A **Guide** for Implementing

Person and Family-Centred Care Education across Health Care Organizations

Saint Elizabeth
Well beyond health care

Société Alzheimer Society CANADA

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*The views expressed herein do not necessarily represent the views of Health Canada.

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About our Organizations

Saint Elizabeth Health Care

Saint Elizabeth is a national health care provider that has been opening the door to new possibilities and care experiences for more than a century. Recognized as Canada's largest social enterprise, we employ 8,000 people and visit 18,000 clients every day. Through the Saint Elizabeth Research Centre, our Health Career Colleges and the Saint Elizabeth Foundation, we are helping to make the future of health care brighter and stronger. Our staff experience crosses the entire health care spectrum and services are provided in long-term care facilities, clients' homes, hospitals, supportive housing, correctional facilities, hospices, retirement homes, schools and clinics.

Saint Elizabeth Research Centre

Saint Elizabeth has made a strategic commitment to research – $10 million over 10 years – to design and improve care. At the Saint Elizabeth Research Centre, we study the care needs of people, caregivers, and providers and create innovative approaches to care. We are conducting research in many areas, with our current focus being primarily on PFCC, Supporting Family Caregivers, End-of-Life Care, and Integrated Models of Care.

Alzheimer Society of Canada (ASC)

The Alzheimer Society is Canada's leading nationwide health charity for people living with Alzheimer's disease and other dementias. Active in communities right across Canada, the Society offers services and programs such as:

- Information, support and education programs for people with dementia, their families and caregivers
- Research funding to find a cure and improve the quality of life and care of people with dementia
- Public education and awareness campaigns to increase understanding about dementia and its impact and where to turn for help
- Advocacy to influence legislative action that benefits the needs of people with dementia and their caregivers

The Alzheimer Society has an obligation to people at every stage of the disease – from helping healthy people to stay healthy right through to end of life. ASC's mission clearly outlines its commitment to support people who are experiencing all the impacts of dementia.

Our partnership

Saint Elizabeth and ASC decided to collaborate on this initiative to work towards achieving our shared commitment to promoting a culture change within health care organizations through providing person-centred care, particularly for people living with dementia.

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Executive summary

Person and family centred care (PFCC) has been studied most thoroughly in acute care settings; however, not all of the approaches, definitions and interventions used in that setting are relevant, appropriate for use, or transferable to the community and long-term care contexts. PFCC education for all employees, that addresses the unique opportunities and challenges in these settings, is an important step toward achieving the best possible care outcomes for the people in home and long-term care settings. Education can also help to more fully engage employees, increase the likelihood of practice change toward PFCC, and promote a culture shift toward PFCC throughout the organization.

> **Person and family-centred care** is an approach that influences the way in which health care is delivered at the system, organizational and point of care levels. [1] This approach acknowledges the expertise and experience that both those receiving care and care providers bring to the relationship, to ensure care reflects people's individual needs and goals.[2, 3] Services and supports are "*designed and delivered in a way that is integrated, collaborative, and mutually respectful of all persons involved.*"[4]

The benefits of taking a more person and family centred approach are clear and finding ways to implement PFCC is front of mind for many health care organizations, especially with the increased focus on PFCC in accreditation standards. This is, however, a complex endeavour as it has to date been unclear what home and community health care organizations specifically need to do differently to implement this approach, not only at the point of care, but throughout their organizations.

With a contribution from Health Canada's *Health Care Policy Contribution Program* and in partnership with the Alzheimer Society of Canada (ASC), Saint Elizabeth sought to introduce and reinforce concepts, principles and practices of PFCC in home care and long-term care organizations, across provider disciplines and from senior management to direct care providers. A special emphasis was placed on providing PFCC in the care of people living with dementia. The interactive education workshops were pilot tested in seven sites across Canada (in home and community care, long-term care, group homes and supported/assisted living residences).

In this toolkit, we have documented our planning, implementation and evaluation experiences and lessons learned to assist other health care organizations to implement and sustain PFCC initiatives and support a shift towards a more person and family centred approach to care.

Below is a summary of key considerations from our experiences:

- **PFCC principles need to be embedded throughout the organization** to ensure staff are supported in taking this approach.
- PFCC requires **organizational and management support** in order to be most effective. Thus, engaging key stakeholders, maintaining communication, and encouraging feedback, is imperative.
- **Flexibility in your approach** to the education design and implementation is necessary, and itself reflects PFCC principles. The "best approach" will depend on a number of organizational and individual team factors. It will therefore be important to adapt the education content and approach to suit the needs of your organization and staff.
- Remember that **PFCC is a philosophy** to inform the approach to providing care, rather than a specific list of "person and family-centred" tasks to complete.
- In PFCC workshops and training sessions, **two-way flow of communication** should be encouraged. Reflective learning for facilitators and learners is encouraged.
- The organization's leadership team needs to **hear about and respond to challenges to practicing PFCC**; if these barriers are not addressed, any gains from the PFCC workshops will not be sustainable.
- Providing **PFCC is part of the role of every person** in the health care organization; recognizing and honouring the contributions each person makes to the resident experience and the care team is a key part of creating a PFCC culture.

"Person-centered care is about the kindness that's within."

Part 1: Introduction

What is Person and Family-Centred Care (PFCC)?

Person and Family-Centred Care is an approach that influences the way in which health care is delivered at the system, organizational and point of care levels. [1] This approach acknowledges the expertise and experience that both those receiving care and providers bring to the relationship, to ensure care reflects people's individual needs and goals.[2,3] Services and supports are "*designed and delivered in a way that is integrated, collaborative, and mutually respectful of all persons involved*."[4]

Traditional Model	**Person- and Family-Centred Model** [5-7]
❖ Person as a recipient of service	❖ Person/family as participants in care
❖ Decisions made by care providers	❖ Decisions made by the person/family
❖ Top-down communication	❖ Facilitative leadership; staff given a voice
❖ Task-oriented	❖ Focus on individual needs/preferences
❖ Organizations develop programs	❖ Partnership approach to develop program

Person and family centred care is not a task or something you do, but rather an overarching philosophy to guide the approach to care and care delivery. It is reflected in having therapeutic relationships with people: *A trusting connection and rapport established between a health care provider and person through collaboration, communication, care provider empathy, and mutual understanding and respect[8]*.

There is no broadly accepted definition of PFCC or agreement on its components[2], however widely cited are the following core concepts of patient and family-centered care identified by the Institute for Patient and Family-Centered Care (2010):[9]

- **Respect and dignity**. Health care practitioners listen to and honour patient and family perspectives and choices. Patient and family knowledge, values, beliefs and cultural backgrounds are incorporated into the planning and delivery of care.
- **Information Sharing**. Health care practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.
- **Participation**. Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.
- **Collaboration**. Patients and families are also included on an institution-wide basis. Health care leaders collaborate with patients and families in policy and program development, implementation, and evaluation; in health care facility design; in professional education; and in the delivery of care.

Similarly, the Health Foundation in the United Kingdom suggests the following four principles of person-centred care**[3]**.

The four principles of person-centred care

For more information about the literature that supports these concepts and approaches, please visit ***www.saintelizabeth.com/pfcc***

What does PFCC mean to those receiving care?

