

Client-Driven Care

Knowledge to Action



What is flexible client-driven care?

- Best practice from the past
- Client-centeredness and empowerment
- Builds on clients' and all other team members strengths, where possible
- Encourages clients to contribute their own
 - ✓ Knowledge
 - ✓ Abilities
 - ✓ Decision making to care management
- Encourages “mutuality”.

Do with others as you would have them do with you!

4 Evidence-based CDC principles

- Building relationships with clients, caregivers, and other community care team members involved in their care
- Building on everyone's strengths and potential for involvement as a partner in care
- Expand awareness of and attention to partnering and health resources while working as partners, with everyone contributing his/her knowledge, skills, and decision-making ability to the shared effort
- Consciously attend to the process of partnering in care to promote health.

What is partnering?

- Therapeutic relationship between **clients and all other care team members**
- Empowering everyone involved
 - ✓ Sharing and building on **knowledge**
 - ✓ Sharing and building on **abilities/decision making**
 - ✓ Sharing and building on **potential.**

Evidence based direct correlation

- Relationship building
- Increased conscious awareness of life and health.

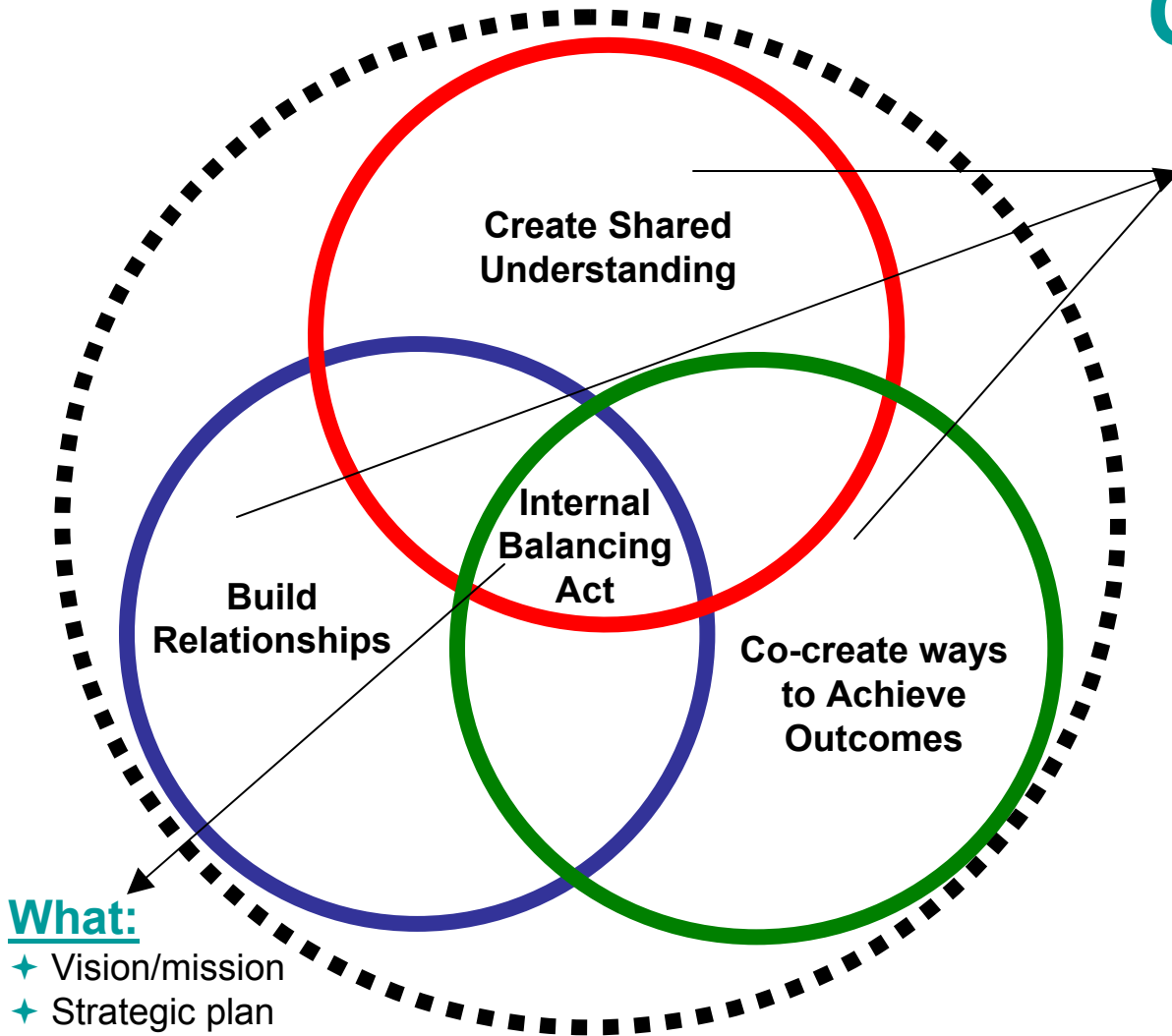
Health promotion process

- 1. Building trust and meaning:** client tells own story, and caregiver understands client's situation
- 2. Connecting:** client shares struggles with life and health, while the caregiver actively listens
- 3. Caring:** client is able to safely express all feelings and discovers strengths and feels understood, while the caregiver provides positive and non-judgemental responses.
- 4. Mutual knowing:** client develops conscious awareness of own patterns and strengths, while caregiver highlights client's patterns and strengths that promote health
- 5. Mutual creating:** client reframes old ways and/or creates new ways of doing, being and seeing self, while the caregiver supports and encourages client to explore opportunities for growth.

Therapeutic relationships

- Interactions and relationships between the client and the rest of the community care team in and of themselves helps to foster an attitude and ability in clients to live independently and make their own health choices
- Respect, trust and finding common ground
- Sensitive responsiveness to people's feelings, reactions, and preferences
- Building a shared understanding of goals and values
- Developing working relationships that promote positive outcomes
- Co-creating strategies that achieve positive outcomes.

Our Compass



How might we.....?

- ✦ Do “with”, instead of do “unto”
- ✦ Invite voice and listen
- ✦ Make caring visible
- ✦ Facilitate meaningful connections
- ✦ Share stories, find common ground
- ✦ Be triangulation-free
- ✦ Avoid triggering the “fight or flight” response
- ✦ Be barrier busters, solutions focused
- ✦ Appreciate not all things that count can be counted
- ✦ Choose our words
- ✦ Be sensitively responsive to unique strengths and needs

