

Person Centred Care

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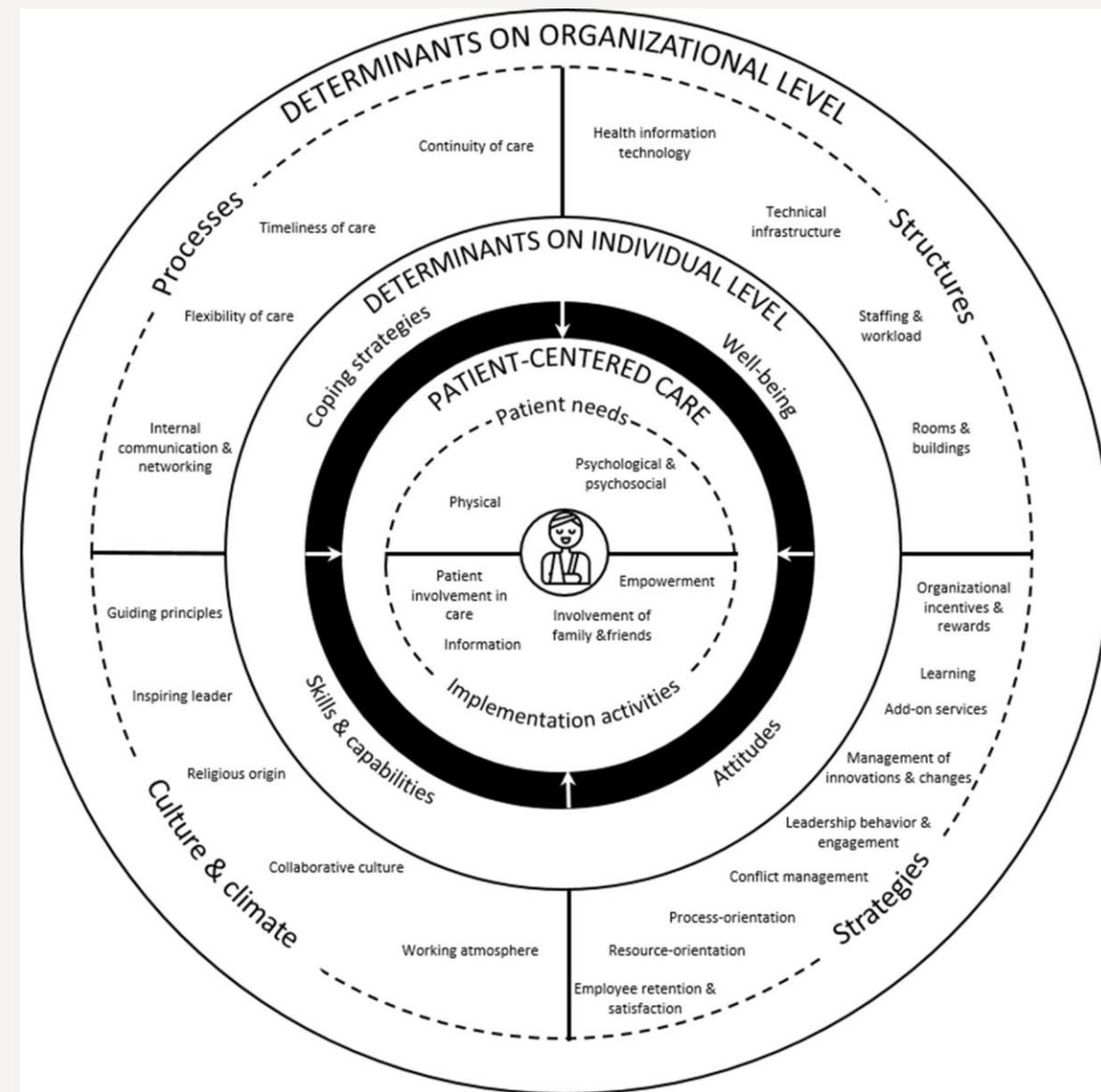
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Focus of Presentation

- What is 'Person Centred Care'?
- Practical examples



<https://bmjopen.bmj.com/content/9/4/e027591>

What is Person Centred Care?

