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Hamad Medical Corporation
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Patient Experience Forum

Creating a Community of Patient Centered Care

16 - 17 November 2019
Sheraton Grand Hotel, Doha

“Finding the gaps in the Community Health and closing it; a family Journey to the unknown”

Presenters:

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As part of our extensive program and with CPD hours awarded based on actual time spent learning, credit hours are offered based on attendance per session, requiring delegates to attend **a minimum of 80%** of a session to qualify for the allocated CPD hours.

- **Less than 80%** attendance per session = **0 CPD hours**
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Total CPD hours for the forum are awarded based on the sum of CPD hours earned from all individual sessions.

Conflict of Interest

The speaker(s) or presenter(s) in this session has/have no conflict of interest or disclosure in relation to this presentation.

❖ Brief Overview about Private Nursing Services

- ➢ Private Nursing services safely handle the following:
  - • Escort nursing Services.
  - • Discharge Long term patient.
  - • Qatari patients who need Private Nursing Services regardless of age and financial status
  - • Provide Nursing Provision to NGO.

❖ Exclusion Criteria are those Patients with Mental Health conditions; as it is not one of PNS Scope of Service .

❖Aim

- To provide and demonstrate a in-depth look at how Private Nursing Service along with our outsourcing care partners incorporate person-centred care from the screening process until discharge in the community

❖ Learning Objectives:

- ❑ Understand the role of behavioral health integration for effectively addressing complex healthcare needs of high risk populations in the Person Centered Care approach.
- ❑ Learn from Private Nursing Services about their experience with different approach of behavior integration, partnering with specialty Behavior Care Providers and lessons learned as they transform their practices to Person Centered Care.

❖Introduction to the Case Presentation

- Ms. **N** is a 38 years old, is known case of Down Syndrome, Hypothyroidism, Chronic constipation and Short in physique with learning disabilities with poor sleep disturbance
- Prior to her admission, she exhibit unpredictable and irritable behaviour at times, shouting, inappropriate sexual behaviour, uncooperative and demanding.
- PNS referred the patient to Mental Health care
- MDT(psychiatrist, mobile doctor team, clinical psychologist, mental health nurses, PNS, case manager) and Family Case conference was arranged by PNS to discuss on how the patient and her family can be support.
- Eventually, agreement was for the patient to be admitted in Residential Care Compound-2 (under Mental Health care), in order to improve her behaviour and sleeping disturbance.

❖ Screening

MDT Goals

- The MDT decided in order to achieve their goals, the patient should be admitted to HMC Residential Care Compound-2 for a minimum of six weeks, due to patient's home environment by having no dedicated caregiver and prevalence of challenging behaviour. In addition, assistance of learning disability specialised team was sought.

- Individualize plan of care was developed which include the following based on the patient's mental condition and their initial assessment.
  - Risk of impaired mental status
  - Nutritional/ life style modification due to obesity.
  - Diversional activity.
  - Self-care deficit .
  - Impaired cognition .

Continued…..

Patient/Family Goals

- To gain the trust of the patient and the family
- To expect a positive result since this is a pioneer case for MDT and Private Nursing Services.
- To maintain privacy and confidentiality
- To promote patient's independence to activities of daily living
- To do away with habitual taking off and looking on underwear
- To prepare patient for reintegration to the society
- To collaborate in tailoring individualized care plan from the MDT and Nurses

Patient/Family Concerns:

- Being the first time of admission outside home, parent were a bit skeptical and concern about the admission.
- Family were also concerned about issues of confidentiality, policy explained regarding patient right, confidentiality and privacy.
- Family expresses concern to let patient do things independently or minimal supervision.
- Family expects that after 6 weeks she will let go of her habits.
- Family expects to reintegrate her into society

Challenges to achieve Goals :

- Communication Barriers
- Patient's Cooperation and interest to activities
- Selective attention and food preferences of the patient versus nutritional lifestyle modification.
- Lack of trained and experience staff related to mental health (Behavioural challenges)

❖Care Management

- **Upon patient's admission the following interventions for the plan of care was developed.**

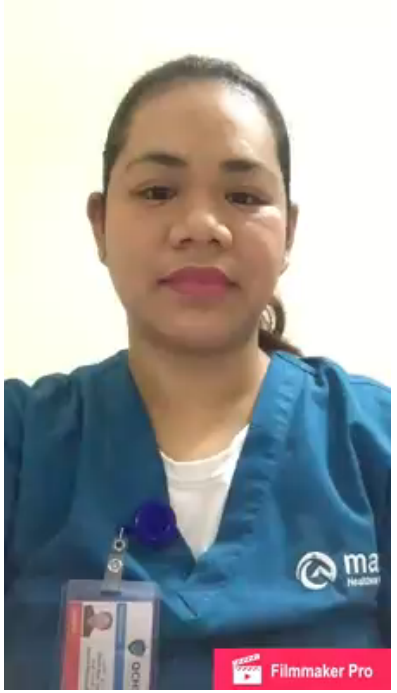
  - ❑ **Provide proper training to the staff in Mental Health facility.**
  - ❑ **Involved the PNS staff from the day the patient was admitted .**
  - ❑ **Engage the patient in routine scheduled/diversional activity.**
  - ❑ **Constant motivation and encouragement in performing ADL.**
  - ❑ **Provide appropriate positive behaviour and negative reinforcement .**
  - ❑ **Health Education about Hygiene, exercise and it should be in a simple words and instruction.**
  - ❑ **Continuous setting limits and regulate the patient's sleep time.**

Continued Care Management…..

- ABC Monitoring
- Questions and answers
- Daily Planner

The assigned nurse view on the Case.

- The Video



❖The patient's Current Situation:

- ❑ Improvement in her bowel movement routine and ADL.
- ❑ Positive progress related to her inappropriate behaviour.
- ❑ Improvement in nutritional life style.
- ❑ Occupational therapist regular visit.

We do believe that with the current improvement, still it's a challenging process to sustain the goals which has been put in place for the said case.

Survey

“To help us understand your expectations and provide quality services for upcoming events, we are asking for a few minutes of your time to fill out the session survey which can be found on the forum Mobile App.”

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Thank you.