Person-Centered Caring and Culture Change in an Adult Day Setting: Best Practices
LEARNING OBJECTIVES

1. Increased understanding of Person Centered Care and Culture Change in an Adult Day setting.

2. An introduction to Best Practices for healthcare professionals for integrating Person-Centered Care into their workforce.

3. An introduction to issues related to LGBT and Aging.

4. An introduction to the curriculum “A Caring Response: Giving Care to the LGBT Older Adult”
Person-Centered Care is an approach to care that respects and values the uniqueness of the individual, and seeks to maintain, even restore, the personhood of individuals.

We do this by creating an environment that promotes:

- Personal Worth and Uniqueness
- Social Confidence
- Respect
- Truthfulness
- Independence
- Engagement
- Hope
What is Person-Centered Care?

Core Values of Choice, Dignity, Respect, Self-Determination and Purposeful Living

Fosters optimal aging for the individual

Empowering

Care is driven by the individual

Rooted in the work of Tom Kitwood*, a British gerontologist.

Tom Kitwood (1937-1998) was a British social psychologist and psychogerontologist, author of the theory of person-centered care approach; together with Kathleen Bredin, he developed the method of Dementia Care Mapping.
Ageism: A stereotypical and/or negative image of older adults. Example: “Over the Hill” birthday cards. And in terms of people with Intellectual or Developmental Disabilities, “retarded” jokes or the assumption that they are incapable of doing anything at all.

Paternalism: Behavior by one person that limits another’s freedom or autonomy. Example: Waking someone up from sleep and making them have breakfast before they are ready.

Autonomy: Independence or freedom to do as one wishes. Example: Selecting a time for one’s bath or meals rather than having it imposed.

Medical Model: Suggesting a traditional approach (contrasted with a holistic approach) to the diagnosis and treatment of illness. The physician focuses on the defect, or dysfunction, within the patient, using a problem-solving approach.
Autonomy vs. Risk

AUTONOMY = INDEPENDENCE

RISK = Resident Safety and Liability

Surplus Safety* = Safety trumps ALL

*Rooted in the teachings of Dr. Bill Thomas and the Eden Alternative as well as Dr. Judah Ronch.
What happens when we create an environment that is “too” safe where older adults have no autonomy?

Using the Questions tab of the Webinar’s Control Panel, please type in your own examples.
What happens when we create an environment where staff have no voice?

Using the Questions tab of the Webinar’s Control Panel, please type in your own examples.
Direct care staff have a say in how work is carried out and how decisions are made.

For the most part, staff organizes their routines to accommodate residents’ routines.

Resident preferences are the basis of care decisions.

Developed by Sue Misiorski and Joanne Rader. Retrieved from www.pioneernetwork.net
Culture Change:
National movement for transformation of older adult services across the healthcare continuum

Based on person-centered and directed values and practices

Consideration:
for elders, elder caregivers and staff

Deep system transformation that may require changes in organizational practices, physical environments, relationships at ALL levels and workforce models.
Moving into many long-term care environments means that individuals lose “normalcy in their life” – their daily routines, interests, and preferences.

Unintentional as it may be, our residences require individuals to conform to our institutional, efficient routines.

The result is the resident’s quality of life being compromised.
Institution-Directed vs. Person-Directed Care:

What is the difference?
Schedules and routines are designed by the community and staff, and elders must comply.

As long as staff know how to perform a task, they can perform it "on any patient" in the home.

There is a hospital environment.

There is a sense of isolation and loneliness.

Staff is disengaged

Structured activities are available when the activity director is on duty.

Decision making is centralized.

Work is task-oriented and staff rotates assignments.

Staff provide standardized "treatments" based upon medical diagnosis.

From the Pioneer Network website http://www.pioneernetwork.net/Providers/Comparisons/
Residents make decisions every day about their individual routines.

Staff make decisions every day and are empowered.

