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Person-Centered Culture

or…Tying the Knot between Person-Centered Care and Culture Change in LTC

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Person-centered care

- **Inspired by Carl R. Rogers in the 1950's, Psychologist explored therapeutic relationships and their meaning.**
- **Developed in the 1980's by Thomas Kitwood, Psychologist, Spiritualist, who founded Bradford Dementia Group in England**
- **Kitwood challenged the "old culture of care". His aim was to understand, as far as is possible, what care is like from the standpoint of the person with dementia.**
- **His philosophy was based on a "person-centred" approach, that quite simply urged people to "treat others in a way you yourself would like to be treated".**
- **Kitwood argued that people with dementia do not lose their personhood, but rather their personhood can be maintained through relationships with others.**

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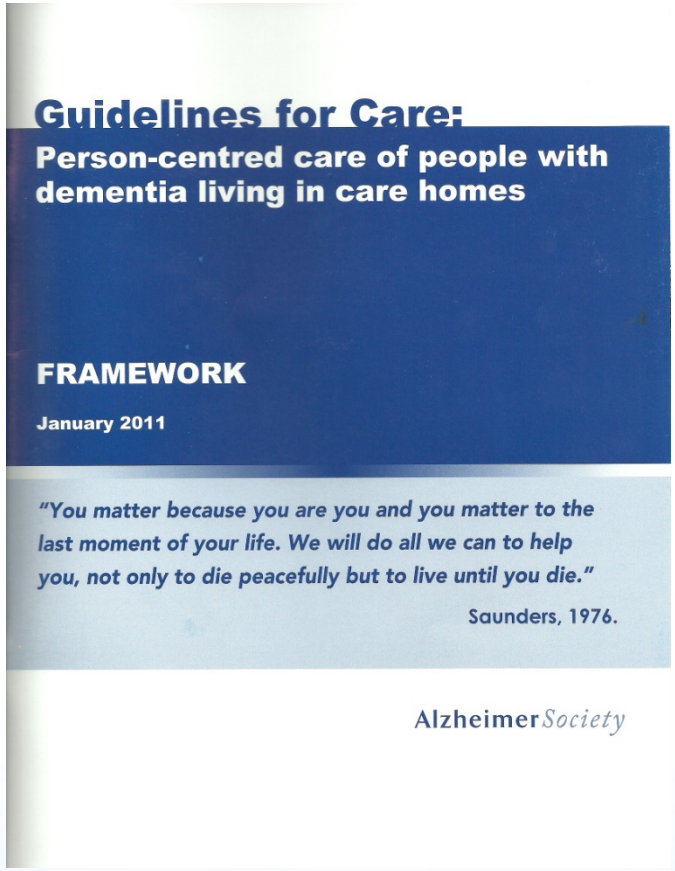

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What is culture change?

Simply put… culture change is a broad generic term that denotes change in a traditional (institutional) long term care environment.

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How did it start?

Roots in the 1980's after consumer advocacy groups exposed the poor quality of many U.S. nursing homes.

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But we have legislation too…

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… from sea to shining sea.

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"Government is committed to offering residents and families a high quality of holistic, resident-centered care in a homelike environment. Resident-centered care… recognizes the value of a social model as a framework for resident centered living…demonstrated by offering a safe, homelike environment with emphasis on providing for the spiritual, psychosocial, cultural and physical needs of residents. Every effort is made to foster independence, freedom of choice and to support each resident's involvement in maximizing personal well-being… The word, "resident" within the standards is deemed to include the person as well as "family, significant other and/or legal representative".

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It's about partnerships…

The ultimate goal of person-centered care is to create partnerships that will lead to the best outcomes and enhance quality of life and quality of care. Services and supports are designed and delivered in a way that is collaborative, and mutually respectful of all (Guidelines for Care, 2011)… Culture change builds community-ship.

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Culture change models

Some examples include:

Wellspring

Eden Alternative

Green House

Gentle Care …

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Which model is best?

