

UPSKILLING KNOWLEDGE AND CONFIDENCE IN MANAGING PARKINSON'S DISEASE ON AN INPATIENT WARD

DANIELLE BRUCHEZ, JACQUELINE ROY, JEMI MALIYIL, ELINA DVNI, RACHAEL WARD, THUSHANTHY PRASATH

BACKGROUND

- About 1 adult in every 37 in the UK is diagnosed with Parkinson's disease.
- It is progressive and is difficult to predict its clinical course due to a fluctuating nature with many different symptoms that can present differently in patients, therefore management may be different in patients
- There is a need for person-centred approach to care with a multi-disciplinary team
- There is difficulty in training for healthcare professionals involved with their care due to the above, especially if patients are admitted to hospital for other reasons on non-specialist wards
- There are important factors in PD care that is vital we get right, for example getting medication on time, as there is increased morbidity and mortality if this doesn't happen
- It is important to highlight the important factors in care and the multidisciplinary input for patients with Parkinson's Disease so everyone can provide excellent daily care on our wards

AIMS OBJECTIVES

- Aim**
 - To optimise the care of patients with Parkinson's disease on a care of the elderly inpatient ward that specialises in Parkinson's Disease by upskilling staff knowledge and improving confidence
- Objectives**
 - Create a teaching programme highlighting important topics in Parkinson's disease management aimed at nursing staff and HCSW (see Figure 1 for timeline overview)
 - Create easily accessible resources for long term learning (see Figure 2), focusing on key topics in Parkinson's disease management

