

OVERCOMING BOUNDARIES

PERSON-CENTERED CARE BY DARLENE MANUEL R.N.



BOUNDARIES OR SOLUTIONS IN PROVIDING PERSON-CENTERED CARE .

- **Boundaries (Definitions)**
- **The limits of one's personal space, including physical, psychosocial, and interpersonal domains.**
- **Guidelines that define the role of the mental health professional and the setting and scope of the therapeutic interaction .**

Solutions (Definitions)

- **A method or process of dealing with a problem.**
- **A specific answer to or way of answering a problem.**

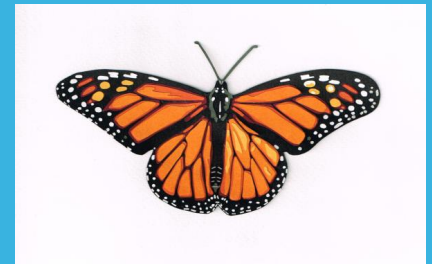


WHAT IS PERSON-CENTERED CARE?

Person and family centered care focuses on the whole person as a unique individual and not just their illness or disease.

Take time with residents, with approach, explain what you are going to do, give them time to process. If they refuse, staff leave and re-approach.

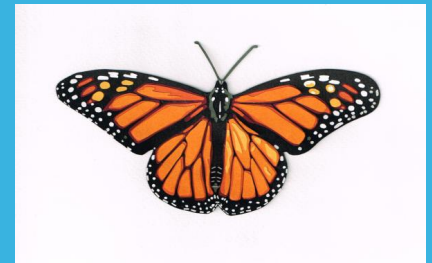
Focus on residents' needs first and tasks second.



1. FUNDING

Is it cost effective to provide Person-Centered Care ?

- **Staff resources are stretched with an increase in frail and complex residents.**
- **Goals :**
 - 1. Make the environment, the residents' home.**
 - 2. Safe and secure.**
 - 3. Respect and dignity.**
- **CIHI report – over the past 5 years we have had a slight increase in Chronic conditions in LTC.**



- Must ensure whole team works to full scope.
- Quality of residents life in **their** environment.
- Family Donations.
- Pets and plants.
- “Missy” the cat , whom the residents enjoy .



2. RESOURCE ROOM

Activities that allow residents

- to be expressive,
- problem-solve
- and are meaningful, even for a fleeting moment.



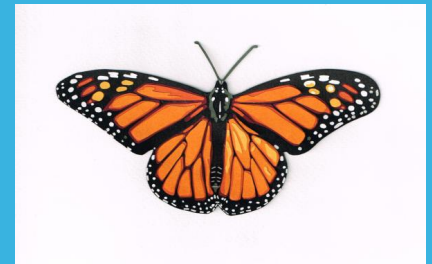
EXAMPLES OF RESOURCES FOR RESIDENTS

Resources and Resource Room -

- What works?
- Donations- thrift store- baby clothes /doll
- Bubble Tube –sensory – calming
- Telus – Free- fidget aprons and blankets
- Funeral Home Flowers, made into beautiful arrangements
- Music – Entertainers and religious services



- **Goal: To improve the health and well being of our residents and to increase resident engagement .**
- **How the Goal was achieved:**
- **Wrote a list of all residents, and from their life history I matched their names with their careers and what they enjoyed prior to their diagnosis of dementia.**
- **Variety of items were designed to stimulate senses and provide opportunity for meaningful interactions with loved ones.**
- **Staff encourage family members to take advantage of the resources to enhance visits and offer opportunities for fun and enjoyment.**

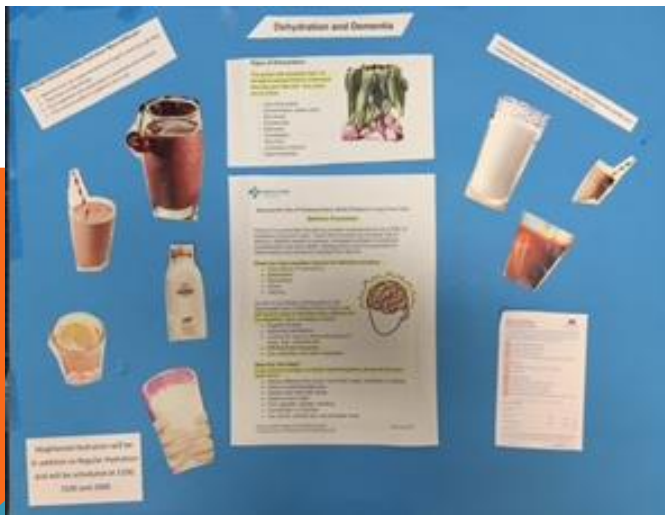


3. EDUCATION OF RESIDENTS, FAMILY AND STAFF

Residents and families are not all the same.

