

Resident Directed Care

Annual Review Fair
Continuing Care

January 1, 2022 – December 31, 2022
Saskatoon - Urban



Saskatchewan
Health Authority

Resident Directed Care

Is based on:

- Communication
- Privacy
- Respect
- Autonomy
- Choice
- Flexibility
- Independence
- Security
- Relationships and resident choice being of greatest value.



When staff work collaboratively with the resident, the resident is encouraged to make decisions affecting his/her care, feel included, and encouraged to participate in the activities offered that may be of interest or are meaningful to them.

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Sense of Community

Creating a sense of **community** is the aim of every long term care home within *Saskatchewan Health Authority (SHA) – Continuing Care – Saskatoon Urban*. Like all communities, each home is unique and has a culture with distinct qualities, characteristics and members.

People living in long term care homes and their families give us the guidance we need to improve the care we provide and to create a place that has the warmth of home.



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Honouring Choice

- Not all residents are capable of communicating their needs. We need to become **“good detectives”** to try to determine what **unmet needs** the person is trying to communicate.
- Care teams must **commit** to know each resident and their **unique** needs.
- **Respect** their **individuality** and **honour** their **choices**.



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“Concentrate on the person, not the task.”

-GPA, 2010

Honouring Resident Choices/Preferences

Bathing experience:

- Type of bath (shower, tub, whirlpool, sponge)
- Time of day (first thing in the morning, or evening)
- Number of baths per week
- Special requests (length of the bath, hair wash, water temperature, music, bubbles)

Meal experience:

- Time of meal (relaxed breakfast)
- Offer choices and alternatives (fluids and foods)
- Liberalized diets

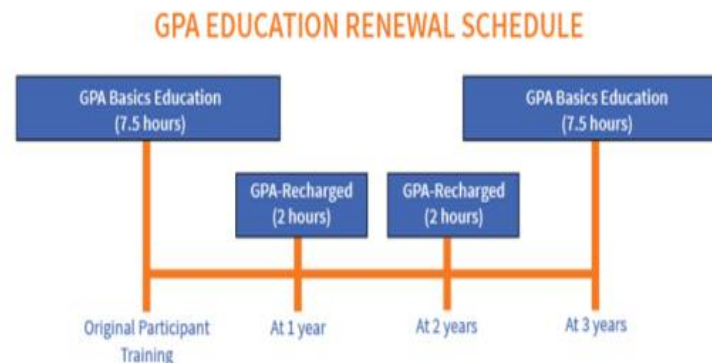
Sleep and Rest

- Time resident rises and retires to bed
- Type of rest periods (bed, recliner, couch)

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Gentle Persuasive Approaches (GPA) in Dementia Care

- According to the OHS regulations, staff must receive training in minimizing and eliminating the risk of violence for workers and others.
- **GPA** is a curriculum used in SHA –Continuing Care - Saskatoon Urban and is a required training for all staff to complete.
- Initial training is required upon hire and recertification (GPA Recharged) is recommended annually until 3rd year post initial training.
- GPA Basics Education (7.5 hour training) is required again at the end of the 3rd year.



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Gentle Persuasive Approaches (GPA) in Dementia Care

- GPA provides staff with the training and skills to be able to prevent and manage potential aggressive violent behaviours.
- The overall goal of GPA:
 - Using a person-centred, compassionate and gentle persuasive approach, respond respectfully with confidence and skill to behaviours associated with dementia

“...All behaviours have meaning and are related to the alterability of the brain to process information” GPA (2014).

“Residents with dementia have lots to say; they just need good interpreters”.

– Jennifer Carr, Resident Advocate,
Sherbrooke Community Centre.

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Meaningful Participation

- Residents participate in planning their care and identify their priorities to the degree they choose and are able.
- Resident participation is most important in the development of their care plan (myPLAN 1.1).
- **Residents and their families** are encouraged to participate in decision-making within the home through involvement at **Resident & Family Council**.



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It is the responsibility of the home to:

- Facilitate the establishment of a **Resident & Family Council** and encourage residents, family members and designated staff members to participate. (Program Guidelines for Special Care Homes (Revised July 2021) Section I: Standards 1.1.11)
- Complete the **Resident & Family Experience Survey** on a biennial basis (every 2 years) and to engage residents in review of the results and plans for improvements.

The **Long Term Care Advisory Council (LTCAC)** upholds the survey as a foundational mechanism for residents and family members to share their experiences and to be involved in discussion(s) and planning of actions/activities to improve relationships and services within the homes.

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Care Team Commitment

- Acknowledge **Resident Rights & Responsibilities**
- Use language that reflects resident-directed care
- Commit to resident-directed care and demonstrate that commitment in day to day work.

