other times.

## What would it take?

Throughout each exercise, think about what is needed to value and support good practice that is already in place and to make changes where these are needed. The following questions might be helpful prompts:

- ▶ How can we develop better relationships between patients, relatives and staff?
- ▶ What are the needs of patients with dementia or delirium?
- ▶ What are the needs of patients with communication difficulties?
- ▶ What are the needs of patients who do not have regular visitors?

- ▶ Who in my team exhibits best practice in seeing who patients and relatives are, connecting with them and involving them?
- ▶ What is it that these colleagues do?
- ▶ Can they articulate what they do?
- ▶ What could I learn from looking at how they work?
- ▶ What could I do differently from today?
- ▶ What stops me from working in this way?
- ▶ What support do I need to ask for to help me relate better to my team, patients and/or relatives? Who might have a role here – the chaplain, the palliative care team, the gerontological nurse specialist, the clinical psychologist?

**'Start small':** identify one thing you would like to change, and work incrementally from there. Use these resources not just to inform your own practice but to reflect, as a team, on what you already do well, how you could change ways of working where this is needed, and how to negotiate changes with managers that would better support you in delivering best care.

## ‘See who I am’

### Background

This best practice statement responds to the loss of identity that older patients can experience when they come into hospital, and the impact this has on telling nurses about their particular needs.

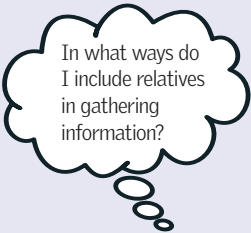
Included in the best practice statement is the suggestion that patients should be asked:

- ▶ ‘What should I know about you as a person to help me to take the best care of you that I can?’
- ▶ ‘What are the things that are most important to you, or that concern you most, at this time in your life?’
- ▶ ‘Who else, or what else, will be affected by what is happening with your health?’ (Chochinov 2007).

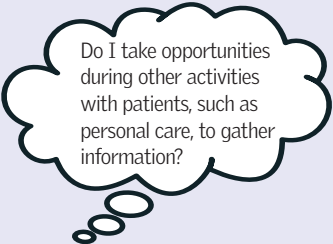


The questions below give you an opportunity to think about how you currently find out about patients' needs and why, and to reflect on what it is like to listen openly to patients in an environment that may not support working in this way.

Use the questions over the page for discussion and reflection. Use one or more of the surrounding questions to help you to think about the central question.




In what ways do I include relatives in gathering information?

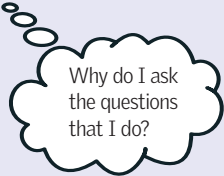


Do I take opportunities during other activities with patients, such as personal care, to gather information?

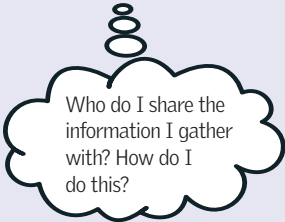
**What do I ask patients now as I assess them?**



How closed or open are the questions I ask?

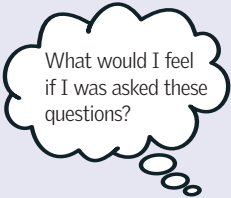


Why do I ask the questions that I do?

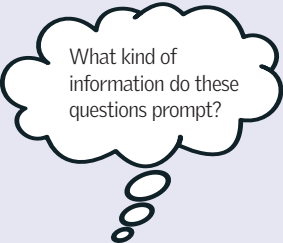


Who do I share the information I gather with? How do I do this?

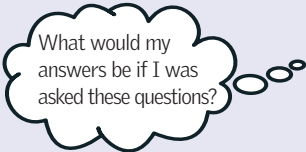




What would I feel if I was asked these questions?




What kind of information do these questions prompt?

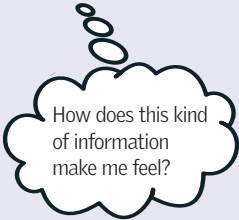


What would my answers be if I was asked these questions?

How would I feel about asking patients what I should know about them and what is important to them?



What do I do with this sort of information?



How does this kind of information make me feel?

## What would it take?

Using the guidance on page 5, think about what it would take to support existing best practice and to change what needs to be changed. Ideas for change will depend on what is already in place and what is achievable. Examples could include making a personal commitment to finding out more about the home lives of your patients with dementia and reviewing the way that assessments are carried out and used in your team.

## ‘Connect with me’

### Background

This best practice statement responds to older people’s feelings of fear, worthlessness and isolation from normal life that are associated with admission to hospital. The relationship between a patient, his or her relatives and staff is a key factor that either heightens or lessens these feelings. Two-way relationships that reflect mutual understanding and reciprocal caring are helpful to patients and relatives. The needs of the patient should come first, before the needs of the organisation.

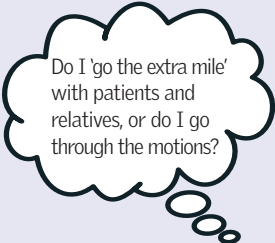


*‘The nurses were as sweet as sugar. Nice and concerned and interesting. There’s one there that has a three year old. She’s a young girl, and she said she trained her baby to use the potty by giving him marshmallows every time he went to the potty. [laughs] That was a clever way for this girl to train that baby. So, I loved her: She was just as sweet, nice, oh what a nice girl, concerned, and lovely, and willing if you wanted anything done’ (Patient) (Jacelon 2003).*

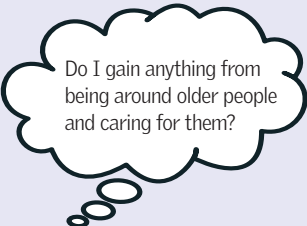
The questions are an opportunity to think about what you gain from your relationships with patients and relatives, as well as the extent to which you feel able to bring other aspects of who you are into your work as a nurse.

