







# Words from a resident





➤ Going into care can make elderly residents give up on life

➤ Atul Gawande: Being Mortal brings to life this whole notion of living within the institutional construct as he quotes from one older lady:

“I expected more from life than just my safety issues”



# What residents say

- ▶ Transitioning to being a resident – Negotiating across social and medical milieu

“residents constantly reminded that they are in a ‘Place” that moves frequently between a social model of care and a medical model of care

“ It was hard at the start, but oh I have come to realise and eventually accept that I am one of the residents”

“You have not choice in the time you ate or where you eat your meals”.

“You have to make the best of a bad lot”

“Putting on a brave front”.

*(Peri K PILS 2002)*



# What residents say

## ► **Sense of control**

“Perhaps you could say we are organised rather than pushed around”

“Oh yes I eat what I can. I don't like the food it's the way its cooked and presented, I often leave the table feeling hungry”

“The food is so boring now – the menu is the same week after week”

“I love it now as the grandchildren come and visit and look in the fridge for a cold drink or nana's yogurt”

Having the loss of a fridge has been shown in a number of ARRC studies to reduce resident control.

*(Peri K PILS 2002)*



# What residents say

- ▶ Filling in Time: Residents had great difficulty having nothing useful to do. Meal preparation and baking had been an integral part of their lives and added a social role to their daily life.

“let me do something. I would be really happy. If there was any way I could do a bit of cooking or baking.”

Essentially older people ‘curl in’ socially as they are continually remade into residents.

*(Peri K PILS 2002)*





# Definition of Person-centred care

- ▶ **Person-centred care** is a way of thinking and doing things that sees the older person using in planning, developing and monitoring **care** to make sure it meets their needs.



# Definition resident-centered care

## . Here's what sets it apart:

- **It's personalized.** Caregivers are attuned to the residents' strengths and interests—not simply their limitations—so they can provide meaningful activities that help them stay engaged and healthy. For example, if a PWD has memory issues but wakes up one-morning thinking he must go into work, his caregiver could give him a meaningful task to do instead of reminding him that he's no longer employed.
- **Residents make the rules.** One of the adjustments seniors may have when moving into an aged care facility is following a routine that's not their own. By contrast, resident-centered care allows older people to choose things such as:
  - What they'd like to eat (in accordance with their doctor's recommendations) and when they'd prefer to eat
  - What they want to wear
  - What time they get up in the morning and go to bed at night
  - How they want to spend their time during the day
- **It takes a holistic approach.** Resident-centered care is designed to enhance all dimensions of a resident's health and well-being, from physical health to intellect, creativity, spirituality, and more.
- **Caregivers and their residents are equals.** In a resident-centered care model, staff members often are called "care partners." That's because the care they provide and the residents' satisfaction are intertwined.
- **It's empowering.** Resident-centered care plans maintain the older person's right to determine how their needs should be met, and does so in a nurturing and respectful environment.

