

# Basic Care Revisited – Communication

## Improving Communication in Nursing homes and Hospital Care

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### Introduction

Communication is the cornerstone of all nursing activities<sup>1</sup>. Through effective communication, patients can be involved in their care by setting achievable targets<sup>1</sup>. Research shows that tailored communication contributes to health outcomes known to be crucial for recovery and quality of life like information recall, medication adherence, reassurance and need fulfilment<sup>2</sup>. Yet evidence on interventions to enhance patient participation in basic care is limited, and even more so in the case of patients with communication impairments.



### Intervention

#### 3 exploratory cluster randomised controlled trials

	<b>Study 1:</b> Feasibility and effectiveness of a 'Tell-us Card' intervention in hospital patients	<b>Study 2:</b> Feasibility and effectiveness of a 'Minimal Goal Setting' intervention in hospital patients	<b>Study 3:</b> Person-Centred bathing in cognitively impaired nursing home residents
<b>Intervention</b>	Patients and informal caregivers are invited to state their preferences using a 'Tell-us card'. Nurses are instructed to use the card as a tool in their dialogue with the patient in making care plans, during ward rounds or for discharge information sessions.	Nurses of the intervention wards are instructed on the use of goal setting as a tool for individualized patient care. Nurses are taught to elicit patient preferences, set goals according to SMART-criteria, integrate individualised care actions in nursing care plans, and to evaluate the goals set.	Nurses at intervention homes receive training on PCC and its application during assistance of washing. Training in person-centred washing includes communication techniques using tools, behaviour as symptoms of expression and communication, and components that focus on patient comfort
<b>Population</b>	Patients of two surgical and two medical wards (n=140) and two emergency departments (n=50)	Patients of two surgical and two medical wards (n=140) and two emergency departments (n=50)	In total 320 participants will be included. Nursing homes will be randomly assigned to 'person-centred care washing intervention' (n=4) or usual care (n=4)
<b>Outcome measures</b>	<i>Primary:</i> Patient perception of participation in care (Individualized Care Scale) & Patient Participation in the Emergency Department  <i>Secondary:</i> Use and content of the 'Tell-us Cards', actions taken by nurses as a consequence of what patients 'tell them', Quality from the Patients' perspective (QPP), EQ-5D, and CQI- satisfaction with care	<i>Primary:</i> Patient perception of participation in care (Individualized Care Scale) & Patient Participation in the Emergency Department)  <i>Secondary :</i> Number, quality and content of the of the goals set and actions planned according to these goals, Quality from the Patients' perspective (QPP), EQ-5D, and CQI- satisfaction with care	<i>Primary:</i> communication (quality and quantity verbal/ nonverbal interaction) and patient's behaviour by means of the Cohen-Mansfield agitation inventory  <i>Secondary:</i> EQ5D, disease specific quality of life (QoLAD), neuropsychiatric symptoms; social engagement, daily functioning

### Expected results

1. Improved patient nurse communication and patient participation
2. Insight into effectiveness of interventions focusing on communication

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