Implementing the PIE programme to improve person-centred care for people with dementia on hospital wards.

Background

PIE (Person; Interactions; Environment) is a programme aimed at improving care practices for people on acute wards living with dementia. Comprising a set of tools (observation, action planning and review) in a manual, and implementation strategies, PIE is a cyclical, systematic process with the content tailored to local need. It was developed from the observational tool used in the first National Audit of Dementia Care in NHS Hospitals (RCP 2011).

Aim

To provide a descriptive and explanatory account of how staff engaged with PIE in the real life context of acute ward delivery.

Methods

A longitudinal, mixed method design was adopted, incorporating multiple case studies. Ten cases (wards) were purposely selected in four trusts across three English regions. Data were collected between July 2013 and December 2015 and comprised: PIE observation notes; observation of action planning; interviews with implementation teams; a log of contemporaneous events that might affect implementation. These were drawn together to provide a descriptive account of the engagement of staff with each step in the cycle, using Normalisation Process Theory (NPT) (May and Finch, 2009) as a sensitising framework.

Results

Only two wards, in one trust, proceeded to full implementation, two to partial implementation and six were non-implementers. Factors found to be crucial to success were: active leadership; skilled facilitation; salience/meaningfulness to staff; collective team involvement; fit with strategic priorities; organisational stability and adequate resources. The main deterrent to implementation was organisational instability.

Discussion

NPT only partially helped explain the variable success of implementation through its four generative mechanisms: coherence, cognitive participation, collective action, reflexive monitoring.

Conclusion

Findings from this research suggest that the PIE programme has the potential to help staff improve person-centred care for people with dementia admitted to hospital wards. However, success is dependent on certain local conditions and readiness criteria.

References

May C. and Finch T. (2009) Implementing, embedding and integrating practices: an outline of normalization process theory. Sociology, 43: 535–554.

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