Megamorphosis: A Cultural Evolution

THE JOURNEY FROM AN INSTITUTIONALIZED TO SOCIAL MODEL

15TH ANNUAL LEADERSHIP PROGRAM FOR PHYSICIANS AND LEADERS IN LONG TERM CARE

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www.providencehealthcare.org/residentialcareforme
#ResCare4Me

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OBJECTIVES

Participants will be able to:

1. Discuss the vision of the Megamorphosis cultural evolution plan – moving from an institutionalized model to a social model
2. Describe the human centered design process engaging people who live, work and visit the care homes
3. Discuss the positive impact of this process on the lives of people who live, work and visit the care homes.
## OUR HOMES: OUR PEOPLE

<table>
<thead>
<tr>
<th>Location</th>
<th>Current Resident Care Capacity</th>
<th>Year Constructed</th>
<th>HIP Household Model</th>
<th>Current Bed Distributions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brock Fahrni</td>
<td>148 people</td>
<td>1983</td>
<td></td>
<td>Primarily three and four bedrooms; limited private bathrooms; communal shower rooms</td>
</tr>
<tr>
<td>Holy Family</td>
<td>142 people</td>
<td>1953</td>
<td>HIP Household Model 1990</td>
<td>Primarily three and four bedrooms; limited private bathrooms; communal shower rooms</td>
</tr>
<tr>
<td>Langara</td>
<td>196 people</td>
<td>1990</td>
<td></td>
<td>Primarily three and four bedrooms; limited private bathrooms; communal shower rooms</td>
</tr>
<tr>
<td>Mount Saint Joseph</td>
<td>100 people</td>
<td>1944 &amp; 1976</td>
<td></td>
<td>Primarily three and four bedrooms; limited private bathrooms; communal shower rooms</td>
</tr>
<tr>
<td>Youville</td>
<td>42 people</td>
<td>1969</td>
<td>Renovated 1980’s &amp; 2011</td>
<td>All single rooms; communal shower rooms</td>
</tr>
<tr>
<td>Honoria Conway</td>
<td>60 suites (62 people)</td>
<td>2008</td>
<td></td>
<td>Private suites; can support couples in same suite</td>
</tr>
</tbody>
</table>
AT THE BEGINNING....

“our residents are getting too complex”

“something needs to change, but we’re not sure what”

“we’re struggling to keep up”

“we’ve tried everything already...”

Old buildings

Institutionalized routines
HUMAN-CENTRED DESIGN

Insights
    (Clarify)

Ideation
    (Brainstorm)

Prototype
    (Design)

Testing
    (Refine & build)
The Residential Care for Me Journey So Far...

WE ARE HERE: Phase 3 and 4: Prototyping & Testing

- RESIDENTIAL REDEVELOPMENT - BUSINESS PLAN IN PROGRESS: JUNE TO NOVEMBER 2016.

WE ARE HERE: Phase 3 and 4: Prototyping & Testing
Helping people find community, honouring their unique journeys

- Experiences are engaging and stimulating
- Environment of comfort and empowerment (hometile, feel part of the community)
- Interactions recognize the importance of body, mind and spirit
- Stewardship through creative use of resources
- Relationships recognize the significance of every individual
- Partnerships extend the community beyond our walls
- Flow of the day driven by what’s meaningful for residents instead of traditional, institutional routines
WHAT IF...?

- ...we threw everything we knew about Change Theory out the window?

- ...we created a sense of urgency of no longer accepting the ways things currently are?

- ...we shook things up so much we created a tidal wave of enthusiasm that outweighed the fear of change?

- ...the Residential Care for Me group led this process and used the vision to create the reality?

- ...we did a little pre-planning and a lot of on the ground learning during the two week Megamorphosis?

- ...we cleared our schedules for two weeks?
Saint Vincent’s Heather: Redevelopment Plan – Entrance from 33rd Avenue
MEGAMORPHOSIS

EMOTIONAL CONNECTIONS
MATTER MOST

RESIDENTS DIRECT EACH MOMENT

HOME IS NOT A PLACE, IT IS A FEELING

EMOTIONAL CONNECTIONS

QUALITY OF LIFE
MEGAMORPHOSIS: TESTS OF CHANGE

Emotional Connections Matter Most:

1. Staff name tages/buttons
2. Care Aprons
3. Buddy Program
4. Decorate Resident Rooms
5. Find Me Lights
6. AM/PM care is calm and social
7. Meal time is social and engaging
8. Move Rehab out of Basement
9. Food Services and Housekeeping are part of the team
10. Yes! I can help you! Approach
11. Break times
12. Language and labels
13. Resident/Family directed Care conference
14. Volunteers
15. Staff rate their interactions
16. Staff Community Tree
17. “Treasure Room”
18. Improve Spa Room – fix/remove tub
19. Meal time: plate to person
20. Plan recreation programs together
21. SNARF Scarf
22. All Hands on Deck

Resident Directed Care:

1. 2 Dining Rooms
2. Continental breakfast
3. 3 things that bring comfort and joy
4. Remove staff signs from resident space
5. Colours, textures and interactive items fill the space
6. Resident “rummaging” is encouraged
7. Staff space is invisible
8. RCA lead shift (handover) report
9. Shift away from residents days in bed
10. RN support medically complex people
11. TV use is meaningful to residents
12. RA and RCA lead 1145 Huddle/Cuddle
13. Create a vibrant garden patio
14. I go to things outside my home
15. Volunteers
16. Support resident risk
17. Resident diet textures – one page in public view
18. Keys avail for patio, bathroom and stove
20. Lighting is calming
21. Ideas and hesitations notebook
22. Create craft space
23. Main floor cafe
BEFORE MEGAMORPHOSIS
Emotional Connectedness Observations
Marguerite Place

Percent of Observations

- Positive and Social: 10% Before (n=147), 41% After (n=124), 43% 6 months post (n=78), 17% Feb 2018 (n=61)
- Positive: 35% Before, 44% After, 54% 6 months post, 46% Feb 2018
- Neutral: 14% Before, 21% After, 10% 6 months post, 5% Feb 2018
- Negative Protective: 18% Before, 4% After, 0% 6 months post, 0% Feb 2018
- Negative Restrictive: 1% Before, 0% After, 5% 6 months post, 2% Feb 2018
PRINCIPLES OF A SOCIAL MODEL

know what brings residents peace, comfort and joy

Yes, I can help you philosophy
PRINCIPLES OF A SOCIAL MODEL

bright, vibrant environment
PRINCIPLES OF A SOCIAL MODEL

Residents have meaningful things to do
MEGAMORPHOSIS AND THE PRACTISING PHYSICIAN

KEN TEKANO, MD, BSC

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I have personally undergone a Megamorphosis by participating in this process.
TRADITIONAL, INSTITUTIONALIZED MODELS
How might culture change in (long term) care homes impact medical practice?

How might medical practice impact culture change in (long term) care homes?
How might *culture change* in (long term) care homes impact medical practice?

Not much.
How might *medical practice* impact culture change in (long term) care homes?

Quite a lot!
TOWARDS A SOCIAL MODEL OF CARE
WHAT IF...?

... we spent more time REALLY getting to know people and their life stories...
Home is...

family
contentment
secure
nurture
peace
comfort
piperty
happiness
privacy
space
warmth
party
quiet
express
togetherness
freedom
humour
personal
food
animals
laugh
laughing
support
children
laughter
belonging
practical
personalised
harmony
personal
personalised
nojudgement
fun
party
love
rest
choice
do-whatever-i-want
relax
control
freely
companionship
sharing
favourite

Residential Care
for Me