



MAKING OREGON
VITAL FOR ELDERS

A Study Guide for Nursing Home Communities

Let's Get Real: Being Person-Centered in a Task Oriented World

This study guide serves as a supplement to the course *Let's Get Real*. The guide provides an opportunity to talk about real situations and how TRACK can be used to make sure that the *task of care* be accomplished in a person-centered way.



Making Oregon Vital for Elders (MOVE) developed this training on behalf of Oregon Department of Human Services – Aging and People with Disabilities. Funding for this project was provided by a grant from the Oregon Quality Care Fund.



PLANTING THE SEEDS OF CULTURE CHANGE IN ELDER CARE

Review

In **Person-Centered Care (PCC)**, a resident's preferences or past patterns of living is the basis for planning and providing support. PCC is not a task that is added on to a caregiver's already busy schedule, but an approach to care that balances quality of care (tasks performed) with the resident's quality of life. Quality of life means supporting the whole person. By this we mean recognizing and respecting each person's uniqueness, knowing and acting according to the person's preferences, facilitating decisions and honoring choices, and sustaining independence and dignity.

TRACK

TRACK is a self-reflection tool that serves as a reminder in the course of care. It can be used to

Tune-in

Relate

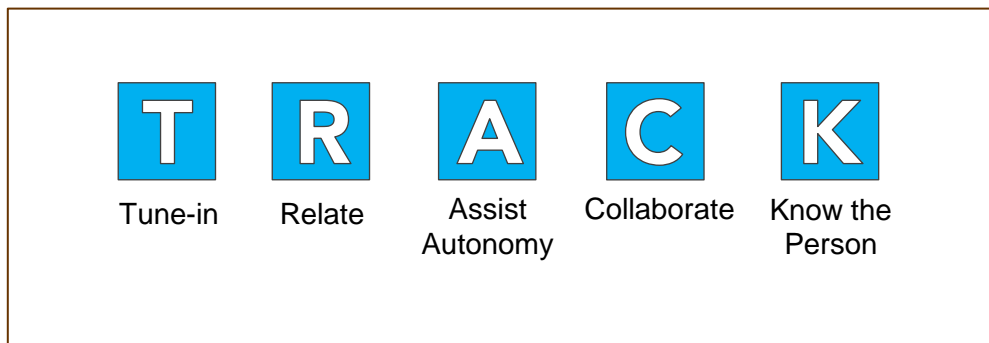
Assist Autonomy

Collaborate

Know the person

Applying TRACK everyday

The stories presented in this guide are based on real experiences in many different kinds of settings. Read the story and then discuss how **TRACK** can help you figure out how to help the person in a way that will be important to them and provide the care they need.



Mabel's story

Marcia enjoys helping people. She is fairly new to being a CNA and she thought she was being person-centered because she was super focused on every elder she cared for. She tried to anticipate their needs before they asked and spent extra time helping them do things – so much so that she often wouldn't complete all of her tasks by the end of her shift. When her manager pulled her aside and told her she needed to “work smarter” because all the other aides were getting their duties done during their shifts, Marcia was afraid she would lose her job. She didn't really know what “work smarter” meant, but she was afraid to ask her manager to elaborate, so she looked for short-cuts.



One of the people she supports is Mabel, a woman with severe arthritis. Marcia used to squeeze out the toothpaste for Mabel and help her pick

out her clothes, but she always waited for Mabel to brush her own teeth and button her own blouse. It took a while, so to get things done faster, Marcia started just doing things for Mabel. She brushed Mabel's teeth for her and started dressing her and buttoning up her blouses for her – and it took half the time. Mabel didn't really like it at first, but she accepted, saying “It's OK, I know you have a lot to do and I don't want to be a bother.” Marcia was getting more done in less time and she thought that's what “working smarter” meant.

A few months later Marcia had to take a day off for jury duty and Donna, one of the other aides, covered for her. Donna used to care for Mabel before Marcia started. The next day, when Marcia came back to work, Donna told her she was really surprised at how much Mabel had gone downhill in terms of her capabilities. She mentioned how Mabel used to be able to take care of most of her own grooming. Now she can barely hold on to the toothbrush and she couldn't button a single button.

Questions

1. Have you ever found that being “person centered” got in the way of completing care tasks? Provide some examples?
2. In Mabel's situation, did Marcia really understand “working smarter”?
3. Was Marcia following TRACK? What did Marcia miss? How did this affect Mabel?
4. What did Donna know that Marcia did not?

What Donna did

Marcia worried that her own actions had contributed to Mabel's decline. Did she help Mabel too much? Did she stop Mabel from doing the few things she could do by herself just because she wanted things to go faster? Marcia decided to ask Donna.

Donna had some advice. "Working smarter" meant finding smarter ways to use time – for example, Donna put the toothpaste on the toothbrush for Mabel because that was hard for her. While Mabel brushed her teeth, Marcia could go make the bed, open the curtains, and sometimes go help another resident. She could do the same thing while Mabel was buttoning her shirt. Marcia also realized that it was important to Mabel to select her own clothes and added that back into their routine.

