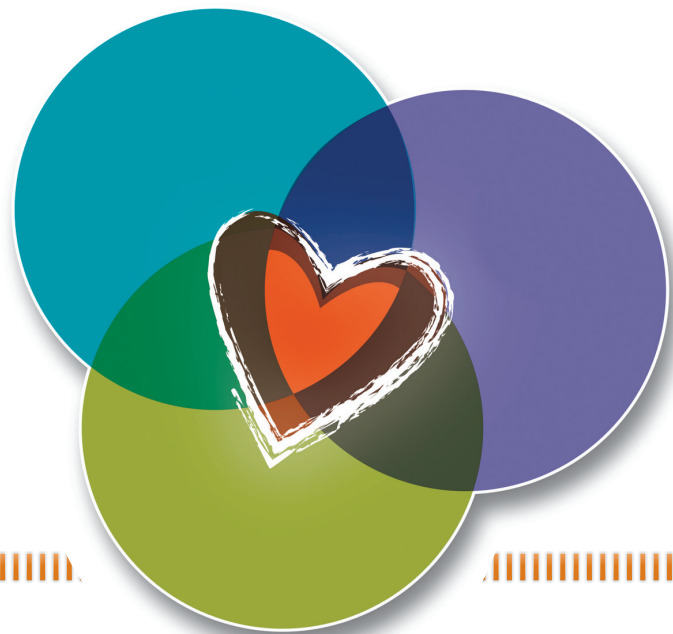




RESIDENT-CENTERED CARE

AN INTRODUCTION TO VA COMMUNITY LIVING CENTERS





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- A. Questions to Ask Ourselves
- B. Pre and Post Knowledge Check



The purpose of the Resident-Centered Care: An Introduction to the VA Community Living Center manual is to provide standardized education on the VA Community Living Center (CLC) model of resident-centered care, bridge the gap between theory and practice, set expectations for CLC values and organizational culture, and to serve as a resource for VA staff.

MISSION STATEMENT

The mission of VA CLCs is to restore the Veteran to the highest practicable level of well-being, maximum function and independence, prevent decline in health, and provide comfort at the end of life. VA CLCs identify and treat Veterans' human responses to health and illness in a compassionate manner.

RESIDENT-CENTERED CARE

VA CLCs are committed to providing resident-centered care. Resident-centered care identifies an approach to providing health care where the treatment plan is driven by the needs, preferences, and life-long habits of the resident. Care is individualized to each resident, and the resident is a participant in their own care when possible. Attention is paid to ensure that care meets the age-appropriate, cultural, and religious needs and preferences of each Veteran.

The routines, work processes, procedures and schedules in the CLC should revolve around the needs of the resident. The resident's stated preferences and needs are the foundation for making shared, informed decisions involving the resident, family or friends and CLC staff. CLC staff problem-solve with the resident and other facility staff and departments to ensure the resident's needs and goals of care are met.

CULTURE TRANSFORMATION

Culture transformation is the term used to describe the VA CLC's journey from a medical model of care to a resident-centered model of care. Beginning in 2005, the CLC's have strategically taken steps to transform the culture and practices of the CLC to become resident-centered, instead of diagnosis driven.

In the medical model, the driver of care was the diagnosis, and staff made decisions for the resident. The facility environment, policies, and rules were designed for the efficiency and ease of the CLC staff. The delivery of care was often inflexible and did not take into account the resident's individual needs. Residents often felt lonely, bored, and unhappy because the medical model produced an environment of care that did not look or feel like the way people live their lives in their homes.