What is the aim of *Client-Driven Care*?

- Build relationships and understand the client's story
- Build on strengths of all involved
 - ✓ Knowledge
 - ✓ Ability
 - ✓ Mutual decision making
- Working and partnering together to create
 - ✓ Action strategies
 - ✓ Care management

Focus: ongoing process of care and service delivery and health as a resource for everyday living.

Knowledge to action on client-driven care

- KTA projects in each SWCCAC site
- Projects complete December 2007
- Meet monthly to develop and implement action strategies
- Review of findings and implementation.

Evolving evidence-based culture of client-driven care in home service delivery.

KTA topics

- Creation of tools and recommendations for future policy on topics, such as
 - ✓ Education
 - ✓ Communication and coordination
 - ✓ Policies and procedures
 - ✓ Front line practice.

What does CDC mean to my practice?

- It is the ultimate goal for SWCCAC service delivery
- It is a philosophy on how we do our day-to-day work
- It exemplifies outstanding customer service
- It meets clients' needs by understanding their goals, values, and priorities for care.



Working Together for Better Health

Play the CCAC-produced DVD now!

Learning to-date

- Aging population
- Shrinking workforce
- Client-driven care
 - ✓ Better quality of practice/work life
 - ✓ Key retention strategy
 - ✓ More effective use of healthcare system resources.

Knowledge to action (*KTA Phase 2*) next steps

- Shift
 - ✓ From research promoting practice change
 - ✓ To research capturing changed practice
 - ✓ Broad Implementation of learning
- Consistent use of approach across system
 - ✓ All CCAC Case Managers, staff
 - ✓ All service providers, agency staff

KTA phase 2

- January 2008
 - ✓ Use of '*Guided Conversation*' across SW
 - ✓ '*Quick*' documentation
 - ✓ 3-year research project to monitor impact.

How can you help?

- Become a client-driven care leader in your site
- Starting in January begin to use a guided communication when you interact with your clients
- Employ the CDC phrases as a natural part of your communication with clients
- Partner with your clients to understand their unique individuality.

Research project


- January 2008, SWCCAC and the University of Western Ontario enter next phase of research project
- 131 clients across the South West will be randomly selected and asked to participate
- Increase in case conferencing, utilizing protocols/tools developed by KTA *Phase 1* project (details to be released Dec 2007).

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 Conversation will be released January, 2008.

The following is a sample only and is not to be used until the January release date



Guided communication - 1st visit

“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?

“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.”

Please...Do not use prior to release date of January 2008.

Early usage will result in an incorrect baseline that will invalidate the before-after measurement of change being researched.

“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.

