

ADULT DAYCARE PROGRAM RESIDENT COUNCIL

Resident Council for the ADHCP is held during the last week of each month. Attendance is recorded and the social worker keeps copies of the attendance sheets. Due to the moderate to severe cognitive impairment of the registrants, meetings tend to focus on reminders regarding safety procedures, program rules/expectations and registrants rights. At the end of each meeting the social worker asks for suggestions and comments and is available to speak privately with registrants if they prefer. Formal minutes have not been a part of the process, and each meeting incorporates the following:

Registrant Rights: The Bill of Rights is reviewed at the beginning of the meetings and summarized briefly to remind registrants of their rights and options. Registrants are reminded that they have the right to participate or not in any activity. They are also reminded that no staff is ever to cause them to feel coerced or threatened into participating; and in such a case they are advised that they should speak with a staff member as soon as possible so that this can be addressed.

General Safety: Registrants are reminded that they are never to leave the daycare room without telling the staff where they are going. Canes and walkers need to be placed so they are never blocking areas where registrants and staff need to walk. Registrants are reminded that no one is to put their hands on anyone; name calling will not be tolerated; staff are always available to resolve registrant issues.

Fire Safety: Registrants are reminded of the facility safety procedures including but not limited to: staying in the daycare room with staff to await further instructions; remaining calm and orderly during evacuation procedures; following all staff instructions. Registrants are reminded that the doors of the room will close in a fire drill and staff is here to keep them safe.

Transportation Safety: Registrants are reminded that they are always to have their seatbelts buckled; to immediately notify the driver if someone has become unbuckled so that the driver can pull the vehicle over to safety and resecure the registrant. Registrants are reminded to never ever unbuckle their seatbelts, even if the vehicle is stopped, until directed by the driver to do so.

Meal Safety: Registrants are reminded that they are each on an individualized medically prescribed diet. As such they should not share food. Registrants are reminded that they should leave anything they do not wish to eat on their plates, to be removed by staff. They are reminded that tables need to be cleared by 11:00 a.m. so that lunch can be served in a timely manner.

Bathroom Safety: Registrants are reminded to always use the call bells to summon assistance by staff, especially if they are wheelchair-dependent; to always wash their hands when leaving the bathroom. They are also reminded to not throw away bathroom supplies such as toilet paper, gloves, and wipes, as these items are necessary for the more impaired registrants.

At the end of the meeting, registrants are asked for input regarding the program activities, suggestions, comments regarding what they do or do not like, and any other feedback they wish to provide.

Person Centered Care in Nursing Homes and Assisted Living

We all desire optimal quality of life and personalized long-term care for our elders. We want to select care options that afford the best opportunity for person centered care. There have been many recent innovations in care practices for persons with dementia but they are not universally available. This tip sheet is a quick primer on what is referred to as a Culture Change in long term care. These tips are designed to familiarize Alzheimer's families and advocates about the tools, guides, language and resources available to understand and foster a person centered long term care. Hopefully, it will help you identify the best philosophy of care that meets your needs and your loved one's needs.

What does person-centered care mean?

Person centered care is a focus on elders' (residents' and clients') emotional needs and care preferences, consistent with their lifestyle. The emphasis is on relationships in the care (Social Model), rather than task-centered approaches that focus on physical health of elders (Medical Model). Although the term person-centered approach (PCA); person centered care (PCC) or resident centered care (RCC) is starting to be referred to more in the healthcare 'lingo', many may misunderstand its meaning. When seeking person centered care, families will want to know how care providers learn about, and support each person's holistic needs and preferences. Person centered care considers the person's relationships and the impact that other people, practices, physical care and the environment may have on the individual. (Kitwood, 1997; Brooker, 2004).

Core characteristics of the approach are:

- Respecting and valuing the individual as a full member of society
- Providing individualized emotional and physical spaces for care that are in tune with people's changing needs
- Understanding the perspective of the person in all care and activities
- Providing supportive opportunities for social engagement to help people live their life and experience well-being.

Is Person-Centered Care the Norm?

No, but it is becoming more available. For many years "pioneers" have championed the idea that those receiving long-term care in nursing homes and assisted living are best served by what has become known as —person-centered care. To fully realize this type of care, a significant change in the way we think about long term care is underway. This is a broad and deep change in both consumer and providers' mindset and in service delivery. There is a substantial change in the culture of long-term care currently taking place.