There is no definitive “best” model.

The best model is the one created in-house.

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An organization that superimposes a model into their home may miss the whole point of culture change. Each home has its own culture. Therefore, each home should develop its own pathway toward an holistic model, and away from the institutional model.

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Success will be fragile if it relies upon a predetermined formula. Instead, engage key stakeholders in the evolution (transformation) of your physical, organizational, and/or psycho-social-spiritual environments consistent with the values of <u>your</u> organization.

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Made in ……

If you work in teams to develop a home-specific model of care and service that fits your needs, your environment, your culture, your people, it will blow any superimposed structure out of the water.

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Some assembly is required

In 1513, Machiavelli wrote, “There is nothing more difficult to plan, more doubtful of success, nor more dangerous to manage than the creation of a new system. For the initiator has the enmity of all who would profit by the preservation of the old system and merely lukewarm defenders in those who would gain by the new one.”

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An Artifacts checklist

- Home celebrates residents' individual birthdays rather than, or in addition to, celebrating resident birthdays in a group each month.
- Resident-centered bathing program… warm spa not cold steel.
- Protected outdoor garden/patio accessible for independent use by residents.
- Overhead paging system only used in case of emergency.
- Regularly scheduled intergenerational program in which children customarily interact with residents at least once a week.
- Residents and/or family members serve on Quality committees.
- Residents have an assigned staff member who serves as a "buddy," to check with the resident regularly and follow up on any concerns.

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Artifacts …

- “Community Meetings” bringing staff, residents and families together as a community.
- Staff consistently work with the residents of the same neighborhood/ unit (with little or no rotation).
- PSW’s, HKA’s attend resident care conferences.
- Awards given to staff to recognize high levels of commitment to Quality of Life, eg., Culture Change… Beyond the Call award.
- Value placed on the power of humour - the great diffuser of tension.
- Activities, informal or formal, involve staff in other departments such as nursing, housekeeping or indeed any department.
- PA’s include observable measures of employee commitment to individual resident choices, resident control and Quality of Life.

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Artifacts …

- Partnership among the home, managers, staff, residents, and family. All work constructively toward developing and nurturing the partnership.
- Removal of barriers to communication. Barriers might be architectural, environmental, attitudinal, or time. Take a relationship-driven approach.
- Make it fashionable to be accessible.
- No cop-outs (I don't know…nobody ever tells me anything)
- No person feels alone in dealing with an issue, whether a staff member, resident, family or manager. Build community-ship.
- Do not view Quality of Life and Quality of Care as separate.

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Artifacts …

- Demonstrate respect for employees by listening to them; considering their ideas; and never ridiculing or shaming them.
- Education/Training for staff plus dedicated in-house leaders/ champions to provide support.
- Nurture and celebrate organization traditions.
- Select the right people through effective hiring practices. Make sure the right person is in the right seat on the right bus.
- Debriefing sessions share progress in person-centered care.
- Communicate expectations for professional behavior.
- We support the mind, body and spirit of our residents?

  How? Hold exercises to link the desired culture with tangible actions – eg. “Live the value of person-centered care by listening attentively/non-judgmental when a resident speaks.“

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Model behaviors you want to see

As Mahatma Gandhi said, “Become the change you wish to see..."

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Please remember…

Culture change is not a singular issue, it is multifaceted with one home deciding to make changes that may be different from other organizations.

