

Nursing Practice

COMMENT

“About me’ puts a person at the heart of patient-centred care”

I took handover at the start of my shift recently. I received detailed information about care plans, the patient’s vital signs, urine output, blood glucose, early warning scores, Braden scale, MUST (Malnutrition Universal Screening Tool), falls and visual infusion phlebitis score were. I was then presented with a form to sign for me to take responsibility and accountability for the patient.

But there was no mention of the patient’s likes and dislikes, no details of a possible safeguarding issue, and no elaboration on her worries about the possibility of having her dog taken away as she may be unable to manage at home, and face residential home placement.

We are inundated with paperwork – of that there is no question. But the single most important piece of paperwork in my view as far as person-centred care is concerned, is the “about me” form. It is an ingenious document, cleverly crafted to ensure that the team are aware of a person’s preferences, likes and dislikes and their personal history while in hospital.

Yet on busy wards and in acute areas we struggle to complete these forms, as clinical needs take priority. In my experience patients, families and nurses seem to like the “about me” form, and find the information invaluable in care of the older person. It can be used as a springboard to start a conversation, guide a person away from the brink of delirium, give ideas to find suitable activities, and enable us to see the patient as a person, not the embodiment of the disease process. It is, in short, a holistic, social model of care, as opposed to a biomedical one.

So what can we do to ensure patient-centred care, and guard against being swept away by the pressures in the system and resisting the “tick box” mentality that is heading our way? Integrated care seems a sensible solution to the puzzle of how to ensure patient-centred care in an age of increasing pressures on time and money. Joined-up thinking across disciplines, between hospital and community care, may be part of the answer. Those who are growing older could carry some kind of personal passport when they are well that they could keep tucked away in a hospital overnight bag as part of their advanced planning and essential preparation for when ill health looms.

In times of extreme pressures the “about me” form is an invaluable tool to gather information about the person being cared for in hospital. Having the essential personalised information to hand at nurse handover as a baseline would be marvellous. If we can find ways to harness the golden nuggets of information that enable us as nurses to perform our duties in a more empathic and holistic way, then surely finding ways to achieve this is worthy of further exploration?

After all, the alchemy and magic that happens between a nurse and a patient is the essence of why I came into nursing all those years ago. For the sake of patients, families and nurses, old and new, we must find every way possible of keeping that magic alive. **NT**

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Using board games in education

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SPOTLIGHT

We can improve patient safety in every setting

Patient safety is central to high-quality patient care. Safe care should be in every nurse’s mind as they go about their daily work and, at *Nursing Times*, it is an issue that permeates the articles and learning units we develop.

Next month, the Patient Safety Congress and Awards on 6-7 July will see more than 2,000 health professionals gather to learn more about how to keep patients safe and recognise those who have carried out outstanding work on improving patient safety.

The drive to improve safety has mainly focused on hospital care but is extending to community services. Our article on page 20 explores how this can be achieved in primary care. Joining the Sign up to Safety campaign offers a network of support and shared learning to make changes that can help tackle a lack of resources and infrastructure common to the community.



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