Irish Medical Journal
Established 1867

Issue: Ir Med J; Vol 114; No. 8; P442

"What Matters to You" Putting Patient Centred Care First

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Abstract

Aim

Evaluate the use and feasibility of implementation of the "What Matters to You?" (WMTY) in orthogeriatric patients.

Methods

An orthogeriatric assessment proforma was completed in patients with a hip or fragility fracture. Data including clinical frailty score (CFS), 4-AT delirium screen, length of stay, discharge disposition and WMTY responses were collected.

Results

Forty-nine patients were included. Median CFS was 5 (IQR 3), median 4AT was 1 (IQR 3). Forty-three (88%) were admitted from home and six (12%) from nursing homes. Nineteen (39%) were transferred to another hospital, fourteen (29%) home, fourteen (29%) to long term care, two (4%) died. Nineteen (39%) reported what mattered was a return to baseline mobility, seventeen (35%) to get home, two (4%) 'pain-free', three (6%) family, four (8%) miscellaneous and four (8%) no reply recorded.

Conclusion

WMTY promotes patient-centred practice. This study supports the feasibility of the tool in orthogeriatrics patients including those with mild to moderate cognitive impairment.

Keywords: What Matters to You, Patient-centred care, Quality Improvement

Introduction

"What Matters To You?"(WMTY) is a quality improvement initiative, incorporated in the 'National Clinical Programme for Older People' to encourage meaningful conversation between healthcare workers (HCW) and patients.[1] Asking WMTY prevents HCW making assumptions about what is important for patients and refocuses the goals of care.

Aligning 'What Matters' is one of the 4M's, an evidence-based element of high-quality care for older adults[2] correlating with the principles of Slainte Care 'Right care in the right place at the right time'.[3] This concept drives customised care plans, finding what is truly important to patients regarding their care.[4]

WMTY promotes active patient engagement, empowering and including them in the decision-making process, rather than being a passive participant[1]. It encourages patients to achieve better clinical outcomes through focusing on what matters most to them.[5]

We sought to evaluate the feasibility of implementation of WMTY in the orthogeriatric proforma document in a tertiary hospital in Ireland.

Methods

Orthogeriatric assessment proformas were completed for patients with hip or fragility fractures aged over 65 and 70 years respectively. The proforma assessed clinical frailty score [6], 4-AT delirium screen and asks WMTY. 49 patients were recruited by convenience sampling between January – March 2020. Anonymised data including age, gender, 4AT score, CFS, length of stay, place of residence on admission and discharge, and response to WMTY was collected. Answers were subdivided into five domains: Pain, Return to Baseline Mobility/Function, Discharge Location, Family and Miscellaneous. WMTY was open-ended and the five domains applied retrospectively. Data was collected and analysed using Excel.

Results

Forty-nine patients were included, thirty-one (63%) female and eighteen (37%) male with an average age of 82.49 years. The median CFS was 5 (IQR 3). Twenty-two (45%) scored between 1-4, sixteen (33%) between 5-6, ten (20%) between 7-9. One (2%) had no CFS recorded. Median 4AT score was 1 (IQR 3) with twenty-three (47%) patients with 4AT score of 0, twenty-one (43%) scoring between 1-3 and four (8%) with a 4AT $\geq$4. One (2%) had no 4AT recorded.

Forty-three (88%) patients were admitted from home and six (12%) from nursing homes. Fifteen (31%) were subsequently discharged to a rehabilitation hospital, fourteen (29%) directly home, fourteen (29%) to long-term care (LTC), four (8%) were transferred to another hospital and two (4%) of patients died.

Of the forty-nine patients, nineteen (39%) reported what mattered was a return to baseline mobility/function, seventeen (35%) expressed a desire to get home, two (4%) wanted to be pain-free, three (6%) stated family, four (8%) of responses were miscellaneous and a further four (8%) had no reply recorded. Twenty-two of Twenty-six patients with 4AT score of >0 responded to WMTY.

Of those who desired to return home, six were discharged directly home, one to LTC, nine to further hospital rehabilitation and one patient died.

Discussion

The study has shown the individual and varied aspirations of orthogeriatric patients regarding the outcome of their care.

Previous research[7] has demonstrated that responding to WMTY may be challenging for older patients. Multiple factors have been associated with difficulties in communication in elderly patients including cognitive decline, delirium and frailty.[8] In this study, a high proportion of patients with a 4AT score of >0, indicating some degree of cognitive impairment, responded to the WMTY question. This suggests that use of WMTY remains feasible in this population group. Previous studies[9] found that people with mild/moderate cognitive impairment can consistently express their preferences further supporting the use of WMTY in this cohort.

Important areas for future studies of the WMTY framework include evaluation of patient satisfaction, repeated application to highlight new or changing goals [10] and identification of barriers to widespread implementation. A particularly important area for further research is of the use of WMTY in a frail or cognitively impaired population group as there are currently few studies. Repeating this study using consecutive sampling would further validate the feasibility of WMTY.

Ethical Approval:
This study has received full ethical approval from the Clinical Research Ethics Committee of the Cork Teaching Hospitals.

Acknowledgments:
We would like to acknowledge the orthogeriatric patients who took part in this study.

Declaration of Conflicts of Interest:
We declare that we have no competing interests.

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