

A Comparison of Traditional and Person-Centered Models of Care

Traditional Model

- Care is focused on medical diagnoses, disability and deficits, using standardized assessments and treatments.
- Schedules and routines are determined by the facility.
- Professionals make major decisions about treatment; decision-making is centralized.
- Work is task-oriented, with staff rotating assignments. Staff knows how to perform tasks that can be completed for any resident in the facility.
- Services are impersonal; the facility is seen as the staff's workplace.
- Structured activities are available only when the activity director is on duty.
- Focuses on quality of treatment as defined by regulations and professional standards.
- The facility lacks a sense of home, potentially leading to a sense of isolation, loneliness and homelessness.

Person-Centered Model

- The focus is on the resident and his/her abilities, preferences, values and individual needs. Disability is only one of the characteristics considered, not the defining one.
- Schedules and routines are flexible to match the resident's preferences and needs.
- The resident and his/her support network make decisions about care, seeking advice when needed.
- Work is relationship-centered, with consistent assignments for staff. Staff brings personal knowledge of the resident into the care-giving process.
- The resident is a citizen, and is supported in participating in community life with fellow citizens.
- Spontaneous activities occur around the clock.
- Focuses on quality of life, as it is defined by the resident. What is important **to** rather than **for** the resident?
- The facility is the resident's home; residents and staff share a feeling of community and belonging.



Quality Monitoring Program Website:

<http://www.dads.state.tx.us/providers/qmp/index.cfm>

References: Pioneer Network's *Getting Started: A Pioneering Approach to Culture Change in Long-Term Care Organizations*
Advancing Excellence in America's Nursing Homes *Person-Centered Care*
State Government of Victoria, Australia, Department of Health *Person-Centered Practice*

Person-Centered Care

Principles of Person-Centered Care

- Know the resident as a person: Build a relationship with the resident, get to know the person beyond the diagnoses.
- Share the power and responsibility: Focus on respecting preferences; treat residents as partners when setting goals, planning care and making decisions about care, treatment or outcomes.
- Accessibility and flexibility: Meeting the resident's individual needs by being sensitive to his/her values, preferences and expressed needs. Give the resident choice by providing timely and complete information in a manner he/she is able to understand.
- Coordination and integration: Work together to minimize duplication and providing each resident with a key contact at the facility. This is about teamwork, with all service providers and systems working seamlessly behind the scenes to maximize resident outcomes.
- Environment: This includes the physical, organizational and cultural environments of a facility. The optimal environment is structured to optimize the staff's ability to provide person-centered care to the residents.

Person-Centered Care

- Promotes choice, independence and autonomy based on collaboration between the caregivers, the resident and the resident's family and support network.
- The facility adapts to the resident; the resident decides waking and sleeping times, meals, daily routines, bathing frequency, ADLs and activities.
- The resident accepts an appropriate degree of risk, challenge and choice; the facility promotes the resident's abilities and optimal level of function.
- Residents are empowered to live life and make choices regarding their level of ability.
- The resident is at the center of the care planning and decision-making processes, with his/her needs, preferences and values taken into account when making decisions about the care being provided.
- Sees the resident as an individual, rather than focusing on a clinical diagnosis, symptoms exhibited or abilities that have been lost.
- Focuses on each resident's unique qualities, abilities, interests, preferences and needs. Considers the resident in a holistic manner, considering the resident's spiritual, mental and physical well-being.
- The care plan is a living document, changing as the resident's needs and preferences change.
- Staff actively listens and observes the resident to adapt to his/her needs regardless of his/her cognitive abilities.
- Treats all residents, including those with dementia, with dignity and respect.
- The facility empowers and integrates the change process, seeking to create opportunities for individuals to better the home and their lives



Quality Monitoring Program Website:

<http://www.dads.state.tx.us/providers/qmp/index.cfm>

References: Pioneer Network's *Getting Started: A Pioneering Approach to Culture Change in Long-Term Care Organizations*
Advancing Excellence in America's Nursing Homes *Person-Centered Care*
State Government of Victoria, Australia, Department of Health *Person-Centered Practice*