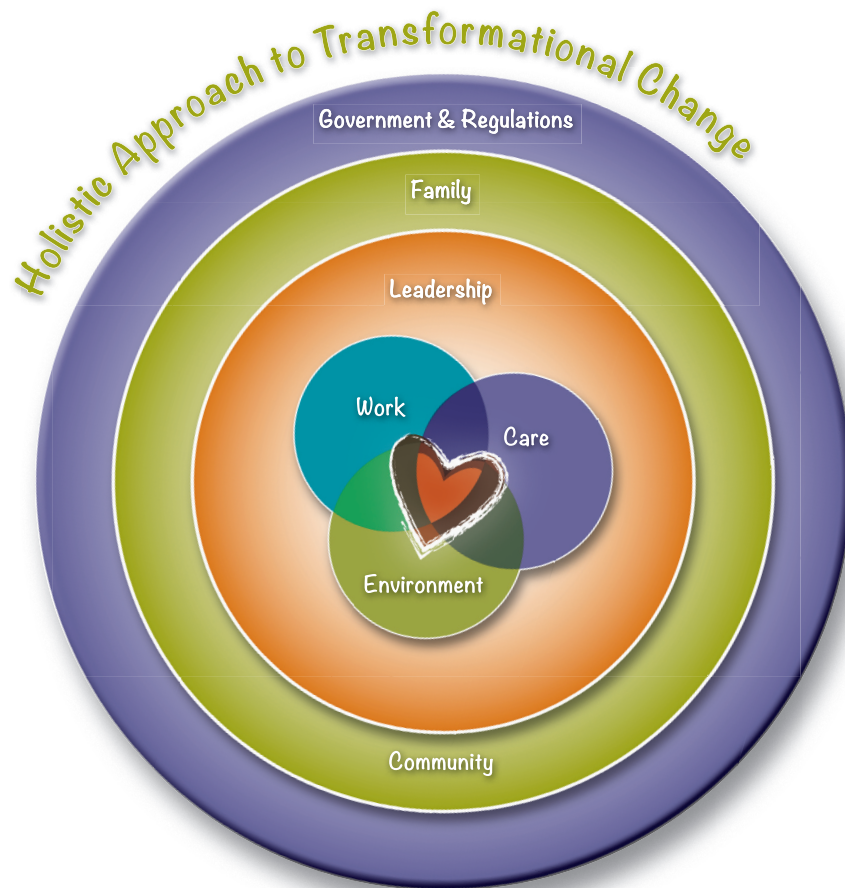
In a resident-centered model of care, the driver of care is the resident's human response to health and illness. The resident participates in decisions about their care and routines. The facility environment, policies and practices are designed to support the needs of the resident and are flexible to meet resident's individual needs. Residents have meaningful ways to spend their time and are part of a supportive community. Life in the CLC should be similar to the way people would live in their own homes. Trust between the resident and their VA caregivers is the foundation of care, not the medical or psychiatric diagnosis.



HOLISTIC APPROACH TO TRANSFORMATIONAL CHANGE

VA CLCs use the Holistic Approach to Transformational Change (HATCh) model developed by the Quality Partners of Rhode Island as the framework for resident-centered care. The HATCh model is an approach to nursing home care that supports quality of life and quality of care. Each CLC's approach to care and leadership should be guided by the HATCh model.

The HATCh model has six domains and the resident is at the center of the model. CLCs put special emphasis on the work practices, care practices, and environment of care. These four categories have the largest impact on residents and staff.



The HATCh model above is trade-marked by the Quality Partners of Rhode Island. This model has been modified from its original.

Changes in care practices include creatively enhancing dining practices, liberalizing diets, allowing resident choice in bathing, grooming, sleep and wake schedules and offering activities for meaningful use of time. Care is provided so that the resident is respected, treated with dignity and is invited to be an active participant in their own care. All VA employees assigned to the CLC are considered care providers. Staff should be competent to provide specialized services.

Changes in work practices include alterations in shifts and work schedules for all disciplines and the empowerment of direct care staff. VA CLCs should provide a supportive, interdisciplinary work environment which engages employees in all aspects of decision-making and information sharing. Direct Care Staff are consistently assigned to care for the same residents. All staff should be given opportunities to act as leaders. Decisions should be made as an interdisciplinary team.



Changing the environment of care includes creating designated spaces for a living room, kitchen and bedroom to reflect a home atmosphere and a greater attention to privacy and comfort. Nursing stations have been replaced with communal spaces for residents and staff to interact with one another. CLCs have created neighborhoods or households that encourage residents, family, and staff to name, decorate, and own their place of residence and work. Residents have access to outdoor spaces, children and animals.