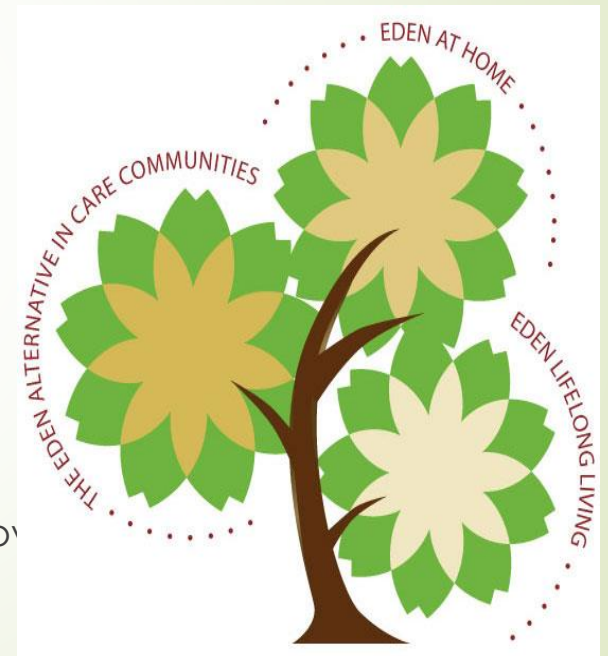


# Effects of Person centered care on residents and staff

- Systematic review found: (9) studies included in final review most of which were quasi experimental pre and post designs.
- Eden Alternative associated with significant improvements in resident's level of boredom and helplessness.
- More facility specific found better staff satisfaction and their capacity to provide more individualized care.
- Two studies found an associated increase in falls.  
?????

## So what are these person centered models

- Eden Alternative – Founded by Dr Bill Thomas “An Elder is someone who, by virtue of life experience, is here to teach us how to live.” The Eden Alternative definition of an Elder
- The three plagues of loneliness,
- helplessness, and boredom
- account for the bulk of suffering
- “cant see it but you can feel it”
- Wellspring Model
- Dementia specific models –
- Spark of Life- Whare Aroha (house of love)





# Wellspring Model - Key Elements

An alliance of nursing homes with top management committed to making quality of

- ▶ resident care top priority
- ▶ Shared services of a geriatric nurse practitioner (GNP), who develops training, materials and teaches staff at each nursing home how to apply nationally recognized clinical guidelines
- ▶ Interdisciplinary “care resource teams” that receive training in a specific area of care and are responsible for teaching other staff at their respective facilities



# Wellspring Model - Key Elements

- ▶ Involvement of all departments within the facility and networking among staff across facilities to share what works and what does not work on a practical level
- ▶ Empowerment of all nursing home staff to make decisions that affect the quality of resident care and the work environment
- ▶ Continuous reviews by CEOs and all staff of performance data on resident outcomes and environmental factors relative to other nursing homes in the Wellspring alliance



# Green House Model

- ▶ Green House  
[http://www.medscape.com/viewarticle/740653\\_3](http://www.medscape.com/viewarticle/740653_3)
- ▶ The Green House model, small houses are home to 6–12 residents in which care is given as much attention as treatment and is provided by a consistent, self-directed team of staff who are responsible for all care, including preparing meals in a centrally located open kitchen.
- ▶ Staffing ratios did not increase

# Whare Aroha



- ▶ Sometime in 2017 an innovative CARE village will open on the shores of Lake Rotorua at Ngongotaha.
- ▶ Modelled on the acclaimed Dutch De Hogeweyk Dementia Village, our village will look like small New Zealand town, and people will be able to go about their lives had aging not impacted their lives.



# Sewlyn Model



- ▶ **The Selwyn Foundation is soon to start building a 90-bed residential aged care home at its Selwyn Village site in Point Chevalier (Auckland), in addition to its multi-purpose developments currently under construction at Selwyn Oaks (Papakura) and Selwyn St Andrew's (Cambridge).**
- ▶ *'In designing the layout of the building and planning the services to be offered, we've looked to international best practice, with the aim of reinventing how residential aged care is provided in New Zealand,' says Garry Smith, The Selwyn Foundation's Chief Executive Officer.*
- ▶ *'By having small communities or 'households' of twelve residents within the larger community of the care home, the new residence will provide an environment where people who live there have a real sense of belonging and are truly at home.'*



# Summary of types of person centered System wide interventions

## **Positive**

- Elements of environmental enhancement
- Opportunities for social stimulations and interaction
- Leadership and management changes
- Staff models that focus on staff empowerment
- Assigning residents to same care staff
- Individualized philosophy of care.

## **Negative**

Not always incorporated within a “wider hierarchy of needs”

Safety and physiological needs are met



# Consumer Rights The Code of Health and Disability Services Consumers'

- 1. Be treated with respect.
- 2. Freedom from discrimination, coercion, harassment and exploitation.
- 3. Dignity and independence.
- 4. Services of an appropriate standard.
- 5. Effective communication.
- 6. Be fully informed.
- 7. Make an informed choice and give informed consent.
- 8. Support.
- 9. Respect with regard to teaching or research.
- 10. Complain.