Use the questions that follow for discussion and reflection.  
Use one or more of the surrounding questions to help you  
to think about the central question.






Do I 'go the extra mile'  
with patients and  
relatives, or do I go  
through the motions?




Do I gain anything from  
being around older people  
and caring for them?

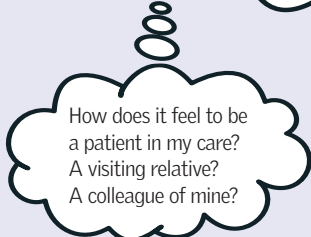
**What are my relationships  
like with patients, relatives  
and other staff?**




Do I picture  
patients in their life  
outside the hospital?



What kind of information  
about me do I share with  
others at work? What do  
I keep to myself?



How does it feel to be  
a patient in my care?  
A visiting relative?  
A colleague of mine?



How can I help patients and relatives to feel a sense of security, belonging, continuity, purpose, achievement and significance? (Nolan *et al* 2006)

How can I help older patients to engage in a more equal relationship with me?

What do I think about a focus on relationships in the place where I work?

What does a connected relationship look like?

Should patients always come first?

Can you be professional and connected at the same time?

## What would it take?

Using the guidance on page 5, think about what it would take to support existing best practice and to change what needs to be changed. Ideas for change will depend on what is already in place and what is achievable. Examples could include identifying how you could engage with patients in a more equal way and reviewing whether the way that work on the ward is organised enables patients to form meaningful relationships with individual staff members.

## ‘Involve me’

### Background

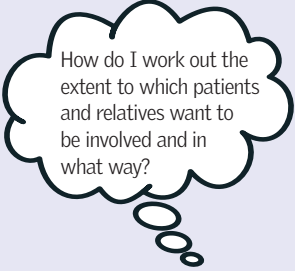
This best practice statement responds to the need that many older people have to understand what is happening and to be involved in decisions about their care and treatment. The way that services are organised and care is delivered, along with patients' heightened anxiety, can mean that they take a passive role in what happens. People with cognitive impairment and communication difficulties, including those with language differences, are at particular risk of being excluded from decisions.



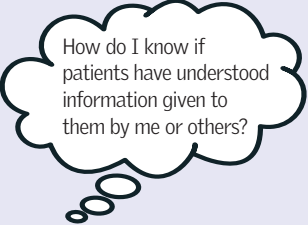
*'I know that something's up. I mean they used to be checking my blood pressure and temperature and taking blood samples and doing all sorts of tests. Now they do nothing and during the ward round they look at me and smile and say nowt, oh I know what's going on alright'* (Patient) (Costello 2001).

These questions are an opportunity to reflect on what works well when communicating with patients and relatives in your setting, on negotiating involvement with older patients, and on difficulties that can arise in achieving this.

Use the questions that follow for discussion and reflection.  
Use one or more of the surrounding questions to help you to think about the central question.

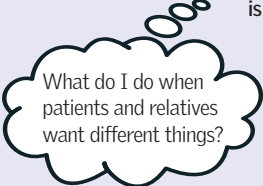


How do I work out the extent to which patients and relatives want to be involved and in what way?

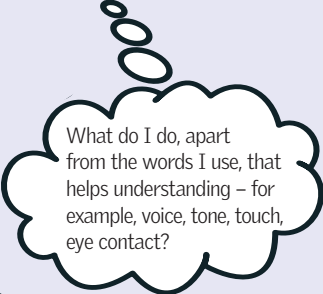


How do I know if patients have understood information given to them by me or others?

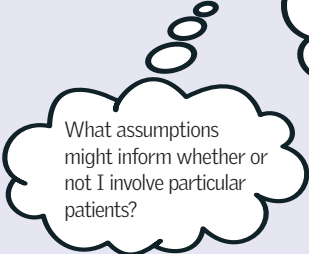
Do patients always understand what is happening when I am with them?




What do I do when patients and relatives want different things?



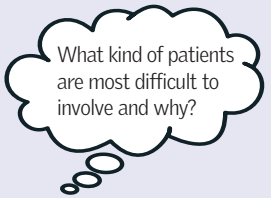
What do I do, apart from the words I use, that helps understanding – for example, voice, tone, touch, eye contact?



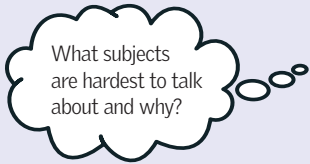
What assumptions might inform whether or not I involve particular patients?



What kind of patients are most difficult to communicate with and why?

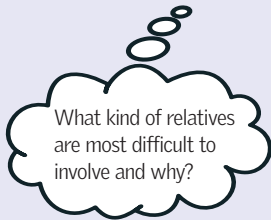


What kind of patients are most difficult to involve and why?

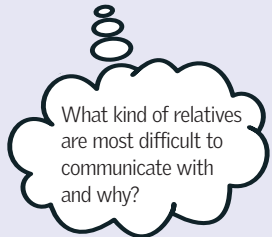


What subjects are hardest to talk about and why?

**What does patient involvement look like?**



What kind of relatives are most difficult to involve and why?



What kind of relatives are most difficult to communicate with and why?

## What would it take?

Using the guidance on page 5, think about what it would take to support existing best practice and to change what needs to be changed. Ideas for change will depend on what is already in place and what is achievable. Examples could include shadowing a more skilled colleague as he or she engages with patients or relatives on subjects you find difficult to handle and setting up group supervision to support the team in the emotionally difficult work they do.

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