We asked residents in long-term care facilities and their family members about what PFCC means to them. Here is what they told us:

"That the care my person is receiving is individualized for her needs… Not to fit the needs of other residents and the staff." **(Family member)**

"They always address mom by name. They always address me by name. I know sometimes if she's got insomnia, they might stop in and talk to her for a few minutes if it's quiet in the ward and ***just have a chat with her and see if that'll get her to relax and go to sleep****."* **(Family Member)**

"To me, it would be ***personalized… almost like they're at home****. They contribute into the duties that take place, they participate in all the activities, etc. to whichever ones they can and it's more like home… Keeps your independence, makes them feel that they're contributing. Gives them a sense of worth…So, that's what I would like to see.* **(Family Member)**

*"****I ask them*** *for a cold drink a day or something, like a punch or a dish of ice cream.* ***It's right there****… I appreciate that."* **(Resident)**

*"**Makes me feel welcomed** and I feel that they're caring for my mom because they're always so happy to see me and tell me what's been going on."* **(Family Member)**

*"A lot of us are working… so I don't have a lot of free time but just **to know I can get a phone call if something is wrong or I can call at any time**… or if I walk in, I can talk to anybody and say, 'How has she been today?' And, get an answer."* **(Family Member)**

*"I certainly appreciate when I come in and staff address me as well. **That makes me feel that I'm involved**… they know I'm involved with my mom's care."* **(Family Member)**

What does PFCC mean to care providers and managers?

Care providers and managers participating in this initiative also shared with us what PFCC means to them:

*"**You have to put the patient first**. You have to think about what's happening around their life and what's happening to them. You can't direct care - it's not like a data set, **you can't just provide the same care to each person**."* **(Nurse)**

*"**Nothing should ever interfere with being person centered**. They should always be the focus. Maybe [staff] can't deliver everything that they would always deliver, then they have to reorganize or prioritize, but it shouldn't impact making that [care] person centered."* **(Manager)**

*"**Every person is our resident**. Every resident in the building. If we come across them in need of something, we have to stop…"* **(Nurse)**

*"**[Clients and families] know themselves better**, so they should always tell you what to do. Not you saying, 'This is right for you…"* **(Personal Support Worker)**

*"Person centered [care] is about the **kindness that's within**. It isn't about offering to do more and more and more with less and less and less."* **(Manager)**

Differences between PFCC and Client-Centred Care/Resident-Focused Care

Although many different terms are used to describe this approach to care – including patient-, client-, or resident-focused care – we have chosen to use the term "person and family centred care" because we believe it best reflects this holistic approach, acknowledging the personhood of the individual outside the clinical domain. It is more than meeting the person's care needs or improving their health outcomes; it is about understanding the person as a whole and the family[i] as a unit.**[10]**

However, at the time that the education workshops were offered, the term "person-centred care (PCC)" was used (although it was meant to also include family); therefore "PCC" may be referenced in some of the quotes from workshop participants.

Use of Terminology in this Guide

Throughout this report, we may alternatively use the term "client" or "resident" depending on the care setting or to avoid using the longer "client/resident." We may also, at times, refer to clients and/or residents without specifically mentioning family involvement, however the approach taken and emphasized in the PFCC education was a holistic, person and family centred approach, which was inclusive of the person's family and friends.

Why Focus on PFCC?

Given the aging population and the growing number of people receiving care at home and in long-term care settings [11-13] stakeholders, including politicians, health policy makers and health care providers are seeking strategies to address poor satisfaction with health care services.[14] Developing efficient, effective and safe models of health care delivery that meet the needs of the population are key factors[15].

[i] Our use of the term 'family' is meant broadly to include anyone in the supportive circle of the person

Person and family centred care is receiving increased attention both across Canada and on the global stage and is endorsed by the public who are increasingly advocating for their rights as participants in health care, rather than being passive recipients. Many provinces and territories within Canada have taken steps to embrace a more PFCC health care system, from policies and legislation that encourage a more person-focused approach to reviews that seek to identify how citizens would like their health care system to work for them. There is also a focus on finding ways to optimize health human resources, including ensuring the required supply of health care providers is available to meet the needs of Canadians.

An additional impetus for this culture shift is an increased focus on PFCC in Accreditation Standards, including those from the Commission on Accreditation of Rehabilitation Facilities (CARF) Canada[16] and the revised Accreditation Canada standards that are in effect, starting in 2016[17]. These quality standards raise the bar for organizations to embed PFCC principles from direct care to governance levels as a means of more fully engaging people in their health care.

Given this reality, a reconfiguration of our health care system to one that is person and family centred must be at the forefront of design and implementation and is critical to our collective ability to respond to the people we serve and to ensure the health care system remains valued throughout Canada.

What we heard from long-term care home residents and family members

We know from conversations with residents and families that PFCC is not consistently being practiced and that there are many opportunities for improvement. Below are some examples of from people we spoke to in two of the pilot sites participating in this initiative:

> *"I like to feed [my wife]. I used to do it. I miss it…They see me feeding her and now I can't do it. They changed the policy…because she's a risk of choking. But I already know about her. I know her choking. I know her swallowing. [I] know what she can and cannot have. Plus, I went to all of her appointments and all of her specialists." – Family member of a person in a LTC home*

> *"I said to the person one time, 'I don't have Alzheimer's so don't tell me I'm wrong.' But this was just with the drug that I was taking, that she didn't know that I had looked after my own drugs all my life…" – Resident in a LTC home*

> *"After seven o'clock, they're trying to get people in bed. [Resident's name] stopped that for her because they were trying to put her to bed at seven o'clock. She's only 52. She don't want to go to bed that early." – Family member of a person in a LTC home*

> *"I find that there is a group of four that always get help. But now, there are two of us at our table who are quite blind and we both have macular degeneration, and it has worsened in the past year, but unless I ask, particularly say, 'Would you please cut my meat for me?'…Sometimes they will ask but most times they wouldn't. One lady says, 'What is it?' And [the staff] say, 'It's supper. Eat up.' And well, she's very independent and she wants to cut her own meat but she can't find her meat on the plate… I feel it should be passed on to the staff that the two of us are now almost blind and we do need a little more attention. And I know the other lady at the table feels, 'Oh, they're always joking and having a lovely time over there, and we're sitting like bumps on logs." – Resident in a LTC home*

Benefits of a PFCC approach

PFCC has been shown to contribute to many positive outcomes including: better quality of care, according to providers and clients; better client, family and provider satisfaction; improved functional outcomes (e.g. emotional well-being, independence); and greater involvement of family and support systems[18-24]. Taking a more person and family centred approach may also reduce health care utilization and costs[25-27].

Background Work

Phase 1: Research

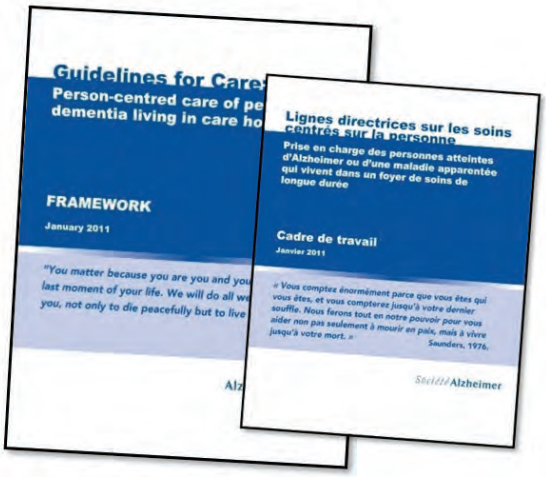
In 2010, Health Canada awarded funding to Saint Elizabeth for a two-year project entitled "*Client-Centred Care: Future Directions for Policy and Practice in Home and Community Care*."[2]

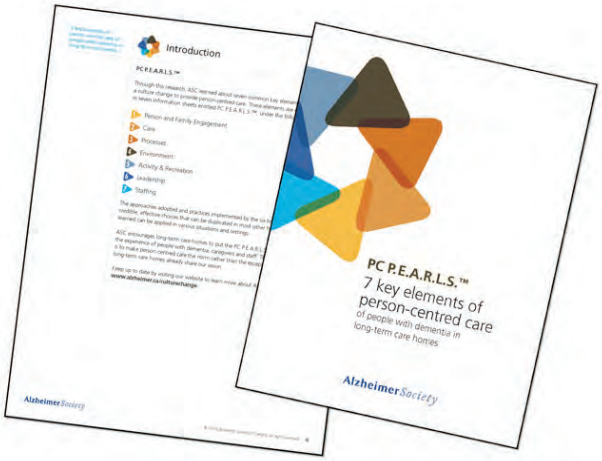
As part of this project, the following resources were developed:

- Comprehensive literature review of PFCC approaches and practices in the home and community setting
- Eight fact sheets based on key concepts from the literature review
- Online, searchable inventory of PFCC resources and programs
- Three promising practice case studies as concrete examples of PFCC

These resources and further information can be found on **Saint Elizabeth's PFCC webpage**. Around the same time, a series of interviews were conducted with Saint Elizabeth clients, family members and employees to gain insight into ways we could improve client experience.