Staff organize their schedules and assignments to meet the needs of the residents they care for.

The staff have relationships with the residents so that they know their lifelong habits and honor them.
The language we use is important in providing person-centered care. Some of our language may unintentionally demean people. 
The language we use is important in providing person-centered care. Some of our language is “institutional.”
POLL

How do you refer to the people to whom you provide service?

A. Resident
B. Individual
C. Client
D. Patient
<table>
<thead>
<tr>
<th>Old Word</th>
<th>Suggestion</th>
</tr>
</thead>
<tbody>
<tr>
<td>wing, unit</td>
<td>household, street, neighborhood, avenue</td>
</tr>
<tr>
<td>diaper</td>
<td>pad, brief, disposable brief, brand names, incontinence garment</td>
</tr>
<tr>
<td>the elderly</td>
<td>elders; older adults, people, or individuals</td>
</tr>
<tr>
<td>patient</td>
<td>resident (some think this is passé), individual, elder</td>
</tr>
<tr>
<td>a feeder/the feeders, feeder table</td>
<td>person who needs/ people who need assistance with dining, dining table</td>
</tr>
<tr>
<td>a diabetic, a quad, a CVA</td>
<td>a person who has (whatever condition)</td>
</tr>
<tr>
<td>nurse aide, CNA, nursing assistant,</td>
<td>resident assistant, certified resident assistant</td>
</tr>
<tr>
<td>front line staff (sounds like war)</td>
<td>move in</td>
</tr>
<tr>
<td>admit, place</td>
<td>move in</td>
</tr>
<tr>
<td>discharge</td>
<td>move out</td>
</tr>
<tr>
<td>lobby, common area</td>
<td>living room, parlor, foyer</td>
</tr>
<tr>
<td>nurses' station</td>
<td>work area, desk</td>
</tr>
<tr>
<td>facility, institution, nursing home</td>
<td>home, life center, living center</td>
</tr>
<tr>
<td>dietary services, food service</td>
<td>dining services</td>
</tr>
</tbody>
</table>
Using the Questions tab of the Webinar’s Control Panel, please suggest additional words which reflect the Language of the Person-Centered Care
The Values and Principles of the Pioneer Network

- Know each person and employee
- Each person can and does make a difference
- Relationship is the fundamental building block of a transformed culture
- Respond to spirit, as well as mind and body
- Risk taking is a normal part of life
- Put person before task
- All elders are entitled to self-determination wherever they live
- Community is the antidote to institutionalization
- Do unto others as you would have them do unto you
- Promote the growth and development of all
- Shape and use the potential of the environment in all its aspects: physical, organizational, psycho/social/spiritual
- Practice self-examination, searching for new creativity and opportunities for doing better
- Recognize that culture change and transformation are not destinations but a journey, always a work in progress
Important Components of Person-Centered Caring Environments

1. Enhancing direct care staff’s capacity to be responsive
2. Enhancing community involvement
3. Establishing a home
4. Returning control to residents
5. Recognizing and using employee strengths
6. Relationship means knowing the residents. This starts with their preferences for care, their daily routines, etc. It also means getting to know residents on a deeper level (their history, their stories, etc).
- Talking on my cell phone
- Eat breakfast in my jammies
- I will not drink milk
- Eat when I want
- Tall nonfat latte (Starbucks!)
- Leave me with my music
- My Boston terrier, Tommy, could sleep with me.
- I want to smell good!
- Shower 2 times a day.
- No bath!
- Books
  - To read
  - To listen on tape
A Grace Place Care Adult Center

CELEBRATE LIFE

discover the moments of grace at a Grace PLACE adult care center

www.agraceplaceacc.org/
A Grace Place Adult Care Center celebrates each individual, each caregiver and each employee through Person Centered Thinking and Person Centered Care.