The term person-centred care has become all-pervasive on the UK dementia care scene. It has been suggested that it has become synonymous with good quality care. It seems that any new approach in dementia care has to claim to be pc (person-centred) in order to be P.C. (politically correct). The term is used frequently in the aims and objectives for dementia care services and provision in the UK and the US, although what lies behind the rhetoric in terms of practice may be questionable.

2003, Brooker,D., Reviews in Clinical Gerontology



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Person Centred Care – the advertising



I ran a large accounting business.
I love medieval architecture.
I like talking about soccer.
I once met Roy Orbison.
I don't like talking about politics.
I like a neat whiskey in the evening.
I use my iPhone every day.
I believe in respecting others.
I think a lot about the future of the world.
I believe happiness is a gift.
I believe in the after life.

See me.
Know me.

High level overview of person centred care

Person centred care is about how we treat everyone, not just people living with dementia.

1. Treat people with dignity, compassion, and respect.
2. Provide coordinated care, support, and treatment.
3. Offer personalised care, support, and treatment.
4. Enable service users to recognise and develop their strengths and abilities, so they can live an independent and fulfilling life.



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What is 'Person Centred Care'? - Organisational

- Culture (valued, philosophy, operational definitions)
- Co-design (program, service delivery, training)
- Workforce (recruitment, expectations, celebrations)
- Environment (design, utilisation)
- IT system (e-health platforms to share appropriate information)
- Measure and monitor PCC

What is 'Person Centred Care'? - Individual

- Communication (engaging in the moment, listening, multiple modalities, sharing information, discussing care plans)
- Respectful and compassionate care (responsive to preferences, needs and values, person is expert in their own care, provide supportive care)
- Engage person in managing their care (co-design care plans, shared decision making, goal-setting, supporting self-care management)
- Integration of care (communication and information sharing between health providers and others involved in care)

Person-centred	Service/system centred
Talking with the person	Talking about the person
Planning with the person	Planning for the person
Focused on strengths, abilities, skills	Focused on labels/ diagnosis, deficits
Finding solutions that could work for anyone, preferably community based	Creating supports based on what works for people with 'that diagnosis'
Things are done that way because they work for the person	Things are done that way because they work for staff or the service
Family and community members are seen as true partners	Family members & community seen as peripheral

Person Centred Care – the reality

- Connecting
- Leisure and Community Activities
- Decision making
- Supporting Self Care
- Environment



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Connecting

- Some people will 'connect' better than others (rosters, allocations)
- Knowing the person is important, but need not stop the effective communication
- Be open to the *human* connection
- Slow down to communicate – verbal and non-verbal
- Listen with all of your senses
- Personal space and touch



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Leisure / Activity

- Social and leisure committee – chaired by resident, meets monthly, family reps welcome, staff implement decisions made by the committee (eg pop up clothing stores, casino days etc)
- Bus outings where family members can come along.
- Resident expressed that he missed ‘a burnt chop on the BBQ and a cold beer with the blokes’ – team responded by implementing monthly ‘chops & chaps’ in the shed facilitated by support services manager and chaplaincy (male staff).
- Allowing residents to determine the timing of the activity programme, and then roster to support. Most activities now run in the afternoons / evenings.



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Decision Making

- Decisions aren't always verbal – look for the cues and allow time
- Provision of options that are acceptable to the person, not the person providing the care (eg culture of staying in bed)
- Contribution to the development of menus
- Residents decide what 'significant days' they would like to recognise as a community.



Supporting Self Care



- Allowing time to complete activities independently (or with required support) rather than taking over.
- When engaging with new residents **and on an ongoing basis** asking: “what do you need from me today?”.
- Remember that every day, you might be a new person for the person to work with.



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Environment

- Resident selection of the name of new clinics
- Resident involvement in selection of refurbishment options (colours, furniture, theme etc). Guidance to support wayfinding.
- ‘True Doors’ decal – residents choose their own decal to personalise the door.
- Residents chose how they receive communications on therapy activities in the home – calendar format & notice boards adapted to residents’ choice.
- Personalisation of rooms with furniture, belongings, memory boxes etc.



In a nutshell

- Have an intent to connect, not to just complete a task.
- Be interested in each individual for who they are and what they want and need.
- Listen with every sense you have.
- Know as much as you can about the individual (who they are, not just their clinical presentation)



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