Marcia also realized that her focus on getting the tasks done had gotten in the way of relating to Mabel and learning more about her. She began to find ways to engage in conversations and ask questions of Mabel as she worked on some of these other tasks. Over time, Marcia noted that Mabel began to regain some of her abilities and that their relationship improve.

Questions

1. How could this approach work in your community?
2. What are some other things Marcia might have done to support Mabel's autonomy while still getting her tasks accomplished?
3. What other parts of TRACK can be seen in this scenario?

John's story



Ryan, a CNA, had been checking on John as he went about his morning routine and found John sleeping. John is thin and frail and staff have been worried that he hasn't been eating enough.

At first, Ryan did not disturb him, but as it got later, he went to let John know that breakfast was being served. John was still sound asleep and Ryan touched him gently and said "Good morning, John." John replied, "Leave me alone, go away." Ryan told him he would be back to check later

and returned in about 15 minutes after helping another resident to the dining room. Ryan told him that breakfast was being served. John said, "I'm not hungry - go away." So, Ryan went and helped another resident to the bathroom

When he returned, John was awake and looking out his window. He told Ryan he was very tired and just didn't want to get up and go to the dining room. Ryan began moving about the room getting John's clothes out and preparing for his morning routine. As he worked, he talked about the last Blazer game. John has a lot of Blazer memorabilia in his room, including his favorite hat. John began to engage in conversation about the Blazers. When Ryan asked if he was ready to get up, John repeated again that he was not hungry, Ryan asked if he wanted a cup of coffee and John said yes.

Questions

1. Is Ryan tuned into John? How can you tell if he is or isn't?
2. How well does Ryan relate to John?
3. What can Ryan do to help John maintain his autonomy and still encourage him to eat? What does he need to know about John that might help?

What Ryan did

Ryan went to the dining room and let the staff there know that John would not be coming to the dining room and then he returned to John's room. "John, I got you a cup of coffee with two creamers just the way you like it. And look, I couldn't resist this – I know you like bacon!" On a small plate, there were two pieces of bacon, scrambled eggs, and some fresh strawberries. John smiled. Ryan left him with the plate in easy reach. About 30 minutes later John had finished his breakfast and was ready to get up. As Ryan helped him get dressed just before lunch, the two chatted about the latest Blazer draft pick.

Questions

1. How could this approach work in your community?
2. What are some other things Ryan might have done to support John?
3. What parts of TRACK can be seen in this scenario?

Lottie's story



Lottie moved in because she was unable to take care of herself. She quickly became a person the staff wanted to avoid. She had frequent requests of her caregivers and it took a long time tend to her requests. Nothing was ever right, she complained, frequently asked for snacks and alternative meal options, and kept changing her mind about what she wanted. The staff were frustrated over the extended time they spent

in her room that prevented them from tending to other resident's needs. She had also gained a lot of weight which made her physical care difficult.

When Sarah came to work at the nursing home, she was assigned to Lottie. One day Pedro, another caregiver in the nursing home, was surprised when Sarah talked about how much she liked Lottie. He was sure she had the resident's name wrong. But sure enough, he saw the two talking and laughing together. Then he realized that Lottie seemed much more pleasant – he even saw her smile at another resident when she came out of her room. He wasn't sure what was more surprising, her smile or that she had come out of her room.

Questions

1. What sorts of care issues have you noticed cause us to avoid residents and why?
2. What do you think Sarah knew about Lottie that the rest of the staff did not?
3. If you were Pedro, what questions would you ask Sarah?

What Sarah did

Pedro asked Sarah how she managed to develop a positive relationship with Lottie. Sarah said that Lottie was really frustrated due to her loss of independence. Sarah said that she paid attention to what Lottie requested and then anticipated those things when she was there to provide care. She also kept checking in with Lottie to make sure she was doing things the way Lottie wanted, asking "is this right or do you want it different?" before Lottie had a chance to

complain. Sarah also looked around the room at the family photos and the quilt hanging on the wall and asked Lottie about them. She found out that Lottie had been an expert quilter and used to win ribbons for her quilts at the State Fair. She had also raised five sons. Sarah had two sons and started asking Lottie for pointers, which Sarah found helpful. Lottie even began telling funny stories about her kids when they were small.

Once she felt in better control, she obsessed less about food. The staff noticed that she began to lose some excess weight and her blood sugars improved.

Questions

1. What are some experiences you have had in building a relationship with a demanding person who is difficult to be around?
2. How can the rest of the staff learn from Sarah?
3. How can the staff continue to support Lottie and help her improve her quality of life?

What the staff did

The rest of the staff began greeting Lottie by name. The activity director helped her get to a quilting class in the independent unit across the campus. The rehab assistant was able to use their mutual interest in the State Fair to encourage Lottie to wheel herself to the dining room.

The staff began to use this approach with other residents – they asked more questions about how they wanted things done and began to focus more on the cues in residents' rooms so that they could get to know them better. Staff began to share this information and were soon amazed by what they learned.

Questions

1. How could this approach work in your community or care home?
2. What parts of TRACK can be seen in this scenario?

Ginny's story

Tania tries to be person-centered and respect what the elder wants, but a lot of the elders she works with have a hard time expressing what they want – but they don't have such a hard time expressing what they don't want.

