

Person Centered Care Project Overview and Framework

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Improving Nursing Home Culture through Person Centered Care

Change Package

Domain	Current Process	Improvement Strategies	Principle	Key Change Examples for Person Centered Care
Care practices	1. Institutional-driven systems (Person adapts to institution)	Individual-driven systems (Institution adapts to person)	<ul style="list-style-type: none"> ■ Create systems within which individual preference is honored and defended 	Considerations include: <ul style="list-style-type: none"> ■ Waking and sleeping ■ Meals ■ Food preference ■ Daily Routine ■ Bathing frequency, time, and method ■ ADL's ■ Activities
	2. Perception of nursing homes as a place to die or "last stop"	Rituals and celebrations that acknowledge life	<ul style="list-style-type: none"> ■ Establish an environment where all are given the opportunity and provided the resources to thrive, flourish, and grow 	<ul style="list-style-type: none"> ■ Create community by shared joyful events ■ Letters of thanks in prominent places ■ Note accomplishments—large or small ■ Celebrate lives of those who live and work there ■ Activities that support life and growth ■ Day-to-day life provides opportunity for meaning and purpose, diversity and spontaneity ■ Residents have the opportunity to give, teach, offer, and share ■ Death and dying rituals
	3. Iatrogenic helplessness	Individual accepts appropriate degree of risk, challenge, and choice	<ul style="list-style-type: none"> ■ Promote the abilities and optimal level of function for all people 	<ul style="list-style-type: none"> ■ Residents empowered to live life and make choices to the optimal level of their ability ■ Resident council
	4. Medical model focus	Focus on an integrated, holistic model	<ul style="list-style-type: none"> ■ Support and integrate quality of life with quality of care by focusing on the holistic model 	<ul style="list-style-type: none"> ■ Consideration of the whole person—spiritual, mental and physical well-being in all decisions

	5. Quality assurance	Quality improvement	<ul style="list-style-type: none"> Provide an organizational understanding that quality is a continuous process that is driven by consumer needs and desires, and therefore expands beyond regulatory practices and assurances through education, modeled behavior, and satisfaction. 	<ul style="list-style-type: none"> Makes data driven decisions and seeks areas for improvement based on evidence Commitment to quality improvement Seeks innovative and creative opportunities and strategies for improving care
Work place practice	6. Exclusive, impersonal work practice	Inclusive, relationship- based practice (employee, resident, family inclusion and involvement)	<ul style="list-style-type: none"> Hold as paramount an environment where relationships are placed at the forefront of all practice. 	<ul style="list-style-type: none"> Make priority the creation of meaningful and lasting relationships (staff, residents, family) Allow consistent staff assignments Administration is visible and knows staff and residents Invests in staff through time, education, and commitment to personal issues Focus on soft skills – communication, mediation
	7. Authoritarian change process	Empowered, informed integrated change process	<ul style="list-style-type: none"> Seek to create opportunities where individuals are given the opportunity to better the home and their lives by offering their voice to make empowered decisions, take greater responsibility, and provide their thoughts and ideas 	<ul style="list-style-type: none"> Create committee and team driven change processes Promote an environment where individuals are empowered to make decisions Establish self-managed work teams Support a setting where the opportunity to better the facility and individuals' lives is held in high regard Create opportunities for individuals to lead and take greater responsibility
	8. Segregated departments	Integrated work teams that influence care	<ul style="list-style-type: none"> Formulate integrated teams that will guide the organization toward the best possible care, work, and environmental practice 	<ul style="list-style-type: none"> Learning circles Task force Change Agent teams Integrated Care Team: nursing assistants generate the basis of care plan and function as equals on the care plan team Inclusive decision-making process (staff, residents, family)

	9. Insular change resistant organization	Open, sharing/learning community	<ul style="list-style-type: none"> Resolve to be a learning, sharing community 	<ul style="list-style-type: none"> Uses creative processes to develop new ideas for care Explores and shares best practices Teaches and leads others within the NH community Provides training, learning, and skill-building opportunities Utilizes and implements effective feedback loops
Environment	<p>10. Hospital environment</p> <p>(Fosters isolation and loneliness)</p>	<p>Home</p> <p>(Fosters a sense of community and belonging)</p>	<ul style="list-style-type: none"> Commit to de-institutionalize, wherever possible, the current personal living accommodations, providing a sense of peace, safety, and community 	<ul style="list-style-type: none"> Resolve to establish a sanctuary and shelter that provides a sense of community, safety, and peace, free of unwanted intrusions Support individualized personal environments Organize a design that allows for accessibility Diminish barriers Provide for nature and natural settings as much as possible De-institutionalize common rooms, such as bathrooms Enhance lighting Decrease random alarms, alerts, and pagers that startle Demonstrate affection, validation, and support Encourage artifacts and personal items that reflect individuality and autonomy (refrigerator); comfort and peace Provide a place for reflection and solitude that allows individuals to set clear boundaries and control them Shift toward neighborhoods and communities