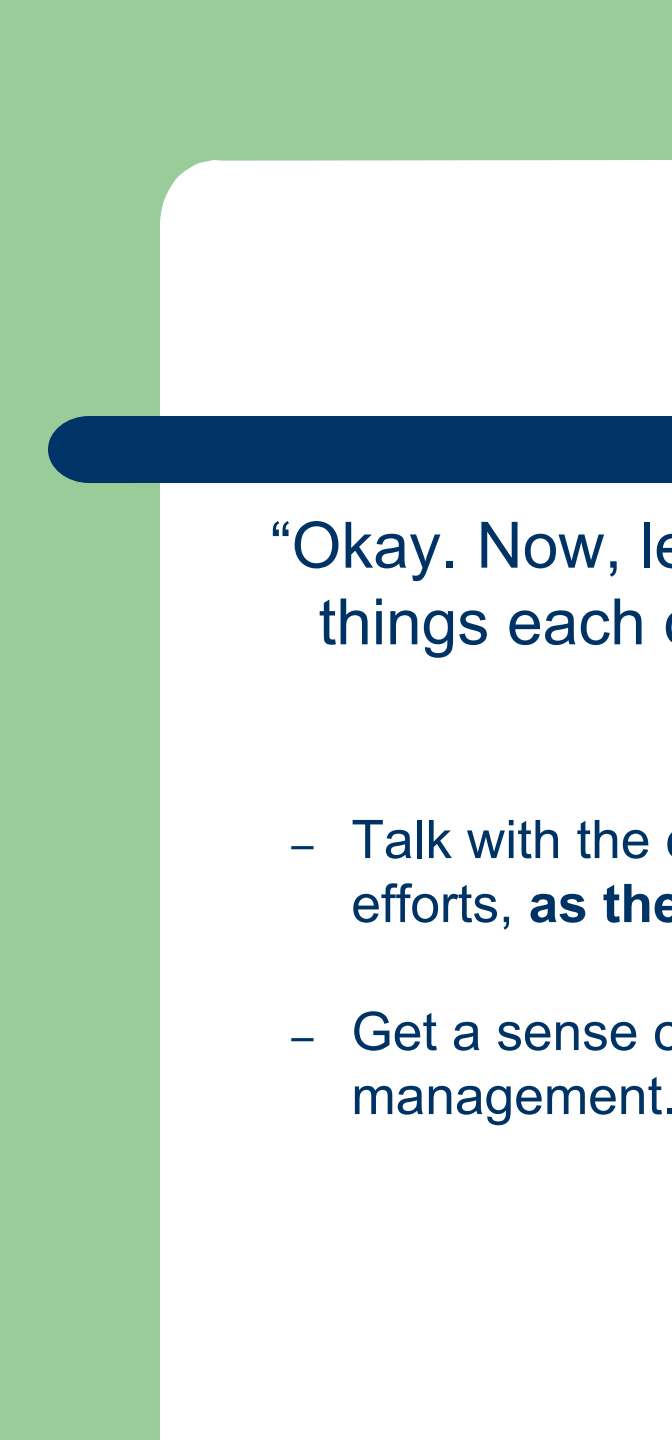
“As your care partner...”

“...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.”



“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.


A decorative graphic on the left side of the slide, consisting of a light green vertical bar and a dark blue horizontal bar with rounded ends.

“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.

**“Now we have our plan for partnering.
Let’s try it out!”**



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release date of January 2008.*



Subsequent visits

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

“How do you feel you and I are making out with our plan for partnering?”



“Let’s look at what’s going on right now with the plan, so we can continue to make your care as good as it can be.”

- Discuss the client’s contributions of knowledge and effort, as well as your own **as the client sees them**
- Get a sense of how s/he is experiencing the partnering right now.



“Okay, so are there any new or different things each of us might know and do at this point?”

- Talk about the client’s efforts and your own efforts **as the client sees them**
- Understand his/her preferences for involvement in care management.

“Great! Let’s keep working toward this plan for partnering!”

Early usage will result in an incorrect baseline that will invalidate the before-after measurement of change being researched.

What happens in January, 2008?

- You will receive Guided Conversation tool to use with each client that you are in contact
- Learn/review the strategies, and become comfortable with the concepts
- Use the strategies naturally in your regular communication.

What happens in January, 2008?

- Early 2008, standard service provider reports across SW
- New reports will include tick box regarding the use of the *Guided Conversation*
- Self-reporting
- Research questions will be incorporated into SWCCAC *Client Satisfaction Survey* – ongoing.

When does the research end?

- *KTA Phase 2* is formally three years (2008 – 2010)
- It is the intention of the SWCCACs that the client-driven care way of being continues to grow and become our reality
- Partner with your clients every day in this way
- Enjoy the outcome of enhanced therapeutic relationships.

On becoming a person

“The degree to which I can create relationships, which facilitate the growth of others as separate persons is a measure of growth I have achieved myself”

Carl Rogers from his book “on becoming a person”

Questions?