CHANGES IN LEADERSHIP PRACTICES INCLUDE

HOW WE SERVE THE VETERAN

- ♥ We serve with kindness, compassion, and respect for the dignity of the Veteran.
- ♥ We provide short-stay and long-stay nursing home services to Veterans who are medically and psychiatrically stable.
- ♥ When a resident is admitted to the CLC, we know the reason why they are here, how long they will stay, and where they will go after if they will be discharged.
- ♥ We respect that "The resident does not live in our CLC, we work in the Veteran's home."
- ♥ We consistently look for ways to improve quality of life and quality of care. Quality improvement is everyone's responsibility and everyone is invited to contribute ideas.
- ♥ We respect the resident's preferences, needs, and desires, and reserve our judgment.
- ♥ We change or modify outdated or unneeded practices and policies based on the most recent evidence to ensure the highest quality of care.
- ♥ We consistently assign staff to the same resident daily in order to build and maintain relationships of trust and understanding between the resident and CLC staff member.
- ♥ Each person assigned to the CLC is a member of the Interdisciplinary team and has responsibility for all aspects of the resident's care.
- ♥ We design processes and routines around the resident's needs, preferences and life-long habits, not the convenience of staff or the facility.
- ♥ We problem solve together as a team to meet the resident's needs. All team members have an opportunity to share opinions and ideas. The staff member that knows the resident best should lead.
- ♥ We merge traditional service roles and responsibilities if needed. Caring for our residents is everyone's job.
- ♥ We address resident concerns immediately and ensure the resident will be served that day.
- ♥ We develop the plan of care based on who the resident is as a person, the reason why the resident was admitted into the CLC, the length of anticipated stay, and the resident's discharge destination. The resident and family or friends as appropriate participate in the development of the plan of care.

I UNDERSTAND THE WORK PRACTICES IN THE CLC.

Signature

Date



HOW WE CARE FOR THE VETERAN

- ♥ We provide care in a trustworthy, respectful, and compassionate manner.
- ♥ We may provide skilled nursing care, rehabilitation, restorative care, mental health recovery care, dementia care, hospice and palliative care, continuing care, respite care, and geriatric evaluation and management services.
- ♥ We treat each resident with dignity and respect their privacy. We knock on doors and ask permission before entering a resident's bedroom. We pull curtains and close doors before providing care.
- ♥ We individualize the plan of care to reflect the resident's preferences.
- ♥ We maintain policies and competencies to ensure quality care for our residents. Examples of competencies are Dignity and Privacy, Medication Administration, Infection Control, Elimination of Physical Restraints, PICC Line Care, PEG Tube Care, and Pressure Ulcer Prevention and Care.
- ♥ We use "Bathing Without a Battle" techniques to enhance the bathing experience for residents.
- ♥ We are a restraint free environment.
- ♥ We strive to liberalize diets, give residents food choices that reflect their preferences, and use creative approaches to improve the dining experience. Snacks are available to residents at no additional cost 24 hours per day.
- ♥ We ensure meaningful use of time for residents with activities available 24 hours a day including special events and celebrations. All staff, not limited to Recreational Therapists lead activities and engage residents to interact with others.
- ♥ We respect residents' sleeping and waking cycles.
- ♥ We ensure residents are dressed and groomed properly each day.
- ♥ We ensure good oral hygiene for each resident.
- ♥ We provide access to animals, the outdoors, and the community.
- ♥ We provide intergenerational care and pay special attention to a resident's age, generation and cultural needs.
- ♥ We know each resident by their name and interests, not by their diagnosis.

I UNDERSTAND THE CARE PRACTICES IN THE CLC.

Signature

Date



WHERE WE SERVE THE VETERAN

- ♥ We maintain a clean and safe environment.
- ♥ The physical space is designed to give staff and residents cues on how to use and live in the CLC. There are designated spaces for kitchen, dining room, living room, and bedrooms.
- ♥ We strive to provide private bedrooms and bathrooms whenever possible.
- ♥ We strive to create a true home environment that does not look or feel like a hospital or acute care setting.
- ♥ We use warm color palettes, appropriate lighting, soothing pictures, and decorations to create a comfortable home environment.
- ♥ We encourage residents to decorate their bedrooms and bring personal items from home.
- ♥ We do not use florescent lighting, shiny floors, or furnishings that have an institutional appearance.
- ♥ We remove traditional nurse stations.
- ♥ We do not use overhead paging and the environment is free from unnecessary noise.
- ♥ We create space that allows for privacy and quiet relaxation.
- ♥ We use the new approved CLC Design Guide to develop plans for construction or major renovations.
- ♥ We provide space for family, friends and the community to visit the resident and do not have restrictions on visiting hours.

I UNDERSTAND THE ENVIRONMENT OF CARE PRACTICES IN THE CLC.

Signature

Date



LEADERSHIP PRACTICES WE FOLLOW:

- ♥ We believe that leadership “is the ability to influence outcomes, regardless of a person’s title or position.” Staff should be given opportunities to act as leaders and affect change.
- ♥ We invite all stakeholders, including the resident, to engage in shared decision making.
- ♥ We listen to others and seek advice from our staff.
- ♥ We are continually learning and teaching ways to improve.
- ♥ We empower others and create opportunities for people to take on responsibilities and leadership roles.
- ♥ We encourage a culture of innovation and change.
- ♥ We nominate staff for awards and give recognition for accomplishments.
- ♥ We participate in and implement national quality initiatives.
- ♥ We are responsible for Quality, Care, and Cost.
- ♥ We support and provide opportunities for professional development.
- ♥ We believe that personal commitment, competency, conflict and creating a community of committed persons are the foundation to leading and sustaining change.
- ♥ We lead, guide, direct and observe care in helpful ways to assist staff improve.
- ♥ We do the right thing for the right reason. We confront unethical and unkind behavior.
- ♥ We do not tolerate any form of abuse or neglect and take immediate action if reported or observed.

