

Client-Driven Care

Knowledge to Action



South West
Community Care Access Centre **CCAC**

CASC Centre d'accès aux soins communautaires
du Sud-Ouest

Purpose of the Research Study

Does wide-spread partnering with the client in a client-driven care approach have an affect on the services used and the cost of the service provided?



Guided Conversations



“Tell me how you’re feeling about your home care today.”

- Encourage the client to open up to you about his/her true thoughts and feelings.

“How do you feel you and I are making out with your care?”

- Ask the client to describe his/her:
 - Honest thoughts and feelings
 - Working relationship the two of you have
 - Does the care provided include attention to the client’s strengths and overall health?

Guided Communication



- What would you have missed, if you had not asked?
- What benefits come to both the client and the provider, when we engage?
- How are our relationships strengthened when we take the time to ask?
- What other hidden health promotion opportunities might there be, if we ask?

Would you have asked these questions or asked them sooner if you knew this?

“Tell me how you’re feeling about your home care today.”

“How do you feel you and I are making out with your care?”

Scenario 1

- When things seemed like they were all falling apart, the CCAC became involved and all of the people involved helped the client to feel like his world was not coming to an end – the client wanted to compliment the team. (This opportunity to say thanks, was important to the client)

Would you have asked these questions or asked them sooner if you knew this?

“Tell me how you’re feeling about your home care today.”

“How do you feel you and I are making out with your care?”

Scenario 2

- The caregiver had no energy left and the personal support worker made the difference between her spouse staying at home or having to go into the Long Term Care Home....she wanted to show her gratitude...reciprocity was important to her. (she needed the chance to tell her story, there was therapeutic benefit)

Scenario 3

- The client had no one else in the world that cared...hearing someone ask how things are going was very meaningful to her....she was not alone....

Would you have asked these questions or asked them sooner if you knew this?

“Tell me how you’re feeling about your home care today.”

“How do you feel you and I are making out with your care?”

Scenario 4

- In two weeks time triplicate medical supply orders arrived at the clients home when only one order was needed – all three signed by three different nurses – client and family were dealing with the notion that the client had days to live and were overwhelmed by this confusion. The client and family did not know where to call.

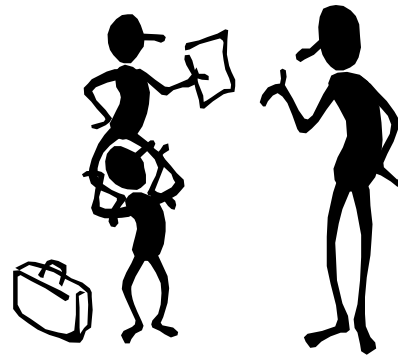
Scenario 5

- Client had to call the CCAC three times with no return call.

Scenario 6

- Client had 5 different providers visit him within 24 hours of admission.

“We think of our clients as partners. That means we need to keep track of how you are involved in your care and how you would like to be involved.”



Guided Conversations



“Let’s talk about the things you’re doing for your health care that are working out well.”

- Take this time to understand the client’s story, to find common ground, and to build trust. For example, I had a pond and he had a pond.
- Have the client identify his/her strengths and resources.
- Explore what strategies they have used in the past to cope and to promote a quality of life

“Tell me about the things you feel you need help with?”

- Bring out the client’s views on what else s/he needs and wants with relationship to his/her care.

Would you have asked these questions or asked them sooner if you knew this?

“Let’s talk about the things you’re doing for your health care that are working out well.”

“Tell me about the things you feel you need help with?”

Scenario 7

- Mr. B is an 80 year old gentleman who is showing signs of depression post hip surgery; is fighting with his 81 year old wife whose life continues on as normal with lunching out and socializing on the phone with her friends – his life as he has known it “busy in the garden etc” is on hold – a leather craft tool kit sits dusty on a shelf which he hasn’t used for years – by you asking this open ended question and probing about his strengths he pulls out the kit and with your encouragement begins making contact with his old friend the leather supplier – his family and friends reap the rewards at Christmas and his signs of depression dissipate. He makes a vital connection back to his former community – quality of life and increased self esteem return....no need for antidepressants and social worker initially requested by the physician....

Would you have asked these questions or asked them sooner if you knew this?

“Let’s talk about the things you’re doing for your health care that are working out well.”

“Tell me about the things you feel you need help with?”

Scenario 8

- Mrs. X has recently moved to a 2nd floor seniors apartment in the city from her farm homestead on the edge of a village surrounded by a variety store, legion and town hall. She is very frustrated with her new place....by asking these open ended questions you find out she has no where to grow her plants, nothing to look at out her window...she is very discouraged....the wound on her leg is getting worse...and she doesn’t care anymore about what she eats even though she has diabetes – by continuing to ask these open ended questions and not just focus on the leg wound and diabetes you find out she loves to garden and watch people come and go like she did from the window on her farm – over time the care team are able to assist her to move to the front of the building on the first floor near the controlled entrance of the building – where she can both have her garden and watch people come and go – her appetite and healthy outlook returns, her wound heals and quality of life is reinstated.....

