



Carewest

INNOVATIVE HEALTH CARE

Operationalizing Person
Centre Care

by

Karen Gayman

Person Centred Care

Context

- Shift from provider centred model of care delivery to one that puts the client in the centre of healthcare
- Improve client and family experience
- Improve the association between staff and client care

Person Centred Care: Systematic Review

Context

- According to Brownie and Nancarro (2013) in their article entitled *Effects of Person Centred Care on residents and staff in age-care facilities: a systematic review*
- Search revealed: 323 potentially relevant articles, one RCT, majority are quasi experimental pre post test design, with a control group (n=4)

Person Centred Care: Systematic Review

- Range of different outcome measures (dependent variables) to evaluate the impact of PCC interventions on aged care residents and staff
- One intervention the *Eden Alternative* was associated with significant improvements in residents levels of boredom and helplessness

Person Centred Care: Systematic Review

- Facility specific PCC interventions were found to impact nurses sense of job satisfaction and their capacity to meet the individual needs of residents in a positive way
- Two studies found that PCC was associated with an increase of falls

Person Centred Care: Systematic Review

- The authors note that findings from their review need to be interpreted cautiously due to limitations in study design and potential for confounding bias

Definition Person Centred Care

- Person-centred care sees people receiving care as equal partners in planning, developing and assessing care to make sure it is most appropriate for their needs. It involves putting clients/residents and their families at the heart of all decisions.
- (Adapted from The Health Foundation
<http://www.health.org.uk/areas-of-work/topics/person-centred-care/>)

Comparison of Traditional Medical Model to a Person Centred Care Model

Medical Model

- Client/resident role is passive
- Client/resident is recipient of treatment/care

Source: Saint Elizabeth Health Care, 2013

Person Centred Care

- Client/resident role is active (e.g. asking questions, decision-making, goal setting)
- Client/resident is a partner in treatment/care plan and their own expertise respected

Comparison of Traditional Medical Model to a Person Centred Care Model

Medical Model

- Health care provider is the decision-maker
- Disease-centered

Person Centred Care

- Provider collaborates with client/resident and families in making decisions
- Quality-of-life-centered; helping people gain personal satisfaction in their lives

Comparison of Traditional Medical Model to a Person Centred Care Model

Medical Model

- Provider does most of the talking
- In LTC, the medical model is based largely on institutional schedules to which the individual must conform

Person Centred Care

- Provider listens more and talks less, tries to better understand the client/resident, develops a therapeutic relationship
- Driven by the individual's needs and preferences (or past patterns) (e.g. client can decide what treatment is provided, when to rise, when and what to eat, what social activities to engage in)

Comparison of Traditional Medical Model to a Person Centred Care Model

Medical Model

- In home and community care, focused on the care tasks to be completed during the time-limited visit
- Provider training is solely based on medical knowledge or job descriptions that are limiting and create work silos

Person Centred Care

- Driven by the individual's needs and preferences (e.g. client can decide what care is provided, when and how)
- Staff are cross-trained and learn to care for the whole individual, who also has social, spiritual and other personal needs.

Dimensions of Person Centre Care

- According to the National Research Corporation, (NRC) the 8 dimensions of PCC are:
 - Persons Preferences
 - Emotional Support
 - Physical Comfort
 - Information and Education
 - Continuity and Transition
 - Access to Care
 - Family and Friends

Challenges, Misconceptions, and Balancing Opportunities

Challenges:

- Standardized Definition
- Standardized Metrics
- Transforming the way we do our work
- Shifting paradigms
- Care Delivery Systems, Business models
- Roles

Challenges, Misconceptions, and Balancing Opportunities

A few thoughts on Misconceptions:

- PCC “takes too much time” and resources
- Can we meet the expectations of clients/families given the number of constraints- staffing, time, funding
- Staffing models don’t lend easily to a change in culture from bio medical model to PCC

Challenges, Misconceptions, and Balancing Opportunities

Opportunities:

- New Continuing Care Health Services Standards
- Accreditation Canada
- Knowledge Exchange and activities to share implementation, guidance related to PCC education

Summary

PCC interventions are multifactorial but research suggests the following factors influence positive outcomes on PCC in LTC :

- Environmental enhancements for social stimulation and interaction
- Leadership and management development on PCC
- Staffing models focused on staff empowerment- i.e., education that enable to achieve the best possible care outcomes