Facilitating Person-Centered Care for People with Intellectual and Developmental Disabilities

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Objectives

1. Description and identification of the gap in practice
2. Description of Person Centered Care (PCC) related to the purpose, significance, and proposed outcomes of PCC
3. Explanation of the significance of this Doctorate of Nursing Practice (DNP) quality improvement (QI) project
Objectives (continued)

- 4. Identification of the goals of training all staff members on PCC
- 5. Identification of the project’s strengths and limitations
- 6. Implications of person-centered care in intermediate care facilities, and home and community based waiver programs
Identification of the Gap in Practice
Person centered care (PCC) is care that is based on the person’s wishes, desires and dreams.

Caregivers should be equipped with knowledge and skills to empower people to take control of their lives and enhance their independence.

People supported are not involved with care planning.

(Frampton et al., 2008; Maslow, Fazio, Ortigara, Kuhl, & Ziesel, 2014; O’Brien & O’Brien, 2010; Robertson et al., 2005; Taylor & Taylor, 2013).
Background (continued)

- Staff not trained in principles of PCC
- No plan in the organization to implement PCC
- Education curriculum needed to facilitate use across the organization by all staff.

(Frampton et al., 2008; Maslow, Fazio, Ortigara, Kuhl, & Ziesel, 2014; O’Brien & O’Brien, 2010; Robertson et al., 2005; Taylor & Taylor, 2013).
Background (continued)

• Historical Perspective - After deinstitutionalization
  - Over protective
  - Dictation of care – lack of patient involvement
  - Rights of the individual – see beyond persons’ disabilities

(Maeng, Davis, Tomcavage, Graf, & Procopio, 2012; O’Brian & O’Brian, 2010; Parish, 2005.)
Background (continued)

• PCC associated with improved patient outcomes.
• PCC a requirement for agencies caring for vulnerable populations

(Maeng, Davis, Tomcavage, Graf, & Procopio, 2012; O’Brien & O’Brien, 2010; Parish, 2005.)
• The estimated cost for only long-term care expenditure covered by Medicaid was $122.7 billion in 2012 (Ervin & Merrick, 2014).
• Persons with IDD usually seek care in advanced stages of diseases, resulting in a higher cost of care (Ervin & Merrick, 2014).
• PCC improves quality of care and outcomes (Maeng, Davis, Tomcavage, Graf, & Procopio, 2012).
<table>
<thead>
<tr>
<th>Current Practice</th>
<th>Planned Intervention</th>
<th>Desired outcomes</th>
<th>Gap identified</th>
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<tbody>
<tr>
<td>People supported are not involved in decision-making involving their care</td>
<td>All nurses and staff members will be trained on PCC using the developed training</td>
<td>Staff will receive training guided by the developed comprehensive educational curriculum on PCC</td>
<td>Nurses and direct care workers are not trained on PCC</td>
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<td>There is an increase in refusal of interventions such as medical appointments</td>
<td>curriculum along with the training protocol</td>
<td>The current training policy will be revised to include PCC</td>
<td>There is no training curriculum on PCC</td>
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<td>follow up, medication administration and increase of outburst of behaviors</td>
<td></td>
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<td>The current policy does not have PCC</td>
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<td>Current care does not align with the recommendations of the Institute of Medicine in providing</td>
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<td>effective person-centered care.</td>
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Definitions

• **Person-Centered Care (PCC):** Person-centered care reflects the person’s desires and needs, cultural beliefs, values, knowledge, and background. Sometimes family members and friends who have been involved in the person’s life are integrated into the decision-making process at the request of the person supported or assigned through legal authorities due to the person inability to make decisions (McCormack, Dewing, & McCance, 2011).

In other words, care that puts the person first.
Definitions (continued)

- *Person-Centered Organization (PCO)*: A person-centered organization is one in which services are provided using person-centered practices.

  (Robertson et al., 2005)
• *Person-Centered Planning (PCP)*: Person-centered planning is a way to help people supported plan services based on their needs and desires. They should be the focus and the center of decision making during healthcare planning.

(Taylor & Taylor, 2013)
• *Person-Centered Practices (PCP)*: Person-centered practices are concepts that involve the use of person-centered planning to provide care and allow people to participate in meaningful activities.

(IHI, 2005)
Definitions (continued)

- *Person Centered Thinking (PCT)*: Person-centered thinking is a set of skills acquired through cultural learning to provide support to people while empowering partnership and accountability.

