

PART 2: INTEGRATION OF CARE

The Fundamentals of Care framework describes how best to deliver relationship-based, integrated, fundamental care. It supports the healthcare team to get fundamental care right and ensure no fundamental care need is neglected.

Whilst it isn't easy, fundamental care is essential to wellbeing. This is demonstrated often in stories told to us by respondents to our patient experience survey. Those who have an excellent experience in our care tell us that their care workers took time to establish a trusting relationship, and then sought to understand and respond to their physical, psychosocial and relational needs. Conversely, many of those who have a poor experience say that assumptions made by their care workers contributed greatly to their poor experience. These patients tell us that some of the health care staff who cared for them appeared to make assumptions based on outward characteristics such as their ethnicity, age, cultural background or gender, or the presence of a mental health issue, disability, illness or injury (for an analysis of the impact this has on patients please see the implicit bias report from November 2019). They also tell us that some staff assumed patients are more mobile than they are, that they know where things are situated (i.e. blankets, tea and coffee facilities), that they understand medical jargon and are familiar with clinical processes, or that they know nothing about clinical processes and need everything explained in very simple terms. The Fundamentals of Care Framework is therefore designed to remove the need to make assumptions from health care practice by establishing a trusting relationship (covered in the previous report), and then addressing the patient's fundamental care needs.

This report - the second in our series on the Fundamentals of Care - covers the notion of 'integrated' care, or an understanding of how the physical, psychosocial and relational fundamentals of care fit together to enable holistic, person-centred care. Integrating these fundamental needs is necessary for a positive patient experience to occur. For example, an everyday, routine activity that a patient is used to doing independently, such as toileting or bathing, may become challenging or embarrassing as a result of their condition or treatment. In this instance, attending to a patient's fundamental care needs is not simply a matter of assisting them with their physical need to be safe, toileted and clean. It also requires that we consider their psychosocial needs around keeping them calm, involved, dignified and respected, and that we deal with any embarrassment or discomfort in ways that are empathetic and compassionate. Similarly, helping patients eat also builds relationships and provides an opportunity to assess swallowing, promote socialisation, and ensure proper nutrition. This integration is what fundamental care is all about.

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REFERENCES

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1. PHYSICAL

SAFETY

Patients are asking us to wash or sanitise our hands, assist them when they are feeling weak or dizzy and ensure that any spills on the floor are cleaned quickly.

MANAGING MEDICATION

It's important to patients that their medication is delivered on schedule, and that we check identity, dosage and medication type before administering the medication.

Never once did I receive my medication without proof of self. (Maaori patient)



TOILETING

Incontinence is a cause of much anxiety and distress for many patients, more so when they have asked for a bedpan or for help to get to the toilet and have wet the bed while waiting. They ask that we help with their toileting needs when asked, and to remember that these needs are often urgent.

[I would like to ask that] nurses take patients mental state into consideration when taking care of them and not to make patients feel yuck when helping them with the toilet. (Pasifika patient)



MOBILITY

Our patients are asking us to check what their mobility needs are, and that they have the right aids and assistance to be as mobile as they can.

I wasn't very mobile (which no one had actually checked) and yet they told me to use the bathroom on the other side of the ward (NZ Euro patient).



COMFORT

Our patients appreciate it when we proactively ensure they have adequate relief from pain and/or nausea. Some patients tell us that they were not given enough blankets to keep warm and that staff assume they know where things are kept.

AVERAGE COMFORT RATING:
6
OUT OF 10

80%
OF PATIENTS SAY STAFF DEFINITELY DID EVERYTHING THEY COULD TO MANAGE THEIR PAIN

EATING + DRINKING

Patients appreciate it when their meals, and water jugs are placed within easy reach, and they are given the help they need to eat their meals.

I had only one hand to eat. Staff placed food in front of me and left. Couldn't cut meat, butter toast take top off yoghurt etc. (NZ Euro patient)



20%

OF PATIENTS WHO NEEDED HELP TO EAT THEIR MEALS, SAID THAT THEY DIDN'T GET ANY HELP.

47% OF PATIENTS HAVE DIETARY NEEDS

86%

OF THESE PATIENTS SAY THE FOOD THEY WERE GIVEN MET THESE NEEDS

REST + SLEEP

Patients ask that staff are mindful of their noise at night. Many report that their night time rest and sleep is interrupted by slamming doors, loud conversations, phones ringing and laughter.

AVERAGE WARD NOISE RATING:
4
OUT OF 10

I understand having a laugh with colleagues but it goes on for a while, maybe take it to a smoko room. It's important nurses get that time but at the cost of patients sleep time it wasn't nice. (Maaori patient)



CLEANSING + DRESSING

Patients appreciate it when we check they have what they need to take care of personal needs (e.g. toothbrushes, toothpaste). Those who are being prepared for discharge ask that we make allowances for the time it takes to get dressed.

2. PSYCHOSOCIAL

DIGNITY

All patients want to be treated with dignity. For some, this means being treated with dignity regardless of age, ethnicity, gender, sexual orientation, religion, linguistic or cultural background or the presence of a mental health issue, disability, illness or injury. At CM Health, Maaori patients are less likely to agree they were always treated with dignity and respect when compared with other patients, with 5 out of 10 saying this didn't always happen during their stay.

