Person Centered Care: moving beyond the buzz word
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Who I am and who You are

What is Person-Centered Care?

Approach in which persons-served viewed as whole persons
--unique needs, socio-cultural experiences & habits, capacities, sexualities, forms of self-expression

Involves advocacy, empowerment, and respecting the person’s autonomy, voice, self-determination, and participation in decision-making.

RNAO, 2006, 2008

Person-centered care...

is predicated on person’s autonomy and choice in goal setting, breaking down status hierarchies between person-served and practitioner, and optimizing their partnership.

Gosler 2003; Law 1995
Core Values of Person-Centered Practice

- RESPECT the person-served
- INFORMATION gathered from the person and utilized to develop plan
- ESTABLISH and MAINTAIN care to enable COLLABORATION with the person
  - The person is the EXPERT

Person Level
Persons served are actively involved in managing their health care and their rehabilitation process in partnership with service providers.

System Level
an approach to care that strives to incorporate the persons' perspectives into the provision of services.

Moral & Historical underpinnings

- Moral assumptions regarding individual autonomy and freedom of information ("patient rights")
- Policy changes have allowed greater access to personal health records
- Important organizations identify PCC as foundational to quality care (IOM, Picker Institute)
- Disability rights as human rights
  - Autonomy of person-served making decisions on their care
Person Centered Practices

- do not occur in a vacuum
- complex environment affected by:
  - professionalism,
  - disciplinary models and theories,
  - team organization and functioning,
  - institutional culture,
  - reimbursement and insurance policies, and
  - market trends regarding health service delivery

My perspective

"dark ages" equity & justice for all

What does a Person-Centered Approach do?

- **Challenges** power dynamics among person-served & professionals
- **Advocates** for a collaborative model with the person-served in the **center** of attention
  - What about dignity of risk?
- Focuses on system-level **responsibility & accountability** (not just individual health professional)
Increased-
- Clients' sense of self confidence, self-esteem & self worth (Blank 2004)
- Partnership among clients and providers (Cain 2002)
- Cost-effectiveness (Cott et al 2006)
Decreased-
- Length of stay (Cott et al 2006)
- Improved
- Client-provider communication (French 2004)
- Staff satisfaction (Brownie & Nancarrow 2013)

Research evidence in Person Centered Care

- better patient outcomes when care provided happened by interdisciplinary teams
- organizational culture may be related to quality of care, performance and person-centeredness in acute care & stroke rehabilitation


Two themes:

1. Person centeredness is about putting the person-served in the center of our attention. How do we know we have done that? How do we know we are successful?
2. How do we navigate the uncertainty of changes in healthcare while maintaining a person-centered approach to care? We are asked to do more with less; how do we do that?
Person centeredness is about putting the person-served in the center of our attention. How do we know we are successful?

- PCC is an attitude; not an event
- We know that some things work!
  1. Stakeholder inclusion
  2. Inter-professional teams
  3. Organizational / system practices

What points toward PCC?

- Stakeholder involvement
  - Clinical exchange: decision making; goal setting; active participant
  - Organization: advisory & consulting role; quality improvement; feedback
- Peer mentoring & Peer health navigation
  - Offer services with health professionals
  - Foster advocacy; empowerment; improve access to care; support care management; disability pride

What points toward PCC?

- Inter-professional teams
  - Multiple perspectives/ approaches challenge ‘we’ve always done this way’
  - Improves curiosity
  - Challenges status quo
  - See new ways to old problems
When are teams person-centred?

- Characterized by members who are involved in problem solving beyond the scope of their own discipline to meet persons’ goals (Kumar, 2000)

- Is the person-served a member of the team?

What does a person-centered professional look like?

- One who is part of an inter-professional team and is willing to share and indeed give up exclusive claims to specialized knowledge and authority, if the needs of persons-served can be met more effectively by other disciplines. (Molyneux, 2001)

- Uses PCC guiding principles...

Organizational facilitators for Person-Centered Care

- Senior leadership commitment to guiding principles of PCC
  - Support professional development to improve/build capacity in strategies
  - PCC=Provider-centered practices
  - Appraisals, Rewards, Staffing, Supports
  - Promote PCC facilitators or self-studies
  - Encourage inter-professional team building experiences
  - Involve persons-served in organizational leadership such as strategic planning
  - Involve health providers in strategic planning
  - Accountability
  - PCC champions
  - Strive for PCC in all aspects of the organization's services
Committed
The organisation is committed to providing the highest quality of care to all its patients. It expects all its staff to be responsible for delivering the best possible care.

Active
The organisation is always looking for ways to improve its processes and to ensure that it meets the needs of its patients. It is proactive in seeking out new ideas and implementing them.

Responsive
The organisation is responsive to the needs of its patients. It is able to react quickly to changes in the healthcare environment and to adapt its processes accordingly.

Energetic
The organisation is enthusiastic and motivated. It is committed to providing the best possible care and is willing to work hard to achieve this.

Leading
The organisation is a leader in its field. It sets the standard for others to follow and is respected for its achievements.

Uniform
The organisation is consistent in its approach. It adheres to its policies and procedures and is able to provide a high level of care to all its patients.

Focused
The organisation is focused on its goals. It is able to concentrate on what is important and to make the best use of its resources.

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• Historical trend: Prevention and out-patient care are less resource intensive
• What are your values (or your organization’s)?
• Reminder: PCC is a moral imperative; not just about outcomes

• Do you worry about failure?

• What is success?
Where do we go next?

- PCC is not a solution in and of itself
- How do we learn from each other within organizations?
- What can we learn from those who have experience with adversity, resistance and resilience?
- Are we ready to give up the medical model?

What are we missing when we focus on Person-Centered Care?

- \[ \text{Relationship} \rightarrow \text{connection rather than separation or independence} \]
- Relationships can be positive or negative. There is not a choice to be made between relationship and no relationship. We are in relation with one another
- \[ \text{Inter-dependence} \]

Relationship-Centered Care

- What would we gain if we put relationships at the center of our attention, rather than the person-served?
  - from autonomy to inter-dependence
  - contextualize the individual within relationships with others, and critically address issues of agency and power differentials
  Kontos 2016, 17

- Caring relations are complex
- Recognition that persons' ability to exercise choices & participate in shared-decision-making (e.g. autonomy) is influenced by relational, socio-cultural, economic, contextual, and situational barriers
  Mackenzie & Stoljar, 2000; Hunt & Ells, 2011

Example from dementia care

- Care of individuals with marked cognitive impairment, who may rely more on non-verbal and embodied means for self-expression and engagement
- Focus on the caring relationship, rather than person with dementia
- This more explicitly focuses on family and carers
  Pia Kontos & Alicia Grigorovich 2016, 2017
Kontos & Gligorovich 2016

- Relationship-centered dementia care
- Going beyond the bio-medical model
- "embodied self-expression must be recognized as fundamental to the human condition and thus supported through a matrix of human rights (e.g. rights to privacy, freedom of expression, liberty, health, and human dignity)." (p. 319)

Summary

- Person-Centered Care follows a particular moral imperative
- Requires organizational, cultural, policy and personal commitments
- PCC may be one more historical stop on our way to...

Thank you!

- Hand-out of resources
- Let's learn from each other