

# 3

## Processes

### PC P.E.A.R.L.S.™

The Alzheimer Society of Canada has identified the following 7 key elements of person-centred care:

- 1 ▶ Person and Family Engagement
- 2 ▶ Care
- 3 ▶ Processes
- 4 ▶ Environment
- 5 ▶ Activity & Recreation
- 6 ▶ Leadership
- 7 ▶ Staffing

There is an information sheet on each of these elements to help long-term care homes begin and sustain a “culture change” to provide a person-centred approach to care.

**Embed person-centred care principles into the strategic plan and operational processes to begin and sustain culture change.** Implement processes that support positive relationships among staff, residents and families. Processes will lead to the best outcomes, enhancing the quality of life and the quality of care of people with dementia.

### Key principles and some innovative strategies from Canadian long-term care homes

Core principle	Strategies
<p><b>Build the philosophy and vision of person-centred care into the formal strategic and operating planning processes of the home.</b> Reflect on current policies and practices, set strategic operational goals and outcomes in person-centred care, and ensure processes are consistent with the person-centred care principles.</p>	<ul style="list-style-type: none"> <li>• Develop a new strategic plan with the aim of moving the organization towards its vision of becoming a global leader in person-centred care. Members of the leadership team lead or participate in various standing committees and work groups to create and implement action plans related to the strategic plan, and areas identified for improvement.</li> <li>• Establish a person-centred care committee to lead and coordinate improvements in person-centred care, services and support across the organization. Act on opportunities to improve resident and family person-centred care through the continuum of each resident’s stay at the home. Staff regularly give the committee suggestions and ideas. Specific improvements recommended by this committee of rotating staff members have been implemented in the admission process, end of life care, staff education, and projects to enhance resident, family and staff experiences.</li> </ul>

### 3 Processes

**“Permission for creativity and innovation comes from the leadership. If it’s for the best interests of the resident and the outcomes are positive, do it.”**

– Director of spiritual care

Core principle	Strategies
<p><b>Create and support the organization as a dynamic learning environment.</b>                      Recognizing that providing person-centred care is a journey that never ends, seek and implement leading-edge practices and approaches to make culture change happen. Ensure that all staff have the on-going education and training necessary to practice person-centred care and empower, enable, and support them in the adoption of these leading-edge practices in their daily care of residents and their families.</p>	<ul style="list-style-type: none"> <li>• Identify staff champions of person-centred care and train them to become facilitators of retreats focused on person-centred care. Based on the learning from each retreat, groups of 15 to 20 staff from mixed functions and levels are asked both what has been accomplished in person-centred care at the home and what should be improved. The staff’s answers are given to management to review and act upon.</li> <li>• Establish a collaborative partnership with a university to research best-practice approaches in person-centred care. Involving frontline staff, develop care guidelines, policies and practices, drawing on learning from the research project.</li> </ul>
<p><b>Build collaborative interdisciplinary teams that focus on all aspects of residents’ lives, not just medical care – care that nurtures the body, mind and spirit.</b> Include a broader range of disciplines in care conferences and make collaborative decision-making the norm. Promote the value of teamwork and creative collaboration in enhancing daily life for each resident. Interdisciplinary care supports the goal of helping each resident enjoy the best day possible</p>	<ul style="list-style-type: none"> <li>• Plan a meeting between the interdisciplinary care team, the new resident and her family to develop a holistic care plan aimed at improving the quality of life of the new resident. Review this plan monthly to anticipate the needs of the residents and develop appropriate programs.</li> <li>• Encourage and support clinical staff members. For example, a staff member who was completing a Masters of Nursing degree created a successful Collaborative Practice Committee, which was inspired by the kind of collaborative practice she had experienced at school. She worked with the Director of Resident Programs and Services to form a group that explores, tests, refines and implements ways to improve the quality of life of residents. It includes representatives from more than a dozen disciplines and functional areas.</li> </ul>

## 3 Processes

**“When you see management involved in resident care, doing the stuff we do, staff notice. It shows we’re all here for the residents. We’re all here to make this place comfortable for them.”**

– Resident care attendant

Core principle	Strategies
<p><b>Strive for greater role flexibility to give residents the best day possible.</b> Broaden role definitions and expectations to encourage all staff to be attentive and responsive to the individual needs, interests, preferences and choices of residents and their families.</p>	<ul style="list-style-type: none"><li>• Support and encourage nursing staff to be more involved in the non-medical day-to-day lives and activities of residents, and non-clinical staff (such as housekeeping and maintenance) to support care aides in providing direct care to residents so they are able to spend more time interacting with residents.</li><li>• Train frontline care staff in the neighbourhoods<sup>1</sup> to be “universal workers,” called Daily Living Assistants (DLAs), with the responsibility for dietary, light housekeeping, recreational, personal care and medication administering duties. They administer medications, within their scope of practice, to the residents in their neighbourhood. The nurses administer any medications that require assessment prior to being given, help the DLAs solve problems, and engage regularly with families.</li><li>• Encourage a nurse to make the residents’ breakfast and serve it to them; this makes them more comfortable with the nurse when it comes time for a medical procedure. If a resident comes into the lounge early in the morning, the nurse will serve her coffee or a muffin.</li><li>• Encourage interdisciplinary teams with role flexibility to focus on all aspects of residents’ lives, not just medical care. No one is allowed to say, “It’s not my job” or “She’s not my resident”. Giving the resident a good day is everyone’s job and everyone must spend at least 20 minutes talking to residents every day, including the CEO.</li></ul>

<sup>1</sup> A neighbourhood is a small and autonomous living space within a home. It is staffed by a permanent team who is able to get to know the residents and their families, thus meeting their unique needs.