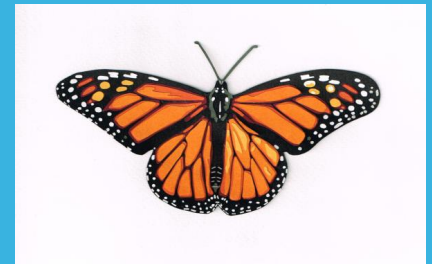
Listening to residents and families is very important: “Collaboration.”

- Diverse /culture/ language –ESL / some people are visual learners.
- Staff can use free education resources.
- AUA toolkit- Google AUA toolkit or <http://www.albertahealthservices.ca/scns/auatoolkit.aspx>
- GMH Team and their resources -- Mental Health Consultant
- Workshops / Alzheimer's society
- Make Posters to enhance education



4. STAFF BUY-IN

- **Staff buy-in – actually seeing the benefits of Resident-Centered Care, and overcoming the boundaries.**
- **Sleep study – feedback**
- **Input from staff for items they would like to see in Resource room**
- **Its OK to look beyond “task “ and look at the Resident , the person , the individual.**
- **Appropriate use of Antipsychotics**
- **Bowel Protocol**
- **Dehydration and Dementia**
- **Encourage participation and give that feedback to staff .**



5. TIME

- Staff are pulled in so many directions, with less resources to provide care.
- Encourage staff to take the time to develop friendships with the residents. Get to know them and their families.
- What are Butterfly Moments? “Special moments residents can connect with and smile about.”



6. DISEASE PROGRESSION

Be creative as the disease of Dementia progresses , staff may have to adapt their approach to care and environment .

- Resident with Dementia
- Emotions may be measured using different tools .

Resident who was a bus driver



Resident who was a Pharmacist



Smiles at the time

TOOLS TO USE AS DISEASE PROGRESSES

- Use behaviour mapping
- Fall mapping
- Adaptive clothing
- Adaptive eating tools
- Reality boards.
- Curbside Consultation*



7. FAMILIES

- Listen to the family, involve them as they are part of the team .
Respect both ways.
- Education – i.e. – sleep study
- Incontinent Products
- Resident Counsel for residents and their agents / family members
- Personalize music. e.g. USB port
- Newsletter
- Onesies
- Work with families – Graphic Designer /painter



8. PERSON-CENTERED CARE

- Improves the culture of our unit for everyone.
- Moves the focus from only being task-focused to making moments matter. “Its ok to do a puzzle with a resident, read a book with them, toss a ball.”
- Residents may love the comfort of holding a baby “Doll Therapy.”
- Another resident informed us she will be on holidays for two weeks.
- It’s the little things that matter.

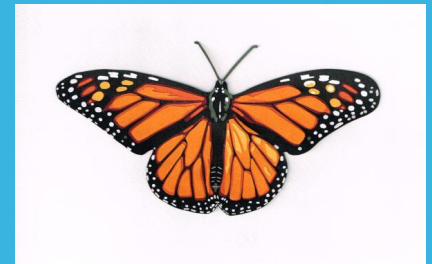


REMEMBER ITS OUR RESIDENTS' HOME

We are called to provide Resident-Centered Care

- ✓ **Physically**
- ✓ **Psychologically**
- ✓ **Spiritually**
- ✓ **Regardless of color, race or belief .**
- ✓ **We treat Mind, Body and Soul with respect and kindness.**

We are Blessed to Serve them .



RESOURCES

www.OLTCA.COM

AUA Tool kit

Magic Moments in HEALTH Care – Donna Devlin

Putting the P.I.E.C.E.S. together 6th Edition (physical , Intellectual , Emotional , Capabilities , Environment, Social .

RNAO- Registered Nurses Association Of Ontario

Dr. Donna Marcy-Edwards –Dementia related neuropsychiatric behaviour – Agitation , aggression , delusions , irritability .

Teepa Snow www.pinesofsarasota.org/pdfs

