

PERSON CENTERED CARE FRAMEWORK



A Roadmap To Providing Exemplary Care To Our Residents And Their Families



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Introduction to the Framework

he Louis Brier Home & Hospital is committed to the delivery of safe quality care that is resident and family centered. The Person Centered Care Framework serves as integral component of this commitment. The framework provides a system-wide approach to ensuring resident and family engagement in all areas of the organization.

The Person Centered Care framework was developed with input from the interdisciplinary care team, residents and families, and community stakeholders. The framework is reflective of Louis Brier's Mission, Values, and Strategic Plan. Globally, Health-care systems and organization are looking to improve their performance through the implementation of Person-Centered Care.



LBHH will pursue person-centered care with a vision for achieving a health care system in which:

The resident's voice

• is anchored in all behaviors and drives all activities of the health system.

A culture of resident-centeredness

• is self-evident across the health system and is integrated into existing health care programs.

Health care programming

• is built upon the person-centered care principles throughout planning, implementation, and evaluation.

Having a fully integrated person centered care approach shifts the care and service providers from doing things *to* or *for* a resident to doing things *with* the resident. This approach allows for a partnership in care which greatly improves health and wellness outcomes.



What Is Person- Centered Care?

Person-Centered Care is an approach to the planning, delivery, and evaluation of health care that is grounded in mutually beneficial partnerships among health care providers, patients, and families. It puts residents and families at the forefront of their healthcare and ensures they retain control over their own choices. Person-Centered Care also helps to make informed decisions. In patient- and family-centered care, patients and families define their "family" and determine how they will participate in care and decision-making. A key goal is to promote the health and well-being of individuals and families and to maintain their control.

This perspective is based on the recognition that residents and families are essential allies for quality and safety—not only in direct care interactions, but also in quality improvement, safety initiatives, education of health professionals, research, facility design, and policy development.

Resident and family-centered care leads to better health outcomes, improved patient and family experience of care, better clinician and staff satisfaction, and wiser allocation of resources.

Residents, families and caregivers are partners in healthcare and are supported and encouraged to participate in:

- Their own care
- Decision making about their care
- Choosing their level of participation in decision making
- Quality improvement
- Healthcare redesign

4 Core Principles of Person-Centered Care

Person-Centered Care is Comprised of 4 main Principles:



- Dignity and Respect. Healthcare practitioner listen to and honor resident and family perspectives and choices, Resident and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.
- 2. Information Sharing. Healthcare practitioners communicate and share complete and unbiased information with residents and families in ways that are affirming and useful. Residents and families received timely, complete and accurate information in order to effectively participate in care and decision-making.
- 3. Participation. Residents and families are encouraged and supported in participating in care and decision-making at the level they chose.
- 4. Collaboration. Residents, Families, healthcare practitioners, and healthcare leaders collaborate in policy and program development, implementation and evaluation; in facility design; in professional education; and in research as well as delivery of care. ¹

¹ Strategies for Leadership in Patient Centered Care, Institute for Family-Centered Care. <u>0919 AHA Video Guide (ipfcc.org)</u>

Framework Diagram

Patient-Centered Care

Patient-centered care (PCC) puts patients at the forefront of their health and care, ensures they retain control over their own choices, helps them make informed decisions and supports a partnership between individuals, families, and health care services providers.

Vision

The patient's voice

 is anchored in all behaviours and drive all activities of the health system

A culture of patient-centeredness

 is self-evident across the health system and integrated into existing health care programs

Health care programming

 Is built upon the PCC principles throughout planning, implementation, and evaluation

Principles

Dignity and Respect

 Active listening to patients and families honouring patient and family values, beliefs, cultural norms, choices and decisions

Information Sharing

 Participative communication of timely, accurate, and complete information with patients and families

Participation

 Patients and families are encouraged and supported in participating in care and informed decision making of their own choice

Collaboration

 Patients and families are provided meaningful opportunities to engage with care providers and leaders regarding care planning as well as policy and program development

Practices

Organization-Wide Engagement

 Leadership Commitment and support combined with health care provider adoption at the patient care level

Workplace Culture Renewal

 Change management aimed at anchoring PCC behaviours in the everyday culture of the organization

Balanced Patient-Provider Relationships

 Creating opportunities for integrating the needs and expectations of patients and families with health care providers, and rebalancing the power implicit in the patientprovider relationship

Tool Development

 Implementing tools to assist the organization in putting patient and family needs at the center of care planning and program delivery



Drivers

Dimensions of Quality

 $\label{eq:continuous} \begin{aligned} \text{Acceptability} \cdot \text{Appropriateness} \cdot \text{Accessibility} \cdot \text{Safety} \\ & \quad \text{Effectiveness} \cdot \text{Equity} \cdot \text{Efficiency} \end{aligned}$

Health System Priorities

Shift the culture of health care from being disease-centered and provider-focused to being patient-centered.