Not all health care providers have accepted this innovation and culture change. But those who have done so show that it is possible to deliver person-centered care that is both cost-effective and highly satisfying to those receiving the care and to their families, as well as care professionals providing that care. While many approaches are developing, the core values that unite them are choice, dignity, respect and self determination. Given the benefits, especially for the recipients of care, a large and growing number of providers, consumers, policy makers, professional associations, and long-term care leaders believe we must move forward to the broad-scale spread in person centered care.

Culture Change Terms

Culture change refers to the progression from institutional or traditional models of care to more individualized, consumer-directed practices that embrace choice and autonomy for care recipients and providers. "Culture change" is an innovation anchored in values and beliefs that return the locus of control to elders and those who work closest with them. Its ultimate vision is to create a culture of aging that is inclusive, life-affirming, satisfying, humane, and meaningful. Required changes: Culture change requires changes in organizational practices, physical environments, workplace practices, and relationships.

Goal: Long-term care environments become places where elders can continue to live and, most importantly, make their own choices and have control over their daily lives. This kind of care not only enhances quality for consumers and staff but also creates opportunities for the health care providers to improve in quality of care, efficiency, revenue and stable staffing.

Culture Change Improvements

Many families are seeking a long term care setting with a quality improvement approach shifting from:

Medical Model = Old School; institutional model, top down power structures and a medical orientation

Social Model = New Vision; a person-centered model distinguished by smaller living areas, flexible and inclusive staff roles and an administrative commitment to empower those who work closest to residents, to help make care decisions.

Common elements of culture change include:

- Resident-direction in care and daily activities
- Home atmosphere
- Close relationships between residents, family members and staff
- Staff empowerment
- Collaborative decision-making
- Quality improvement processes

Importance of Language:

Language is important in the change to person centered care. Language can either support change efforts or undermine them. Concepts of personalization and relationship-building cannot take root when a resident requiring assistance at mealtime is referred to as a "feeder; or when the act of walking is referred to as "ambulation." Purposeful lives unfold in communities, not in "facilities". Reference the last page of this tip sheet for examples of ways language needs to change as the care culture changes. The widely-used language of long-term care continues to reflect an institutional orientation. Part of a change effort must be thoughtful consideration of the words and expressions used to describe the care provided and the way people and spaces are referred to in long term care communities. For instance, the term "resident" emphasizes the special relationships between person and place and person and community that the term "patient" fails to evoke.

You may find that each long term care community uses different language that works best for their "customers". Newer approaches are commonly characterized in one of these ways: "person-centered," "resident-directed," "resident-centered" and "relationship-centered." The important common threads are the core values of focusing care on the meaningful needs of "the person". Since the people residing at any one time in a care community change, culture change is referred to as a journey not a destination and the care providers should be in a continuous process of assessment, creative responses and evaluation of their a person centered care strategies.

Components of Person Centered Care:

Long Term Care Communities are diverse, each having their own identity. This is a list of tangible resident-centered practices which consumers should see and experience in long-term care communities engaged in culture change. Residents living in nursing homes that provide resident centered care have:

- Resident-Centered Systems for Getting to Know Residents
Examples: Life Story Interview & document, Preferences Inventory, All About Me Form
- Creative, Non departmental Staffing Approaches
Examples: Consistent staff, "universal worker" job descriptions, Neighborhood Team Leaders, All Hands Philosophy, Care Partners
- Maximizing Independence
Examples: residents go to bed and wake when they want; bathing choices based on residents' preferences, individualized medication administration (not a line up), activities that interest a resident rather than "one size fits all" approach and only big group activities.
- The Move-In Experience emphasizes building relationships and feelings of home, not a medical admission
Examples: A welcome committee, welcome rituals, a buddy system for both families and residents, a system for notifying and introducing staff, families and residents of a new neighbor and a well developed orientation or transitions program for families and elders.
- Understanding Community Norms- see above
- Focusing on Possibilities, Not Limitations
Examples: Using the person's life story and integrating it into care plan. Use of the "I care plan", Fitness, wellness and enrichment programs, resident-directed decision-making
- Supporting the Community Through Grief and Loss
Examples: Determining and honoring resident and family preferences around end of Life Care, Five Wishes or Tranquil passages programs, healing circles, memorial rituals and services that acknowledge deaths, comfort quilts, programs that assist staff, residents and families with loss
- Spirituality Supports- See above
Examples: Blessing of the Staff's Hands, pastoral care services, sacred spaces, reflection rooms
- Culinary Engagement
Examples: Eat what they want, when they want; liberalized diets that restore joy of dining, dining preferences interviews, use of finger foods, and availability of snacks tailored to individual's preferences, soup and salad bars, family involvement in dining, celebrity chefs.
- Environment for Living
Examples: Self-contained living; 24 or fewer residents in small scale households or neighborhoods, space is personalized, less medical spaces like nurses stations and medication carts or rooms, noise reduction, outdoor spaces that are used and enjoyed, family spaces, fitness areas

- **Community Connections and Authentic Experiences that Promote Well-Being**
Examples: Social Action Clubs, volunteer programs, hosting community groups and programs, art shows, community partnerships with Colleges, YMCA's etc.
- **Transitions of Care Systems**
Examples: Involving families in communication around care before crisis occurs, strategies to prevent hospital stays, visits when residents are in hospital, conferences with families about transitions to other levels of care and orientation to that level.

