Demonstrating a Person Centred Approach in an Expanding Community Respiratory Team.

Introduction
Chronic Obstructive Pulmonary Disease (COPD) accounts for 44,000 emergency bed days annually in Glasgow.

The Community Respiratory Team (CRT) supports people with COPD at home to improve self management of their chronic condition and reduce hospital admissions.

The service ethos is to respect individual needs and values thus ensuring collaborative decision making and partnership. Through robust evidence of success, the service expanded from a smaller project to a city wide service in 2015 and has so far supported over 500 patients.

The Person Centred Health and Care (PCHC) Collaborative is part of a national programme of work that facilitates services to refocus health care systems back to placing the patient at the heart of decision making.

Aim
To ensure the key principles of person-centred care and ethos of the Community Respiratory Team are maintained in an expanding service

Results
Patient feedback indicated consistent results of greater than 95% positive in relation to the “must do’s with me” person centred measurement criteria.

Four key areas of improvement were highlighted and these changes were delivered through the service with tests of change indicating successful implementation by the expanding team.

Staff feedback in relation to person centred goal setting demonstrated positive experiences; thus empowering the patients ability to guide their own personal outcomes within health care.

The four principles of person-centred care

- Confidence
- Individualised
- Accessible
- Reactive
- Motivation
- Responsive to Holistic Needs

Methodology
The CRT and PCHC meet monthly to analyse care experience feedback and identify improvement opportunities.

To date over 120 qualitative semi structure telephone interviews were completed.

Patient feedback allowed service analysis and identification of areas for improvement. PDSA cycles were generated and service development was directed using patient feedback.

Tests of change included goal setting, discharge documentation and mission statement production.

Members of the PCHC delivered training to the expanding team supporting service aims to effectuate a person centred approach. Personal Outcomes Training was undertaken to develop a “good conversations” with people using the service.

Weekly goal setting peer reviews were carried out ensuring development and success in this area.

Conclusion
The collaboration between the CRT and PCHC has helped this service to expand in such a way that it continues to capture the principles of person centred care.

Supporting the individual to develop the knowledge, skills and confidence to effectively manage their long term condition whilst remaining at the heart of the decision making

References:


“I have found that they listen to me and really find out how you are feeling. They also listen to what you want to do. They really helped me feel less anxious with breathing exercises and I had never been taught them before”