Potential Benefits of Person-Centered Care

Potential Benefits of Adopting a Person-Centered Care Model

Residents and Families:

- Improved access and timeliness of care
- Better coordination of care across different care settings
- Shared decision making with professionals with increased involvement in care planning
- Improved health literacy and decision-making skills that promote independence
- Increased ability to self-manage and control long-term health conditions
- Increased satisfaction with care and better relationships with care providers

Health Professionals:

- Improved job satisfaction
- Improved workloads and reduced burnout
- Role enhancement that expands workforce skills so they can assume a wider range of responsibilities
- Education and training opportunities to learn new skills, such as working in teambased healthcare environments

Communities:

- Improved access to care, particularly for marginalized groups
- Improved health outcomes and healthier communities, including greater levels of health-seeking behavior
- Better ability of communities to manage and control infectious diseases and respond to crises
- Greater influence and better relationships with care providers that build community awareness and trust in care services
- Greater engagement and participatory representation in decision-making about the use of health resources
- Clarification of the rights and responsibilities of citizens towards health care
- Care that is more responsive to community needs

Health Systems:

- Enables a shift in the balance of care so resources are allocated where really needed
- Improved equity and enhanced access to care for all
- Improved patient safety through reduced medical errors and adverse events
- Increased uptake of screening and preventive programs
- Improved diagnostic accuracy and appropriateness and timeliness of referrals
- Reduced hospitalizations and lengths of stay through stronger primary and community care services and a better management and coordination of care
- Reduced unnecessary use of health care facilities and waiting times for care
- Reduced duplication of health investments and services
- Reduced overall costs of care per capita
- Reduced mortality and morbidity from both infectious and non-communicable disease

Person-Centered Care Practices

Four Person-Centered Care practices are presented to help guide LBHH

1. Organization Wide Engagement

Support for person-centered care principles should be demonstrated by an organization's leadership through both words and actions. At the same time, health care providers should demonstrate support for person-centered care principles at the resident care level, pushing up in a true partnership with leadership.

2. Workplace Culture Renewal

Health care providers and staff have a very important role in developing a culture of Person-Centered Care. A culture of Person-Centered Care requires a shift in thinking from a 'medical model' of care (providing information, guidance and expert decision making) to a model of care where the resident is a partner in making care decisions. Health care providers must feel they have the support of the organization to engage in patient-centered care activities. Health care providers need to have education and clinical opportunities for Person-Centered Care principles to become part of their day to day work.

3. Balanced Patient-Provider Relationships

In the resident-provider relationship, resident are in the position of needing help and providers have the knowledge and experience needed by their resident. This creates a natural power imbalance between patients and providers that requires conscious effort to overcome. Providers should be supported to shift their values, attitudes and behaviors to make resident true partners in the process of making care decisions. This will require creating opportunities for balancing the needs and expectations of the resident and families with the needs of the health care providers to complete their work.

4. Tool Development

The pursuit of Person-Centered Care can be supported by the development of tools to assist the organization in putting the needs of resident and families at the center of care. This includes planning, delivering and evaluating programs and services with the voice of the resident at the center. As several organizations have already developed tools and resources for this purpose, there may be opportunities to share information and jointly develop new tools aligned with the framework. ² As Louis Brier is Committed to Excellence and continuous quality improvement the integration of technology ensures resident health records are more complete and readily available to residents and families. Technology in the room allows residents to make changes to their care plan in partnership with healthcare providers and review current directives.

² The British Columbia Patient-Centered Care Framework. <u>The British Columbia Patient-Centred Care Framework (gov.bc.ca)</u>

Guiding Questions for Leaders

Person-Centered Care must be an organizational effort which permeates the culture. It requires all stakeholders to be informed, engaged and supportive of the Person-Centered Care practice. In order to examine the needs of the organization questions should be explored.

Leadership

- Do the organization's vision, mission, and philosophy of care statements reflect the principles of resident and family-centered care?
- Have the vision, mission, and philosophy of care statements been communicated clearly throughout the organization, to resident and families, and to others in the community?
- Do the leaders model collaboration with patients and families?
- How will education be provided to employees to ensure awareness of framework and adoption of new practices?

Residents and Families as Advisors

- Do residents and families serve as advisors to the Facility?
- Do residents and families serve on committees and work groups involved in:
 - Strategic planning?
 - Facility design? resident and family education?
 - Discharge/transition planning?
 - Quality improvement?
 - Resident safety initiatives?
 - > Staff orientation and education?

Architecture and Design

- Does the hospital's architecture and design:
 - Create positive and welcoming impressions throughout the facility for patients and families?
 - > Reflect the diversity of patients and families served and address their unique needs?
 - Provide for the privacy and comfort of patients and families?
 - Support the presence and participation of families?
 - Enhance resident and family access to information?
 - Support the collaboration of staff across disciplines and with residents and families?

