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The introduction of a patient admission tool (PAT) as an aid to tailored nursing care in a small animal referral hospital

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ABSTRACT: For veterinary nurses working in a referral setting, communication with clients at admission can pose a challenge. The focus of a veterinary surgeon's consultation may focus on the patient's medical presentation, limiting information pertinent to a nursing assessment (e.g. normal mobility, normal toileting habits). The nursing process indicates that nurses must carry out a nursing assessment in order to create nursing care goals. If the assessment is based on limited information, veterinary nursing assessments are also limited. The author developed a nursing assessment document for clients to complete; facilitating more tailored nursing care in a referral hospital setting.

Keywords: care planning; nursing process; referral hospital; patient admission

Client contact differs between first opinion and referral veterinary nursing and can mean opportunities to discuss patients with owners at admission in a referral setting is lost. For veterinary nurses (VN), these opportunities are crucial for capturing information that is vital to the process of nursing. Details from owners that may be crucial from a veterinary nursing perspective in terms of patient care are not always captured by veterinary surgeons, as they may not be deemed relevant to their diagnostic process. Therefore, a different admission process addressing these deficits should be considered in a referral setting.

The Nursing Process

The Nursing Process is often unconsciously completed by VNs but can be deconstructed into five stages (Hefferin & Hunter, 1975; Aggleton & Chalmers, 2000). The **Assessment** phase is where data collection takes place, which involves both subjective (the owner's perceptions) and objective information (clinical parameters and examination) (Joiner, 2000). After consideration of the data at the assessment phase the VN will then be able to apply a **Nursing Diagnosis**: identifying what nursing deficits

are present (distinct from a veterinary surgeon diagnosis). **Planning** of nursing goals then takes place based on the individual patient's nursing deficits e.g. consumption of full calorie requirement, maintaining the patient's hydration status or prevention of weight loss. A series of nursing interventions will then be implemented by the care team during the **Implementation** phase. After a time period (the duration of which will depend on the patient's condition), **Evaluation** of the success of the nursing interventions take place e.g. the patient's daily weight change, wound healing or temperature status. In the author's experience this reflection and evaluation of inpatient care is commonly completed at handover times where patient status and care are discussed. Adjustments to the patient interventions can be made as needed, and the cycle begins again. VNs cycle through these steps (Figure 1) until patients are ready to be discharged.

Holistic nursing assessments and inpatient care

It could be argued that the assessment phase is the most important part of the nursing

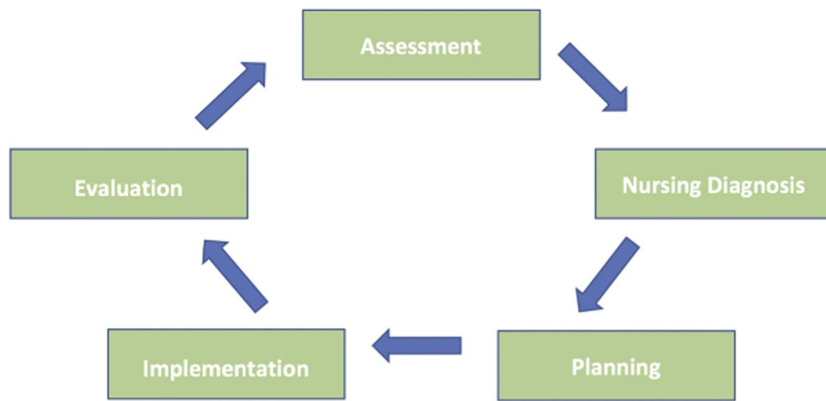


Figure 1. The Nursing Process.

process, as it informs the subsequent stages of the process (Orpet, 2011). Ballantyne (2014) even describes the assessment phase as the ‘cornerstone’ of nursing practice. Completing a holistic nursing assessment allows VNs to capture the individuality of a patient, which is key for both nursing theory and clinical practice. For example, when assessing patients for pain (are they usually quiet/vocal/tense?), collecting urine or faecal samples (do they need a long lead? Specific litter?) or tempting a patient to eat (are there any flavours they dislike? Or treats they enjoy?). With such information at a VNs disposal, a tailored nursing care plan could be constructed. The care plan could be a specific document utilised by the nursing team; such as the Orpet and Jeffery *Ability Model Care Plan*, or it could be incorporated into the patient’s hospitalisation sheet.

On busier days in practice, Page (2013b) reflects that the focus of nursing care tends to be on completing tasks, as opposed to thinking about our patients holistically and as individuals. This is a sentiment many VNs caring for inpatients can identify with. This style of nursing is more representative of the medical model of care utilised by veterinary surgeons which is aimed at resolving the anatomical or physiological abnormalities of inpatients (Aggleton & Chalmers, 2000; Jeffery, 2006). Reflecting on a patient’s individuality, however, encourages the VN to consider beyond the medical model when building a nursing care plan.