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The pathway

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Focus on care of resident as a recipient of service	**Focus on care of resident as participant of service, care of family and larger community.**
Lack of resident centeredness in decision making	**Involvement of resident in decision making …(*dementia?)***
Residents with dementia are different than us because of "the disease process"	**Residents are equal members of society with the rest of us. This should be reflected in our practice.**
LTC as a place to die	**A healing environment. People are nurtured to contribute, thrive, and grow.**

Medical model focusing on quality of care – dominance of clinical concerns.	**Integrate quality of life with quality of care through an holistic focus.**
It is paramount to have an accurate understanding of the resident's impairment.	**It is paramount to have an accurate understanding of the resident's abilities, background, tastes, spirituality, passions.**
"Behaviours" are triggered by brain pathology and need to "managed" quickly.	**"Behaviours" are attempts to communicate, usually related to unmet needs.**
Divergence between the home's vision and reality.	**Harmony between vision and reality.**

Depersonalization of care – *You do her and her…*	**Person-centered care – an inherent dignity, personhood.**
Distance between personal and organizational goals (disconnect).	**Alignment of personal and organizational goals (rekindle the flame…)**
Documentation to maximize reimbursement. Gaming the numbers…stretch the truth.	**Documentation system that focuses on the care given and evolving resident needs.**
Top/down communication process. Command and control – or at least the illusion of control. Boss mindset.	**Facilitative leadership. Collective intelligence – staff offer voice. Coaching behaviours.**

Isolated, change resistant organization.	**Sharing/learning organization. Promotes and rewards dialogue/inquiry/curiosity/ leading practices.**
Public mistrust/ambivalence	**Public trust/active support**
Institutional environment. Authoritarian. Task oriented. Schedule driven.	**Deinstitutionalization. Staff are caring, supportive, and kinder.**

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“Kindness is a language we can all understand.

Even the blind can see it. And the deaf can hear it.”

Mother Theresa

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There will be a common reality to all successful *culture change/person-centered culture* initiatives…the formula?

Better engagement and commitment of staff > better outcomes for residents and family = better **quality**.

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What is the purpose of Quality?

Simply put… to ensure that the resident has the best experience possible.

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The “new” Quality in LTC

is really the existing meaning of “resident satisfaction”.

“The manner in which care is delivered defines, for the (resident), the nature and effectiveness of that care. Timeliness, attitudes, information, explanations, body language, physical touch, and contextual sounds and sights - all these factors have an effect on the (resident’s) experience of care.”

Q. Studer *Hardwiring Excellence*

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Resident satisfaction

- 12 of the top 15 drivers of resident satisfaction are not clinical factors. Instead, they relate to courtesy and empathy of staff and physicians, including compassion, caring, helpfulness, kindness, and ability to comfort. (Chilgren, 2008).

- Clinical excellence contributes to total resident satisfaction, but delivering the intangible factors can make up for some of the poor outcomes that are sometimes unavoidable in the care of frail elderly.

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Quality of Life - elevated, not trivialized !

Most quality indicators in LTC focus on clinical markers of poor health care (dehydration, UTI's and weight loss). These are important. But what is most important to residents?

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POLL

In a recent survey of LTC residents and their families, which emerged as the most important quality of life indicator?

(a) having a variety of activities on a daily basis.
(b) having a staff member help me when I need it.
(c) being treated with respect.
(d) being able to welcome my visitors at any time of day.
(e) having fresh fruits and vegetables daily.

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The 3 most important quality of life indicators identified by residents and their families in Quebec were:

- being treated with respect;
- a sense of community;
- perceived competency of staff through gestures, attitudes and methods of work.

(Robichaud, 2006; Rehab and Community Care Medicine, 2008).

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Staff are the key

Without satisfied and confident staff, quality practices have no hope of being successful.

"Satisfied employees do a better job. It's just that simple." Studer, *Hardwiring Excellence*