“Personhood...



...is at the root of individual vulnerability. When it is honoured one feels comfortable. When it is not taken into account by others, one feels depersonalized.”

Mary Buzzell and Mary Gibbon

...is a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being. It implies recognition, respect, and trust. Both the according of personhood, and the failure to do so, have consequences”

Dr Tom Kitwood

“Personhood...



...In order to know how persons ought to be treated we must know what makes them persons and how, as persons, they may be ‘harmed’ ”

Dr Christine Harrison

...It is much more important to know what sort of person has a disease than what sort of a disease a person has”

Sir William Osler

...Hope is crucial to recovery for our despair disables us more than disease ever could”

Leete (1993)

“As your care partner...

...you know I want to work with you to make your care as good as it can be. We both **know** things that are important to consider in your care. We both can **do** things to help make your care as good as it can be. So, we both need to **decide** together how best to go about this care.”

Guided Conversations



“Let’s look at what’s going on right now to make your care as good as it can be.”

- Talk about the client’s contribution of knowledge and effort
- Talk about your own contributions, **as the client sees them**
- Get a sense of how your client is experiencing partnering right now.

Guided Conversations



“Okay. Now, let’s think about what new or different things each of us might know and do to make this happen.”

- Talk with the client, regarding his/her efforts and your own efforts, **as the client sees them**
- Get a sense of his/her preferences for involvement in care management.

Would you have had this conversation sooner if you knew this?

“Let’s look at what’s going on right now to make your care as good as it can be.”

“Okay. Now, let’s think about what new or different things each of us might know and do to make this happen.”

Scenario 9

- Mr. and Mrs. W were taking care of their 15 year old daughter who was actively dying of cancer. She had just come home from hospital and the W’s had been told she had 2-4 months to live. The W’s took care of all her care needs because they knew how important privacy was to her. The nurses were confused with their role in the situation and were preoccupied with this. Mr. W knew there was going to be a team meeting with the care team including the Dr outside of the home. He asked the visiting nurse if he could attend the meeting. The nurse’s response was “we think you should concentrate on being the parent....we will attend the meeting...you don’t need to worry about it”....
- While Mr. W was frustrated by this...he let it go...Mrs. W responded in private by saying...if we are not part of our daughter's team then who do they think is?a few days passed and the teenager started to deteriorate rapidly...the W’s responded as they always had with comfort measures....not having been a part of the team meeting a few days before...they were not aware that their daughters prognosis had been changed from 2-4 months to a maximum of 2 weeks...no one updated them after the meeting....

Scenario 9 continues on next slide...

Would you have had this conversation sooner if you knew this?

“Let’s look at what’s going on right now to make your care as good as it can be.”

“Okay. Now, let’s think about what new or different things each of us might know and do to make this happen.”

Scenario 9 *continued...*

- Mrs. W...had a sense that her daughter was failing as she had been a nurse before deciding to remain at home to raise her children...she wanted to confirm her intuition... but could not bring herself to speak what she dreaded the most.....was her daughter near death...what did dying look like.....little did she know that the nurse had meant to leave a pamphlet for her in case they wanted to know more.....the nurses had forgotten.....the nurses had withdrawn more so then usual because of their role confusion....and when the family were overwhelmed and needing the consultation/information the most... the W’s did not perceive it was accessible...
- A few days later a sister to Mrs. W, a nurse herself after observing the parents struggle...finally got up the nerve to say to the nurse during her next visit at midnight at their kitchen table.....”I think the W’s want to know what dying looks like”...the nurse then proceeded to describe what they would likely observe and at that time gave a bit of an indication of their daughter’s failing....no official discussion about prognosis as was discussed at the team meeting.....
- Their daughter died the next day at the supper hour...the nurse arrived unannounced and invited herself into their daughter’s sacred dying space without asking their permission or preference....this along with everything else was very upsetting for the family...

“Assessment...



...virtually all our professional attention and assessment protocols are focused on deficits of the individuals or the environment.” *Cowger*

...it is arrogant to suppose that the whole picture of a person is captured in diagnostic, functional or psychotherapeutic assessments. Only through creating Life Plans rather than Care Plans will an older person be able to live meaningfully.”

Becky Fast and Rosemary Chapin

...a person can be assessed to death and never be known as a person with abilities, gifts, capacities, strengths and talents.” *Mary Buzzell*

“Assessment...



...An individual does not equate himself with his illness. If this were so, treating or caring for the illness would satisfy the human being. However, it does not work that way since illness is generally perceived as something one has, not something one is.”

