

# Finding Person-Centered Long-Term Care Facilities



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# Today's Focus

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- ❑ Transitioning from home to long-term care setting
- ❑ Decision Support for family members who want a setting that practices “person-centered” care
- ❑ *Person-centered Care in Oregon Long-term Care Settings*
  - MOVE Consumer Guide,  
<https://www.adrcoforegon.org/consite/explore-in-a-facility.php>

# Goals for Today

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- ❑ Provide a knowledge base of person-centered care principles and practices.
- ❑ Provide tools to guide consumers in selecting a long-term care facility that practices person-centered care.

# Person-Centered Care

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. . . a philosophy of care that requires thinking about and planning with and for people who require assistance in their daily lives and providing that assistance in such a way that the person is honored and valued and is not lost in the tasks of caregiving.

# Person-Centered Care

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The emphasis is on well-being and quality of life as defined by the person.

# Person-Centered or Person-Directed?

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# Continuum of Person-Directed Culture

Provider Directed	Staff Centered	Person Centered	Person Directed
Management makes most decisions – little consideration of impact on residents or staff	Staff consult residents or put themselves in residents' place while making decisions	Resident preferences or past patterns form basis of decision making about some routines	Residents make decisions every day about their individual routines. When not capable of articulating needs, staff honor observed preferences & lifelong habits
Residents accommodate staff preferences; follow existing routines	Residents accommodate staff but have some choices within existing routines & options	Staff begin to organize routines to accommodate resident preferences – articulated or observed	Staff organize their hours, patterns and assignments to meet resident preferences

# Person-Centered Care

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- Personhood
- Care
- Knowing the Person
- Meaningful activity
- Autonomy/Choice
- Environment
  - Physical
  - Organization
- Relationships



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# PERSONHOOD



Knowing the Person

**PERSONHOOD**



Knowing the Person

## **PERSONHOOD**



Relationship



Autonomy/Choice



Knowing the Person

# PERSONHOOD



Relationship



## Organizational Environment



Autonomy/Choice



Knowing the Person

# PERSONHOOD

## Physical Environment



Relationship



Care



Autonomy/Choice



Knowing the Person

## PERSONHOOD



Relationship



Care



Meaningful activity



# Organizational Environment



Autonomy/Choice



Knowing the Person

## PERSONHOOD

# Physical Environment



Relationship



Care



Meaningful activity

# Elements of Person-Centered Care

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- Knowing the Person
- Choice, Autonomy
- Relationships



# Person-Centered Care

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- ❑ What is important TO you?
- ❑ What is important FOR you?



# Arthur's Story

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<http://www.youtube.com/watch?v=5ZcWuy4GHEc&feature=related>



# The Problem – What's not working

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- Arthur lives alone --
  - Not safe
  - Not eating well
  - Has fallen
- He has cognitive impairment
  - Found out at night in unsafe neighborhood
  - He is throwing food away, attracting rats
  - Hit caregiver

# What is Important TO Arthur?

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## □ Personal Preferences, Values

- Staying in his apartment
- Having company—talking about boxing and other sports
- Piping hot foot, eating with others
- Always wearing a particular hat
- Having \$10.00 in his pocket for emergencies
- Getting frequent reminders about appointments
- Staying connected with his nephew and family (weekly visits, daily calls)

# Arthur's Needs Based on What's Not Working

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## **Important for**

- ❑ Supervision (wandering)
- ❑ Reduce falls risk
- ❑ Fumigating apartment
- ❑ Managing behavioral symptoms

## **Important to**

- ❑ Interesting conversation
- ❑ Piping hot meals
- ❑ Company while eating
- ❑ \$10 in his pocket
- ❑ Favorite hat
- ❑ Not being startled awake
- ❑ Staying in his apartment

# Arthur's Goals

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- ❑ Provide support so that Arthur can stay safely in his apartment.
- ❑ Increase opportunities for Arthur to socialize with others, especially during meals.

# Strengths

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- ❑ Supportive, involved family
- ❑ Arthur is engaging and easy to talk to – when he is not startled and has things that are important to him available (hat, \$10)
- ❑ Has few ADL needs
- ❑ Workers have a key to his apartment
- ❑ Resources to pay for current levels of care

# Options Counseling Action Plan

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- Fumigate apartment (nephew)
- Prepare & freeze meals (nephew's wife)
- Continue visits & calls (nephew & family)
- Task List for HCW:
  - Read profile – understand what is important to Arthur
  - Heat meals & sit with Arthur while he eats
  - Discuss sports
  - Call Arthur's name, make sure he is awake before approaching
  - Make sure Arthur has his \$10 and hat
  - Continue to listen and learn from Arthur



# Arthur, 12 months later . . .

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- ❑ More memory impairment
- ❑ Increased disability due to congestive heart failure
- ❑ Complicated medication management regime
- ❑ Nephew's family cannot maintain meal preparation
- ❑ 24-hour supervision very expensive

# Culture Change in LTC Settings

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"Culture change" is the common name given to the national movement for the transformation of older adult services, based on person-directed values and practices where the voices of elders and those working with them are considered and respected.

