

*Make Quality
Improvement a
Continual Priority
once again*

Culture Change

A Movement: A Philosophy of Care

Create health care systems that ensure every older adult receives the best evidence-based care possible, without harm, ultimately satisfied with the care received.

Culture Change Elements



- Resident directed care and daily activities
- Home atmosphere
- Close Relationships with other residents, family members and staff
- Empowerment of the staff
- Collaboration in decision making
- Quality Improvement processes

What influences how much We move?

Language, myths, metaphors, stories, hierarchy of values, know how, assumptions, - indicate

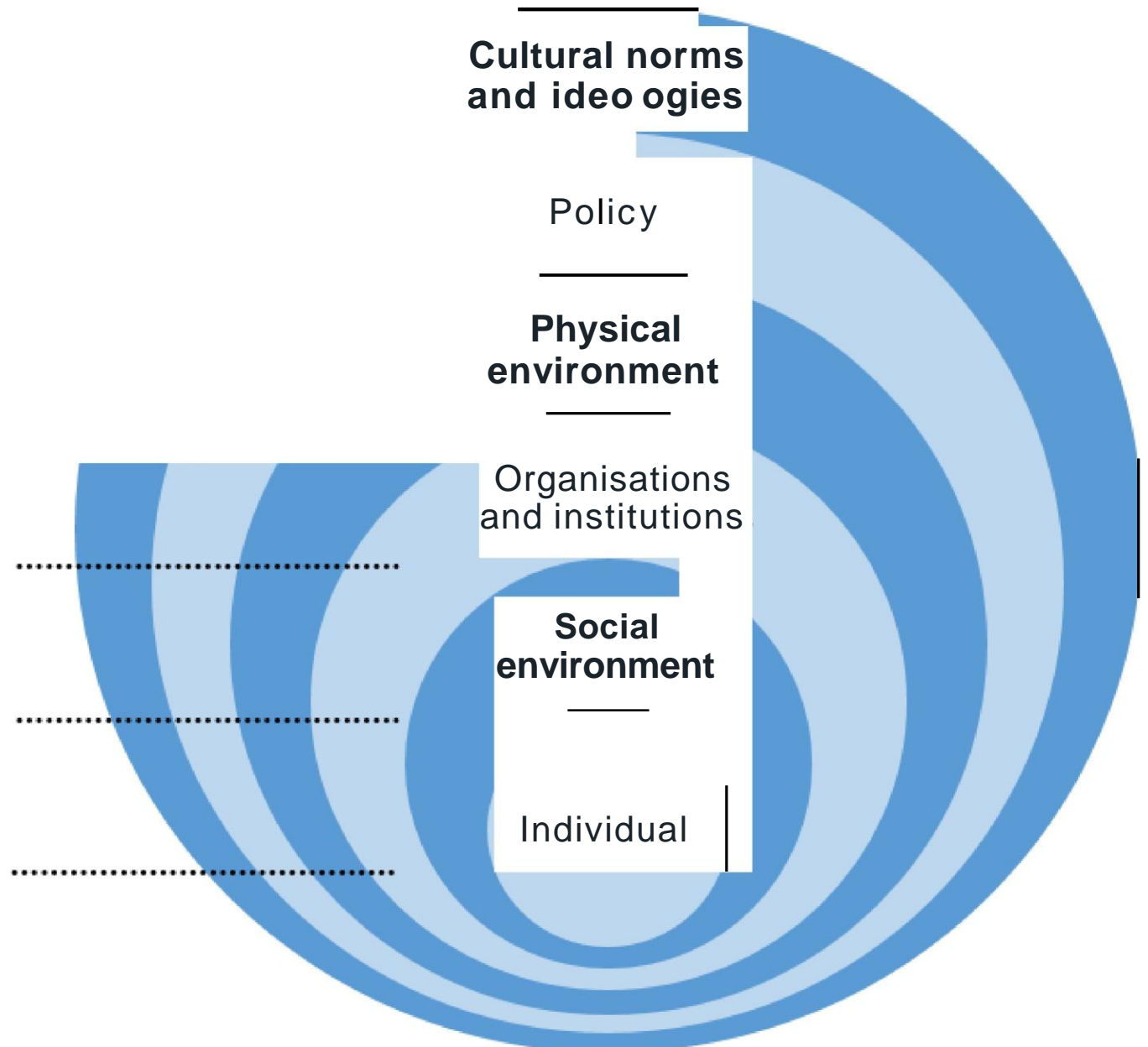
International and national guidance & laws, local laws and polides, rules, regulations, codes, tim es and scheoules

Built environment, natural environment, green and blue spaces, transport networks, homes

Schools, heallt hcar e, busin esses, workplaces, faith organisations., charities., clubs

ndividual relationships, families, support groups, social networks

Individual capabi lities, motivations, opportunities, know,ledgeJ' neds, behaviours, physical and mental health and wellbeing



REINFORCING CHANGE



Core Components of Person-Centered Care leading to Culture Change

- Resident-Centered Systems get to know your residents
 - Life story Interview and document, preferences, All about me form/book
- Creative, Non departmental staffing approach
- Understanding the perspective of the person in all care and activities to maximize independence
- A move-in Experience
- Focusing on Possibilities, NOT limitations
- Supporting the community through grief and loss
- Spirituality Supports
- Culinary Engagement
- Environment for Living
- Community Connections with Authentic Cultural Experiences that promote well-being
- Transitions of Care Systems

How to Implement and Act On

- Personal Preference Questions
- Individualized Care Plans “I Care Plans”
- Communications and Care Conferences with family members and residents often
- Life Memory Books
- Individualized Activities
- Spiritual and Cultural Considerations
- Retention of Reliable trained Staff
- Dining Experiences
- Tailored needs to accommodate physical limitations to maximize possibilities



What Matters Most is Quality of Individualized Care



Examples of Culture Change Approaches

- Plants, Gardening, Green Houses
- Cooking Involvement, Menus, and Choice
- Clubs, Activities tailored to individual desires
- Inclusion of Community, Children, animals etc.
- Lighting and Sensory Accommodations

The DAWN approach to Person-Centered Care:

Discovery of Attitudes, Wishes and Needs
(DAWN)

Care Plan Considerations for Visually Impaired Resident

- Provide adequate lighting
- Larger print and visual aides for choices
- Adaptive Equipment
- Take special care they have their visual aides when they need them.
- Furniture arrangement, tripping hazards such as rugs removed
- A Call bell or mechanism to obtain assistance with mobility
- Contrasting Bright Colors
- Sunglasses worn outside to reduce glare
- Use of eye drops to prevent infections such as steroids, or anti-biotics
- Vision concerns can lead to confusion, delirium, depression, falls, & reduced ADLs. Extra care to look for signs and symptoms of these increased concerns.

A Case to Consider- Moments of Momentum

- Gabby was losing her eyesight, becoming more agitated and disengaged socially.
- What interventions would you suggest?
 - Resident and Family Engagement Discussions
 - Lighting changes in her room/hallway
 - Magnification or Adaptive Devices to aide in vision
 - Sensory Activities to engage more of the other senses such as hearing (music or sounds), touch working with hands.
 - Food placement and plating or assistance in eating
 - Referral to Specialist

References

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