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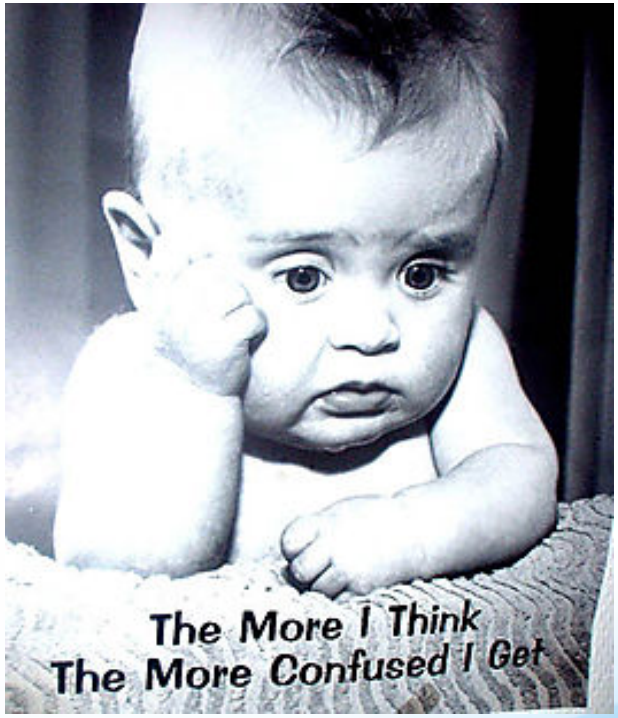
…but how?

How do we involve and engage others to apply their best efforts to person-centered care…to be proud of their vital contributions to the organizational culture ?



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Research reveals certain practices that enable people (from Napoleon to Steve Jobs) to motivate others, strengthen organizations, support the cause and ultimately achieve success. It all boils down to 5 basic steps.

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WHAT GOOD LEADERS DO

1. Be honest in all communications.

Not afraid to "tell it like it is." Others appreciate their honesty and value their sincerity. Communicating well also means being receptive to, and appreciative of, the feedback offered by others. And good leaders don't forget praise. Praise encourages involvement and commitment. A good leader let's people know that he/she is willing to **listen.**

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“Courage is what it takes to stand up and speak. Courage is also what it takes to sit down and listen”.

- Sir Winston Churchill

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2. Know the field **and** know your people.

Remain current with innovations and leading practice. Good leaders are constantly learning and growing. But also be a visible presence to your staff (in the trenches) - respect them and the job they do.

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3. Know where the organization is headed.

Clear and compelling vision and values. The vision is used to align the whole organization around the future and to motivate employees to help realize the vision of person-centered care. Work hard to ensure that one's own behaviour reflects those values and that everyone else behaves according to the values as well.

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4. Be willing to take some risks.

Things you must do that involve some risk include: being honest: (not everyone will like what you have to say); standing up for your beliefs (there will always be someone who challenges them); making decisions and acting on them (you could be wrong); trying something new (you might not “get-it-right” on the first try). Inertia is the enemy.

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5. Monitor your results.

In order to know how far you've come, you have to know where you began. Keep track of progress and measure results. Take a close look at what's working and what isn't and be prepared to make the necessary decisions to change things and make them more effective.

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Leadership is not just about title

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“There are many leaders, not just one. Leadership is distributed. It resides not solely in the individual at the top, but in every person at every level who, in one way or another, acts as a leader to a group of followers— wherever in the organization that person is, whether shop steward, team head, or CEO.”

Daniel Goleman, Richard Boyatzis and Annie McKee

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Quiz time …

Who said?

"You don't need an office or a title to make a difference."

(a) Queen Elizabeth II

(b) Marilyn Monroe

(c) Eric Clapton

(d) Sarah Palin

(e) The Dalai Lama

(f) Stephen Harper

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OK…one more

Who said?

"Leadership is Action, not Position."

(a) Wayne Gretzky
(b) Jackie Kennedy
(c) Margaret Thatcher
(d) Bruce Willis
(e) Florence Nightingale
(f) Teddy Roosevelt

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RESOLUTION

"In any moment of decision the best thing you can do is the right thing, the next best thing is the wrong thing, and the worst thing you can do is nothing."

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Where's the action now (and in the future?)

Surveying Quality (and $) from a <u>service perspective</u>:

How often did nurses explain things in a way you could understand?

After you pressed the call button, how often did you get help as soon as you wanted it?

How often was the area around your room quiet at night?

How often did staff treat you with courtesy and respect?