Ginny had a past stroke that resulted in some physical and cognitive limitations and she couldn't speak very well. Shower days were especially challenging because no matter how hard Tania tried to comfort her,

she screamed and stiffened throughout the whole shower. It took forever to bathe her. Ginny was always slapping at her with her wet, soapy hands and everyone was exhausted and frustrated by the end of the shower.

All the caregivers wanted to honor Ginny's wishes not to take a shower, they needed to find a way to keep her clean for health and sanitary reasons.

Questions

1. How might getting to know Ginny better help Tania accomplish the task of keeping her clean while making it a more pleasant experience for everyone?
2. How might Tania collaborate with others in this situation?



What the staff did

One day, Molly, one of the housekeepers, told Tania that she often sees Ginny watching cat videos on her tablet. “Maybe you can get her in the shower if you entertain her with pictures of cats,” she suggested. Tania had never thought of that! So at the next team meeting she brought it up and everybody thought it was worth a shot. They printed out some cute pictures of kittens and decorated the bathroom and shower area. Margaret, the director, said she had a waterproof case she could bring in.

So the next time it was shower day, they put Ginny’s tablet into the case and brought it into the shower. At first Ginny didn’t want to go in, of course. But once they started the cat videos, she quieted down and Tania got her into the shower without her normal signs of anxiety. Having the videos to watch really helped keep her calm. They got her shower done in half the time. Later that day Tania went to Molly and thanked her for the idea to entertain Ginny with cats on shower day – it made a huge difference!

Question

1. What parts of TRACK can be seen in this scenario?
2. Think of a time when information offered by staff outside the nursing department helped improve a resident’s experience.

Ben's story



Sometimes families unknowingly make it harder to focus on what the elder wants. Everybody thinks they know what's best for the elder — but sometimes it's all about family's expectations, not what their elder family member really needs or wants.

Ben used to be an insurance salesman who wore a suit and tie to work and he was always on the go. Then his wife died and Ben had a stroke that made it hard for him to take care of himself. His daughter and son live on the other side of the country and Ben declined to go live with either of them. So they found a place, not far from where he used to live, where he could get the assistance he needed.

Ben's daughter visited a couple of times a year, and she always had a laundry list of "reminders" for staff about what they want done for their dad – she wanted to preserve his dignity by maintaining the way he dressed and the activities he pursued throughout his working life. She told the staff that it was important to get Ben up at 8am every day and go for a walk, make sure he read all his magazine subscriptions they got him, make sure he wore his button

down shirt and slacks, that he be kept clean-shaven and his hair is kept short.

The thing is, Ben is now happier if they wait to wake him until at least 9:30 or 10. If they wake him earlier he tends to growl at the other residents and then falls asleep during breakfast. They also lay him down for a nap mid-afternoon when his eyelids start to droop. His legs are stiff and putting on his slacks causes pain and when they did put them on, he would grimace, tugging at the waist saying "off, off". When they dress him in his drawstring sweat pants and a sweatshirt he appears comfortable. He gets frustrated when he tries to read as his eye sight is poor and he has difficulty tracking. He would quickly toss magazines on the floor saying "no good". The staff noticed that his eyes would light up when sports were on TV and he would pump his fist saying "yes, yes" when a score was made, so they now turn his TV to the sports channel. He does enjoy his walks with one of the caregivers most days right after lunch. When caregivers attempted to help Ben shave he would grab the razer and toss it aside saying 'no' and point to the male caregiver's beard and smile.

One day the daughter came to visit. When she arrived she found her dad lying in bed at 2:30 in the afternoon, wearing sweats, with a week's worth of beard. She saw the pile of unopened magazines in the corner and ESPN was blaring on the TV. His daughter was *livid*. She stomped down to the administrator's office and went into a tirade about how she thought this was

supposed to be a “person-centered” care home and instead they were letting her father languish here. She said Natasha and her staff obviously weren’t taking care of him well and weren’t giving him enough mental stimulation. All this before she even said “hello” to her dad.

Natasha, the administrator, calmly listened to Ben’s daughter finish her litany of complaints before she spoke. The first thing she asked the daughter was, “Have you asked your father what *he* wants?” The daughter was silent. Finally she said “He’s my dad and I know what’s best for him.”

Very respectfully, Natasha explained that person-centered care isn’t about what everyone else wants for the elder, it’s about

how the elder wants to live his or her life right now. Not how they used to be or how we would like them to be. She said that elders need to have the ability to make their own decisions about how they want to live.

She got up from the desk and walked back down to her father’s room. By the time she got back to his room his caregiver had gotten him up and he was watching a football game on TV. As the daughter entered the room a touchdown was made and her father had both fists in the air and a huge smile on his face. Later that afternoon, as the daughter left to go to her hotel, she handed Natasha a piece of paper. At the top it said “To-Do List for Ben” and there was only one item on it. It said: “Whatever makes him happy.”

Questions

1. How did Natasha support person centered care when family members want something else?
2. What could the staff have done to prevent the “blow up” with Ben’s daughter?
3. What are some ways you have helped family learn about person centered care?
4. How was TRACK used to support Ben?