In 2011, the Alzheimer Society of Canada (ASC) published the framework "Guidelines for Care: Person-centred care of people with dementia living in care homes," [28] which presents a summary of what is known – and what is not known – about PFCC for people living with dementia in long-term care. They then undertook additional cross-Canada research in six long-term care homes to learn how PFCC is being delivered in these settings. This work informed the development of the ASC information sheets "PC P.E.A.R.L.S.®™ 7 key elements of person-centred care of people with dementia in long-term care homes," which share strategies, tools and tips to begin and sustain a culture change to provide PFCC[7].





This background research helped both organizations to better understand what PFCC looks like, how it can be implemented and what challenges might be encountered in home, community and long-term care environments.

Phase 2: Knowledge to practice

We next considered how to best translate this research into practice and found the literature is strongly supportive of the need to educate health care providers in PFCC provision as a way to implement changes in practice[29-33], especially in the areas of effective communication and shared decision-making[18, 21].Interactive education, which includes the use of case studies, sharing ideas/solutions, and reflective practice, has been shown to be particularly effective[21, 31, 32]., We did not want to focus our efforts solely on direct care providers as it is clear from the literature review that without support from the entire organization, attempting a cultural shift towards PFCC could be very challenging[21, 31, 32, 34, 35].

We therefore turned our focus to using this foundational research evidence to develop education workshops that would support the implementation of PFCC initiatives within Saint Elizabeth and partner health care organizations.

Initial pilot test

In 2013, Saint Elizabeth, in partnership with Yee Hong Centres for Geriatric Care, received funding from the Ontario Ministry of Health and Long-Term Care 2012/13 Healthy Work Environments Partnership and Innovation Fund to pilot interactive workshops focused on PFCC for close to 3000 Personal Support Workers (PSWs) in Ontario. Our intent was to promote and support a culture shift toward PFCC, starting with one group of health care providers (i.e. PSWs) – the largest group in home care and long-term care – and their direct supervisors. In this project, we focused at the local level only, to learn about the implementation process and challenges, and to test the relationship between the implementation and expected outcomes.

Current Project Description

In 2014-15, we developed, implemented and evaluated a PFCC education program for the full range of direct care providers (e.g. unregulated care providers, nurses, rehabilitation professionals, social workers), support staff (e.g. housekeeping, dietary, administrative employees) and management in long-term care homes and in home care organizations on a pan-Canadian scale.

Goals and objectives

The goal of this project was for long-term care homes and home care providers to provide PFCC for all their residents and clients, especially those with dementia, to improve their care experience, as well as to create a healthier work environment for employees. This project also addressed the need for evidence-based implementation guidance for PFCC in the home, community and long-term care sectors through the development of this toolkit.

More specifically, our objectives were to:

- Utilize evidence, best practices and input from knowledge users to develop relevant and meaningful PFCC education for the home and long-term care sectors
- Increase the knowledge of direct care providers, support staff and management in the long-term care and home care settings about PFCC and how to implement this approach so that interactions among the employees and supervisors, and between staff and residents/families are more person and family centred
- Promote employee engagement, satisfaction and retention through involving employees in interactive workshops focused on improving interactions with residents and colleagues
- Improve the responsiveness, quality and sustainability of care
- Evaluate the success and impact of the initiative on a number of employee, organizational and resident/family outcomes through qualitative and quantitative methods.
- Support a shift toward PFCC across Canada by engaging in knowledge exchange activities to share implementation guidance related to PFCC education with other organizations

Pilot sites

To assess the feasibility of achieving these goals and objectives on a broader scale, we piloted the PFCC education workshop in seven sites, which spanned home care, community care, assisted living and long-term care:

- Saint Elizabeth Health Care
  - Vancouver, BC - home and community care, group homes, supported housing, and assisted living
  - Markham, ON - home care, clinics and schools
  - Montreal, QC - home care
- St. Thomas Health Centre (Edmonton, AB) - assisted living [ii]
- Revera's Fenelon Court (Fenelon Falls, ON) – long-term care [iii]
- Perley and Rideau Veterans' Health Centre (Ottawa, ON) – long-term care [iv]
- Northwood (Halifax, NS) – long-term care [v]

Rationale for this initiative

Why focus on these care settings?

The concept of PFCC has been studied most thoroughly in an acute care setting; however, not all of the approaches, definitions and interventions used in this setting are relevant, appropriate for use, or transferable to the home, community and long-term care contexts. The home and community care environment, for example, provides a unique lens from which PFCC can be viewed and practiced, presenting both challenges and opportunities[34, 36-39].

Yet the practice setting alone is not sufficient to make practice person-centred. Further interventions are required, such as education, to provide employees with practical tips and strategies to make their practice more person and family centred.

For more information about these organizations, please visit:

[ii] St. Thomas Health Centre: http://www.cscst.ca/

[iii] Revera's Fenelon Court: http://www.reveraliving.com/long-term-care/locations/fenelon-court

[iv] Perley and Rideau Veterans' Health Centre: https://www.perleyrideau.ca/health-centre

[v] Northwood: http://nwood.ns.ca/

Providing PFCC education for all employees, that addresses the unique opportunities and challenges in that context, is an important step toward achieving the best possible care outcomes. With the growing number of people receiving care at home and in long-term care settings and increasing complexity of their needs, there is a greater necessity for leaders to embrace and implement PFCC as a cornerstone of all aspects of operations[11, 12, 40, 41].

Although several acute care organizations (e.g. Kingston General Hospital, University Health Network in Ontario) have developed PFCC education workshops for employees, much of the material (videos, activities, case scenarios) is not relevant to the home, community and long-term care settings.

We are not aware of any other home care organization offering organization-wide PFCC education to their employees. Although we are aware of some long-term care organizations that have implemented aspects of PFCC education with certain employee groups, this appears to very rarely include non-clinical staff or be embedded within an organizational shift toward a more person and family centred approach. This culture change is needed to sustain and reinforce the education so that it can have positive, lasting outcomes. By providing education that is relevant and meaningful to all those working in the home and long-term care settings through this initiative, we will be able to more fully engage employees and increase the likelihood of practice change.

Why include all employees and management?

The literature review revealed a general consensus that the practice of PFCC should be a shared responsibility between health care providers, organizations and the broader health care system[2].

The importance of educating all employees helping to provide care to people has been highlighted, as evidence suggests that, although possible, it is more challenging for a lone health care provider or discipline to implement a shift to PFCC independently. Essentially, the ability to be ‘person-centred’ is directly impacted by the culture, mission, models of care delivery and administrative structures of an organization [2, 42-44].

This initiative supported the use of common language and approaches for PFCC within an organization. All employees, including the leadership team, direct care providers and support staff received complementary versions of the PFCC education. The management education promoted the importance of leading by example, including treating employees the way they want employees to treat people receiving care. Research has shown that treating employees in a person-centred way can help to create an environment conducive to providing PFCC to residents and increase employee engagement[45]. Leaders were asked to consider what they personally and their teams can do to promote a culture of PFCC.