- **46 years+,** providing essential health and social services to support adults with disabilities and/or age-related conditions, while providing respite and support for their caregivers.
- **Serve >210 individuals a day.**
- **7 separate programs** designed to meet the unique needs of each individual.
  - AD, brain injury, stroke, PD, intellectual disabilities, autism, cerebral palsy, etc.
  - Ages: 18 -- 100+.
- **Non-profit** with a strong mission focus to strengthen adult caregiving and to maintain or increase the health, independence and quality of life of both the adult in care and the caregiver.
- **Provide a community–based alternative to institutional care.**
Influences on Care Philosophy

Inclusion

Person Centered Care

Influences on Care Philosophy

Eden’s Philosophy
The three plagues of loneliness, helplessness, and boredom account for the bulk of suffering among our older adults.

An Elder-centered community commits to creating a human habitat where life revolves around close and continuing contact with plants, animals, and children. It is these relationships that provide the young and old alike with a pathway to a life worth living.

Loving companionship is the antidote to loneliness.

Elders deserve easy access to human and animal companionship.

An Elder-centered community creates opportunity to give as well as receive care. This is the antidote to helplessness.

Meaningless activity corrodes the human spirit.

The opportunity to do things that we find meaningful is essential to human health.

An Elder-centered community imbues daily life with variety and spontaneity by creating an environment in which unexpected and unpredictable interactions and happenings can take place. This is the antidote to boredom.

An Elder-centered community honors its Elders by de-emphasizing top-down bureaucratic authority, seeking instead to place the maximum possible decision-making authority into the hands of the Elders or into the hands of those closest to them.

Creating an Elder-centered community is a never-ending process.

Human growth must never be separated from human life.

Medical treatment should be the servant of genuine human caring, never its master.

Wise leadership is the lifeblood of any struggle against the three plagues. For it, there can be no substitute.
Building a Person Centered Work Culture/Place
Mr. Carter was only ten years old in 1950 when he was committed to a state institution. He had picked up a brick and threw it at a child, who was Caucasian, who was teasing him. Mr. Carter, who was African American was “slow” and had little family support.

In the 1990’s, he was identified as misplaced and was going to return to the community. A social worker contacted me to see if we could serve him. I immediately said yes and shared the information with the staff. The staff’s reaction was strong and I was told “we do not accept the mentally retarded.” I was two years into the job and was unaware of any such procedure. What would you do in my place?

A. Contact the social worker and relate that we are unable to accept him in our program at this time

B. Reinforce my leadership and authority and express that we are going to do things differently now that I am in charge.

C. Tell the back story of Mr. Carter and build a connection.
Leaders must lead*

- Create an atmosphere that celebrates the vision and mission
- Solicit input from all stakeholders, caregivers, staff, volunteers, individuals, donors, regulators
- Build a high energy work force
- Model expectations
- Provide support to staff
- Serve as the Cheerleader for all
- Be a visionary

*David Pitonyak, Issue Action Planning: Promoting Responsive Human Services

Practical Strategies

- Ask work force, in small groups, to develop a set of values that describe the work culture, ask each person to bring in an object that best represents their belief system and then ask them to explain it. Use this to formulate the values for their agency.
- Maintain an “open door policy”
- Roll up your sleeves, help staff do their work, work with individuals
- Build ownership
- Keep staff informed, have lots of meetings and talk about “Our Business”
- Know everyone’s name
- Develop wellness teams for staff and let them decide what strategies they want to work on for their health
- Make coming to work fun, something to look forward to
Leaders must empower staff

• Create a culture that values every voice, every opinion
• Listen, Listen, Listen! especially when it is hard to hear!
• Encourage “dreams” and wishes
• Build trust, build teamwork
• Drive our fear
• Focus on the sincere belief that all employees are capable, honest, trustworthy and very capable.
• Manage by consensus and build decision making from the “bottom up”. The people closest to the individuals know the situation best and can with support and confidence from the manager, make best decisions
• Reinforce identification with mission