Joyce Travelbee

...Hope is related to freedom to choose. The personhood of an individual is preserved to the degree that his capacity to make choices concerning his destiny is maintained, and where the individual feels that he has no hand or say so in decisions concerning his present or future, he experiences a sense of hopelessness.”

J.H. Boyle

Strengths Model



“...the purpose of the Strengths Model of Case Management is to assist people who may be identified as consumers, to identify, secure and sustain a range of resources both personal and external needed to live in a normally inter-dependent way in the community.”

Fast and McDiarmid, 1998

Strengths Model Principles

- discovering and building on strengths rather than problems facilitates hope and self-reliance
- people have the power to learn, grow and change
- relationship building is essential to effective efforts to help clients
- people can participate in decision, make choices, and determine the direction of the helping process
- resource acquisition includes assertive outreach to all community resources

Fast and Chapin

Ways to Help us Focus on People's Strengths...A Tool Kit

HEALTH PROMOTION STRATEGIES *(see handout)*

Strategy	Client	Caregiver
Building Trust and Meaning	Tells own story	Understands client's situation
Connecting	Shares struggles with life and health	Actively listens
Caring	Unloads negative feelings, has opportunity to discover strengths and feel understood	Provides positive regard and non-judgemental responses
Mutual Knowing	Develops conscious awareness of own patterns and strengths	Highlights client's patterns and strengths that promote health. Asks reflective questions.
Mutual Creating	Reframes old ways and /or creates new ways of doing, being, seeing one's self	Supports and encourages client to explore opportunities for growth

For Strengths Inventory Discussion *(see handout)*

A Tool Kit continued...

CURRENT STATUS What do I have going for me?	WANTS and DESIRES What do I want?	PERSONAL and SOCIAL RESOURCES What have I used in the past?
<ul style="list-style-type: none"> -What form of transportation do you use? -What are you currently doing in terms of cooking meals, bathing, and household chores, etc? -How secure do you feel in your home (neighbourhood)? 	<p style="text-align: center;">LIFE DOMAINS</p> <p style="text-align: center;">Daily Living Situations</p> <ul style="list-style-type: none"> -What parts of your life are important for you to stay in charge of? -How satisfied are you with your current housing? -What would make it easier for you to accept help when you wish you didn't need help? 	<ul style="list-style-type: none"> -What household chores did you enjoy or dislike earlier (e.g. childhood, marriage, later adult) -What kinds of housing situations in the past were you satisfied with?
<ul style="list-style-type: none"> -How have you been feeling lately? -What are some of the things you do to take care of yourself? -What types of medications do you use? -Do you smoke? -How is your diet? 	<p style="text-align: center;">Health</p> <ul style="list-style-type: none"> -What could you do to feel better? -How would you like to feel? 	<ul style="list-style-type: none"> -Tell me about your health through the years? -How did you handle major illnesses and injuries? -What have you done in the past when you were down? -What was it like when you received help?
<ul style="list-style-type: none"> -What types of insurance policies do you hold? -What benefits do you receive? -Are you able to manage financially? -What kind of entitlement are you receiving? 	<p style="text-align: center;">Financial/Insurance</p> <ul style="list-style-type: none"> -What would give you a sense of security? -What could be done to make it easier for you to continue living here? 	<ul style="list-style-type: none"> -What type of job experiences have you done in your life? -What was your best job experience? -What helped you keep going when you went through tough times previously?
<ul style="list-style-type: none"> -Tell me what a typical week is like. Who do you see and where do you go? -Who are the most important people in your life? 	<p style="text-align: center;">Social Supports</p> <ul style="list-style-type: none"> -Who would you like to see more or hear from more often? -Is there anything that you wish your family/friends would be doing for you? 	<ul style="list-style-type: none"> -Who have you turned to for support in the past? -Who has leaned on you in the past? -Who has been important to you throughout your life?
<ul style="list-style-type: none"> -What activities do you enjoy? -What kinds of things make you feel good? 	<p style="text-align: center;">Leisure/Recreational Interests</p> <ul style="list-style-type: none"> -Do you have any hobbies or interests that you wish you could do more of? -Is there something you always wanted to learn, but never got around to? 	<ul style="list-style-type: none"> -When you weren't working, how did you spend your time? -What did you use to enjoy doing with your family/friends?
<ul style="list-style-type: none"> -How important is religion, church, or spirituality in your life? -What in your life today gives you hope? 	<p style="text-align: center;">Spirituality</p> <ul style="list-style-type: none"> -Is there anything that would make your life more satisfying? -Is there something you always wanted to learn, but never got around to? 	<ul style="list-style-type: none"> -Do you still do any of these things? -How have you expressed your spirituality in the past? -What are you most proud of accomplishing in your life?

Quote R. Dunne...



“Let me share my life with
you so you can bring my life
to me”

R. Dunne

~ Thank you ~

Questions?



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