Although some professional associations offer PFCC education (e.g. Registered Nurses' Association of Ontario Client-Centred Care online course[46], they are discipline-specific, which can contribute to inconsistencies in the interdisciplinary team's understanding of PFCC and their approaches to care [vi]. Furthermore, these courses are not specific to the home and long-term care sectors.

Our education initiative did, however, strive to be consistent with professional standards of practice for several groups of direct care staff, which we believe will increase the likelihood that a person and family centred approach will be adopted.

Research has shown that training is not offered equally to the different types of workers within organizations[47] and that a lack of resources results in training being focused on practical, clinical care issues with limited training on other topics [48], such as PFCC.

For this initiative, it was particularly important to include unregulated care providers. Their role, capacity and impact are not well understood or appreciated, even though they provide the majority of care in home, community and long-term care[11]. Also, they tend to receive less formal training than other health care providers and this has contributed to relatively low occupational pride [47].

Similarly, support staff in assisted living and long-term care facilities (e.g. housekeeping, food services, office workers) are not typically included in education initiatives, although they too interact regularly with residents and family members.

[vi] Our literature review itself showed that different health care disciplines have different theories of person and family centred care, and the members of the Saint Elizabeth Research Centre have undertaken a study to determine how these different theories and approaches manifest, and how they may be aligned.

This initiative provided a unique opportunity to develop ways to support and engage unregulated care providers and support staff at the same time and in the same manner as other regulated care providers, as well as empower them to have a significant influence on the residents' experiences and their work environment.

Why focus on people living with dementia?

The education we developed included PFCC principles that were applicable to all people receiving care, but there was a particular focus through the case studies and scenarios on people living with dementia, given the high percentage of people with this condition receiving care in these settings and increased tendency toward depersonalization of people living with dementia[10].

According to Kitwood (1997), there may be cultural factors which contribute to the depersonalization of those with serious illness/disability, particularly those with dementia, since those who are older and powerless may be devalued and viewed as incompetent [10]. Health care providers who view people as 'dependent', 'helpless' or as gradually losing their 'personhood,' (in the case of dementia) are less likely to see the need for developing a caring relationship, instead delivering care that is more reflective of a medical, task-oriented approach. Conversely, if the person is viewed as retaining their personhood, autonomous and capable, then the health care provider may be more likely to continue relationship-building and deliver care that is person-centred[49].

Sixty-one percent of seniors living in a long-term care home in Canada have a diagnosis of Alzheimer's disease and/or other dementia [50]. For all intents and purposes, long-term care home care now largely means 'dementia care' and the number of individuals requiring care in long-term care homes will only grow, with the demand for long-term care beds expected to almost triple in Canada over the next thirty years (280,000 beds currently to 700,000 in 2038) [12]. In home care, about a quarter of clients have a diagnosis of Alzheimer's disease and/or other dementia [51] and by 2038, 68% of Canadians age 65 plus (approximately 500,000) with dementia will be living in their own homes – almost triple the current number [12].

The need for education focused on people living with dementia is further supported by the Canadian Coalition for Seniors' Mental Health (2009), who report that, "despite a need for education in the effective management of mental health and behavioral problems, this information has not been readily available for physicians, nurses, therapists and direct care providers in long-term care settings."[52]

"By using PCC, I will be better able to communicate with residents and families about their needs and what they want." [Care provider]

Part 2: Purpose of this Implementation Guide .....

About the Guide

This guide was developed to share our experiences and insights after implementing PFCC education workshops with direct care providers, support staff and management in seven pilot sites across Canada.

PFCC is a complex construct that has been defined and implemented in diverse ways by different health care disciplines and in different care settings. In a literature review of PFCC approaches and practices conducted by Saint Elizabeth in 2011, we found very little direction about how PFCC can be implemented in home and community care settings. The majority of existing toolkits are focused on acute care settings [53-55]; are discipline-specific (e.g. directed towards nurses only); and/or are not focused specifically on PFCC [56].

As we navigated our way through developing evidence-based PFCC education that would be relevant and meaningful for the full range of care providers and management in home, community, and long-term care (long-term care) settings, we decided to document our planning, implementation, evaluation processes and lessons learned so that we could share this information with other organizations looking to implement similar initiatives.

Development of the Guide

A number of existing toolkits were reviewed to get a sense of what information might be useful to include in an implementation toolkit. Throughout the planning, implementation and evaluation of the PFCC workshops, observations, issues and feedback were documented to complement the formal evaluation of the initiative and inform the development of this toolkit.

Each section of the guide provides an overview of what we did, how we did it, and what we learned from the experience. A detailed task checklist is provided at the end of most sections/ sub-sections, to assist in the planning and development of each stage of the initiative.

Through this experience, we heard many stories from employees, residents and family members about how PFCC is being practiced in the pilot sites, which help to illustrate the many ways this concept can be put into practice by employees in different roles. These examples will be shared throughout the guide in “PFCC in Action” sidebars.

We have also included quotes from workshop participants and facilitators throughout the guide to illustrate, in their words, the benefit of this type of education and what they learned, as well as resident and family member perspectives on PFCC.

Intended Audience

This toolkit is designed to be used by senior and middle managers in home, community and long-term care provider organizations who are interested in adopting a more person and family centred approach to care. It provides suggestions for how to design, implement and evaluate PFCC education based on lessons learned from our experiences implementing this type of initiative. This toolkit is also a good resource for direct supervisors and educators to introduce PFCC concepts and deliver related education.

We would encourage you to assemble an implementation team that could use this toolkit as a guide when designing your implementation strategy.

Limitations

This guide focuses on implementing PFCC education that is relevant to the home, community and long-term care sectors. Although many of the concepts would be applicable to other sectors, such as acute and primary care, the specific approach to implementation and some of the workshop content would need to be adapted for use in other settings.

"[The workshops will] motivate me to slow down and take time to really listen to what people are saying and make my response reflect PCC ideas." (Care provider)

Part 3: Implementation Planning .....

This section describes the steps we took in planning for and developing the PFCC education.

The following are key areas to consider in the planning and development stage, and will be described in more detail:

- **Partnerships:** Partnering with like-minded organizations can be highly beneficial
- **Project management:** Having a solid project management framework can considerably ease the planning and development process
- **Resource allocation:** Allocate resources appropriately to minimize waste and ensure effective utilization of available supports

Partnerships

Purpose:

Partnering with like-minded organizations can provide additional supports and resources, and promote the sharing and transfer of knowledge. Partnerships can also ensure that the developed materials are more widely distributed.

Saint Elizabeth and ASC decided to collaborate on this initiative as the research each organization had done on how to support a culture shift to PFCC in different settings (home care and long-term care) complemented each other well. By pooling our expertise and resources, we could develop an education package that would be more broadly applicable across care settings.

Saint Elizabeth also partnered with three long-term care organizations and an assisted living residence to enable us to pilot the PFCC workshops in these settings, along with Saint Elizabeth's home care sites. The organizations with which we partnered shared our commitment to creating a sustainable culture shift to PFCC, the provision of exceptional resident care, and a healthy work environment for employees.

Although most organizations will likely choose to implement an education initiative only within their own organization, you may want to consider partnership with like-minded organizations in order to pool resources for developing the education, building capacity for facilitators and for evaluation purposes.

What we did:

In the early stages of our partnership with the pilot sites, representatives from both organizations met several times to clarify the initiative activities, roles and responsibilities and decide on the project management and evaluation tools that would be used. Memoranda of Understanding (MOU) were developed to document the commitments of each organization to the project. Members of both organizations were involved in the development, implementation and evaluation of the initiative to ensure that it was meaningful and relevant to their organization and employees.