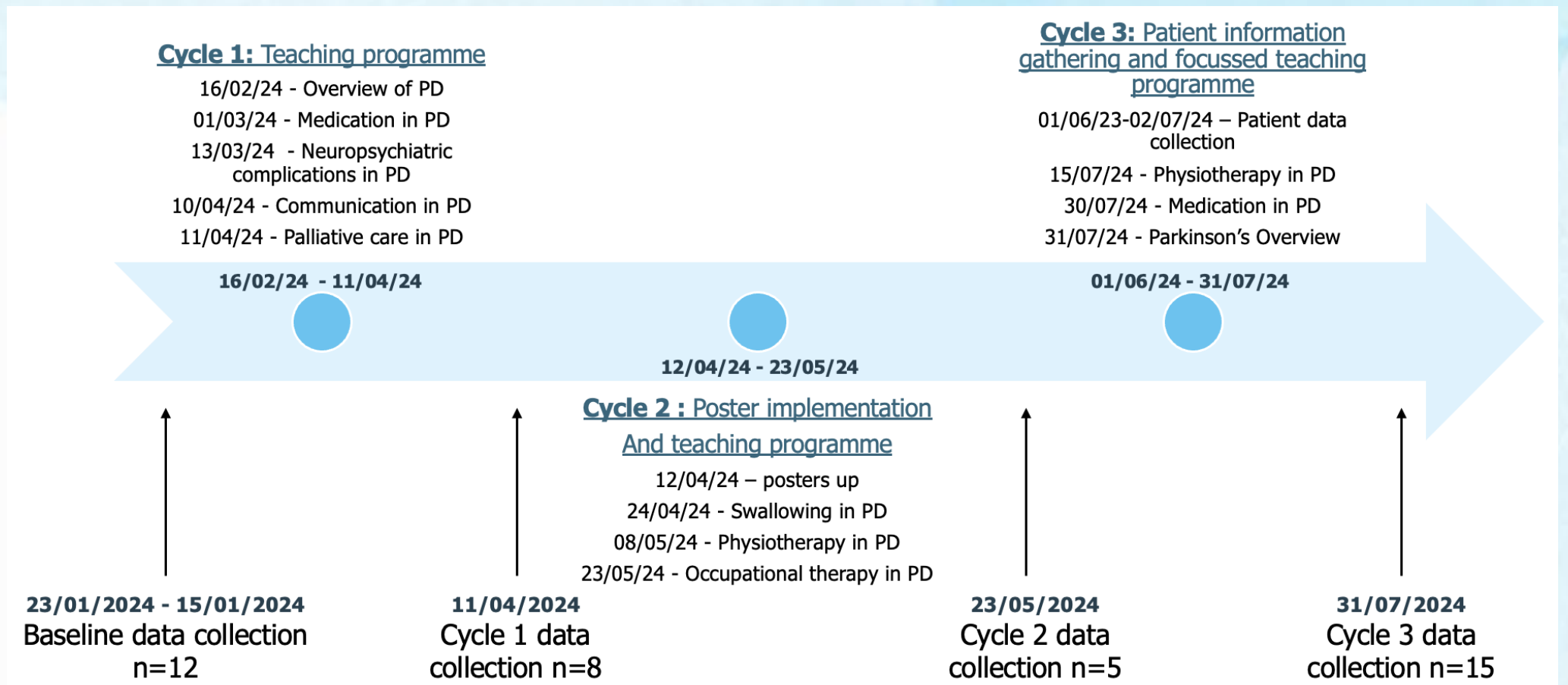


Figure 1: Timeline

- Identified need for ongoing professional development and upskilling of specialist knowledge on a care of the elderly ward in the Bristol Royal Infirmary (ward A524) specialising in Parkinson's disease
- Initial discussion with key stakeholders (consultants and senior nurses on ward) regarding teaching sessions topics
- Initially aimed at nursing staff and HCSW but quickly expanded it to junior doctors and OT/PT team (see Figure 3)
- The data collection survey focussed on 2 parts - knowledge on different Parkinson's topics and confidence in managing different aspects

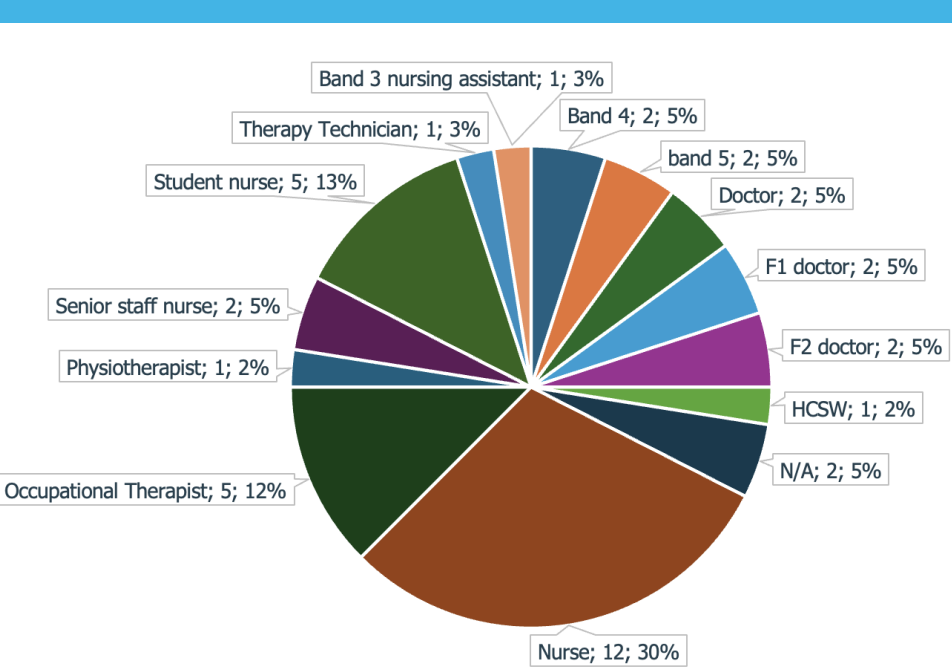


Figure 3: Staff job role on ward A524 being surveyed for Parkinson's Disease knowledge and confidence

CONCLUSIONS

- In knowledge questions (see Figure 5):
 - 5 out of 8 questions had a higher correct answer rate after the teaching sessions
 - 3 questions had lower correct answer rates - mainly medication based
 - 3 out of 4 medication questions were less well answered after the teaching programme
- In confidence questions (see Figure 6):
 - There were higher confidence rankings in 4 out of the 5 parameters asked
 - 1 parameter, medication management, had lower confidence rates post teaching programme