Person Centered Care Foundations

“A Stage Model of Culture Change in Nursing
Facilities”

Leslie A. Grant, PhD

LaVrene Norton, MSW

“A Stage Model of Culture Change in Nursing Facilities”

Proposed Four Stages of Culture Change:

- I. Institutional Model
- II. Transformational Model
- III. Neighborhood Model
- IV. Household Model

Grant & Norton 2003

“A Stage Model of Culture Change in Nursing Facilities” (continued)

Stage I—Institutional Model

- A medical model organized around a nursing unit without permanent staff assignment
- Neither residents nor staff are “empowered” in this “top-down” approach

Grant & Norton 2003

“A Stage Model of Culture Change in Nursing Facilities” (continued)

Stage II—Transformational Model

- Initial period of Culture Change implementation
- Culture Change awareness among supervisors and direct care workers
- Permanent staff assignments made
- “Symbolic” changes to physical plant

Grant & Norton 2003

“A Stage Model of Culture Change in Nursing Facilities” (continued)

Stage III—Neighborhood Model

- Breaks up traditional nursing home units into smaller, functional “neighborhoods”
- Resident-centered dining
- “Neighborhood Coordinators” implemented

Grant & Norton 2003

“A Stage Model of Culture Change in Nursing Facilities”(continued)

Stage IV—Household Model

- Comprised of self-contained living areas with 25 or fewer residents
- Each “neighborhood” has own full kitchen, living room, and dining room
- Cross-functional, self-led work teams

Grant & Norton 2003

“A Stage Model of Culture Change in Nursing Facilities” (continued)

Five Organizational Systems in Stages I–IV

1. Decision Making
2. Staff Roles
3. Physical Environment
4. Organizational Design
5. Leadership Practices

-Grant & Norton 2003

“ A Stage Model of Culture Change in Nursing Facilities” (continued)

Decision Making

- Methods used to make decisions become consensus oriented, more decisions are made on group process, and decisional control ultimately becomes resident-centered

Grant & Norton 2003

“A Stage Model of Culture Change in Nursing Facilities” (continued)

Staff Roles

- Staff assignment becomes more permanent and consistent
- Staff work more autonomously in self-directed work teams that are multi-disciplinary
- Cross-Trained or Universal Worker

Grant & Norton 2003

“A Stage Model of Culture Change in Nursing Facilities” (continued)

Physical Environment

- The functional areas where residents live and staff work become smaller as nursing units are broken up into “neighborhoods”
- Typical “neighborhood” comprised of 25 to 35 residents
- All core services conducted in “neighborhood”

Grant & Norton 2003

“A Stage Model of Culture Change in Nursing Facilities” (continued)

Organizational Design

- Functions become less compartmentalized
- Silos disappear
- Less bureaucracy and hierarchy
- Staff no longer “eat their young”



Grant & Norton 2003

“A Stage Model of Culture Change in Nursing Facilities” (continued)

Leadership Practices

- Composition of leadership teams
- Multidisciplinary in approach
- Core competencies include conflict management, communication, and “modeling the way” for others

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Way of Inquiry

Phase 1
Irritant

- Live with it
- Can't quite put my finger on it

Internalize the "no" (rationalize the reasons it can't change)
Accept the "no"
Impose the "no"



Phase 2
Catalyst

- outside influence
- internal influence
- tipping point

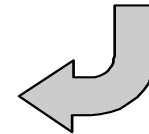
Prompts us to begin to ask questions



Phase 3
Awakening

- become aware that there is the necessity or possibility of something different (dawn of hope)

Can't any longer ignore it



Hope vs. Despair



Choosing hope:
-Gives rise to growth and our greatest humanity

Choosing despair:
-Produces resignation and surrender

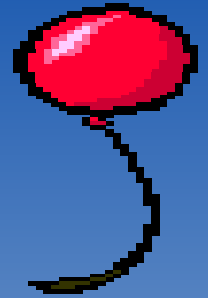
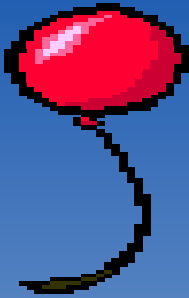


Phase 4
Action Step

- now ready to ask the questions that have been suppressed

Immobilization
Absence of Growth or action

- continue the current process



Break time!!