What we learned about partnerships:

Through the partnership between Saint Elizabeth, ASC and the pilot sites, we learned the importance of frequent, ongoing communication to ensure everyone is on the same page and working toward common objectives. Effective communication was crucial for each of the partner organizations to understand the context of the other and determine the best methods for implementing the education in each site.

It was helpful to have documentation developed early on to clearly articulate what would be provided to each organization and what was required, as well as timelines. Since the partner organizations were in different geographic locations, it was challenging at times to “feel connected.” It was helpful to have face-to-face meetings at least initially, followed by frequent e-mail and telephone communications. Choosing partner organizations with a similar vision and values was considered a key factor in the success of our partnerships.

Partnership Checklist:

- ❑ Choose a partner organization with shared vision and commitment to the initiative objectives
- ❑ Frequent initial meetings; in-person where possible
- ❑ Clearly articulated roles, responsibilities and expectations
- ❑ Document agreed-upon commitments in an MOU
- ❑ Define initiative scope: human resources, time, costs and available technology
- ❑ Seek agreement on project management tools and strategies

Project Management

Purpose:

Due to the large scale of this initiative, a solid project management framework was essential to guide the planning, implementation and evaluation and ensure adherence to timelines and budget guidelines.

What we did:

A project team was assembled with members from both Saint Elizabeth and ASC that met regularly during the project planning phase and development of the education material. We also identified contacts at each pilot site that would work with us on implementation planning and managing the project at their locations.

A number of project management tools were used during this initiative including:

- A **project outline** to ensure the objectives, responsibilities and timelines were clear and well-defined
- A detailed **project plan** outlining key activities to be completed, start and end dates for completion, milestones and deliverables
- A **logic model** outlining key activities (e.g. knowledge development; establish partnerships), outputs (e.g. knowledge products; trained facilitators), and outcomes (e.g. all leaders and employees are knowledgeable about PFCC; leaders and employees use knowledge about PFCC)
- An **issues log** to capture and categorize issues as they arose
- **Spreadsheets** to track participation in workshops and budget expenditures

Other tools that might be helpful:

- A **Project Charter** to document objectives, roles, responsibilities, key activities/ milestones and timelines
- A **Work Breakdown Structure** to organize and define the total work scope for the initiative
- A **communication and change management plan** outlining key audiences and messages, objectives for the communication, and strategies. As part of your plan, it will be important to include the following key messages: why a change toward PFCC is necessary, the benefits of this approach for that particular audience, what you perceive to be the audience's concerns and how they will be address, and what will stay the same [57].

What we learned about project management:

Regular, frequent meetings of the project team ensured the project stayed on track and any issues that arose were dealt with quickly. Using a detailed project outline and project plan helped to ensure objectives, roles and responsibilities, timelines and activities were clearly articulated and understood. What would have been helpful, which we did not do often enough, would be to regularly come back to project outline/plan with representatives from the pilot sites to ensure we were still on track, confirm the information was still correct, and update the plan as needed. This was done by the project lead independently.

It was particularly helpful to use an issues log to track issues as they arose and this tool was used to facilitate discussions and problem-solving at project team meetings. There was a significant amount of database management involved to keep track of when the workshops were occurring at each site and the number of participants. A solid tracking system should be set up at the start of the project to ensure this data is consistently tracked.

Each pilot site independently scheduled and conducted PFCC workshops so we were not always aware of when workshops were taking place. Several follow-ups were needed with the pilot sites to remind facilitators to return the sign-in sheets (with which we provided them) following each session they conducted. This was an important step to ensure we were able to accurately capture the number of workshops conducted and participants attending each one.

Project Management Checklist:

- ❑ A Project Team with members from each participating organization; regular meetings, especially in the planning phase and as needed throughout the project.
- ❑ A process for regularly reviewing/updating the project plan and issues log with project team members (e.g. standing agenda item)
- ❑ A document to ensure the objectives, roles, responsibilities and timelines are clear and well-defined (e.g. Project Charter)
- ❑ A detailed project plan outlining key activities to be completed, start and end dates for completion, milestones and deliverables
- ❑ A logic model with key activities, outputs and expected outcomes
- ❑ An Issues Log to capture issues as they arise; would be helpful to include recommended solution, priority level, owner, status, due date and final resolution
- ❑ Additional spreadsheets to track participation in workshops and budget expenditures
- ❑ A Communication plan

Resource Allocation

Purpose:

Appropriate allocation of human and financial resources is key to the success of any initiative to ensure that the work can be completed within the timelines. For an initiative such as this, appropriate resources need to be available to cover the time required for project management activities, facilitator preparation and delivery of workshops, employees attending workshops and backfilling, as needed, and employee participation in evaluation activities (e.g. surveys, focus groups).

What we did:

This initiative involved the coordination of workshops in seven pilot sites across Canada, making the project management activities much more intense than would be needed if it was implemented in a single organization. One project lead dedicated approximately 75% of her time to this initiative for a one-year duration to complete project management tasks, education development and evaluation activities. At each of the pilot sites, the project manager/ team were tasked with project management activities, such as scheduling/coordinating workshops, tracking participation and liaising with project lead, which took up to 15% of their time.

In addition, the following time commitments were needed at each pilot site:

- Leadership team representatives to participate in implementation planning meetings (1-2 hours)
- Sample of employees representatives to participate in content planning sessions (approx. 1 hour)

PFCC in Action

"…Typically, people think 'round on a resident' is I'll go check, make sure he's breathing, see you later….All the [personal support workers], all the frontline staff [do 'Comfort Care Rounding']. So you're rounding on your residents all day. So, you go in and you say,

'Hi, Mrs. Smith. How are you doing? Are you in any pain today? Are you comfortable? Do you need to use the washroom while I'm here? Do you have everything you need? Do you want your converter?'

Whatever it might be and touching on all of them, making sure they're comfortable and then, letting them know that you'll be back in an hour and you give them a time so it's 10 o'clock now, I'll be back around 11….Is there anything else I can do for you before I leave?

[Supervisor in LTC home]

- Administrative support to assist with scheduling workshops, tracking participant completion of workshops, etc. (on-going)
- Facilitators to attend train-the-trainer sessions, prepare for and deliver workshops to employees (approx. 5-10 hours)
- Employees to participate in a series of PFCC workshops (approx. 4-5 hours)
- Employees to backfill while co-workers attend PFCC workshops (if needed) (approx. 4-5 hours)
- Sample of employee representatives to participate in focus groups (1 hour)

In terms of developing the education material, we also required the following resources:

- Communications Department or external consultant to produce and edit education videos
- E-learning specialist to develop and post online versions of the workshops

What we learned about resource allocation:

Significant time commitment on the part of the project lead/manager is required initially to develop project management tools and processes, engage with partners, and establish the implementation and evaluation plans. Once the facilitators have been trained and are conducting the workshops with their employees, however, the time commitment for the project lead/manager will lessen, consisting primarily of project management activities and responding to any questions/concerns from facilitators. Once the workshops are completed, it will be important to conduct a fulsome evaluation to determine the impact of the education, which will again require a significant time commitment.

Decisions will need to be made at the outset about how employees will be compensated for their time to attend and travel to/from the PFCC workshops, since this will also require a significant dedication of resources. Furthermore, long-term care and assisted living facilities, in particular, may need to backfill while some employees attend the workshops to make sure that the appropriate number of staff are available to care for residents.

Ensuring early on that the required human and financial resources are identified and will be available is crucial for ensuring the initiative stays on track and meets objectives.