Reflection and application to practice

Having considered the above, the author began to study ways in which subjective patient information from owners could be collected in a standardised way during patient admission to a referral hospital. An ideal scenario would involve nurses present in the admission process as Wager (2011)

trials; to specifically collect information relevant to the nursing team. Welsh and Wager (2013a) however discuss the use of a client questionnaire that can be interpreted directly from inpatient accommodation, alongside the hospitalisation documentation. Due to the focus of nursing care at this referral hospital being with patients on wards, as opposed to interacting with clients at reception, the idea of a form was taken forward. The development of the form focused on an owner’s ability to complete it unassisted in reception, as well as be read and interpreted easily on inpatient wards.

Development of the subjective assessment documentation

The assessment phase of the nursing process provides no practical framework for VNs to use; what constitutes a standardised holistic assessment? Nursing models are required

in this instance to provide such a framework. The only model available in a veterinary context is the Orpet and Jeffery Ability Model, created in 2007 and hereby referred to as the ‘ability model’ (Jeffery, 2011). When utilising the ability model, ten patient abilities are assessed to evaluate a patient as an individual. Alternatively, Wallace and Jones (2020) discuss adapting Henderson’s Nursing Needs model (a human nursing model) which evaluates elemental needs and aims to return the patient to an established independency. Considering the specificity of the ability model to veterinary patients, and the use of the ability model care plan as training tools for our student VNs, the ability model was chosen to structure the assessment. Questions on the form were developed directly from the model, forming a baseline with which to compare patient status in these abilities throughout hospitalisation (Figure 2).

Various patient questionnaires have been trialled by VNs in practice, which rely on client interview and written freehand answers to open questions (Wager, 2011; Lock, 2011; Wallace & Jones, 2020). This does offer an advantage as open questions with freehand text answers have the potential to collect more information than closed questions, as it allows the owner to expand on answers or key points where they feel emphasis is needed (Jeffery, 2011). At this referral hospital, with multiple services admitting multiple patients at any one time, it is not possible for VNs to interview all clients. The current system therefore involved owners printing out a document at home and completing freehand answers

Ability	Associated question for owners
Eat?	What is your pet's usual diet? (e.g. which brand? Quantities? Wet or dry?)
Drink?	How does your pet usually take in water? (e.g. what type of bowl)
Urinate?	What is your pet's usual routine for toileting? (e.g. urinates on grass/concrete)
Defaecate?	What is your pet's usual routine for toileting? (e.g. off lead only)
Breathe normally?	The author did not include this as it was felt owner's perception of their pets breathing is not commonly noted, and respiratory rate and effort is assessed on physical examination
Maintain body temperature	The author did not include this as it was felt owner's perception of their pets temperature is not commonly noted, and temperatures are taken during physical examination.
Groom and Clean itself?	What is your routine for grooming your pet?
Mobilise adequately?	Normally, how easy is it for your pet to mobilise?
Sleep and rest adequately?	This was not included to try and keep the form to one side of A4, instead the ease of oral medication administration was selected
Express normal behaviour?	Tick the following boxes that best describe your pet's behaviour (e.g. friendly to guests, independent, doesn't like being handled or cuddled, fearful at the vets)

Figure 2. Questions asked of owners, stemming from the ability model.

to open questions. This was problematic on two accounts. Firstly, this protocol relied on owners' individual initiative to complete this form, leading to variable and unreliable numbers of forms being completed. Secondly, if forms were completed, the information had to be deconstructed on the wards to select relevant information from the free text, which was time consuming. Development therefore explored formats that did not require longhand answers.

Brown (2012) discusses the importance of involving the nursing team when introducing nursing care documents. By doing this, compliance within the team is increased as it ensures the document itself is fit for purpose and thereby bridges the 'theory-practice divide' (Jewell, 2014). Wager (2011) also recommends extensive consultation with the nursing team, after trialling nursing care plans in a referral setting. The medicine department was selected to trial the new document, and a consultation was sought with the senior ward nurse. There were three prototypes discussed, two of which featured open questions with long-hand responses and one prototype featuring tick boxes and short answers (Figure 3). It was felt by the senior ward nurse that the tick box style form would be easy for owners to complete, and fast for ward nurses to interpret. The prototype featuring tick boxes and shorter answers was therefore developed and taken to trial.

Implementation

Various ways were discussed with senior management regarding how to give owners the opportunity to complete this assessment tool (hereby known as the Patient Admission Tool, PAT) as senior managers were tentative about giving receptionists further responsibilities. The admission process was therefore utilised to capture clients whilst waiting to be seen by the referral clinician, having had an initial consultation with a veterinary student. This would not only collect key information about the patient, but also reassures the owners during this waiting time about the individualised care their pet will receive.

