

<b>Paper Category:</b>	Cognitive frailty
<b>Paper Title:</b> (Arial Font; 14 Pt Size)	Validation of a tool to assess bedside competency of healthcare professionals in delivering person centered care to frail older patients
<b>Abstract Body:</b> (Arial Font; 12Pt Size)	<ul style="list-style-type: none"> <li>• Background</li> <li>• Objectives</li> <li>• Method</li> <li>• Results</li> <li>• Discussions and Conclusions</li> </ul>

(Maximum word limit - 300 words)

#### *Background & Objective*

Person-centred-care(PCC) is synonymous with high quality care for older patients, however, there is a dearth of tools that assess quality of PCC at the bedside. Humanitude®, a care strategy founded on PCC, has been evidenced to enhance patients' well-being and healthcare professionals' work satisfaction. Humanitude® involves specific care sequences which can be assessed by the Structured Sequence of Humanitude® Care(SSH) developed in Portugal. 27-item SSH is tedious to administer and may lack cultural relevance to Singapore, therefore we sought to derive a shortened version of SSH and validate it in staff caring for frail patients with delirium/dementia in a hospital.

#### *Method*

SSH was performed on staff before and after Humanitude® training(N=1033,n(pre-training)=182, n(post-training)=851). We developed a shortened and culturally relevant 16-item version(SSH-16) based on expert panel opinion (Humanitude® trainer, nurse, occupational therapist, geriatrician). Thereafter, we employed a machine-learning technique (best-subset approach with 10-fold cross-validation) to derive a 12-item version(SSH-12) based on items from SSH-16 that can best identify those with high total scores(defined as scores above mean +1 SD on SSH-27). We then evaluated SSH-12 for its factorial validity.

#### *Results*

SSH-12 exploratory factor analysis revealed 2 factors, "PCC approach" and "opening/closing sequences" with eigen-values >1, explaining 50.5% of the variance. Model fit of 48% (32) was good with factor loadings >0.5 for all variables. Barlett-test of Sphericity was significant (<0.001) and Kaiser-Meyer-Olkin at 0.909. Higher mean post-training scores [M=17.5(SD= 5.1) vs M=12.6(SD=6.7), p <0.001] secure known-group validity and sensitivity-to-change.

#### *Discussions and conclusions*

SSH-12 is a valid tool to assess competency in PCC through the Humanitude® approach. Its relative brevity and appropriateness to the local healthcare setting render it useful and handy to assess the quality of PCC at the bedside. This has important implications for staff training and improving care of frail older patients, especially those with delirium/dementia.

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