Resource Allocation Checklist:

❑ **Ensure you have adequately budgeted for the time and expense of the following:**

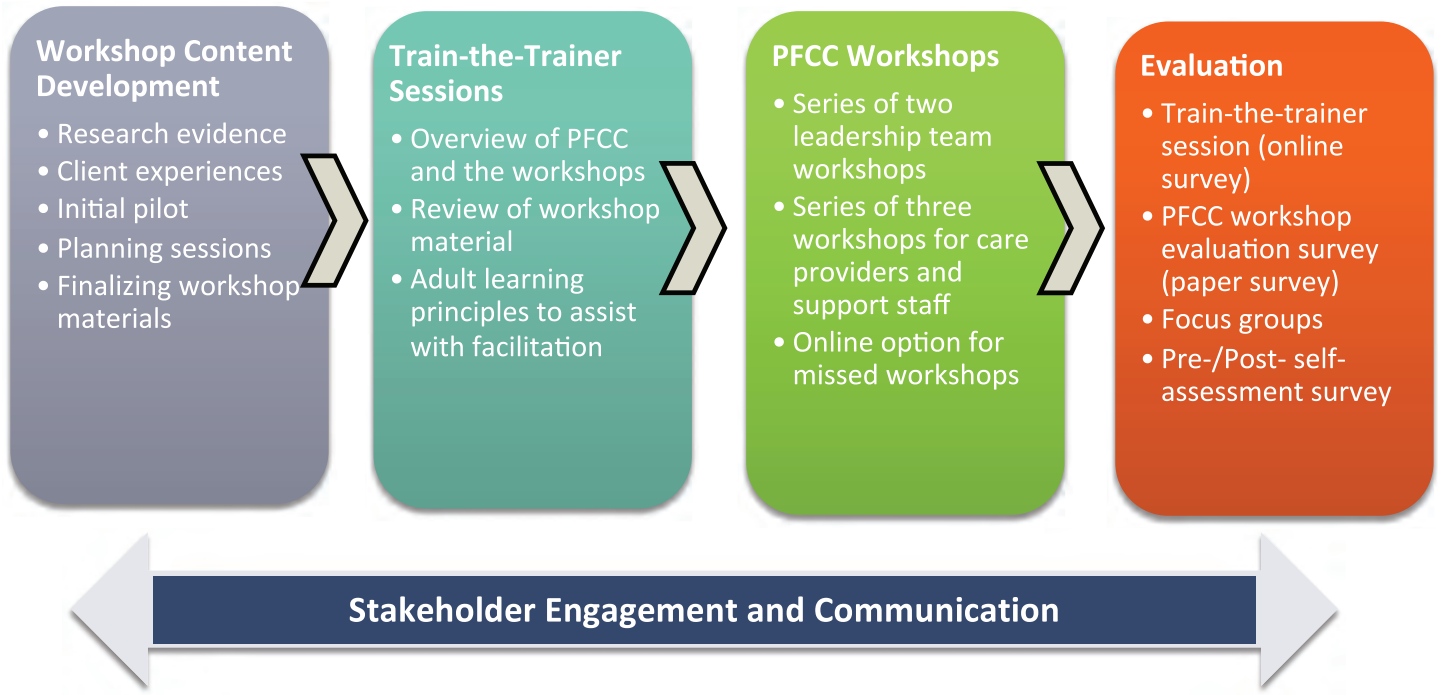
- o Project manager/lead for scheduling/coordinating workshops, tracking participation, communications
- o Leadership team representatives to participate in implementation planning meetings
- o Sample of staff representatives to participate in content planning sessions
- o Facilitators to attend train-the-trainer sessions, prepare for and deliver workshops to staff
- o All staff and management to participate in a series of PFCC workshops
- o Staff to backfill while co-workers attend PFCC workshops (if needed)
- o Sample of staff representatives to participate in focus groups to evaluate the workshops (if this is part of your plan)

❑ **Consider the following resources:**

- Support from your Communications Department or external consultant to produce and edit education videos
- E-learning specialist to develop and post online modules (if this is part of your plan)

Part 4: Framework for Planning, Implementation and Evaluation

The diagram below outlines the key elements of our plan for this initiative.



"[PCC is] time-free, in my mind...if you're already there, you can do so many things that are free in that time that have nothing to do with taking more time...It's a time-neutral thing to offer person-centered care that gives you more bang for the buck in the end..." (Manager)

Part 5: Stakeholder Engagement and Communication.....

Purpose:

It was crucial to ensure a variety of stakeholders were engaged and supportive of this initiative from the outset. We wanted to be sure to position the initiative in such a way as to generate excitement and garner the support needed to allow us to complete the roll-out within a relatively tight timeframe.

What we did:

Key Messaging about the Initiative

When discussing the PFCC workshops during the planning and implementation phases, we endeavoured to provide the following consistent messages to all stakeholders:

- **PFCC as a philosophy rather than an action to take or a project to complete**
    - Ensuring that PFCC was not communicated as a "project" with a defined start and end date; we wanted to emphasize that the approach is part of everything that we do and this initiative would further embed the philosophy within the organization
    - PFCC does not only apply to direct care providers; everyone in the organization can play a role in improving the care experience
    - The leadership team has an important role to play in promoting and supporting PFCC by embedding it throughout the organization and taking a person-centred approach with employees

- **Alignment with other organizational initiatives**
    - PFCC is not something new – it is related to all the other work that has been going on to improve the client experience and work environment; there is always more we can do to improve how we deliver care and these workshops will provide additional tools to help everyone in the organization to be able to do so
    - The initiative is aligned with the organizations' visions, missions and values, as well as the client/resident bill of rights and other education initiatives focused on client care
- **Honouring the role of employees and their needs**
    - The focus is not just on providing PFCC to clients or residents, but also creating healthy work environments for employees and treating one another in a person-centred way
    - The workshops build on what they are doing to provide an exceptional care experience; we want to recognize and celebrate the good work that is already going on and support them to do even better
    - Care providers generally want to provide PFCC but are, at times, hindered by structural barriers (e.g. time constraints, policies) and may need permission and supports to move away from a task-focused model of care delivery
    - Acknowledge that employees may perceive that this initiative will add additional workload to their already busy schedule; but PFCC can be provided within limited time and we want to support them to be able to do so
    - There are benefits to be gained from improved client-staff interactions, including increased cooperation, reduced complaints and resistance, and increased adherence to the care plan - so it can actually make their work easier
- **Refresher / reminder**
    - Although certain PFCC concepts may appear to be basic for some employees, they provide a good reminder and the workshops are an opportunity to share and learn from each other PFCC is being provided in that care context
    - The workshops can help to provide consistency in our approaches
    - There may also be an opportunity to learn some new strategies
- **Opportunities for important discussions as a team**
    - The workshop will provide dedicated time for teams to talk about what they are already doing that is person and family centred, challenges they face and how to balance completing tasks with meeting client needs; there are often few opportunities in their busy schedules for employees and management to engage in such valuable discussions

Specific Strategies with Key Stakeholder Groups

Senior leadership teams

Senior Leadership Team members from each pilot site were involved early on to determine whether there was interest in moving forward with this initiative. This involved informing them and seeking their support for the initiative goals, timelines, activities, resource requirements and potential impact on various parts of the organizations.

Middle management

Supervisors of direct care providers and support staff and clinical educators in each pilot site were invited to be facilitators of the workshops for this initiative, as a means of further engaging them in the initiative and to demonstrate support for the workshops, and PFCC more generally.

At most pilot sites, a manager or senior administrator was also tasked with coordinating the roll out of the education. Generally, the senior management team communicated this to the middle managers and then the project lead from Saint Elizabeth worked with them to ensure they had the information needed and respond to any questions or concerns.

