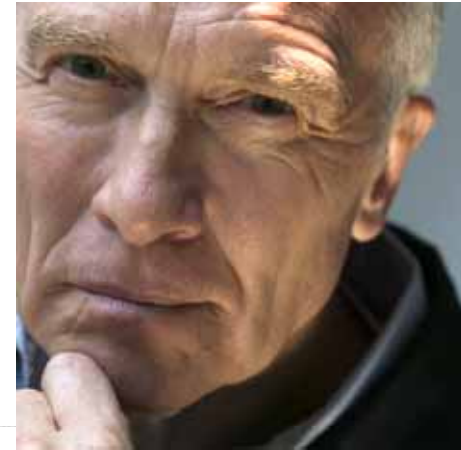




# The Person



# @ the Centre

**Partners in Care ... Unlimited Possibilities**

March 10, 2009; Winnipeg, MB

**Norma J. Kirkby, PHEc  
Program Director  
Alzheimer Society of Manitoba**

# Personhood

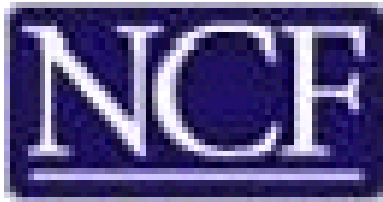
- “A standing or status that is bestowed upon one human being, by others, in the context of relationship and social being. It implies recognition, respect and trust.”
  - Kitwood, 1997





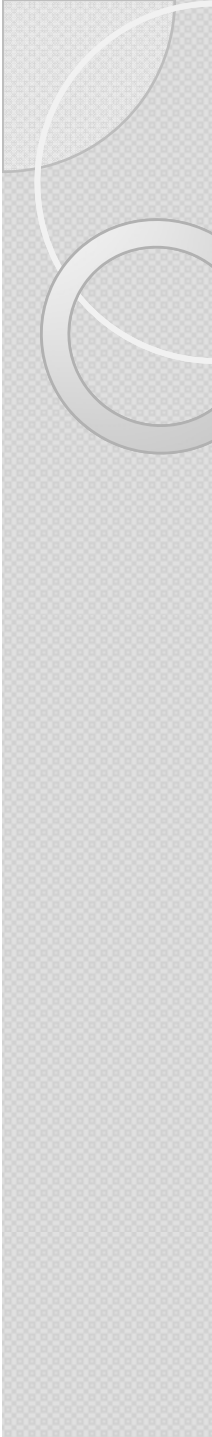
# Person-Centred Care

- Means different things to different people in different contexts.
- Sees dementia as a condition that needs to be understood from a biological, psychological and sociological perspective and understands that these perspectives interact to determine a person's experience of the disorder.



- “In a person-centred approach the unique qualities of the individual are determined by their life history and experiences, likes and dislikes, and their defining characteristics. . . . Care and support services should build on individual strengths and abilities and maximize and promote independence. Services should enable people to feel valued and safe.”

- The National Care Forum (UK), April 2007

- 
- “Quality care is not a product, even though it is treated that way. It is a mutual relationship that requires time and proper conditions to nurture.”

- Athena McLean, 2007  
Alzheimer’s Care Today

# Questions to ask ourselves:

- Has it become politically correct to say that a care facility is person-centred?
- What standards are defining person-centred care where you work?





## Elements of Person-Centred Care:

- Value people with dementia and those who care for them.
- Treat people as individuals.
- Look at the world from the perspective of the person with dementia.
- Provide a positive social environment in which the person with dementia can experience relative well-being.
  - Brooker, 2004

## Pair and Share:

- What is your “proudest” dementia care moment?
- What made that moment so successful?
  - What did that moment “look like,” “feel like,” and “sound like?”
- How could the things you learned in that moment be passed to others and used to change care practices in your workplace?
  - Adapted from Lori Schindel Martin, 2008

# What does Person-Centred Care:

<b>LOOK LIKE?</b>	<b>Physical Environment Physical Care</b>
<b>FEEL LIKE?</b>	<b>Emotional Care Social Interactions</b>
<b>SOUND LIKE?</b>	<b>Communication</b>

# “Looks Like” examples -



- Physical Environment:
  - Opportunities for safe movement
  - Opportunities for privacy
  - Adequate lighting for ease of vision
  - Use of natural lighting
  - Colour schemes that calm while enhancing depth perception
  - Visual cues that prompt independence
  - Personalization of rooms encouraged.

# “Looks Like” examples -



- Physical Care

- Care plans that are updated regularly and responsively, reflecting strengths and abilities
- Care based on life history – values, preferences, experiences and that accounts for emotional triggers
- Regular pain screening
- All staff follow the agreed care plan
- Interventions are introduced one at a time and monitored for effectiveness.

