

# Person Centered Care:

What does it really mean?

Angela Norman, DNP, GNP, ACNP  
Associate Director  
Arkansas Aging Initiative  
Reynolds Institute on Aging  
UAMS

# Goals

This session will identify:

- The importance of person centered, person directed care
- The principles of person-centered professional care
- How to build person-centered care into every day practice

# Core Values of Person-Centered Care

- Compassion
- Respect
- Dignity
- Integrity
- Communication
- Collaboration

# Person-Centered Care

- Common language
- Renewed emphasis in the ROP

If you start with rules and tags you've probably sent the wrong message!

## CMS Asks:

- “Structure care processes around the person’s individual needs vs around staff needs” (put the person before the task)
- “Does the overall philosophy of care acknowledge behavior as a form of communication”

# Principles of Person-Centered Care

- The patient is seen and cared for as a **whole person**, not compartmentalized into body parts or functions.
- Engagement of the **interdisciplinary team** is essential to the care and services for the patient according to the individual needs.
- Person centered care is **not task focused**, rather it is focused on the **person** and their **needs** which is unique for each individual and cannot be accurately reflected in a categorical manner.

# Principles of Person-Centered Care

- Quality outcomes are the result of a **comprehensive, holistic and individualized dynamic relationship** between the direct caregivers, interdisciplinary team, support staff, patient and family.
- **Flexibility** in provision of care and services is critical to desired outcomes and requires consideration of both quality of life and quality of care aspects.

# Person-Centered Care

- “Person-Centered Care is an approach to care that respects and values the uniqueness of the individual, and seeks to maintain, even restore, the personhood of individuals. We do this by creating an environment that promotes personal worth and uniqueness, social confidence, respect, truthfulness, independence, engagement and hope.”
- -Luther Manor Adult Day Center, Wauwatosa, WI

# Questions for Your Team

- How do we get to know each resident's preferences and risks and tailor our interventions accordingly?
- Do care plans reflect each individual's wishes and offer flexibility for change?
- How can we support each individual in living life to the fullest extent they desire?

How do you put the person at the  
CENTER if you don't know the person...

- First date
- Planning a party
- End of life
- Marriage

# Best way to learn what PCC means for each person...

- Ask them!
- Get to know them
- Let each person's strengths and interests breathe life into the care and services you provide in your center

**“Tell me the facts and I’ll learn.  
Tell me the truth and I’ll believe.  
But tell me a story,  
and it will live in my heart  
forever.”**

-American Indian proverb

# Clinical Outcomes and Storytelling

- One of the oldest forms of communication
- Stories help us understand the personhood
- Builds relationships

# Building Prevention Into Every Day Practice

- Framework for successful sustainable clinical outcomes
- 2 components-organizational and clinical
- Each component contains elements that are critical for sustainable success
- Key elements under organizational component—  
“Principles of Person-Centered Care” and  
“Right thing in the right way” thinking

# What is required to ensure PCC?

- TIME!!!
- It's an investment of time and energy!
  - It's an investment in the person!

# Development of PCC Approach/Plans

- Requires:
  - Clinical competence
  - Observational
  - Interviewing
  - Critical thinking skills
  - Assessment expertise
  - Team approach

# Problem With Interventions

What are interventions?

“The act or fact or a means of interfering with the outcome or course especially of a condition or process (as to prevent harm or improve functioning)” (Merriam-Webster, 2017)

# A Problem With Interventions

What are interventions?

“The act or fact or a means of interfering with the outcome or course especially of a condition or process (as to prevent harm or improve functioning)” (Merriam-Webster, 2017)

# Organizational Foundation

- “Right thing in the right way” thinking
- Focusing everything on running the organization and caring for residents in a certain way
  - Before doing something, we consciously consider whether we are doing the right thing, and how we know that it is the right thing.
  - As we do something, we consciously consider whether we are doing it correctly, and how we know that it is the right way.

“An ounce of prevention is worth a pound of cure”

- **Conscious Effort:**
  - Saves time and prevents trouble
  - Minimizes complications; prevents harm to residents and decreases time spent “fixing problems”

# Questions for Your TEAM

1. Are we doing the right thing? How do we know?
2. Are we doing it correctly? How do we know?
3. What evidence do we use to support our practices?

# Domains of Well-being

- Identity
- Connectedness
- Security
- Meaning
- Growth
- Joy

Power, G. A. (2017). *Dementia beyond disease: Enhancing well-being*. Baltimore, MD: Health Professions Press.

# Transformational Success

- Personal
- Operational
- Physical

# Case Study:

- a case study that demonstrates person-centeredness

# Reframe: Our Thinking, Our Approach

- Proactive approach instead of reactive approach
- Strength based approach- not deficit approach
- Not focused on what they cannot do , but what's good and what they can do

# Key Takeaways:

- Primary purpose of care is to support individuals to live as satisfactory and fulfilling a life as possible, in the face of their illnesses and impairments
- Residents make choices and actively participate in care planning which is used as a foundation for everyday PCC
- Be aware of EACH person's preferences, issues and risks and tailor recommendations and actions accordingly
- Competent clinical reasoning and effective diagnosis (interventions tailored to underlying causes)

**“A life is not important except  
in the impact it has on other  
lives.”**

**-Jackie Robinson**

# References

- Alzheimer's disease education and referral center. (2017). Retrieved from <https://www.nia.nih.gov/alzheimers>
- Boltz, M. (2012). *Evidence-based geriatric nursing protocols for best practice* (pp. 246-267). New York, NY: Springer Publishing Company, LLC.
- Brackey, J. (2007). *Creating moments of joy: For the person with Alzheimer's or dementia* (4th ed.). West Lafayette: Purdue University Press.
- Center for disease control and prevention. (2017, February 27). Retrieved from <https://www.cdc.gov/>
- Dementia signs, symptoms and diagnosis. (n.d.). Retrieved April 14, 2016, from <http://www.alz.org/what-is-dementia.asp>
- Feil, N. (2017). What is validation? Retrieved from <https://vfvalidation.org/what-is-validation/>
- Florida Atlantic University. (2011). Interventions to reduce acute care transfers. Retrieved from <http://interact2.net/>
- Fox, N., Norton, L., Rashap, A., Angelelli, J., Tellin-Nyak, V., Grant, L., . . . Thomas, W. (2005). *Well-being beyond Quality of Life*, 1-4. Retrieved from <http://actionpact.com>
- Halter, J. B., Ouslander, J. G., Studenski, S., High, K. P., Asthana, S., Supiano, M. A., & Ritchie, C. S. (2009). *Hazzard's geriatric medicine and gerontology* (6th ed.). New York, NY: McGraw-Hill Education.
- Kouzes, J. M., & Posner, B. Z. (2012). *The leadership challenge* (5th ed.). San Francisco, CA: Jossey-Bass.
- Merriam-Webster. (2017). Retrieved from <https://www.merriam-webster.com/dictionary/well%20being>
- Music & Memory. (2013, May 30). Music and memory. Retrieved from <https://musicandmemory.org/>
- National council of certified dementia practitioners. (2001). Retrieved from <http://www.nccdp.org/>
- National institutes of health. (2017). Retrieved from <https://www.nih.gov/>
- Pharmacological management of persistent pain in older persons. (2009). *Journal of the American Geriatrics Society*, 57(8), 1331-1346. doi:10.1111/j.1532-5415.2009.02376.x
- Power, G. A. (2017). *Dementia beyond disease: Enhancing well-being*. Baltimore, MD: Health Professions Press.
- Snow, T. (2017). Positive approach to brain change. Retrieved from <http://teepasnow.com/>