



MAKING OREGON
VITAL FOR ELDERS

A Study Guide for Assisted Living 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

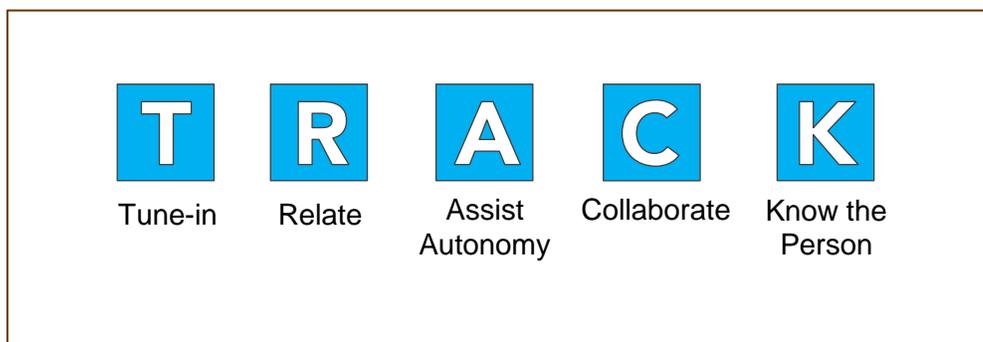
Assist Autonomy

Collaborate

Know the person

Applying TRACK everyday

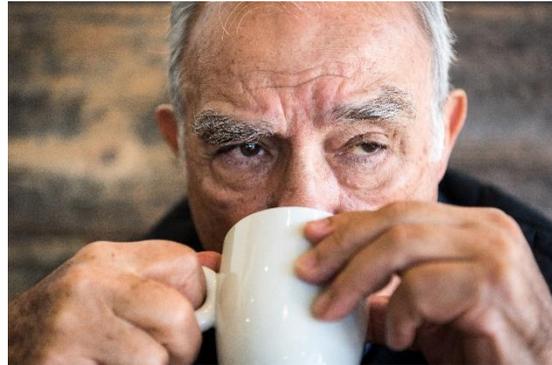
The stories presented in this guide are based on real experiences in many different kinds of settings. Read the story and then discuss how **TRACK** can help you figure out how to help the person in a way that will be important to them and provide the care they need.



John's Story

Ryan, a caregiver, had been checking on John as he went about his morning routine and found him 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." As Ryan opened his curtains 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 respond 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, got a cup of coffee and returned to John's room a few minutes later. "John, I got you a cup of coffee with two creamers just the way you like it. Did you know they are serving bacon this morning? – I know you like bacon!" John smiled and sat up to drink his coffee. As Ryan continued to talk about basketball he inserted questions about what John wanted to wear and arranged his clothes for the day. Then he put John's Blazer cap on his head and smiled as he asked, "Ready?" John nodded his head and pulled back the covers.

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



After Lottie moved in to the assisted living community, she quickly became a person the staff wanted to avoid. She had frequent requests of the staff 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 and made little effort when staff assisted her, which made her physical care difficult.

When Sarah came to work at the community, she was assigned to Lottie. One day Pedro, another caregiver in the community, 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 person who was 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 dining hostess was able to use their mutual interest in the State Fair to encourage Lottie to use her walker more.

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?
2. What parts of TRACK can be seen in this scenario?

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 them and their 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 an Assisted Living community not far from where he used to live, where he could get the support 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 for Ben to get up at 8am every day and go for a walk, make sure he reads all his magazine subscriptions they get him, make sure he

wears his button down shirt and slacks, that he be kept clean-shaven and his hair is kept short. Ben said his kids still expect him to be like he was when they were in high school.

The thing is, Ben now likes to sleep in until at least 9:30 or 10. He has *no* desire to wear dress pants. He says they're too hard for him to zip and all he really wants to wear are his drawstring sweat pants and a sweatshirt. He doesn't like to read much anymore – he'd rather watch sports on TV. He does enjoy his walks and goes on one most days right after lunch. One day Ben saw the International Beard Competition on TV and decided he wanted to grow a beard (he'd never had one).

When his daughter came to visit she found her dad was 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. She 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" community 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 said was, "I can see you are very concerned about your father". She then

asked the daughter, “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 others 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. The two of them had a long talk. Staff could hear the daughter arguing, then crying. 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 be used to support Ben?
5. Discuss some of the situations you have encountered when family had different ideas about what the person wanted than the person. How could TRACK help to resolve the issue?

Betty's story

Betty didn't want to get out of bed for lunch and Amy, her caregiver, told the cook that Betty wouldn't be coming to the dining room.

The cook knew that Betty's favorite meal was meatloaf and mashed potatoes – and it was on the menu that day. The cook went into Betty's room and said, "Hi Betty! I'm Jennifer the cook today and I made

meatloaf and mashed potatoes!" Betty's eyes got big and she cracked a smile. "Can you bring me some?" She asked. "Joe and Freda are waiting for you at your table. Let me get Amy to help you out of bed. And guess what we have for dessert today? Lemon meringue pie!" said Jennifer. "Oh, I love lemon meringue pie! I guess I'll get up," said Betty.

Questions

1. How does knowing an elder's preferences help you encourage them to get out of bed when they are initially reluctant?
2. Who is responsible for encouraging elders to obtain adequate nourishment?
3. In addition to nourishment, how does an elder benefit from going to the dining room?
4. How can TRACK be used to support Betty?



Jodi's story

Jodi had moderate dementia. She had a lot of sadness every afternoon. Her husband was living in another care setting and never visited. Jodi would talk about him every afternoon. She didn't speak about him in flattering terms, always accusing him of having an affair in their upstairs bedroom.

She worried about her looks because of this belief that her husband was seeking the company of another woman. She would describe her breasts as her "flats." She used to be a voluptuous woman but now believed she had nothing to attract her husband.

One day the staff took Jodi on an outing to the mall. She wore a nice blouse and put on her lipstick. As they passed by the lingerie section she reached out for a leopard print push up bra. They couldn't get it out of her hands. As they drove home she had a huge smile as she clutched her purchase carefully wrapped in pink tissue paper.

Her demeanor changed instantly when she returned home. She talked about feeling beautiful again and had had a twinkle in her eye the staff had never seen before.

Question

1. Think about a time when you witnessed an elder rediscover their sense of personhood. Why is it important to know what gives elders their sense of identity?

One day Jodi was distraught about her husband again. She looked tiny and hunched over in her chair. Susan, the housekeeper rubbed her shoulder to console her and realized that she did not have on her

bra. Susan found it in the clean laundry and asked her caregiver to help her put her bra on. When Susan saw her later, her demeanor had significantly improved.

Question

1. Whose responsibility it is to support each resident's sense of identity?