“We should all know the three plagues of long-term care...I believe [care team members] are very effective in combating these plagues. The problem is it is different everywhere” – Matt Proctor

Loneliness

Helplessness

Boredom



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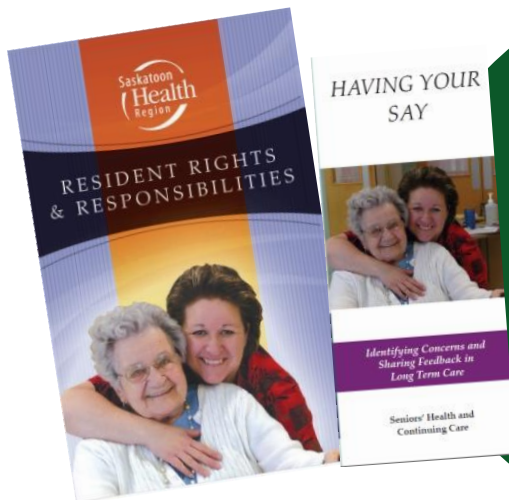
Commitment

- The Ministry of Health (MOH) and SHA - Continuing Care - Saskatoon Urban LTC homes, have committed to Resident Directed Care through implementation of “*Purposeful Interactions*” (PI).
- PI is an initiative that promotes the development of meaningful relationships between residents, families, and care team members.
- By regularly connecting and anticipating resident needs, PI can reduce falls, incontinence, pressure injuries, antipsychotics, dehydration and so on.
- PI creates more positive experiences while also creating a safer environment.
- Through the implementation of *Purposeful Interactions*, homes were able to identify their current culture and steps needed to further shift away from the institutional model of care to progress towards providing **truly resident-directed care**.

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Resident's Rights and Responsibilities

- Residents and families are encouraged to bring any concerns forward to the care team.
- All staff should be familiar with the process for elevating resident and/or family concerns.



Information from the previous “Rights & Responsibilities” and “Having your Say” pamphlets have been integrated into the **Welcome Guide for Long Term Care Communities**



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Abuse-Free Environments for LTC Residents

- Resident Right No. 6 states: **"You have the right to a safe environment."**
- The Government of Saskatchewan Ministry of Health Program Guidelines for Special-care Homes Section I: Standards 1.1.9 Resident Abuse states that Special-care homes **"shall provide an environment that is free from all forms of abuse"**.
- The home is to also **"have a policy that defines abuse and includes processes for reporting, investigating and follow up"**.
- Refer to the following Continuing Care former SHR Policy located on the Infonet entitled: **Abuse Free Environments for Long Term Care Residents (LTC-60-007)**.



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Resident Directed Language

Language is a powerful tool. Show your commitment to resident-directed care through the language you choose. When used in a positive way, it can inspire people.

Describe **those we care for** as:

- Elders, People, Individuals, Residents, Neighbors, Name of Choice

Describe **where residents live** according to their:

- Household, Street, Neighborhood, Community, Village, Home, Community

Describe **care provided**, for example:

- Mary requires assistance with her meals.
- John needs 2-people to transfer him from his chair.
- Susan Miller is moving in today.

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Resident Quote

*“I feel very blessed to be allowed the privilege of **living my life the way I want**, and being encouraged to make my own choices, we are free to live at risk, and that is a huge freedom, to live abundantly...”*

*“I would like to say that living in long term care can be an **enriching and fulfilling experience**, it can also have its low periods and everything in between for many. I want you all to know that **you are important and fundamental to the health and happiness of your residents**...You can make the changes and **choose to be a blessing in other people’s lives**. I am not saying it is easy, for some it may be very difficult, but it is possible. **You can make a difference**”.*

– Matt Proctor, Resident



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What Makes “Life Worth Living”?

Identity: Being well-known; having personhood; individuality; having a history.

Growth: Development; enrichment; expanding; evolving.

Autonomy: Liberty; self-determination; choice; freedom.

Security: Freedom from doubt; anxiety; or fear; safety; privacy; dignity; respect.

Connectedness: Belonging; engaged; involved; connected to time, place and nature.

Meaning: Significance; heart; hope; value; purpose; sacredness.

Joy: Happiness; pleasure; delight; contentment; enjoyment.



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“Our residents do not live in our workplace,
we work in their home”.

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Additional Resources

- **Bathing Without a Battle – Creating a Better Bath Experience for Persons with Alzheimer’s Disease and Related Dementias**
- **Bathing Without a Battle DVD** (copy available through your Supportive Care Projects Coordinator, SCPC)
- **Mealtime Management (video)** Accessible from SHR Infonet Seniors’ Health and Continuing Care/Nutrition and Food Services Resources page
- **“Purposeful Interactions” Resources** on the SHCC Infonet page
- **Program Guidelines for Special Care Homes** (Revised July, 2021)
- **Guidelines and Learning Modules** accessible from SHCC Infonet page

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Resources

Program Guidelines for Special Care Homes (Revised July 2021)

<https://pubsaskdev.blob.core.windows.net/pubsask-prod/98649/SCH%252BProgram%252BGuidelines%252BJuly%252B2021.pdf>

Inspiring Resident Directed Care through Language

https://www.saskatoonhealthregion.ca/locations_services/Services/Senior-Health/Documents/ResidentFamilyResourcesPage/Inspiring-Resident-Directed-Care-Through-Language.pdf