Person-Directed Care Planning
Advancing the Nursing Home Culture Change Movement

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Nursing Home Status Quo vs. Culture Change

**Status Quo**
- Institutional environment
- Regimented schedules to maximize efficiency for staff
- Disempowered and disengaged residents, families, and direct care staff

**Culture Change**
- Home-like environments
- Schedules are responsive to residents’ needs and preferences
- Empowered and engaged residents, families, and direct care staff
“Culture change engages all facility staff in a total transformation of thinking and practice...

Changing the culture is a means to the end of building resident-directed approaches to care responsive to residents’ experience and needs.”
Person-Directed Care Planning (PDCP)

- PDCP: Individuals play a leading role in developing their plans of care

Core aim of culture change

A fundamental human right

A legal right in some countries

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3Carlson (2010) 20 common nursing home problems—and how to resolve them.
PDCP Implementation is Limited

- Actual implementation of person-directed care planning (PDCP) with nursing home residents is minimal\(^1\)
  - Higher complexity than other culture change practices\(^2\)
    - Uncertain outcomes
    - Requires engagement of numerous parties
  - Weaker alignment with nursing homes’ financial goals\(^3\)
    - Greater financial focus on attracting rehabilitation clients, such as by making environmental changes

Study Objectives

Develop understanding of person-directed care planning (PDCP)

- Essential elements; Barriers; Outcomes
- Stakeholders’ perspectives toward current care planning practices and potential for enhancing resident engagement in care planning
Methods
Scoping Review
Focus Groups / Engagement Sessions

Approved by Duke University IRB
Scoping Review

609 articles collected

212 screened in

67 primary

145 secondary

397 screened out

Collect literature

- Peer reviewed articles and grey literature, including reports from consumer and industry advocacy groups.

Screen literature

- Review article abstracts or full reports to determine relevance to PDCP.

Rank literature

- Rank literature as of primary or secondary relevance to PDCP.

Code literature

- Code full article or report and ensure consensus across team members.

Identify themes

- Preliminary themes identified during coding and then reviewed against coded data to verify, or to drop or revise.
## Focus Groups / Engagement Sessions

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<tr>
<th>Settings</th>
<th>Process</th>
<th>Participants</th>
<th>Discussion</th>
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</table>
| • Two nursing homes  | • 2 rounds of focus groups in each nursing home | • Residents (n=13)  
• Family Members (n=6)  
• Direct Care Staff (n=11)  
• Supervisory Staff (n=36) | • Current care planning practices  
• Potential for enhancing resident engagement |
| • North Carolina | • 1<sup>st</sup> round exploratory |                                |                                                      |
| • Same corporation | • 2<sup>nd</sup> round confirmatory |                                |                                                      |
Findings
Prominent Themes

- Essential Elements of PDCP
- Engagement at Multiple Levels
- Formal and Informal Care Planning
- Follow-through is Essential
- Barriers to PDCP
- Outcomes of PDCP
### Essential Elements of PDCP

**Theme**

Essential elements of PDCP include knowing the person, integrating the persons’ goals in care planning, and iteratively revising care plans as individuals’ needs and preferences change.

**Illustrative Quote**

“A primary tenet of person-centered care is understanding an individual’s values and preferences for daily care routines and activities. Knowing an individual’s everyday preferences can inform care goals and care planning, and it can ultimately allow for a match, or congruence, between an individual’s wishes and care”

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Knowing the person essentially involves communicating and collaborating with the person and those who are close to them.

“[T]o achieve genuine personalisation practitioners need to know what is important to people, how best to support them, and how they communicate and make decisions. Then practitioners must keep checking whether they are delivering personalised services by asking what is working and what is not working”¹

**Resident:** I’m ok with doing anything around here as long as I’m informed. I mean that’s just the way I am. That’s just the way I was when I was out working in the real world. I’ll cooperate with you with anything in any way, as long as I know what your plan is for me.

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<th>Engagement at multiple levels</th>
<th>Theme</th>
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<td>Residents engage not only in their own plan of care, but also on behalf of other residents and in the interests of the group.</td>
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| Illustrative Quote | Resident: One man, every time his CNA would make up his bed, he would tear it up because he didn’t like the way she did it. I told him, “You go down there to your CNA and tell her, ‘Listen, I want to show you how I want my bed made up,’ and show her how you want it done. Then she’ll understand.” So he went down there the next day, he told her, “Listen, what I want you to do to my cover, I want this tucked under like this, and this like this,” and she started fixing his bed like he wanted it. But all he had to do was talk to her. |
Formal and informal care-planning processes are required to support resident and family engagement.

**Resident**: Since I’ve been here, my administrator told me not to be afraid to talk to anyone… I go and talk to her if I have a problem… we sit down and we discuss it, and she takes the action that needs to be taken, if any, and then we just follow through with it to make sure that I’m happy and I’m not feeling uncomfortable…. I just say, “hi, can I talk to you?” and she tells me to come in, and I explain whatever I thought the problem was and then her and a few other people get together, and they discuss it and decide what to do.
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<th>Theme</th>
<th>Follow-through is an essential component of effective person-directed care planning.</th>
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<tr>
<td>Illustrative Quote</td>
<td><strong>Resident</strong>: I’ve got a lift chair in my room that I sleep in, that I’ve slept in for the last four years just because… my bed is too short for me. And I have asked and asked and asked for a longer bed and I just can’t get one. And that’s something I’ll talk to them about tomorrow because every care plan meeting I’ve been in I’ve addressed it. <strong>Interviewer</strong>: And what do they say, or what’s the response? <strong>Resident</strong>: “Well we know it’s short for you.” Well if you know it, damn it, excuse me, do something about it.</td>
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Barriers and challenges to PDCP in nursing homes include the difficulty of changing active processes, the limited time available for care planning activities, the lack of awareness among staff of the value of PDCP or how to implement PDCP, and the heterogeneity of nursing home resident populations.

"Staff members in long-term care facilities… are expected to complete large volumes of work in short periods of time….may not see the practical advantages of effective communication as a useful mechanism to complete their workload more efficiently or as a means to fulfill a resident’s psychosocial needs.”¹

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<th>Outcomes of PDCP</th>
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<tr>
<td><strong>Theme</strong></td>
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<td>Outcomes of PDCP are inconsistently assessed but consistently favorable</td>
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<td>“[A] growing body of evidence suggests that patient engagement can lead to better health outcomes, contribute to improvements in quality and patient safety, and help control health care costs…. With shared power and responsibility comes the potential for better, more patient-centered outcomes.”¹</td>
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Essential elements of PDCP include knowing the person, integrating the persons’ goals in care planning, and iteratively revising care plans as individuals’ needs and preferences change.

Barriers to PDCP in nursing homes include the difficulty of changing active processes, the limited time available for care planning activities, the lack of awareness among staff of the value of person-directed care planning or how to implement person-directed care planning practices, and the heterogeneity of nursing home resident populations.

Outcomes of PDCP are inconsistently assessed but consistently favorable.

Nursing home stakeholders bring emphasis to the importance of resident and family engagement on multiple levels; opportunities to engage through complementary informal and formal processes; and follow-through on engagement and decision-making.
Practical Strategies to Implement PDCP

- Establish processes to engage residents in care planning and to iteratively update care plans per residents’ preferences
- Allot ample time for resident engagement in care planning

New Research Questions

- How can current care planning practices be reformed to support PDCP?
- How is PDCP addressed in policy and regulatory guidelines?
- What core data elements are needed to consistently assess outcomes of PDCP?
Thank you!