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So… how do we find out if residents and family are satisfied with the level of person-centeredness?

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Ask them.

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Insight > satisfaction surveys…

Complete the loop - data collection > analysis > affirm/change > report.

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As staff are treated,

so will the residents be treated.

Don’t need to change?

Think for a moment about your three favourite pleasures - those habits, items or activities that on a regular basis provide you with comfort, a sense of identity, security or enjoyment.

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Familiar?

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Questions to consider with your team!

- **How would you feel if you could no longer experience that regular pleasure?**

- **Do you think residents are missing any of their regular pleasures?**

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But we're in compliance!

Don't fool yourself…

Many LTC homes can proudly point to good annual compliance results, few formal complaints and acceptable clinical scores.

But these positive outcomes can coexist quite easily with a lack of person-centeredness.

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The Four (4) Main Barriers to Culture Change and (How to Overcome Them)

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1. INERTIA

Solution: Perhaps the status quo is not good enough. Have some tough conversations. There is no room for organizational smugness in this journey.

If you have always done it that way, it is probably wrong.
Charles Kettering

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2. LACK OF UNDERSTANDING

Solution: Develop it through focused learning on behavioural expectations...mentoring… team meetings…for an organization to be high performing there must be clearly understood behaviour standards.

Behavior is the mirror in which everyone shows their image.
Johann Wolfgang Von Goethe

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3. EMPLOYEES BELIEVE IT'S A FAD

Solution: Persistence to change the minds of those who think this will go away. Be persistent in messaging and inquiry…educate… include it in your orientation.

Twenty percent of the people will be against anything.
Robert Kennedy

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4. LACK OF ACCOUNTABILITY

Solution: Hold managers and staff accountable for making person-centered care a priority… engage stakeholders…talk to employees and communicate the vision.

Success or failure is caused more by mental attitude than by mental capacity.
Sir Walter Scott

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"You've got a lousy bedside manner."

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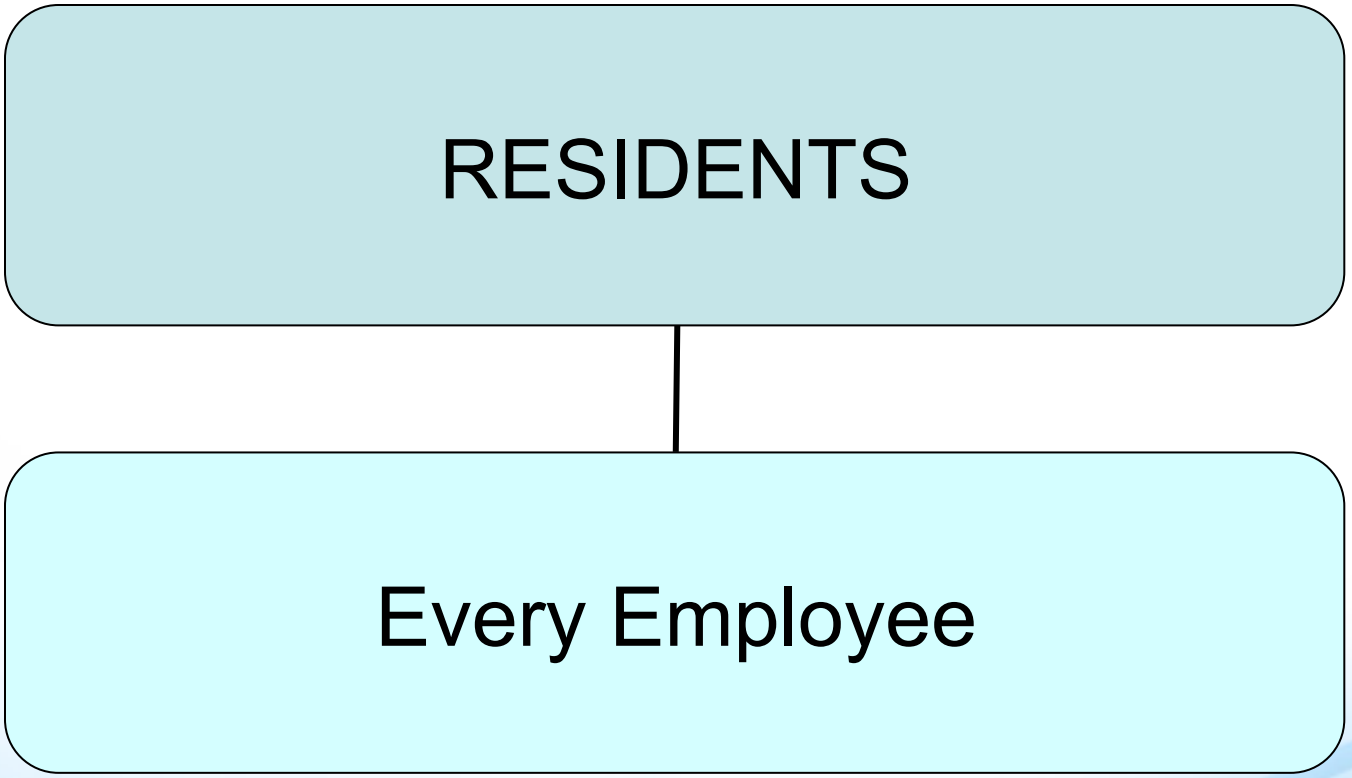
The REAL organizational chart