Workshop participants and facilitators

As mentioned above, representatives of the employee groups that would be attending the workshops from each organization were invited to participate in planning sessions to engage them early on in the initiative. By doing so, we were better able to ensure the workshops were relevant, met an existing need, and anticipate any challenges/resistance. It also facilitated buy-in from staff and facilitators that would be delivering the workshops, since they were involved in the planning. Our hope was that this would generate enthusiasm for the initiative that could then be shared with others and they could act as champions.

The project lead from Saint Elizabeth contacted the facilitators several times over the course of the project to ensure they were clear on next steps and prepared to deliver the workshops. Questions or requests for information were responded to promptly and common questions/concerns were collected so that they could be addressed during the train-the-trainer sessions. In all communications, we continually thanked the facilitators for their efforts and commitment to implementing this initiative.

Outside of the planning sessions and these types of communications, the management team from each pilot site was responsible for communicating about the initiative to their employees through their regular communication channels (e.g. e-mails, posted notices, meetings).

Clients, residents and families

Clients were engaged to share their experiences receiving home care through a series of interviews conducted prior to the development of the education workshops and these insights, along with those gleaned from the literature and other feedback received from clients about their needs and preferences, informed the development of the workshop content.

In the home care sites, clients receiving care were made aware of the education initiative as the care providers and local leadership teams felt it appropriate. Long-term care organizations were tasked with communicating about the initiative as they saw fit, with the project team providing suggested wording provided when requested.

In two of the long-term care pilot sites, residents and family members were invited to participate in focus groups, aimed at better understanding what PFCC means to them, ways in which their care has been person and family centred and opportunities for improvement.

PFCC in Action

"I went down to the end of the hall today and the lady was sitting there and she said to me, 'Where is everybody?

I've been here since half past 6:00 waiting for my bath. And I don't want to get dressed if they want to give me my bath before breakfast.'

I said, 'I don't know. I will go and find out for you and come back.' And then they said they'd be another 10 or 15 minutes and she said, 'Well, I'm still going to be late for breakfast.'

I said, 'I'm sure they'll hold breakfast for you. I will go and make sure that they do… and they'll do the best they can to get you ready on time.'"

(Housekeeper in long term care home)

What we learned about stakeholder engagement and communication:

We learned how important stakeholder engagement and communication can be to the success of an initiative and the need for multiple communication channels to convey key messaging. Despite our best efforts, we have identified a number of ways that communication could be improved to promote stakeholder engagement:

- Ensure those managing the project on a day-to-day basis provide regular progress updates to senior leadership team members in their organization to help maintain their engagement in the initiative.
- Be sure to fully engage the middle managers who are coordinating the workshops and whose teams of staff will be attending them so that they can become champions for the initiative. Communicating the importance of this initiative and potential benefits may increase their buy-in and enthusiasm, which will filter down to the rest of the employees; if they perceive it as just another task to add to their workload, it will be more difficult to engage other employees.
- Ensure to engage the facilitators that would be delivering the workshops so that they too can act as champions. Efforts were made to do so through the train-the-trainer sessions (details below), however we heard that some facilitators did not even know they were going to be facilitators until they arrived at the train-the-trainer sessions and may have felt unprepared to take on that role. Selecting facilitators who are passionate about PFCC and excited about taking on this role can help to incite enthusiasm in others.
- Although we emphasized at the start of the first workshop that the purpose of the education was to build on what employees were already doing and provide additional supports, some still felt that they were being told they were doing something wrong. Reinforcing this message throughout workshops and in any communications that precede and follow the education are needed as employees may be less open to the ideas presented in the workshops if the sessions feel punitive.
- Ensure support staff understand the important role they can play in improving the resident experience, even if they are not providing direct care and have limited interactions with residents and families. This may increase their interest in attending the workshops, if they are not mandatory.
- Engaging residents and families in planning the workshop content can ensure it reflects the needs and preferences of those your organization serves and provides another channel for communicating about the initiative to your residents and community.

- Communicating to residents and families about PFCC and the education initiative should be a part of the communication plan, as they will likely hear PFCC being spoken about and may notice differences in employee behaviour. This will ensure that you have well thought-out, consistent messaging about PFCC that reinforces your organization's commitment to improving their experience. It can also open up the conversation about PFCC among residents, families and employees and help to provide clarity about what they can expect from their care.

Stakeholder Engagement and Communication Checklist:

- ❑ Develop a list of key messages to communicate consistently to all stakeholder groups (a formal communication plan may be helpful)
- ❑ Articulate alignment of initiative goals to organizational mission and strategic objectives at all levels
- ❑ Assess available communication channels and comfort level for each stakeholder group (e.g. e-mail, in-person, webinars, etc.)
- ❑ Ensure Senior Leadership involvement early on and ongoing communication with them
- ❑ Work to engage middle management and facilitators from the outset to identify/create champions
- ❑ Have supervisors communicate about the initiative to their direct reports, indicating support for the initiative
- ❑ Engage representatives of your target audiences and facilitators in content and implementation planning sessions
- ❑ Frequently emphasize that the purpose of the workshops is to build on what staff are already doing and provide additional supports
- ❑ Engage residents and families to assist with developing the content
- ❑ Ensure residents and families are aware of the initiative through a variety of communication channels

"...It was a good refresher, just to remind you to take the time...Sometimes you get too busy and you don't really listen to what people are saying. That's probably the one thing I've started trying to do again - is slow down, and just sit in the chair and actually look at the person...and just listen to them, because sometimes you forget to actively listen. You hear it, but you don't acknowledge it. (Manager)

Part 6: Workshop Content Development .....

In this section, we will outline the steps we took in developing the workshop curriculum. We will also provide suggestions for creating content and implementation strategies based on the context and needs of your organization

Purpose:

Extensive thought went into the development of the workshop curriculum to ensure it was evidence-based, relevant, interesting, and aligned with other initiatives currently taking place or recently completed within the participating organizations. We wanted to ensure that the workshops were interactive and used reflective learning strategies to increase the likelihood of uptake and changes to practice.

What we did:

Developing Initial Education Content and Format

For this initiative, we developed several different but complementary versions of the PFCC workshops. The initial target audiences were:

- Leadership team (middle and senior management, including supervisors of direct care providers)
- Regulated care providers (e.g. nurses, rehabilitation professionals)
- Unregulated care providers (e.g. personal support workers, health care aides)
- Support staff (e.g. housekeeping, food services, custodial, office workers)

We also developed a more generic version that could be used with interdisciplinary groups of employees.

Based on requests from some of the pilot sites, we later adapted these versions to create workshops for other groups including physicians and volunteers working in long-term care facilities and care coordinators in home care.

The workshop content that we developed was based on the research evidence gathered by Saint Elizabeth and ASC, interviews conducted with clients about their experiences receiving home care, and other feedback received from clients about their needs and preferences. Aspects of previous relevant education material developed at Saint Elizabeth and other organizations (e.g. University Health Network, Sunnybrook Health Sciences, Registered Nurses' Association of Ontario) were also adapted and included.

An earlier version of the workshops was piloted with unregulated care providers at Saint Elizabeth and a partner long-term care home and then revised based on evaluation results and additional research. We also worked closely with ASC to ensure the workshop content reflected best practices for providing care to people living with dementia. Once we had drafted the preliminary curriculum, we reviewed the content with clinical practice consultants at Saint Elizabeth who are responsible for program planning in the areas of nursing, personal support, rehabilitation and social work.

Planning Sessions

Our next step was to hold planning sessions at each of the external pilot sites with representatives of the employee groupings that would be attending the workshops (e.g. nurses, unregulated care providers, recreation/rehabilitation therapists, support staff) and leadership team members. Participants were invited to provide feedback on the draft workshop content, as well as the feasibility of the implementation and evaluation plans.