Resident and Family Participation in Care

Are residents and families encouraged and supported in participating in care and decision-

making?

- Are organizations policies, programs, and staff practices consistent with the view that families are not "visitors," but instead are:
 - Allies for patient health, safety, and well-being?
 - Partners in decision-making and caregiving?

Resident and Family Access to Information

• Are there systems in place to ensure that residents and families have access to complete, unbiased, and useful information?

Human Resources

- Does the organization's human resources system support and encourage the practice of resident and family centered care?
- Are there systems in place to ensure that:
 - Individuals with resident and family-centered skills and attitudes are hired?
 - There are explicit expectations that all employees respect and collaborate with residents, families, and staff across disciplines and department.

Engagement and Implementation

Residents and Families

Residents and families are at the center of the Person- Centered Care framework. Louis Brier is committed to the continued journey towards this model. Adopting a Person-Centered Care approach fosters respectful, compassionate, culturally appropriate, and competent care that responds to the needs, values, beliefsand preferences of residents and their family members.

Levels of Engagement	Direct Care	Organizational Design and Governance
Consultation	Residents receive information about care plan and treatments.	Organization surveys residents about their care experiences.
Involvement	Residents are asked about their preferences in care.	Organization involves residents as advises or advisory council members.
Partnership and Shared Leadership	Care plan decisions are made based on resident's preferences, medical evidence, best practice, and clinical judgement.	Residents are included in organizational committees.

Conclusion

Person-Centered Care is not a discrete, stand-alone program. It is an approach to care that must permeate an organization's culture. For this reason, it requires that CEOs, trustees, senior hospital leaders, including nursing and medical executives; medical staff and other caregivers examine the infrastructure of their organization and determine the degree to which it supports person-centered practice.

Research shows residents and their families who actively engage with their health care teams have better outcomes, often choose less expensive options when participating in shared decision-making, and express greater satisfaction with their health care experiences

A Person-Centered Care approach is important in Louis Briers commitment to excellence in care and service delivery. This framework provides a consistent definition and approach for Person-Centered Care to be used throughout the organization. It is the responsibility of all partners in the health care system to embrace the Person-Centered Care approach and take action to achieve the vision of Person-Centered Care. Culture shifts take time, and often change is gradual. By embracing this framework, Louis Brier Home and Hospital will take a significant step forward in achieving a culture change that will benefit residents, families, staff and stakeholders.

Mission Vision and Values



Mission, Vision & Values

Mission

To provide exemplary resident and family-centred care for seniors through:

- · Innovation, education and research
- · Partnerships and collaboration
- The contributions of staff, volunteers, funding partners and donors with a focus on quality and safety, all guided by Jewish heritage.

Vision

A centre of excellence for elders providing innovative and outstanding care consistent with Jewish values and traditions.

Values "CHAI"

(Hebrew word for LIFE)

Caring

- We are committed to resident and family-centred care
- We treat everyone with dignity and respect
- We embrace cultural and ethnic differences
- We offer opportunities for enhancement of knowledge and skills

Health, Safety and Wellness

- We promote a culture of health, safety and wellness
- We strive to create a positive and respectful workplace
- We engage in innovation through education, research and collaboration

Accountability

- We are effective stewards of public and donated resources
- We are engaged with our communities
- We measure the impact of our work and report regularly on our performance
- We engage in continuous quality improvement
- We are committed to environmental sustainability

Integrity

- We are open, transparent and constructive in our communications
- We respond to challenges in a timely and ethical manner
- · We foster a culture of compassion

Strategic Directions



Strategic Directions





FINANCE

JEWISH TRADITIONS AND CULTURE

Ensure priority access for all Jewish elders and continue to enhance and promote the Jewish

spiritual, ritual and cultural environment.

Maintain a balanced budget while developing sources of revenue and containing costs.



CARE, INNOVATION AND EDUCATION

To be recognized as a Centre of Excellence by providing creative and innovative services and developing relationships with academic institutions and our funding partners.



Residents & Families

Maintain existing infrastructure while implementing the plan for redevelopment.

INFRASTRUCTURE AND REDEVELOPMENT



HUMAN RESOURCES

Become an employer of choice.

Enhance public awareness and influence of Louis Brier & Weinberg Residence through the development and implementation of public relations, government relations and communications plans.

COMMUNITY



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- 7. Ontario Hospital Association. Patient and Family Engagement Requirements for Accreditation, a guidance document. <u>Patient and Family Engagement Requirements for Accreditation with Appendix.pdf</u>
- **8.** Accreditation Canada. Towards People-Centered Care Culture and Practice. <u>HSO Standards Companion Document</u> (accreditation.ca)