PACE

Person centred Assessment Plan of Care Evaluation

HSC Health and Social Care

NIPEC

Person

- What is important to the person (in his/her words)? - hear from the person's perspective
- Feelings, concerns, questions, preferences
- Communication with family, carers, other important people e.g. nursing home staff

Person-centredness "implies recognition, respect and trust" (Kitwood, 1998, p. 8). "It is dependent on others recognising my status as a person" (McCormack and McCance, 2017, p. 17.)

Assessment

- Continual process of collecting information at the point of admission and thereafter e.g. symptoms, clinical observations, test results, bed end charts, care pathways, care bundles, risk assessments
- Identifying & prioritising needs (nursing diagnosis) - ACUTE and EXISTING NEEDS
- Each assessment recorded should show how the nursing diagnosis based on the need identified affects the individual

Think PERSON-CENTREDNESS/DISCHARGE PLANNING

"Recognise and respect the contribution that people can make to their own health and wellbeing" (NMC Code, 2018, p. 6.)

Plan of care

Each co-produced plan of care linked to an assessment of need should show how the nursing team will:

- Educate and support the person to enable a return to his/her optimal health and wellbeing
- Provide care and treatment that is safe and effective with consent - remember: ACUTE and EXISTING NEEDS
- Consider the multi-professional team and its contribution
- Prioritise when the care is being delivered
- Be responsive to the changing condition of the person through appropriate changes of the plan of care

Think PERSON-CENTREDNESS/DISCHARGE PLANNING

"Make sure you deliver the fundamentals of care effectively" (NMC Code, 2018, p. 6) and "make sure any information or advice given is evidence-based (NMC Code, 2018, p. 9.)

Evaluation

- Review effectiveness of the plan of care
- Has the person e.g. improved/stabilised/deteriorated/ has the plan of care had the desired effect? - the response of the person
- Record a new plan of care, if necessary, based on person's reviewed needs - ACUTE and EXISTING NEEDS
- Record any outstanding care that is to be delivered

Think PERSON-CENTREDNESS/ DISCHARGE PLANNING

"Make sure you deliver the fundamentals of care effectively" (NMC Code, 2018, p. 6) and "make sure any information or advice given is evidence-based (NMC Code, 2018, p. 9.)

Acute care needs (ongoing and changing)

- If person's need(s) change, a new and complete PACE record must be documented.
- There may be multiple **acute** care needs identified.
- **Acute** care needs can be ongoing, even when the person is discharged e.g. a community nurse, treatment room nurse, or the person themselves may be delegated aspects of self-care (with professional community support).

Existing care needs (ongoing and unchanging)

- If the person's care need is stable, **unchanging** and is not an **acute** care need, the **Assessment** and **Plan of Care** should be reviewed and rewritten at least weekly.
- Weekly revision and rewriting of the PACE record **IS NOT APPROPRIATE** if the person's:
  - Needs change **(A)**
  - Input into his/ her care or plan of care changes **(C)**
  - Condition changes in response to the care being delivered **(E)**

Existing care needs (ongoing and unchanging)

- If a previously documented PACE record is being referenced for an **existing** care need, a **clear timeline and note of the professional's name who prescribed the plan of care** should be recorded in the nursing record in order to indicate which **Assessment** and **Plan of Care** is being referenced.
- The **Assessment** and **Plan of Care** being referenced **MUST** be accurate, evidence based, robust and the nursing professional who is referencing it **MUST** be satisfied that it is appropriate to the PACE framework.
- A daily **Evaluation** of the outcomes of care planned and delivered **MUST** be recorded.
- Nurses must use professional judgement and critical thinking when considering **existing** care needs.