Figure 2: Information Board

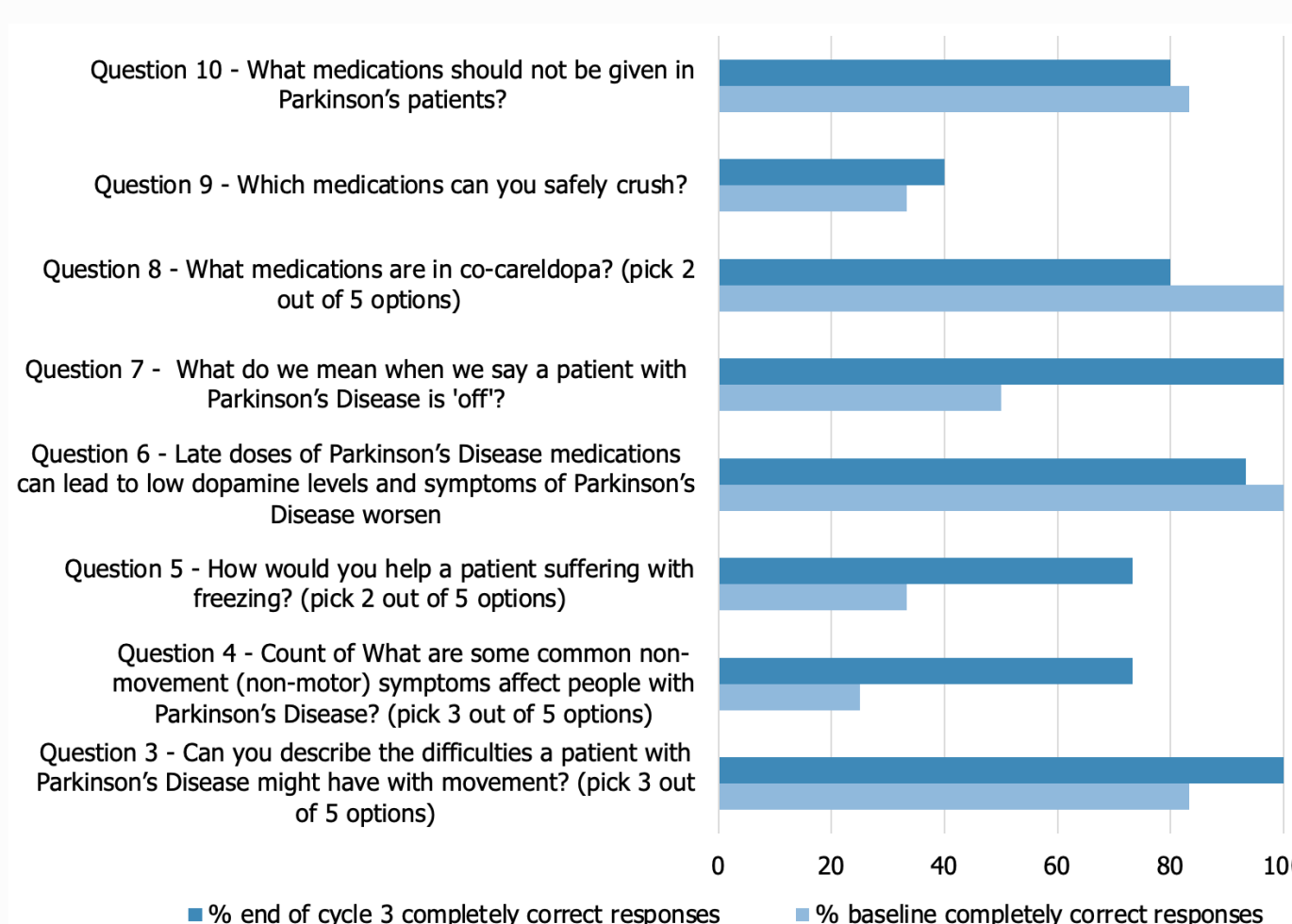


Figure 5: Comparison of completely correct knowledge questions from baseline to the end of cycle 3 interventions in staff members on A524

