

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	10. Hospital environment (Fosters isolation and loneliness)	Home (Fosters a sense of community and belonging)	<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