<p>What is your pet's usual diet?</p>	<p>Please fill in the section below about your pet's diet and water intake.</p> <p>1. Eats: <input type="checkbox"/> Wet Food <input type="checkbox"/> Dry Food <input type="checkbox"/> Both</p> <p>2. Eats: <input type="checkbox"/> Once daily <input type="checkbox"/> Twice daily <input type="checkbox"/> Three times daily</p> <p>3. Time of meals: _____</p> <p>4. Brand of food (e.g. Pedigree) _____</p> <p>5. Quantity of food per meal (e.g. 1 cup, 100g) _____</p> <p>6. Eats from <input type="checkbox"/> Ceramic bowl <input type="checkbox"/> Metal bowl <input type="checkbox"/> Plastic bowl <input type="checkbox"/> Other: _____</p> <p>7. Drinks from <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____</p>
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Figure 3. Left: an example of a question requiring freehand answers. Right: Answers are given instead in tick boxes and short answers.

Evaluation and adaption

After the initial launch of the PAT via email and a presentation to staff members, completion of the PAT was at first poor and unreliable. As the process relied on veterinary students giving clients the PAT after their initial exam of the patient, the author organised a lecture highlighting the veterinary students' key role in aiding completion. After completing this lecture with the new veterinary students, completion increased markedly. Over time the information gained from the PAT completion incentivised nurses within multiple departments to encourage clinicians to get these completed (Figure 4), or to utilise owner visits as an opportunity to obtain completed PATs if not completed already.

Reflection and impact of the PAT

It is clear the completion of the PAT by clients had an impact on multiple members of the veterinary team. The information benefited patients, as nurses were able to tailor care more effectively from admission. For example, knowing if a patient usually discovered medicine concealed in food at home, if they disliked being handled, or knew commands in a different language. The nursing team has also benefited from a more satisfying nursing relationship with patients as there is the opportunity to gain a better understanding of a patient's personality (three years after the PAT's introduction, it is commonplace now to place the completed PAT on the patient's kennel door). Considering that increased job satisfaction has been linked to more successful patient outcomes in human nursing (Tzeng et al., 2002), this satisfaction also has the potential to improve veterinary patient outcomes. As seen in Figure 5, a proportion of clients feel reassured as a result of the PAT that staff will care for their pet in a personal way, considering their pet's individuality. This forms a positive springboard for the relationship between the clinical team and the client for the duration of the patient's hospitalisation.

The PAT and nursing care plans

Under the Royal College of Veterinary Surgeons (RCVS) Practice Standards Scheme, to achieve the accreditation 'Veterinary Hospital' practices must utilise nursing care plans (RCVS., 2019). Nursing care plans are therefore key to modern inpatient veterinary nursing. Although the PAT is not a nursing care plan in itself, it does allow for a more holistic patient assessment and facilitates the completion of nursing care plans during hospitalisation. Student veterinary nurses, for example, will often utilise the PAT when writing care plans as part of the care plan element of their nursing progress log.

The introduction of the PAT at this referral hospital has been the first step towards incorporating nursing care planning into the hospitalisation documentation. Although it is undoubted that VNs strive to deliver a high standard of inpatient care at the authors referral hospital, this nursing care is expressed as explicit tasks on the patient's hospitalisation records (e.g. check for pressure sores). This form of documentation does not however, do justice to the skilled nursing assessments that

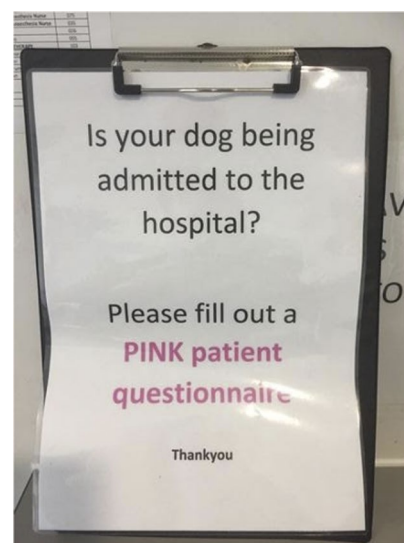


Figure 4. Nurses began urging clinicians to get the PAT completed during the admission process.

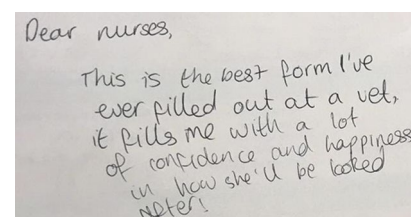


Figure 5. Praise for the PAT from a client, who felt reassured about the care her dog would receive.

are actually being completed. It is therefore important to continue developing nursing documentation to accurately reflect veterinary nursing assessments.

Conclusion

Introducing this PAT has not been an easy process, but it has certainly been very rewarding. It has encouraged staff to consider patients on an individual basis and has facilitated holistic care planning to take place. There are discussions within the senior nurse team of this referral centre to evolve patient documentation and incorporate nursing care plans. It is hoped this will formalise nursing care planning and document the assessments being completed by nurses. The author's recommendation for teams who wish to develop their admission processes or improve nursing documentation is to approach ideas as a team. Introducing new documentation should be a trial and learn process, where the document can evolve with the team until it fits that practice uniquely. If successful, practices will benefit from better client communication, nursing satisfaction and the delivery of more tailored patient care from the entire veterinary team.

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