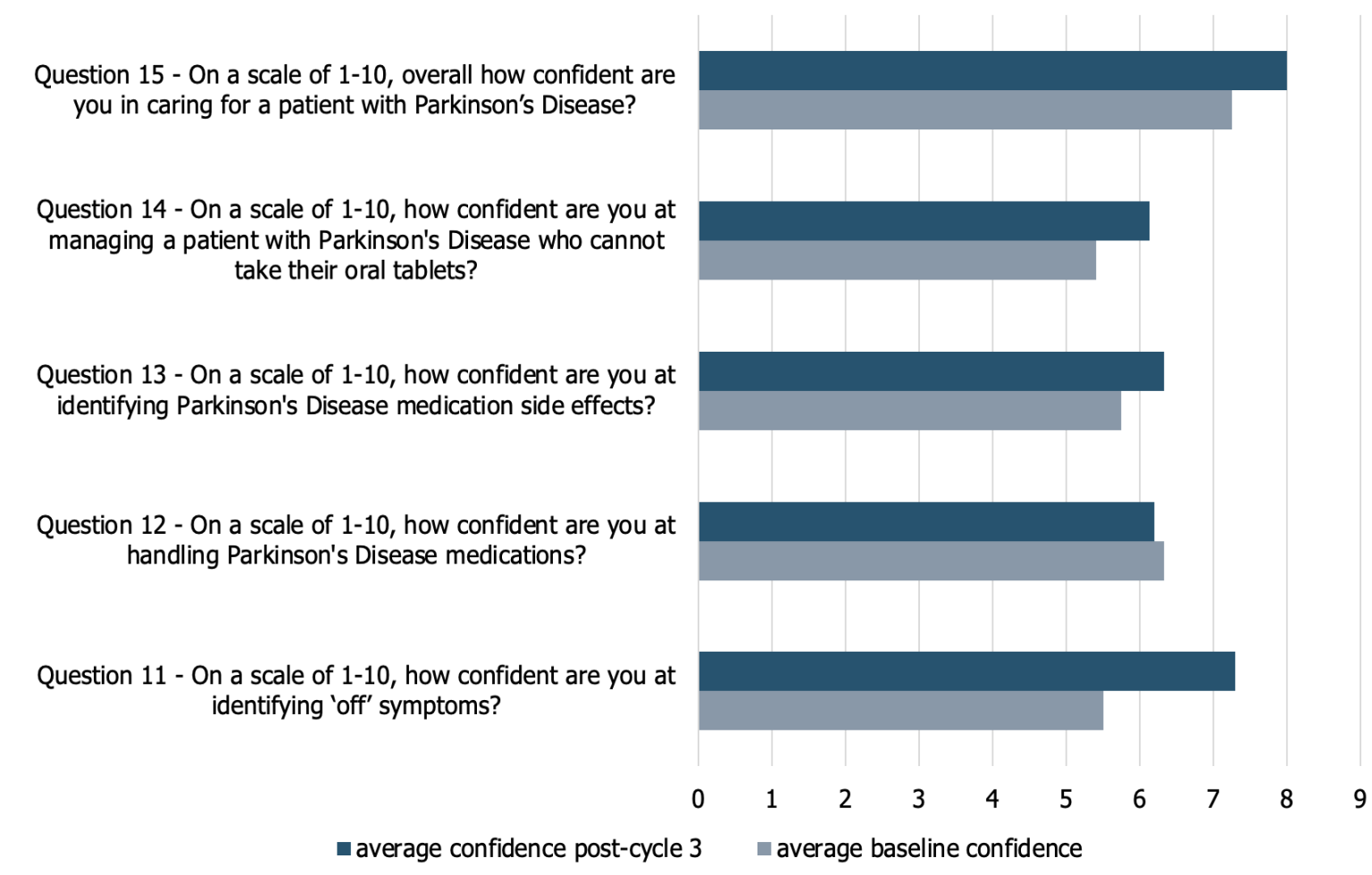


Figure 6: Comparison of various confidence levels from baseline to the end of cycle 3 interventions in staff members on A524

METHODS

Figure 4: Overview of QIP Cycles 1-3

CYCLE 1

- Baseline knowledge and confidence survey for target staff on the ward
- Organised teaching sessions addressing specific topics as previously highlighted
 - 5x sessions aiming every 2 weeks
 - Ensured these were easy to attend on the ward, short (20mins), well advertised
- Re-audited staff members

CYCLE 2

- Organised further teaching sessions based on survey
 - 3x sessions aiming every 2 weeks
- Created an information board with multiple easy to read information sheets on key topics on the ward (figure 2)
- Re-audited staff members

CYCLE 3

- Information gathering from patients with Parkinson's disease and their relatives/carers over what topics they thought would be important for ward staff to be trained on regularly
- Organised further teaching sessions based on this and survey
 - 3x sessions aiming every 2 weeks
- Re-audited staff members

- Despite improvement being seen, the overall average confidence level post cycle 3 was 6.8/10. We want to increase this further by continuing the teaching programme with a wider range of care providers, as well as having repeats of the patient and carer highlighted important topics.
- Provide further medication teaching as this didn't show knowledge or confidence improvement after the sessions and was widely requested by staff members and patients
- To see if there is a way to ensure staff members who cannot attend the teaching session can observe another time e.g., recordings

NEXT STEPS

NHS University Hospitals Bristol and Weston NHS Foundation Trust