# “Feels Like” examples -



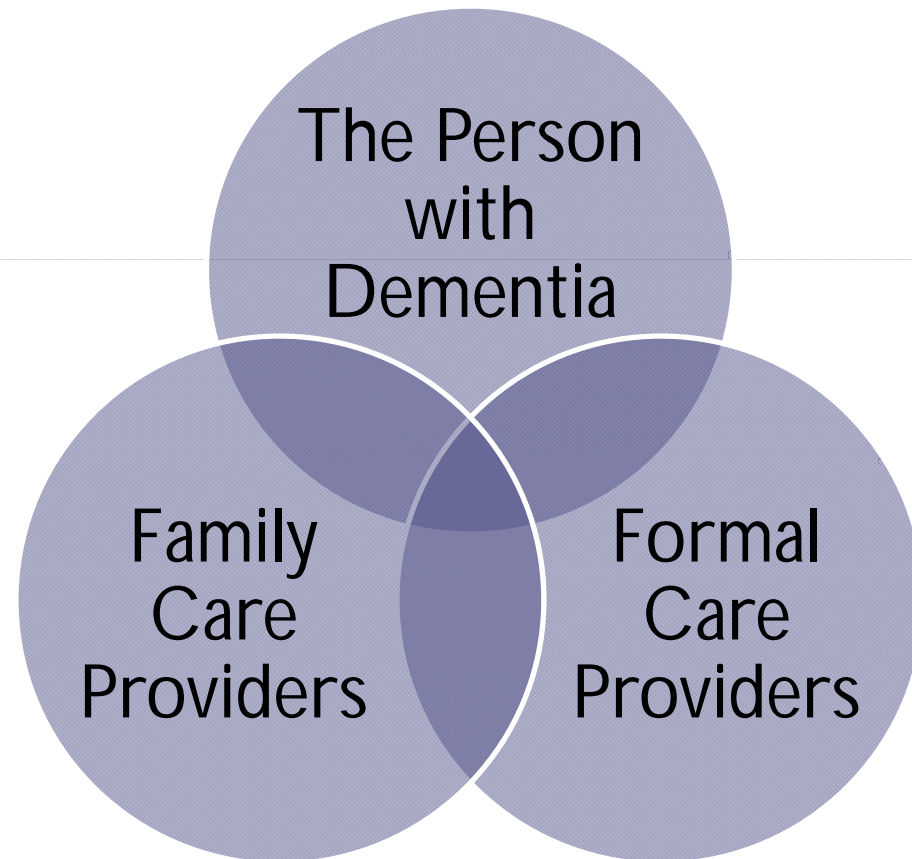
- Emotional Care and Social Interactions
  - Energy is paced throughout the day
  - Promotes self esteem
  - Choice making is encouraged
  - Care plans reflect social emotional needs
  - Interactions are respectful
  - Staff enjoy interaction/activity with residents
  - Family members/friends are welcomed in the life of the resident and facility.

# “Sounds Like” examples -



- Communication where
  - Language used aims the brain for success
  - Language used does not label
  - Changes in hearing and visual acuity and the ability to speak are accommodated
  - Nonverbal actions are valued as communication
  - Consent is obtained prior to staff acting
  - The person's thoughts and feelings are sought more frequently than factual information.

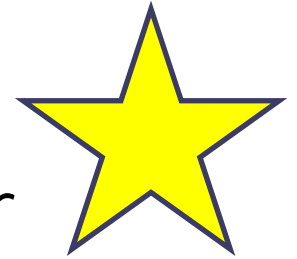
# Person-Centred Care Benefits:



# Benefits of Person-Centred Care:

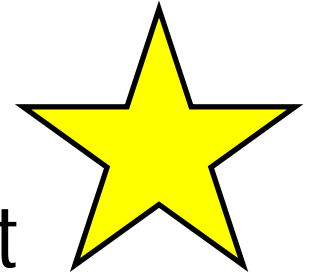
People with dementia experience:

- Better quality of life marked by lower incidence of depression.
- Greater freedom of choice leading to less reactive behaviour.
- Improved sleep patterns due to increased activity.
- Greater self esteem related to increased social interaction.
  - Timothy Epp, 2003



# Benefits of Person-Centred Care:

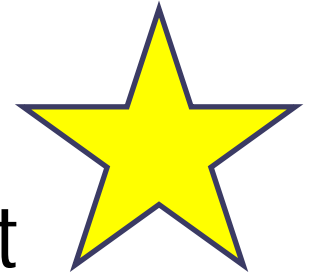
Family care providers experience:



- Opportunities to learn more about dementia and ways they can assist the person with dementia to experience quality of life.
- Inclusion in care planning.
- Support in their care giving roles.
- Inclusion in the “life” of the care facility.

## Benefits of Person-Centred Care:

Formal care providers experience:



- Opportunities to learn more about dementia and the care of people living with dementia.
- Shared leadership in care settings and mentoring in implementation of best practices.
- Collaborative decision making and care.



## Did I work in a person-centred way today?

- Questions to ask:
  - Did I provide care that respects residents' life stories and preferences?
  - Did I support residents to make choices?
  - Did I communicate with residents in a courteous and sensitive manner?
  - Did I give care in a way that promoted dignity?
  - Did I create an environment that supported resident strengths?
  - Would I be happy to receive the care I gave to residents today?

## Resources:

- **On Our Own Terms:** The Challenge of Assessing Dignity in Care, Picker Institute.  
[www.helptheaged.org.uk](http://www.helptheaged.org.uk)
- **Person-Directed Dementia Care Assessment Tool,** State of Wisconsin, Department of Health and Family Services.  
<http://dhs.wisconsin.gov/Aging/Genage/Pubs/pde0084.pdf>
- **Statement of Best Practice:** Key Principles of Person-Centred Care, The National Care Forum.  
[www.nationalcareforum.org.uk](http://www.nationalcareforum.org.uk)