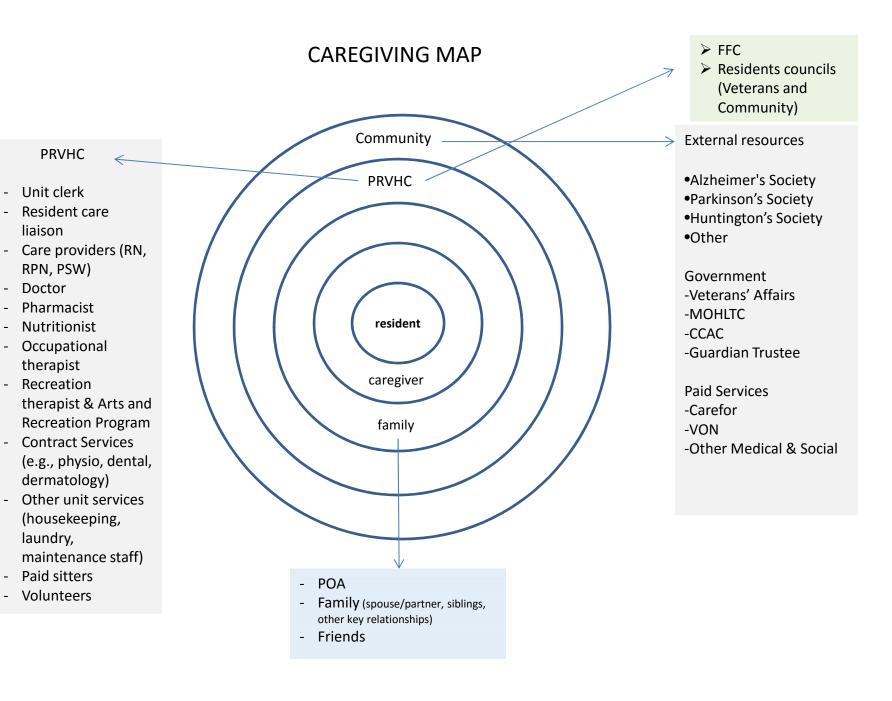
Family and Friends Council Education Day – June 8, 2016



Circle of Care Caring for the Caregiver



Together...we improve the well-being of the people we serve



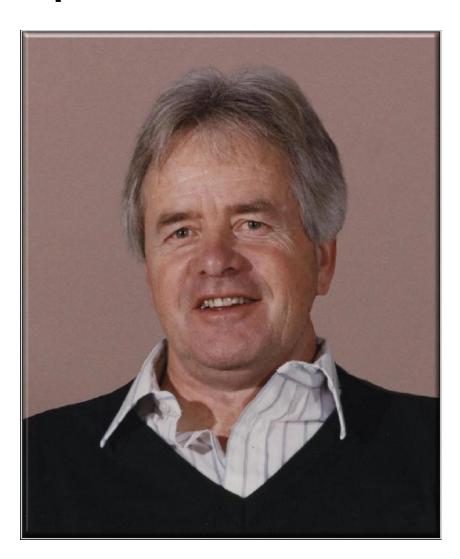
Caregiving – Navigating the Journey in LTC at the PRVHC

Pre LTC	Admittance To LTC	3 months	1 year	Major events/ Milestones	End of life
 Independent living At home care Respite (e.g. 	Mental & Physical	health ———			
Guest House) Retirement home Hospital	Emotional Issues Guilt / relief / letting go				→
Assisted LivingOther?	<u>Medical & Adm</u> - POA - Care Plan	inistrative Issues			
Factors / Dynamics Complex diagnosis & treatment		ire Directives – Leve	ls 1-4		
Physical Emotional Cognitive	D(Deteriorating health			→
PFamily relationships Legal / financial POA – legal, financial and health Resident's health and well-being		alth and		Continuity of care / Palliative care	