Pioneer Network  
([www.pioneernetwork.net](http://www.pioneernetwork.net))

# Consumer Expectations for Decision Support

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- ❑ Objective, neutral information
- ❑ Assistance that is tailored for their situation
- ❑ Help in understanding the process of selecting the best care setting possible for their needs and resources

# Consumer Knowledge about Long-term Care Options

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- Types of settings
  - Physical differences, staffing
  
- Licensing and Oversight
  
  
- Costs
  
  
- Help with finding the right setting
  - Options Counseling

# Consumer Prep #1

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- Understanding “Levels of Care”
  - How much assistance is needed with ADLs?
  - How much care and supervision is needed to manage a health condition, for example:
    - Taking medications
    - Checking blood sugar levels
    - Using oxygen
    - Daily range-of-motion exercises
  - What is the potential for care needs changing in the future?

# Consumer Prep #2

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- Understanding how costs are determined
  - What is included in the facility's base rate?
  - What are the specific fees for additional services?
  - What methods are used to determine monthly charges?
  - What are the conditions under which a rate might change?
  - What percent annual increase to expect?

# Consumer Prep #3

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- Understanding Uniform Disclosure Statements, or the conditions under which a facility would request a resident to leave
  - Care needs that exceed the capacity to meet them (e.g., 2-person transfer, confined to bed, wandering)
  - Changing from private pay to Medicaid

# Consumer Prep #4

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- Understanding how to get the most out of visiting facilities
  - Make an appointment
  - Talk to managers, staff, residents and family members
  - Visit a second time without an appointment
  - Be prepared to talk about:
    - Important FOR information
    - Important TO information
  - Ask questions about person-centered care
  - Trust your senses



# What is important FOR Arthur?

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- ❑ Medication management
- ❑ Monitoring & managing symptoms of CHF
- ❑ ADL care
  - Showers
  - Dressing
  - Mobility
- ❑ Safe environment



# What is important TO Arthur?

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- What do we know that is important to Arthur?
- What else do we need to know?
- How do we guide Arthur's family in gathering this information from Arthur?



# Selecting a PCC Care Setting for Arthur

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- What do we know that is important to Arthur?
  - Talking sports
  - Having piping hot meals
  - Company while he eats
  - His \$10 & Hat
  - Being in his home

# Selecting a PCC Care Setting for Arthur

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What else do we need to know?

- ▣ Things that will make environment more comfortable
- ▣ Daily routines
  - Getting up and going to bed
  - Meal times
  - Getting clean
- ▣ Meaningful activities
  - Music
  - Outdoors
  - Religious spiritual activities
- ▣ How he wants to relate to caregivers

# Selecting a PCC Care Setting for Arthur

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- How do we guide Arthur's family in gathering this information from Arthur? (p. 6-7)

## What is Important TO My Family Member

The answers to the following questions will help staff understand the importance of specific daily routines, preferences, and people. Ask your family member:

	Answers	Not Important	Somewhat Important	Very Important
What time do you like to get up?				
What time do you like to go to bed?				
When do you like to eat breakfast?				
Do you prefer a tub bath, shower, bed bath, or sponge bath?				
Do you want to choose what clothes to wear?				
What are your favorite foods?				
What are foods you do not like?				

# Selecting a PCC Care Setting for Arthur

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Consumer Guide, p. 8-9

- ADL Needs
- Managing health conditions
- Cognitive functioning

# Finding the right setting

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## □ Questions for Management & Staff

- How will you get to know Arthur?

Questions for Management & Staff

- How will the staff accommodate Arthur's preferences?
- How do you build a sense of community here?

# How will you get to know my family member?

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## □ Listen for or observe:

- Genuine interest in your family member – “important to”
- Interest in your family member’s history as well as current health situation
- What will they do? (e.g., assessment tools, conversations with your family member, seeking information from you)
- Respectful interactions between staff and residents

■ ***Knowing the Person***



# How will you accommodate preferences?

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- Listen for or observe:
  - Time for staff information sharing about preferences & well-being built into daily routines
  - Consistent assignment
  - Ability to request specific caregiver
  - Ability to adhere to important routines
  - Those who know your family member best, participate in care planning
  - Setting (community) makes every effort to include you in care conferences

■ ***Choice, autonomy***

# How do you build a sense of community?

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- Listen for or observe:
  - System in place for welcoming new residents
  - Residents are engaged in their environments (individually, small groups, larger gatherings)
  - Common space is in use
  - A range of activities are provided
  - Residents' talents and special interests are recognized and embraced

■ ***Relationships***

# Questions for other residents & their families

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- Residents and family report or convey:
  - Positive relationships with staff and management
  - That staff know what is important to them and accommodate their preferences (especially residents)
  - Continuity and stability in staffing
  - Report enjoyable events
  - A sense of community
  - Responses consistent with those of management and staff

# Trust your senses!

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- ❑ What do you see?
- ❑ What do you hear?
- ❑ What do you smell?
- ❑ What do you taste?
- ❑ What about touch?

# Other Sources of Information

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- Oregon Long-term Care Ombudsman's Office
  - [www.oregon.gov/ltco](http://www.oregon.gov/ltco)
  - 1-800-522-2602
  
- Local DHS Offices
  
- Nursing Home Compare website
  - [www.medicare.gov/nursinghomecompare](http://www.medicare.gov/nursinghomecompare)

# Culture Change in Oregon

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- Making Oregon Vital for Elders (M.O.V.E.)

<http://orculturechange.org/>

# Questions?

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