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And don’t forget families…

The modern family is…

… the foundation of society… a support system made up of one or more persons joined together through marriage, biology, love, choice, caring, and sharing.

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Families…

Are important in the lives of your residents.

Are an integral part of the resident's support system.

As partners in care can help you understand your resident but…

can also complicate your relationship with the resident.

Endure a major life event when a loved one moves in.

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What do families want?

- **Want to know you care**
- **Want to see you demonstrate sensitivity**
- **Want to feel calm in their mind**
- **Want answers to questions that may arise**
- **Want you to listen**
- **Want you to be kind.**

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"There is a misconception that supportive interactions require more staff or more time and are therefore more costly. Although labour costs are a substantial part of any budget, the interactions themselves add nothing to the budget. KINDNESS IS FREE."

- Putting Patients First, Susan Frampton, Laura Gilpin, Patrick Charmel (2008)

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“People are not "things" to be manipulated, labeled, boxed, bought, and sold. Above all else, they are not "human resources." They are entire human beings, containing the whole of the evolving universe, limitless until we start limiting them. We must examine the concept of leading and following with new eyes. We must examine the concept of superior and subordinate with increasing skepticism. We must examine the concept of management and labor with new beliefs. And we must examine the nature of organizations that demand such distinctions with an entirely different consciousness.”

Dee Hock *Birth of the Chaortic Age*

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Exercise: Think back to the best and worst authority figure (or boss) you ever had.

1. Make a list of 3 things done or said to you that you abhorred.
2. On the back make another list of 3 things done or said to you that you loved.

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DEE HOCK'S 60-SECOND PHD IN LEADERSHIP

Reflecting upon the list of all the things done to you that you abhorred…**DON'T DO THEM TO OTHERS … EVER**.

The other list of things that you loved… **DO THEM TO OTHERS … ALWAYS.**

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In the end, management doesn't change the culture toward person-centered care. Management invites the workforce itself to change the culture.

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How do you nurture that along ?

1. Be clear about what you represent.
2. Have a compelling story.
3. Make people feel an essential part it.

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Staff have a remarkable capacity to learn, to grow, and to drive person-centered care when they connect with residents and each other as real people… but that takes *focus*.

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How do we keep employees focused?

1. Connect.

2. Provide context.

3. Managers need to *show up for every shift.*

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The greatest danger for most of us is not that our aim is too high and we miss it, but that it is too low and we reach it.

Michelangelo

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Thank you!

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