

# Person Centered Care: Making it Happen in Long Term Care

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# A new resident

## Medical History

- Late stage Alzheimer's disease
- MMSE = 5
- Spinal stenosis, osteoarthritis, HTN
- Needs assistance with all ADLs
- Donepezil, lisinopril, acetaminophen

## Personal History

- Married for 53 years
- 3 daughters
- Liked to do things herself and never liked to ask for help
- Walked 2 miles a day (by herself) to stay fit and think
- Comfortable, practical clothes

# “Molly”

- Freedom to move
- Likes to do it herself
- Comfort is important
- Too many people are overwhelming



# What is Person Centered Care?

Brooker, 2004

- Valuing people with dementia and those who care for them
- Treating people as individuals
- Seeing the world from the perspective of the person with dementia
- A positive social environment in which the person living with dementia can experience quality of life



# Kitwood's Person Centered Theory

- Focus is on the person, not the dementia
- Neuropathology is only one component that influences behavior.
- Behavior also influenced by:
  - Personality
  - Biography
  - Health
  - Neuropathological Impairment
  - Social Relationships

# **5 STEPS TO IMPLEMENTING A PERSON CENTERED CARE APPROACH**

Step 1

# **KNOW YOUR RESIDENTS “WHAT MAKES THEM TICK?”**

# Know Their Personal History

“Some of them loved gardening; some of them loved music. There is this lady who used to think that the Sinatra that comes here is the real Sinatra. She would be dying, but when you told her, ‘Sinatra is here.’ She would get up. She would go for the concert.”

# Know Their Personal History





# Know Their Personal History



“I simply remember my favorite things....”



# Some of my “Favorite Things”

- A windy day
- A slice of pizza
- Cleaning the house to show tunes
- Walking the dog
- Christmas shopping
- Coconut-lime hand lotion
- My electric toothbrush



# Activity

- Get your partner to tell you 3 of their favorite things
- Imagine that your partner lives in a nursing home or assisted living. How would you use that person's past life experiences/preferences to get him/her to be active and engaged in life?



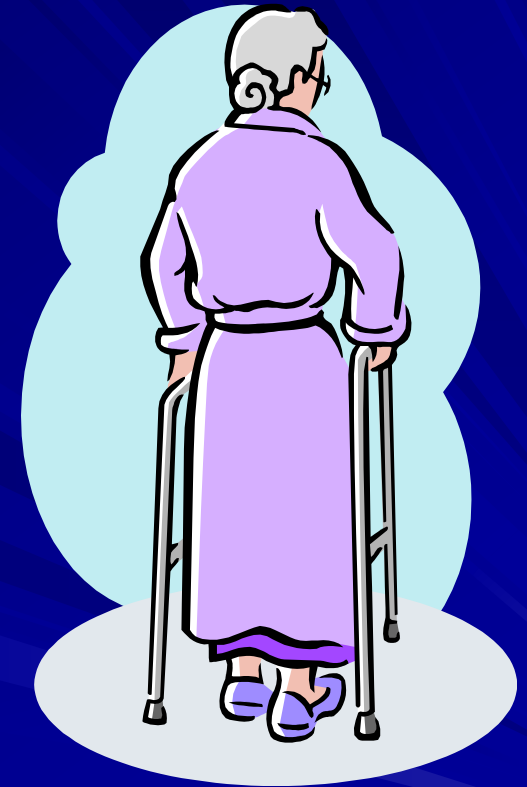
Step 2

# **UNDERSTAND THEIR DEMENTIA**



# Common Symptoms of Dementia

- Memory impairment
- Aphasia (language impairment)
- Motor apraxia
- Agnosia (perceptual impairment)
- Executive dysfunction
- Impaired judgment
- Apathy
- Neuropsychiatric Symptoms



# Not too hard and not too easy

- Identify strengths and utilize them
- Identify limitations and support them
- Set achievable, short term goals
- Re-evaluate

# Level of Cognitive Impairment

- Compensate for patients' cognitive impairment to maximize abilities

## Examples:

- Lay clothes out in the order that they should be put on
- Use demonstration/modeling for individuals with limited language skills
- Simplify food presentation

# Before...





After...





Step 3

# **EFFECTIVE COMMUNICATION STRATEGIES**

# What is the Person Trying To Communicate?

“I’m depressed.”

“I’m in pain”.

“You’re rushing me”.

“I don’t understand you.”

“It’s too noisy”.



# Modified Communication Strategies

- Verbal cues
- Communicating “face on”
- Repetition
- Encouragement/praise
- Physical gesturing
- Role Modeling
- Respond to the emotion,  
not the content of what is said



# Clinical Interaction

- “Living in the moment”
- You always get a “do over”
- They will mirror what they see
  - Behavior
  - Emotions
- Consider hanging the uniform on a hook
- Smile and demonstrate that you care
- Encouragement and praise

# Caring





Step 4

# UTILIZE THE ENVIRONMENT

# Enhanced Sensory Stimulation to Motivate

- Music
- Dance
- Visual Contrast
- Pleasing Fragrances
- Favorite Foods
- Tactile Stimulation
- Pets
- New experiences

# Enhanced Sensory Stimulation: Music & Dance



# Enhanced Sensory Stimulation: Visual Contrast



# Humor and Play

- Playful competition
- “Follow my lead”



Motivate residents to walk with you by  
“leading a parade” or “hike the Appalachian  
trail”



# Social Environment

- Have equipment/tools that facilitate physical activity (walkers, gait belts, washing mitts, stretch bands) in accessible locations
- Small group activities focused on function and activity (Examples: movement groups, walk to beauty shop with peers, wheelchair cruising clubs)
- Be aware of the impact of light, noise, temperature on the resident

# Social Environment: Cruising Clubs





Encourage residents to self-propel in a wheelchair.  
If words don't work, demonstrate and have them  
copy your behavior.



# Sometimes they need less stimulation

- Snoezelen room
- Quiet music
- Own room
- Familiar caregiver
- Familiar personal items
- Predictable routines



Step 5

**IT TAKES A VILLAGE**

# The Team

- Resident
- Family
- Friends
- Staff involved in direct resident care
- Staff in supportive roles (dining, environmental services, etc.)
- Clinical team and consultants
- Administrative teams

# Working as a Team



- Interdisciplinary cooperation is a must!!
- Everyone has something to contribute to the resident's care

# Keeping it going

- Find your champions
- Listen
- Prioritize and set reasonable goals
- Pick the long hanging fruit then move higher up in the tree
- Celebrate
- Avoid the blame game
- Never, never, never, never give up!

“People, even more than things,  
have to be restored, renewed,  
revived, reclaimed, and redeemed;  
never throw out anyone.”

–Audrey Hepburn