



Abstract Title: Implementing person centred care in the post anesthetic care unit

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Introduction

In the context of health care provision, several approaches have been studied. Provision of *patient-centred care* demonstrates a focus on patients and not on the care providers' well-being. In contrast, *person-centred care* (PCC), highlights developing "healthful relationships between professionals, patients, and others significant to them in their lives"¹. Designing collaborative care through the eyes of both the client and provider, are the basic concepts of the PCC Framework and when executed improves outcomes for both client and provider. PCC has five processes (1) Working with the patient's beliefs and values, (2) Engaging authentically, (3) Sharing decision making, (4) Being sympathetically present, and (5) Providing holistic care¹. This implementation project will build upon the PCC Framework¹ and evidence-informed interventions².

Objectives

(1) To understand the barriers and facilitators to PCC in a PACU; (2) To initiate PCC in a tertiary centre PACU using identified strategies, monitor changes in the provision of PCC and patient outcomes, and as necessary, adapt the strategies for implementing PCC; and (3) To evaluate, through interviews and focus groups, the impact of the implementation strategies within the PACU among health care providers (hcps) and patients.

Methods

In this mixed methods study, we will undertake focus groups / interviews to explore the barriers and enablers to PCC in our PACU. The findings from this preliminary phase will inform the theoretically derived strategies using the Theoretical Domains Framework² to support interdisciplinary provider behavior change and enhance patient outcomes. Audits will be conducted every 6 months to assess uptake of PCC and associated patient outcomes. We will also employ unit observations and discharge interviews with patients to further explore the patient perception of PCC.

Results

We have completed the 5 focus groups and 12 interviews. Thematic analysis of these results highlights the need for effective communication amongst care providers and the acknowledged differences amongst care providers' care priorities. Implementation data will be available at the time of the conference.

Conclusion

Study findings will inform the provision of healthcare in a variety of ways. Optimal and consistent evidence-informed practices are expected to support HCPs to improve care experiences and patient outcomes. In addition, we will take into consideration the well-being of the provider to ensure that the culture of the unit is consistent and mindful of PCC.

References

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