Circle of care Caring for the Caregiver

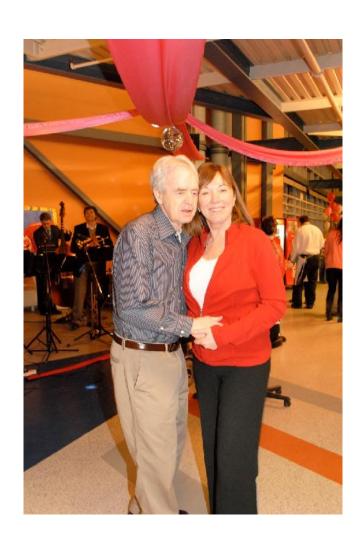
A spouse's perspective

Lived Experience 1944 to 2013



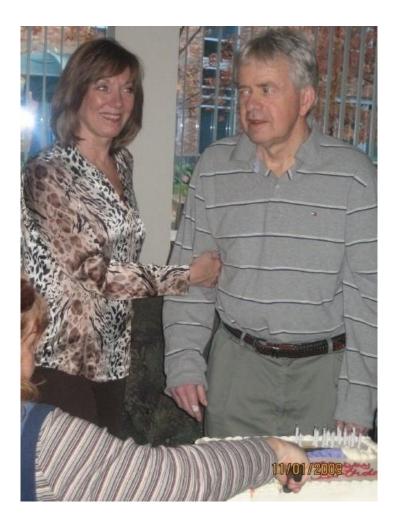
Life at the Perley 2005 to 2013





Birthdays and visits





Circle of care Caring for the Caregiver

Perspective of a family caregiver



August 2005 – At home in Halifax Evette and son, Mark



Evette with daughter-in-law, Wendy



Feb 2014 – Visits with Bubbie





October 19, 2015 – 10th anniversary at the Perley

Perley Staffing Model of Care

Linda Hunter, Chief Nursing Officer



What organizations expect and want

- Happy, productive employees
- High morale
- Employees understanding their responsibilities
- A respectful working environment
- The job getting done
- High quality service



What staff expect and want

- Respectful workplace environment
- Resources and support
- To be listened to
- To be able to bring concerns forward
- To be part of the planning process
- Transparent communication
- Kudos for a job well done
- Appropriate compensation



How organizations can cause staff stress

- No 'overall picture" of why and what it means
- Giving responsibility, but little discretion
- Too much work and not enough resources to do it
- Not enough face-to-face time
- Everything is a priority
- Unclear expectations of responsibility
- Ambiguity around who is charge
- Skills and jobs not well-matched scope of practice
- No voice in priority-setting and expectations

Ottawa Citizen June 2 2016



Self care for staff

- Give staff power to make change
- Consult with staff to set expectations and behaviours
- Train staff to full scope of practice
- Support staff with appropriate resources
- Allow staff to work to full scope
- Standardize approach to care delivery



Clinical Care Needs

1. To define Scope of Practice

2. Delineate Role Clarity

3. Standardize Expectations and Behaviours

Across the Home!



Model of Care

Having a clearly defined and articulated model of care will help to ensure that all health professionals are all actually 'viewing the same picture', working toward a common set of goals and, most importantly, are able to evaluate performance on an agreed basis.

(P. Davidson, 2005; Australia)



Principles of Care

- Resident centered care
- Continuity of care
- Appropriate staff mix
- Quality and safety of care
- Sustainable and affordable
- Scope of practice

(Modified from RNAO Nursing Leadership BPG, 2013)



Participants (22 groups)

- Nursing Operations:
 - RN, RPN, RAI RPN, PSW, Unit Clerks
 - Director, Managers, Supervisors
- Programming and Support:
 - Recreational Therapists and Programmers, Spiritual Care, Occupational Therapy, Rehabilitation Assistant, Resident Care Liaison, Artists and Musicians
- Support Services:
 - Dietician, Food and Nutrition Supervisors, Food and Nutrition Aids, Cleaner, Housekeeping Aid, Maintenance
- Seniors Housing and Assisted Living Services



Critical to Quality

Wins for resident/family/staff and organization

What is valued?

How would we know we are successful?





Nursing Operations - Value Statement

• Through open communication, trust and respect, we will engage the care team, staff, and the resident and their family, in providing innovative and safe care using a quality improvement approach. We will work together to build capacity and excellence in the care of residents with dementia and the care of the frail elderly.





Programming and Support – Value Statement

The resident is provided with a safe and nurturing environment that promotes autonomy and a holistic approach to care.





Support Services – Value Statement

 The resident is provided with a friendly home environment that is clean, safe, private and is personalized where all their needs are met with as much choice as possible.





Seniors Housing and Assisted Living Services

 Create and promote a consistent and safe environment for Seniors to age in place by maintaining dignity through the transition of care needs with full access to services that promote quality of life.





Expectations and Behaviours





Commonalities seen in Expectations

- Resident centered
- Prioritization of activities
- Rounds for safety
- Communication
- Documentation



The Perley Rideau Model of Care

Servant and transformational leadership with authenticity





LEADS in a Caring Environment



HEALTH LEADERSHIP CAPABILITIES FRAMEWORK

The LEADS in a Caring Environment
Capabilities Framework is a foundational
Element for health leadership development

"Leadership is the capacity to influence self and others to work together to achieve a constructive purpose." - Graham Dickson



LEADS in a Caring Environment



LEADS in a Caring Environment

 Describes the key skills, behaviours, abilities and knowledge required to lead in all areas and at all levels within the health sector

 Gives a common understanding and language for what good leadership looks like

• Emphasizes **CARING**... for residents, for staff, for each other





LEADS in a Caring Environment



LEAD SELF

Self-motivated leaders...

