

The Person, Interactions and Environment Programme to improve care of people with dementia in hospital: a multisite study

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Plain English summary

PIE: a multisite study

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Plain English summary

Improving the care of people with dementia in general hospitals is a UK policy priority. Older people are the main users of inpatient care, and around half have dementia and/or acute confusion.

Person, Interactions and Environment (PIE) is a programme for staff to improve the care of people with dementia on acute wards. Observation enables staff to 'see', from the patient perspective, how care is delivered and how this is affected by the ward's physical and organisational environment. Reflection on observations informs goals and action plans to improve practice, and reviews of progress stimulate further action.

We aimed to find out:

- how PIE works in real life on hospital wards
- whether or not PIE improves ward practices, patient and caregiver experiences and clinical outcomes.

Ten wards in five NHS trusts in England took part. We collected information on each ward, including staffing; observed practice before PIE was installed and subsequently on its implementation; interviewed staff and relatives; and spent time in conversation with patients while observing their care. An important part of the study was the insight offered into what 'person-centred' care might look like in acute wards.

Only two wards fully implemented PIE. Here, staff found it useful as a means of improving practice, changes introduced became part of how the ward worked, and, for some patients, the care experience was enhanced. In the remaining wards, PIE was only partially implemented or not implemented at all. The main reasons were absence of 'drivers' to pursue change, staffing difficulties, ward pressures and organisational instability (ward closures and reorganisation) making planning for change impossible.

Although PIE has the potential to improve ward practice and patient experience, we cannot say for definite that it works. This is partly because of poor take-up and partly because information on clinical outcomes was not collected on all wards, including the 'successful' implementers.

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This report

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