Culture change represents a major shift in "institutional care". It is new to families and professionals alike. We want you to be aware of this and be able to ask all the questions, so that you get the best care for your loved one. For further information and help with decisions about care, contact the Alzheimer's Association 24/7 Helpline: 800.272.3900 or log onto www.alz.org/greatermissouri

- **Institute for Person-Centered Care - <https://www.buffalo.edu/content/www/ipcc.html/>**
Designed to provide better delivery of services to the frail and vulnerable, particularly the elderly, and support advocacy and awareness of their needs, through research, education and practice development.
- **PioneerNetwork: Culture Change in Long-Term Care- www.pioneernetwork.net**
Pioneer Network was formed in 1997 by a group of prominent professionals in long-term care to advocate for person-directed care
- **Planetree - planetree.org**
Founded by a patient in 1978, Planetree's philosophy is based on a simple premise: care should be organized first and foremost around the needs of patients.
- **Action Pact - actionpact.com**
A family of companies serving the retirement and care community who stand at the forefront of the culture change movement in long-term care. Action Pact propagates the philosophy of creating a learning organization in which residents, their families and staff can learn and grow and work together.
- **The Green House Project- thegreenhouseproject.org**
Believes that a very important element has been forgotten: home, including the importance of meaning, value, joy and comfort in elders' lives. The Green House movement envisions homes where elders and others enjoy excellent quality of life and quality of care; where they, their families, and the staff engage in meaningful relationships built on equality, empowerment, and mutual respect; where people want to live and work; and where all are protected, sustained, and nurtured without regard to the ability to pay.
- **Illinois Pioneer Coalition- www.Illinoispioneercoalition.org**
Meeting since 1999, carries on the work and philosophy of person centered care in Illinois.
- **MC5 - Missouri Coalition Celebrating Care Continuum Change- www.momc5.com**
Meeting since 2005, a driving force in culture change across Missouri.

- **Culture Change - State of Missouri Website** - Telephone: 573-522-8318. Missouri is the only state to have a designated staff position in state government dedicated to culture change in **Long-Term Care Regulation**.

Transforming the Language of Culture Change

Old Language	New Language
Victims of... suffering from	Living with
Wing, unit, floor, division	Community, neighborhood, household
Alzheimer's special care unit or locked unit	Memory Care community
Allow	Encourage, offer, help with
Diaper , pampers, pull-ups	Panties, briefs, (protective) underwear
Patient	Person, resident, individual, elder (use their name!)
Feeder, feeder table	Assist/help with dining; dining/kitchen table
Nurse aide , CNA, front-line staff	Care partner, care manager, care associate
Locked/locked down unit	Secured area/neighborhood, household
Admission / Place At/ Put In..., Placement	Move in
Lobby , common area	Living room, foyer
Facility, skilled care, nursing home	Community, living center
Eloped, escaped	Left unescorted, left the building/area
She's a falls risk	There's a good chance she might fall
Behavior problems	Having difficulty with..., an emotional outburst
Wanderers	People who like to walk/roam around...
Toilet (mom, the resident)...	Take to/help in the bathroom/powder room
Activity Director	Life Enrichment Coordinator, event planner
Nurses station	(home)Office, work area, desk area
Supplement, Nourishment	Snack, treat, food, drink, shake
Needs hydration/hydrated	Needs a drink, has been given something to drink
Bib	Napkin, clothes protector, dining scarf, cover-up, apron
Transport	Escort, assist to, help go to...
"You need to..."	"Would you like to... I would like for you to..."
"Sit down. You're going to fall..."	"May I help you walk...?"
"Your tray is here..."	"Dinner is served. It's lunchtime"
"She's a 2 person transfer..."	"She needs the help of a couple of people to move..."
"Sorry, that's not my job... I don't do that..."	"Let me see how I can help you"
"I/ We can't do that"/ "That's not allowed"	"Let's try to figure a way, let's try to figure this out..."