Are self aware

They are aware of their own assumptions, values, principles, strengths and limitations

Manage themselves

They take responsibility for their own performance and health

Develop themselves

They actively seek opportunities and challenges for personal learning, character building and growth

Demonstrate character

They model qualities such as honesty, integrity, resilience, and confidence



Set direction

They inspire vision by identifying, establishing and communicating clear and meaningful expectations and outcomes

Strategically align decisions with vision, values, and evidence

They integrate organizational missions and values with reliable, valid evidence to make decisions



decisions

Take action to implement

They act in a manner consistent with the organizational values to yield effective, efficient public-centred

Assess and evaluate

They measure and evaluate outcomes, compare the results against established benchmarks, and correct the course as appropriate



SYSTEMS TRANSFORMATION

Successful leaders...

Demonstrate systems / critical thinking

They think analytically and conceptually, questioning and challenging the status quo, to identify issues, solve problems and design, and implement effective processes across systems and stakeholders

Encourage and support innovation

They create a climate of continuous improvement and creativity aimed at systemic change

Orient themselves strategically to the future

They scan the environment for ideas, best practices, and emerging trends that will shape the system

Champion and orchestrate change

They actively contribute to change processes that improve health service delivery



Foster development of others They support and challenge others to achieve professional and personal

Contribute to the creation of healthy organizations

They create engaging environments where others have meaningful opportunities to contribute and ensure that resources are available to fulfill their expected responsibilities

ENGAGE OTHERS

Engaging leaders...

Communicate effectively

They listen well and encourage open exchange of information and ideas using appropriate communication media

Build teams

They facilitate environments of collaboration and cooperation to achieve results



Purposefully build partnerships and networks to create results

They create connections, trust and shared meaning with individuals and groups

Demonstrate a commitment

They facilitate collaboration, cooperation and coalitions among diverse groups and perspectives aimed at learning to improve service

DEVELOP COALITIONS

Collaborative leaders...

Mobilize knowledge

They employ methods to gather intelligence, encourage open exchange of information, and use quality evidence to influence action across the system

Navigate socio-political

They are politically astute, and can negotiate through conflict and mobilize support

DISTRIBUTED LEADERSHIP

Do these capabilities apply to all leaders regardless of role or formal position?

Yes... All leaders – regardless of their role, or position in the health system – must be able to lead themselves, engage others, achieve results, develop coalitions, and conduct systems transformation in order to create the Canadian health system of the fiture.

and No... For each of the five LEADS domains, 'leader effectiveness' differs, depending on the context in which an individual exerts influence. In different contexts, capabilities differ in expression.

To create a leadership culture, each person in the system, regardless of position or title, must exercise leadership when it is required. This is distributed leadership. "Existing roles and function of decision-makers need to be evaluated to ensure the meet the leadership needs of the new and emerging healthcare paradigms."

- Don Brisco

"The mastery of the art of leadership comes with the mastery of the self. Ultimately, leadership development is a process of self-development."

- James Kouzes & Barry Posner, The Leadership Challenge



Perley Rideau

The Perley and Rideau Veterans' Health Centre

Where do we go from here?

- Celebrate the successes and the work so far
- Continue with focus groups to establish expectations and behaviours
- Develop competencies for care
- Training on resident/person-centered care
- Training and education on scope of practice
- Upgrading of skills as required
- Formalize Model of Care by December 2016



Discussion and Feedback





Circle of Care

Self-Care for the Volunteer



Volunteers and the Caregiving Journey

One-to-one

Family Transition

Friendly Visits

Happy Feet

Spiritual Care

Pet therapy

Resident Surveys

Activities

Recreation & Creative Arts

Physiotherapy

Church Services

Pub

Gift Shop

Ice Cream Parlour

Libraries

Barber/Beauty Salon

Specialized Support

Family & Friends Council

Tax Clinics

Medical Escort

Meal Assistance

Palliative Care



Who are Perley Rideau Volunteers?