## **Dementia Care Methodology Will Be Criminal Offence Within Decade**

- ▶ Dementia care still involves chemical coshing; the use of restraints; locked premises; regimented management and the separation of couples.
- ▶ This management methodology is increasingly being deemed criminal and will be outlawed within a generation.
- ▶ It is already illegal to imprison people with dementia in locked wards in Denmark.
- ▶ And while we potter at the management edges with inconsequential innovations, progressives have moved to open environments, unlocked premises where residents cook, eat meals together, drink wine and go on vacation to overseas destinations.
- ▶ But instead of embracing the highest available world standard, we are focused on circus environments herding the demented into holding pens, and tinkering at the edges (pods, colour, specialist staff training and press release enlightenment).
- ▶ The residents are still the victims of transportation.
- ▶ Any effort that doesn't embrace the world's best practice is unacceptable.

*(Press release 21 August 2017 NZ Aged Care Housing Weekly)*



Individual PC interventions



# Person Centred Interventions

- ▶ Promoting Independent Living (PILS) & Promoting Independence in Residential Care (PIRC): person focused goal care plan interventions -showed improved quality of life and function in over 400 residents.

Example of goals:

catch a bus, visit granddaughter in South Island, go to the opera

- ▶ These studies lead to work to understand 'the culture' in aged care facilities

# CALD Interventions

- ▶ Using an appreciative Inquiry methodology last year explored how person centred care was delivered across different cultures- a very meaningful project – we had families, residents and caregivers attend the focus groups – powerful messages
- ▶ Several residents shared their views on what truly person centred care means





# Cognitive Stimulation Therapy (CST)

- Invention for people with mild to moderate dementia – improve quality of life and cognition.
- Involves reality orientation and reminiscence –must be clearly person centred-
- CST can be conducted in both community and aged residential care
- 7 week program twice a week.



# Key Principles

- Mental stimulation
- Opinions, rather than facts
- Use of reminiscence
- Respect
- Person centered
- Inclusion
- Involvement
- Choice
- Build and strengthen relationships
- Maximize potential

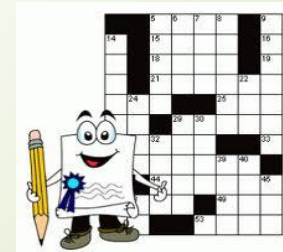


**And most all have.....FUN**

# Overview of Themes



- Physical games
- Sound
- Food
- Current affairs
- faces/ scenes
- Word association
- Categorising objects
- Orientation
- Using money
- Word games
- Team quiz





# Resident Narratives

Resident J:

Cried much of the day and wandered aimlessly now strides with purpose and recalls events from the past to share, is supported by his friends who listen patiently while he recounts the same story each week.

He laughs at himself and has strong opinions to share.

He expressed he was too stupid to belong to the group but his friends patted his shoulder and told him he was important to the group and valued.

*“He has shown the most improvement. He knows he can’t remember but his lack of memory no longer defines who he is”.*



# Families Narratives



- ▶ Great to have somewhere to go (younger
- ▶ More engaged and less inclined to sit around at home
- ▶ Verbally more responsive – “switched went on”
- ▶ Transporting loved one to CST-an issue



# Conclusion

- ▶ One size doesn't fit all – need to get to know your resident well to understand who they really are.
- ▶ Spend time getting to know the resident and family before you develop.

*“They (the staff) might have called the services they provided assisted living, but no one seemed to think it was their job to actually assist him with living”*

*(Atul Gawande Being Mortal 2014)*











# A challenge to you all!!!!

- ▶ Turn to the person sitting beside you and discuss one activity that you might take back to your facility or community service that will involve a more person focused approach to care.
- ▶ You will have five to 10 mins and then I will go amongst the audience to get some of your ideas.