(Smull, 2012)
Definitions (continued)

• *Person-Centered Tools:* Person-centered tools help healthcare providers to better understand what is important to and for patients or persons supported. These tools include communication charts, reputation charts, matching charts (charts use to match the patient’s personal characteristics with the appropriate staff), records of effective and ineffective practices, and other client-centered information.

(Smull, 2012)
The practice problem addressed in this DNP quality improvement (QI) project was that person-centered practices have not been included in the training curriculum within the organization for which this QI project was developed. Healthcare workers in this organization have been ill equipped to provide effective person-centered care to the people entrusted under their care.
Purpose Statement

The purpose of this QI project was to develop an educational initiative focusing on person-centered care (PCC). This initiative included an educational curriculum plan that incorporates the principles and practices of person-centered care, pretest/posttest to measure staff understanding of the training, a protocol to guide management in training staff members, an implementation and evaluation plan, and a revision of the training policy within the organization where this QI project took place.
The goals of the project were to:

• Address inequalities of access and efficacy of care within the organization
• Promote self-determination among persons with IDD,
• Ensure that these persons gain the maximum benefits of PCC.
The Plan-DO-Study and Act Model

- This model was used to frame the QI project.


Framework
Significance

• This evidence-based educational curriculum will facilitate training of staff members in the principles of person-centered practices.
• Training will translate knowledge into practice and promote the widespread use of PCC.
• The use of PCC will eliminate the stigma of the disability.
• PCC will support patient’s participation to healthcare decision and improve health outcomes.

(Maslow, Fazio, Ortigara, Kuhl, & Ziesel, 2013; Robertson et al., 2007; Smith-Stoner, 2011)
Outcomes

Outcome products of the project included:

• Outcome 1: Literature review
• Outcome 2: Training policy revised
• Outcome 3: A protocol to guide training of staff by management
Outcomes (continued)

Outcome products of the project included:

• Outcome 4: An educational curriculum - principles and practices of person-centered care
• Outcome 5: A pretest/posttest to assess knowledge pre and post education
• Outcome 6: Implementation plan and evaluation plan
Why Train all Staff Members?

- Training all staff members will:
  1. Create awareness and understanding of person-centered care
  2. Decrease and eventually eliminate the stigma of “disability”
  3. Allow the staff to care for the person in an holistic way
Why Train all Staff Members?
(continued)

• Training all staff members will:

4. Decrease resistance to adherence to care plan interventions (ex. Refusal of medications, refusal of scheduled appointments, etc.).

5. Decrease the need of sedations, Increase of psychotropic medications, unnecessary ER use due to preventable incidents.
Implications of PCC in ICF and HCBS Waiver Programs

- This quality improvement (QI) initiative will groom healthcare workers (DSPs, Nurses, QIDPs, and people supervising these groups with the skills needed to provide safe, effective, efficient and person-centered care.

- People with intellectual disabilities will be able to participate in decision-making or exercise self-determination (Dalton & Sweeney, 2010).
Implications of PCC in ICF and HCBS Waiver Programs (continued)

• Policy
  - PCC if successfully implemented, can improve health outcomes (Robertson et al., 2010).
  - PCC is essential in decreasing national healthcare costs.

(Ervin & Merrick, 2014; National Committee for Quality Assurance [NCQA], 2015).
Implications of PCC in ICF and HCBS Waiver Programs (continued)

- Policy (continued)
  - PCC will play an important role in decreasing the cost of national healthcare (Robertson et al., 2007).
Implications of PCC in ICF and HCBS Waiver Programs (continued)

• **Practice**
  - PCP requires a commitment to quality, results, and positive outcomes (McCance, McCormack, & Dewing, 2011).
  - Care plans are individualized based on patient’s likes and dislikes.
Implications of PCC in ICF and HCBS Waiver Programs (continued)

• Practice (continued)

  ▪ PCC will influence the practice in many positive ways such as, shifting from focusing on diagnoses and disabilities to holistic care.
Strengths and Limitations

- **Strengths**
  - Extensive Review of literature on person-centered care
  - The project meets the need of the facility
  - Project will contribute to social change by decreasing or eliminating healthcare disparities. People with IDD will have equal access to care and will receive better care.
  - Potential use of the curriculum in all aspect of healthcare

- **Limitations**
  - Further studies are needed in evaluation of PCC
  - Not many researches on PCC for people with IDD. There are limited literature on application of PCC in ICF and HCBS waiver programs.
  - Project based on one organization
Questions
References


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