Practical Strategies

• Frequently ask for suggestions and be sure to act on some
• Form self-directed work teams to carry out important work i.e. Wellness program, customer satisfaction team
• Compliment staff on good work
• Empower staff to explain program services to guests
• Encourage staff to decide furnishings, colors, equipment they need
• Ask for input and involvement on policies/procedures before you issue a “regulation”
Leaders must create celebrations

• Reinforce accomplishments
• Highlight acts of kindness
• Create reflections
• Create fun

Practical Strategies

• Develop contests such as mission moments where staff are divided into teams to create a visual depiction of the Mission Statement/Values (Quilt, sculpture, DVD)
• Give kudos at staff meetings
• Write personal handwritten notes from CEO
• Celebrate everyone’s birthday
• Know your employee’s family, who is graduating, who has grandchildren
• Have “All Hands on Deck” meetings quarterly and celebrate staff’s family’s milestones, “shout out” on graduations, births, etc.
Benefits of person-centered care

**INTRINSIC**

*Employees*
- Heightened job satisfaction
- Heightened self-esteem
- Heightened life skills
- Career opportunities

*Agency*
- Less staff turnover
- Less client/resident turnover
- Increased quality care

*Individuals*
- Increased satisfaction
- Increased connections to others

*Caregivers*
- Increased security, peace of mind
- Increased financial support

**EXTRINSIC**

*Marketing*
- Word-of-mouth value; propelling agencies into new partnerships

*Donors*
- Attractive model to support emotionally and financially

**Benefits of person-centered care**
Lessons Learned

A successful work culture starts with the interview, hiring process.

Staff needs to be constantly and repeatedly grounded in the agency’s mission and vision.

Performance Appraisals and evaluations reflect each employee’s ability to support the mission, values of organization.

Managers must “walk the walk” – not just “talk the talk”.
PARTNERSHIP
Older Adults in General Population living alone

- 75% LGBT Older Adults living alone
- 33% Older Adults in General Population living alone

Older Adults in General Population who have no children

- 90% LGBT Older Adults who have no children
- 20% Older Adults in General Population who have no children

Older Adults who are single

- 80% LGBT Older Adults who are single
- 40% Older Adults in General Population who are single
By 2030, between 3.6 and 7.2 million LGBT Americans

45,000 Lesbian and Gay Households in Virginia by 2030

Richmond ranks #16 nationwide in the number of Lesbian and Gay identified households
Curriculum developed by the VCU Department of Gerontology, Mad Stu Media and the LGBT Aging Project in 2010-2011

ALL staff at A Grace Place trained in 5 separate trainings in Winter/Spring 2011

97% Efficacy
"The film that the LGBT Aging movement has been waiting for."

gensilent.com
Lois and Sheri

A lesbian couple who have been together for over 40 years share concerns about aging in place and who will come to their aid.
Alexandre and Lawrence

A gay couple together since the mid-1970's who battle Alexandre's progressing Parkinson's Disease and an unwelcoming long term care environment.
KryssAnne

A transgender female who battles a terminal illness, isolation and fear of healthcare professionals who "don't want to touch my body."
A gay male who reflects on his relationship with his late partner, Walter, and their fear of coming out in a relationship that "the pendulum might swing the other way."
What are we talking about?

- **Lesbian**: Women attracted to other women
- **Gay**: Men attracted to other men
- **Bisexual**: Attraction to both men and women
- **Transgender**: Refers to gender identity
What percent of the population is considered to be gay, lesbian, bisexual, or transgender?

a. 5%
b. 10%
c. 25%
d. 50%
LGBT older adults have an increased risk of untreated serious illnesses?
Modeling Person Centered Care
Hannah Green is forty five and has been working at A Grace Place for over ten years. She works in the program that supports adults with intellectual disabilities and has a very good work record. She is a valued employee and is well liked by her peers, and the individuals she supports.