I UNDERSTAND THE LEADERSHIP PRACTICES IN THE CLC.

Signature

Date



GOVERNMENT AND REGULATION PRACTICES WE FOLLOW:

- ♥ We write local policies that follow the principles of the HATCh model and the guidance published by VA central office.
- ♥ We use VA Handbook 1142.01 Criteria and Standards for VA Community Living Centers as a guide to implementing resident-centered care.
- ♥ We are in compliance with The Joint Commission standards.
- ♥ We are in compliance with all professional standards.
- ♥ Each resident's needs are assessed using the Minimum Data Set (MDS). MDS reports are accurate and reflect the resident's true status and preferences.
- ♥ We incorporate MDS generated Resident Utilization Groups (RUG) data for nurse staffing, aiming for the recommended minimum of 3.9 to 4.1 hours per patient day (HPPD).
- ♥ We are always prepared to be surveyed by the Unannounced Survey Process, The Joint Commission or any other oversight body.

I UNDERSTAND THE GOVERNMENT AND REGULATIONS PRACTICES IN THE CLC.

Signature

Date



HOW WE INTERACT WITH THE COMMUNITY:

- ♥ We welcome the community and volunteers into the CLC.
- ♥ We provide opportunities for residents to participate in community events and activities.

I UNDERSTAND THE COMMUNITY PRACTICES IN THE CLC.

Signature

Date



VA CORE VALUES WERE ESTABLISHED IN JULY 2011.

All staff in the CLC are expected to model and uphold the VA Core Values. These are the values that define who we are as VA employees and set the standard for the organizational culture we want to achieve in the CLC. "I CARE" is more than just words. It is a personal commitment to act.

VA Core Values: I CARE	
Integrity	Because I care I will...Act with high moral principle. Adhere to the highest professional standards. Maintain the trust and confidence of all with whom I engage.
Community	Because I care I will ...Work diligently to serve Veterans and other beneficiaries. Be driven by an earnest belief in VA's mission. Fulfill my individual responsibilities and organizational responsibilities.
Advocacy	Because I care I will ...Be truly Veteran-centric by identifying, fully considering, and appropriately advancing the interests of Veterans and other beneficiaries.
Respect	Because I care I will ...Treat all those I serve and with whom I work with dignity and respect. Show respect to earn it.
Excellence	Because I care I will...Strive for the highest quality and continuous improvement. Be thoughtful and decisive in leadership, accountable for my actions, willing to admit mistakes, and rigorous in correcting them.

I UNDERSTAND THE VA CORE VALUES AND PLEDGE TO UPHOLD THESE VALUES IN THE CLC.

Signature _____
Date



The CLC treats human responses to illness in a way that nurtures the Veteran's mind, body, and spirit. The emphasis is on quality of care and quality of life.

I. | The care we provide should reflect how the Veteran would live if he or she was able to receive care in their home. Think about how you live your life at home and your daily routine as you answer these questions.

- A. If I was not feeling well, would I want someone to wake me up 2-3 hours earlier to eat a breakfast that is not my usual choice?
- B. Would I want to take a bath or shower in front of other people? How would I feel if I was told I could not have a shower or bath every day?
- C. If I had to live in the CLC, how many different people would I want to deliver my intimate personal care? How would I feel if these people were strangers I had just met that day?
- D. Would I miss going outside after 3 or 4 days of being in one room indoors?
- E. Would I want to eat cafeteria food off a tray alone in my bedroom or in a noisy dining hall for an extended period of time?
- F. How would I feel if someone else had control over everything I ate? If I had my access to food restricted?
- G. If I had to leave my home for an extended period of time, what would I miss? My friends and family? My pets? My possessions? How would missing these things affect my mood and outlook on life?
- H. How would I feel having to sleep apart from my significant other? What if it was a permanent living arrangement?
- I. If I had to live in the CLC, could I continue the important relationships and activities in my life?
- J. How would I feel if someone restricted the amount of time my loved ones could spend with me during a time of crisis or stress?
- K. What's my favorite part of my day? Could I replicate that in a CLC?
- L. How would I feel if I could no longer surf the internet, watch my favorite TV shows, or listen to the music I like?



