Towards an alternative in person-centred dementia care:

Policy and policy instruments

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Policy can be... complex SNEAKY

- Said
- Suggested/Inferred/Implied
- Intended
- Left out
- Ramification/Consequence/Outcome (Deliberate or Unintended)

Overt (Direct)

Covert (Indirect/Inferred)
Research Goal:

Identify extant *supports* or *barriers* to alternative person-centred dementia care

(created intentionally or unintentionally)

Policy

Policy instruments

Policy implementation
Why Person-centred?

• Because Albertans requested it.
  (Alberta Health, 2016b; Alberta Health Services, 2016)

• Because it’s a stated goal of Alberta Health.
  (Alberta Health, 2016a, Alberta Health, 2016b; Alberta Health
  Advocates, 2014; Alberta Health Services, 2015b)

• Because it’s considered ‘best practice’.
  (Alberta Health, 2016b, 2.23).
**Person-centred Dementia Care**

What does “Person-centred” *mean*?

- **Holistic**, responding to the needs of the whole person
- **Integrated**, or partnered (inclusive of the person with dementia and their family)
- **Collaborative**, with all care providers regardless of discipline, working together for the “patient’s” highest good.
- **Respectful**, consciously honouring the dignity and worth of the person with dementia.
- **Individualized**, through specific care plans or personalized, through selections regarding palate, music or decor
- **Preference-based**, acknowledging choice in manner, frequency or degree of care.

The Alberta Dementia Strategy & Action Plan was scheduled for release in 2015. It awaits ministerial approval.
**POLICY INSTRUMENTS**

- *Alberta Health Act*
- *Alberta Health Charter*
- *Continuing Care Standard*

**VISION/GOALS**

(What is desired)

*Accommodations Standards Licensing Information Guide: Long term care*

**Policy Implementation**

(How desired goals are accomplished)
PRELIMINARY FINDINGS

• **Intended** policy goals *are aligned* with those of innovative, person-centred care. All of the examined policy instruments contain *stated* alignment with some (if not all) of the principles.

• *Mixed* (or unintended) *messages* may unintentionally be conveyed to hands-on workers through inclusion, exclusion or repetition of principles.

• *Interpretation may not align* with values and intention.

• *Implementation may not align* with values and intention.
HOW COULD THIS HAPPEN?

Mixed (or unintended) messages may unintentionally be conveyed to hands-on workers through inclusion, exclusion or repetition of certain principles.

• Ex.- risk averse/‘safety first’ message conveyed through the compulsory inclusion of safety in 8 out of 12 Accommodations Standards directly pertaining to person-centred care (Alberta Health, 2015).

Availability heuristic is a cognitive bias where a frequently appearing item becomes more memorable and therefore seems more important.

➢ Disconnect between original message and ground floor implementation. I.e., the intended message is person-centred care, and the operationalized message becomes risk aversion.

➢ Telephone

➢ Inability of staff to implement person centred care in a meaningful way due to time restraints created by volume and nature of required (safety-oriented) tasks.
When individualized or preference-based standards are optional, what message does this send?

Which is most important?
Policy implementation may not align with intent.

Current policy promotes person-centred care... in a safe manner.

- Intent = person-centred care.
- Intent = safety (also)

Person-centred care ≠ Safety-centred care

Implementation ≠ Person-centred care
RECOMMENDATIONS

1. A generally accepted *multi-disciplinary definition of person-centred care*, including its essential principles should be implemented.

2. “CCHSS recognizes the Client’s *right to live at risk and respects the Client’s choice*” (Alberta Health, 2016b, p. 9). Approaching the issue of safety from this perspective may mitigate the problem of conflicting values when attempting to balance risk aversion with person-centred care.

3. The belief in the *primacy of safety or protection from harm* must be addressed.

4. Long Term Care Accommodation Standards should be re-evaluated with the understanding that *unintended messages may be communicated* through frequency of attention, lack of attention, or optional status.

5. Within Long Term Care Accommodation Standards, the *standards of personal choice items and social and leisure activities should be compulsory*.

6. An *educational campaign* could be undertaken to replace old school beliefs that maintain a frail or vulnerable senior paradigm, with the positive message supported by current research.

7. Given the possible disparity between intention and implementation, *further research* into the (mis)alignment of policy principles to actualized implementation is warranted, especially once a definitive Albertan dementia policy is in place.
Questions?


REFERENCES CONT'D.