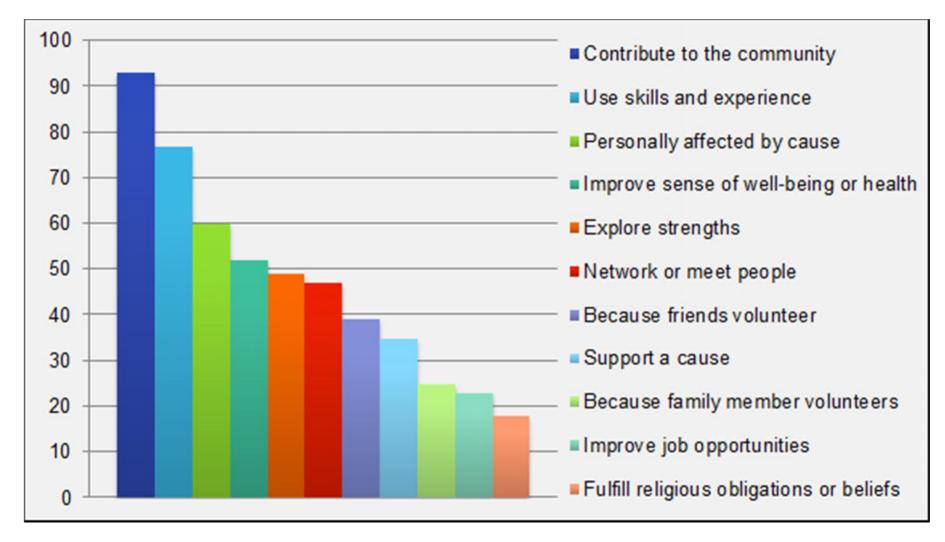
The Perley and Rideau Veterans' Health Centre

Reasons for Volunteering @ Perley Rideau

- Give back to a cause that has impacted one's own life
 - Family members, tenants, former residents
- Connect with others
 - Decrease social isolation
- Gain or practice skills
 - Underemployment
- Life transition
 - Newly retired, new to Ottawa
- Respite from caring for others



Reasons for Volunteering – National Survey





Volunteering as a Form of Self-Care

- To make an impact/develop sense of self-worth
- To help cope with loss
- To improve mental, physical and/or spiritual health
- To provide a change focus from other stressors



Support for Volunteers

- Orientation: rights and responsibilities
- Position descriptions, policies
- Training on specific duties
- Staff supervision
- Open door in Volunteer Services
- Fellowship
- Flexible scheduling



Self-Care

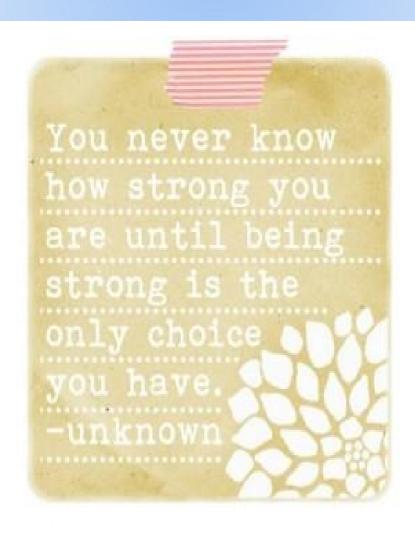
- Say no when you need to
- Take breaks
- Seek clarification, support, understanding
- Know that you are part of a circle of care
- Maintain boundaries in relationships with residents
- Ask for a change of role



Circle of care Caring for the Caregiver

Perspective from resource expert Vonnie Kline

PERSONAL POWER



PERSONAL POWER

	CAN CONTROL	CANNOT CONTROI
TAKE ACTIO N	Mastery good and strong	Ceaselessly Striving frustrated and irritated
No Actio N	Giving Up helpless and desperate	Letting Go relief and acceptance

What can you control?

What action can you take?

What can you do to Let Go?

THINGS YOU CAN CONTROL

- Your beliefs
- Your attitude
- Your thoughts
- Your perspective
- How honest you are
- Who your friends are
- What books you read
- How often you exercise
- The type of food you eat
- How many risks you take
- How you interpret situations
- How kind you are to others
- How kind you are to yourself

- How often you say 'I love you'
- How often you say 'thank you'
- How you express your feelings
- Whether or not you ask for help
- How often you practice gratitude
- How many time you smile today
- The amount of effort you put forth
- How you spend/invest your money
- How much time you spend worrying
- How often you think about your post
- Whether or not you judge other people
- Whether or not you try again after a setback
- How much you appreciate the things you have

Ruben Chavez

TO LET GO...

doesn't mean stop caring... it means I can't do it for someone else.

is not to cut myself off...it is the realization that I can't control another.

is not to enable...but allow learning from natural consequences.

is to acknowledge powerlessness'...which means the outcome is not in my hands.

is not to try to change or blame another...I can only change myself.

is not to regret the past...but to grow and live the moment; for the future.