II. | A person's ability to exert control over their life and their environment is very important to maintaining their identity, connection with other, and establish home. Think about how the decisions you make every day and the control you have over your own life as you answer these questions.

- A. How would I feel if I lost my mobility or ability to care for myself and had to rely on other people every day?
- B. How would I feel if someone else had control over when I went to the bathroom, went to bed, or what time I could eat?
- C. If I lived in a CLC, would I feel that my privacy was compromised if people constantly walked in and out of my bedroom without knocking or asking permission to enter? If I had to share a bedroom with a roommate I did not know very well?
- D. How would I feel if I could not spend private, uninterrupted time with my loved ones for an extended period of time?
- E. How would I feel if someone I did not recognize tried to undress me, touch me, or force me to do something I didn't want to do?
- F. If I had to depend on others for my care, would I feel comfortable complaining if I was unhappy or making recommendations for improvement?
- G. How would I feel if my health care providers did not listen to my opinions or seemed to care about what I thought? What if I disagreed with them about my care?
- H. What if the majority of people I interacted with every day seemed too busy to spend time with me? Or rushed through the things we did together?
- I. What would it feel like to have no connection to the place or people around me? When you stay in a hotel or someone else's home for a long period of time, does that become home for you?
- J. What would it feel like if someone else had control over whether I got to go home or not? If someone else had power to determine where I lived?
- K. How would I feel if someone was trying to force me to exercise, go on a diet, stop smoking or refused to let me drink, but I didn't want to do those things?

RESIDENT-CENTERED CARE: PRE AND POST KNOWLEDGE CHECK



INSTRUCTIONS:

Please answer the questions to the best of your ability **before** reviewing the *Resident-Centered Care: An Introduction to the VA Community Living Centers*. Record your answers in the Before Column.

After reviewing the *Resident-Centered Care: An Introduction to the VA Community Living Centers*, answer the questions again in the After Column. Once finished, ask your proctor for the answer key and calculate your percent of knowledge increase.

QUESTION	BEFORE	AFTER
<p>1. True or False</p> <p><i>In the CLC, the driver of care is the Veteran's medical diagnosis.</i></p>		
<p>2. Multiple Choice</p> <p><i>How can staff provide Resident-Centered Care?</i></p> <p>A. Give special treatment to some residents B. Provide age and culturally appropriate activities C. Ignore policies and rules to give the Resident what they want D. A and B</p>		
<p>3. Multiple Choice</p> <p><i>Residents who are being cared for using the medical model may feel...</i></p> <p>A. Lonely, bored, and isolated B. Happy, safe, and well cared for C. Able to make their own decisions D. B and C</p>		
<p>4. True or False</p> <p><i>Good care can be delivered without following any cultural transformation or resident-centered care practices.</i></p>		
<p>5. True or False</p> <p><i>In the CLC, our residents live in the staff's facility.</i></p>		

RESIDENT-CENTERED CARE: PRE AND POST KNOWLEDGE CHECK continued



QUESTION	BEFORE	AFTER
<p>6. Multiple Choice</p> <p><i>The framework for resident-centered care in the CLC is based on the:</i></p> <ul style="list-style-type: none"> A. Joint Commission standards B. Holistic Approach to Transformational Change (HATCh) Model C. Unannounced Survey Program D. The CLC's local policies and rules 		
<p>7. True or False</p> <p><i>In the CLC, traditional nursing stations should be removed and overhead paging should be turned off.</i></p>		
<p>8. Multiple Choice</p> <p><i>Which of the following reflect CLC Care practices?</i></p> <ul style="list-style-type: none"> A. Bathing Without a Battle techniques B. Restraint-free environment C. Strict diets and only health food choices D. A and B E. A, B and C 		
<p>9. True or False</p> <p><i>When a resident is admitted to the CLC, staff should know:</i></p> <ol style="list-style-type: none"> 1. the reason why the resident is at the CLC 2. how long the resident will stay 3. where the resident will go after discharge 		
<p>10. Multiple Choice</p> <p><i>The CLC polices, schedules, and processes should revolve around:</i></p> <ul style="list-style-type: none"> A. The way things have been done in the past B. What works for the majority of the residents C. Ease and efficiency for the staff D. Each resident's needs and preferences 		
<p>CALCULATE TOTAL CORRECT ANSWERS IN EACH COLUMN →</p>		

Knowledge Check!

_____ minus _____ divided by 10 then multiplied by 100 = _____ % knowledge ↑
(After) (Before)

