



Implementation of a Personhood Headboard to Improve Person-centred Palliative Care in an Inpatient Hospice

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Background

Understanding the personhood of a patient is the key to providing patient-centred care and maintaining the dignity and quality of life of palliative care patients. Failure to acknowledge personhood can cause patient and family dissatisfaction, undermine trust and is associated with healthcare professional burnout and clinical ineffectiveness¹. The Personhood Headboard (PHB) was designed and implemented in the 85-bedded inpatient unit of Assisi Hospice in Singapore, with an aim in improving person-centred care, and is a step towards creating a person-centred culture in our hospice.

Method

The PHB includes sections on "Call Me", "I Enjoy", "What Comforts Me", "I Dislike", "I Want You to Know" and "Tips to Care". (Fig.1) A workflow for filling in the PHB was created as shown in Fig.2. The timeline of the project is shown in Fig.3.



Fig 1. PHB by staff on admission

Fig 4. PHB by family

Fig 2. Personhood Headboard (PHB) Workflow

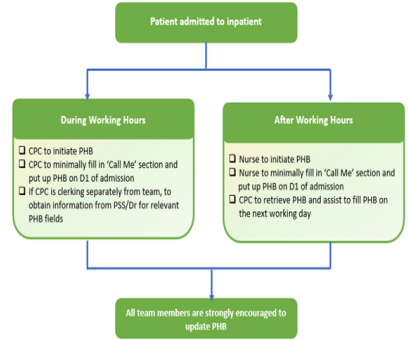


Fig 3. Project timeline



Results

All 20 respondents for the April survey were aware of the PHB, 75% were fairly to very confident in filling up the PHB and 70% felt that the PHB has helped in patient care. All 52 respondents for the July survey were aware of the PHB, 73% felt that the PHB has helped in patient care and 48% were fairly to very confident in filling up the PHB. (Fig. 5)

The percentage of patients who did not have the PHB put up decreased from the audit done in June (26.9%) to July (11.9%) and August (8.2%). Only 3 (5.2%) patients did not have the PHB in the January audit. A content audit of all PHB in September showed varying amounts of information present across patients and reminded the team that filling up the PHB is dynamic in nature and an ongoing process, and the importance of involving family members in filling up the PHB. (Fig. 1 & 4)

Out of the 7 patients and 5 family members interviewed, 11 (91.7%) were aware of the PHB. All patients were involved in filling up the PHB and found the PHB helpful to extremely helpful. All family members found the PHB minimally helpful to extremely helpful. (Fig. 6) Feedback from patients and family are quoted in Figures 7 and 8.

Fig 5. Staff confidence level in filling up of PHB

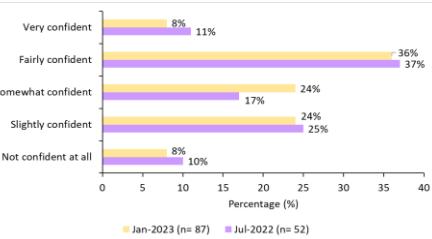
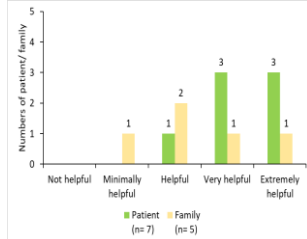


Fig 6. Usefulness of PHB



- "It helps the team know about my preferences and interest."
- "Serves as a reminder to myself on what are my interests."
- "People may not refer to the information on the board."

Fig 7. Feedback from patients

- "Allows visitors and staff to know what is important to patient."
- "Accurate in describing patient's preferences (e.g., dislike touches)."
- "More helpful in initial stage or for ad-hoc volunteers."

Fig 8. Feedback from families

Discussion & Conclusion

The PHB is a visual reminder for the team to see the person behind the patient we are caring for, beyond their illness. It serves as a conversation starter for the team to know the patient's preferences and can help nurses to give specific practical advice to caregivers, allowing them to get involved with care. Patients and families benefitted from the space to share what mattered to patient and the PHB served as a reminder to families about who the patient was, especially during deterioration.

Occurrences where it was inappropriate to fill in the PHB include when the patient is very symptomatic or was admitted to the hospice without a caregiver. Other challenges faced by the team included a lack of time to get to know the patient and timely update of the PHB due to manpower constraints.

Some patients may need the PHB revisited as rapport continues to be built, while for those who have more to share, it can be difficult to capture all the essentials in the limited space of the PHB. Majority of staff felt that the PHB has benefitted patient care and the list of prompts improved confidence levels of team members in filling up the PHB. (Fig. 9)

In conclusion, the PHB is a useful tool which has benefitted patients, families and the team in creating a person-centred culture in our hospice.

	Ways to ask / Prompts
Introduction	<ul style="list-style-type: none"> "We have an initiative here at Assisi - it is called 'My personhood board'." "This initiative came about as we would like to get to know more about you/your loved one as we care for you/your loved one during this difficult time. Our care team consist of different care members- such as nurses, doctors, therapists, pastoral care staff and social workers. And the purpose of this board is for the care team to know more about you/your loved one as this will be helpful to us in knowing how to support and care for you/your loved one." "We hope to include some key information about you/your loved one, shall we go through this together?"
I Enjoy	<ul style="list-style-type: none"> "What do you enjoy doing in your free time?" "Are there anything in particular that you enjoy (i.e. activities, items, particular food)?" <p>Further prompts: (Sometimes patient may say 'I used to enjoy this but now cannot already'.) In response, we can say - we are still interested in this, because it is a part of who you are.</p>

Fig 9. Sample of Prompts to fill up PHB

References

1.Chochinov, HM et al. Eliciting Personhood Within Clinical Practice: Effects on Patients, Families, and Health Care Providers. JPSM. 2015; 49(6): 974-980