RESPECT

For our patients, being treated with respect involves healthcare staff asking permission before assisting, treating or examining them, displaying patience and understanding, and being courteous and considerate. They feel disrespected when staff are rude or dismissive, when they feel they haven't been listened to or have been judged unfairly.

[Nurses] didn't listen to me when I told them that I had just finished feeding my baby. One was in my face putting her hands on my breast to force my child to eat and kept telling me that "you have to feed [baby] she's hungry" even after I said "she's already eaten." (Maaori patient).



PRIVACY

Patients want us to ensure private conversations are held in places where they cannot be overheard. They also ask that we protect their physical privacy by drawing curtains or ensuring bathroom doors are closed properly.

VALUES + BELIEFS

Patients want their values and beliefs to be considered and respected, including views and choices that are guided by religious or cultural practices.

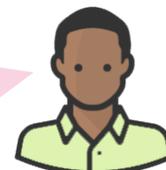
19%
OF PATIENTS WHO WANTED THEIR VALUES, BELIEFS, RELIGIOUS OR CULTURAL NEEDS RESPECTED SAY THAT THIS DID NOT HAPPEN.

COMMUNICATION

Patients want us to explain things clearly, using everyday language. They ask that we find out how much they understand about their condition, and tailor our communications towards this.

AVERAGE COMMUNICATION RATING:
6.5
OUT OF 10

Medical terms are hard to understand and it's kind of confusing to know what is said ... but if it's broken down to where I can understand then it's really good. (Maaori patient).



EMOTIONAL WELLBEING

Even the most resilient patients may experience fear, uncertainty, loneliness or some other form of emotional distress during their care and treatment. Patients appreciate when we respond to their emotional, as well as physical wellbeing.

All the nurses who look after us were really good in calming [my relative]. They talked patiently and calmly and assured him everything will be alright. They made him smile when his emotions were down. (Asian respondent)



EDUCATION + INFORMATION

Patients expect to be informed about all aspects of their care and treatment, as well as before things happen or when something changes. They also want to be given information they need to make decisions.

34%
OF PATIENTS SAY THEY WERE NOT GIVEN ENOUGH INFORMATION.
24%
OF PATIENTS SAID THAT INFORMATION SUCH AS X-RAYS AND TEST RESULTS WERE NOT SHARED WITH THEM IN A TIMELY MANNER

INVOLVED + INFORMED

Patients report a better experience when they are consulted and given the opportunity to contribute to decisions about their care and treatment.

60%
OF PATIENTS SAY THEY WERE AS INVOLVED AS THEY WANTED TO BE IN DECISIONS ABOUT THEIR CARE.

68%
OF PATIENTS SAY THEY HAD ENOUGH INFORMATION TO MAKE INFORMED CHOICES ABOUT THEIR CARE

3. RELATIONAL

BEING EMPATHETIC

Patients tell us they feel comfortable with and more connected to healthcare staff who display empathy, which is displayed through active listening, making eye contact or picking up on nonverbal cues.



I'm a big person and had a particularly nasty-looking wound ... I felt scared and embarrassed at having to show this but the nurses I was dealing with and their levels of empathy and compassion were stellar. (NZ European patient).

BEING PRESENT + ENGAGED

When healthcare staff are present and engaged, patients experience this as "undivided attention", or attention which is mindful, personal and free of distraction. This kind of attention helps them feel seen, safe and cared for.

Staff gave me kind and good attention even though it was busy. They made me feel like my condition was very important. (Pasifika patient).



INVOLVING WHAANAU + CARERS

Waanau and carers bring personal knowledge of the patient's circumstances and preferences that can help the care team understand and consider all of the issues affecting the patient's condition, care and treatment. Patients who see their whaanau and carers as important members of the care team report a more positive experience when their whaanau and carers are made to feel welcome and given opportunities to speak with staff.

GOAL SETTING

Patients tell us that having mutually agreed, realistic and achievable targets is important for feeling a sense of hope and progress.

ACTIVE LISTENING

Our patients ask that we give them our full attention when we listen to them. Active listening is about not only listening to what they have to say, but also listening for the intent and feelings of the speaker.

80%

OF PATIENTS SAY CM HEALTH STAFF ALWAYS LISTENED TO WHAT THEY HAD TO SAY.

HELPING PATIENTS COPE

Patients cope better when we keep them informed, relieve pain, help with mobility, use humour when appropriate, and are kind and compassionate.

HELPING PATIENTS STAY CALM

68%

OF PATIENTS SAY THERE WAS DEFINITELY A MEMBER OF STAFF THEY COULD TALK TO ABOUT THEIR WORRIES OR FEARS.

Our patients say that staff help them to stay calm by listening to and answering questions, reassuring them that things are 'normal' (even though they don't feel that way to the patient), checking on them and comforting them when they are struggling.

Nurses and doctors knows how scared and sad I was ... they comfort me, and told me that don't worry I'm gonna be okay. I'm so grateful. (Pasifika patient).



BEING COMPASSIONATE

Our patient experience survey results are filled with patient stories that detail moments of kindness and compassion that, whilst small, are extremely meaningful to patients. They tell us when we display empathy, sensitivity, kindness and warmth they feel genuinely and sincerely cared for.

I was a little overwhelmed to see so many people in the theatre and started to hyperventilate. I was immediately put at ease by [a staff member] who came forward to hold my hand ... that totally relaxed me and my fears. (Maori patient)