When Hannah heard at a staff meeting that the agency was going to offer training in LGBT in long term care and that attendance was compulsory, she became very concerned. Her supervisor overheard her say to her peers that she “was not going to attend even if it cost her, her job.”

How would you handle this?

A. Talk with the employee and allow her to be absent based on the strong religious objections she expressed.

B. Require her to be present.

C. Take no action and see what she does

D. Open up a dialogue with the employee and see where “the middle” is
Employee was counseled by the Director of Human Resources who explained that this training was required just like other trainings and that she needed to attend. She was asked why she did not want to attend.

She was told that she did not have to compromise her faith and belief system as an individual, but she had to respect the rights of all persons who needed/gave care at the agency.

Her religious “rights” and objections were acknowledged.

Employee came to training stayed the entire time and become visibly moved by the story of Chris Ann.

HR Director followed up later with employee and was told “It was not at all what I expected. I am glad I went. “I still believe this life choice is wrong, but I had no idea of the struggle and suffering.”

As a result of the Cultural Competence training, we saw that:
Lessons Learned:

- People connect with real stories of real people and this connection is vital to overcoming prejudices and discrimination.
- People accept individuals when they have an opportunity to know them, identify with them.
- Assumptions can be broken down individual by individual.
Curriculum Results

97% efficacy through trainings of over 500 healthcare professionals

Greater understanding from healthcare teams about person-centered care

Greater understanding of inclusion of minority populations
Reaching out to an under-served population

Training staff (not only healthcare professionals) in areas of cultural competence which result in universal positive health outcomes

Reaching out to a population as a means of census generation

Reaching out to an under-served population
RECAP: Steps for Success

I was approached by Department of Gerontology to serve on LGBT Advisory group project

Advisory Group was composed of leaders in the community and included adults who were LGBT.

Film and curriculum were reviewed and feedback sought on marketing to other care facilities.

I discussed the training with Director of HR and then the entire agency Leadership Team to build the “buy in”. Question was: do we make the training mandatory?

Team decided to require mandatory attendance based on the agency’s belief in inclusion, best practices and our core values.

Each supervisor discussed training in their individual team meeting.

Group size was held to 20 to allow for maximum discussion and impact.

Employees were mixed between units, departments.

I attended every meeting and introduced speakers + reinforced the value of the training by emphasizing this as another best practice and the role our agency had in civil rights justice and person centered care.

Training included reflection, audience participation, discussion and a very moving film.

Only one staff of 95 voiced objections, but came anyway, one staff stood away from group.

HR Director reviewed personnel policies and brochures, marketing data to be sure agency was welcoming to LBGT

Agency revised our policies to clarify LBGT inclusion.
Change requires extra time and commitment of an already overwhelmed workforce and can be exhausting and cause stress.

Staff may lack self-confidence and emotional support needed to change/embracing new ideas.

On-going training and support of staff are vital to success.

Governmental regulations and policies may require additional effort and demand creativity.

Communication between departments/units can be daunting.

Reflection and Evaluation among individuals and work teams may be inconsistent.

Will we lose clients? Will we lose staff?

Positive health outcome for individuals

Higher work satisfaction for employees

More effective work teams

Higher census through word of mouth marketing, plus reduced advertising expenses

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AWARDS AND RECOGNITION FOR THIS COLLABORATION

• A Grace Place received the VCU Department of Gerontology’s TIME Award for Theoretical Innovation and Maintaining Evidence Based Practice

• Tracey Gendron received the Burnside-Watstein Award for creating a more LGBT-friendly environment on and around VCU

• Asked to present this training throughout Virginia and to the Kent School of Social Work at the University of Kentucky, as well as at conferences in North Carolina and California.
www.agraceplaceacc.org/
www.sahp.vcu.edu/gerontology/

• Lynne Seward: lynneseward@agraceplaceacc.org

• Jay White: 804-828-1565/whitejt2@vcu.edu

Please fill out your survey!