Below are examples of the topics discussed in the planning meetings:

- Terminology/language: Was it consistent with the language they currently use? Was the literacy level appropriate?
- Contextual nuances: Did the material make sense given their context/culture?
- Appropriateness of case studies and activities: What are examples of typical and/or challenging situations they encounter?

- Other employee training: What other related education initiatives are ongoing or recently completed that we can reference and with which we can demonstrate alignment?
- Content to add: Is there anything missing from the workshops that they would like added?
- Proposed implementation plan: Will the proposed plan work within their environment? How will employees be freed up to attend sessions? When will workshops be offered?

The input from the planning sessions was used to refine the workshop content and implementation plan before it was rolled out in each pilot site organizations.

Workshop Format

We felt very strongly that the PFCC workshops should be practical, interactive and interesting, promoting collaborative knowledge-sharing and learning between staff and the facilitators (often their supervisors), rather than the one-way communication of information from the facilitator to the participant. Based on Malcolm Knowles Theory of Adult Learning,[59] we know that:

- Adults are internally motivated and self-directed
- Adults bring life experiences and knowledge to learning experiences
- Adults are goal oriented
- Adults are relevancy oriented
- Adults are practical
- Adult learners like to be respected

With this in mind, we designed the education modules to provide practical strategies and allow ample time for reflection, discussion and sharing of personal experiences. No more than a third of each workshop included one-way communication of information to provide the background/ context.

Reflective and critical thinking: is thinking for an extended period by linking recent experiences to earlier ones in order to promote a more complex and interrelated mental schema. The thinking involves looking for commonalities, differences and interrelations beyond their superficial elements. The goal is to develop higher order thinking skills[59].

"Reflection is indicative of deep learning, and where teaching and learning activities such as reflection are missing… only surface learning can result."[60]

The workshops were also designed to include multiple formats (e.g. videos, slides, handouts, small and large group discussions, flip-charting, and self-reflection) to appeal to diverse learning styles and provide variety during the sessions.

We were also cognizant of the fact that the facilitators at some of the pilot sites may need to offer the workshops for direct care providers and support staff during regularly-scheduled team meetings when they had other team business to which they needed to attend. Therefore, we designed the PFCC workshops for staff to be a series of three workshops, each 60-90 minutes long and building on the previous one. This would allow the teams to also cover other business during a typical 2-3 hour team meeting.

For the leadership team workshops, we knew that it would be difficult for management to attend a half or full day session and we therefore designed the workshops to consist of two two-hour sessions. For both the staff and leadership team workshops, we suggested they be offered about four to six weeks apart to allow the participants time to reflect on what they learned between workshops and the opportunity to practice PFCC approaches. They could then reconvene for the next workshop and discuss their experiences with PFCC.

We strived to make the workshop material for direct care providers and support staff as easy to deliver as possible, in order to account for variability in the knowledge of facilitators of PFCC concepts and their experience delivering education sessions. The content for each workshop was therefore put into PowerPoint presentations that included key concepts, questions for discussion and reflection, case studies, role play scenarios and videos.

Included in the notes section for each slide were suggested speaking notes and guidelines for how long to spend on each slide. This allowed the facilitators to go through the presentation from start to finish with a group of employees, with everything they needed right in the slide deck or in the accompanying Facilitator Guide, which contained handouts (the Facilitator Guide is described in more detail in the section below).

To summarize, the workshops were designed to:

- Promote interactive discussions and allow two-way flow and transfer of information between participants and facilitators
- Be flexible to meet the needs of organizations and trainers
- Support reflective learning

The workshops included:

- Key concepts of PFCC
- Questions for discussion and reflection
- Case studies
- Role play scenarios
- Videos

The format was as follows:

- Direct care providers and support staff: series of three workshops, each 60-90 minutes and offered 4-6 weeks apart
- Leadership team: series of two workshops, each two-hours in length and offered 4-6 weeks apart

Once finalized, all of the workshop material was translated into French to offer in pilot sites with predominantly French-speaking employees.

Online Workshops

Since we knew it would not be possible for all employees at the pilot organizations to attend in-person PFCC workshops, we also developed online versions of the education material that individuals could access to ensure that all members of the care team are on the same page when it comes to providing PFCC. This would also provide a way for new hires to learn about the organization's PFCC approach.

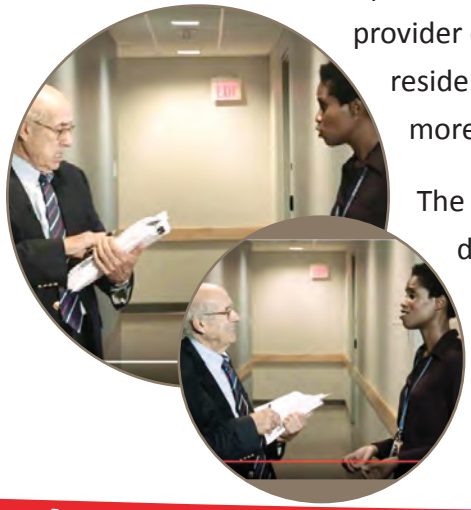
An online course was developed for each of the following groups of employees:

- Regulated care providers (e.g. Nurses, Rehabilitation Professionals, Social Workers)
- Unregulated care providers (e.g. Personal Support Workers, Health Care Aides, Community Health Workers)
- Support services workers (e.g. Housekeeping, Food Services, Custodial staff, HR)
- Health care organization leaders (Direct Care Provider Supervisors, Managers, Directors)

Each 60-90 minute in-person workshop was condensed into a 15-20 minute online module. Employees could complete just the one module they missed or they could complete all three online modules.

Workshop Videos

In addition to including in the workshops existing videos related to PFCC that we thought would be impactful, we also produced original videos specifically for this initiative, using a production company and paid actors. Scripts were developed in consultation with clinical practice consultants, program leads and our partners at ASC. Several different versions were developed, each showing an interaction between a care provider or support services worker and a client or resident, approached in two different ways – one more person-centred than the other.



The version for the leadership workshops demonstrated a manager approaching an interaction with a staff member in both a person-centred and non- person-centred way.

Facilitator Guide

Facilitators from each pilot site were trained to deliver the workshops to build capacity to offer the education to employees within each organization on an ongoing basis; however the facilitators also had many other work responsibilities and we recognized that they would not have much time to prepare to deliver the workshops. We also knew that some had less experience leading education sessions than others. We therefore developed a Facilitator Guide to accompany the workshop presentation slides, so that the facilitators had everything they needed to prepare in advance for the workshops in one easy-to-use guide.

The Facilitator Guide included the following sections:

- A brief overview of the purpose of the workshops and the facilitators' role
- A suggested timetable for offering the workshops (e.g. one each month)
- A checklist to assist with preparation 2-3 days before the workshop
- An attendance form / sign-in sheet to use at the workshop
- A description of the evaluation requirements (i.e. evaluation survey after final workshop)
- A list of the activities included in each workshop, with guidelines for how long to spend on each slide/activity
- Handouts to print for workshop participants
- A workshop evaluation survey
- Suggestions for other ways to integrate PFCC into future meeting agendas (after completing the three workshops)
- A reference list

To further assist the facilitators, the timing guidelines were also included in the speaking notes section of each slide in the workshop presentation, along with suggestions for what to say for each slide and how to facilitate that section of the workshop (e.g. divide them into smaller groups, capture responses on a flipchart, review handouts).

The facilitator guide was briefly reviewed during the train-the-trainer sessions and was made available to the supervisors, along with the workshop presentation slides, for download from Saint Elizabeth's online learning management system.

PFCC in Action

"…There was a gentleman from environmental services… he shared how every single day, he goes down and he gets the newspaper for three ladies on his floor that he works on, and he makes sure that that newspaper is laid out for them, so that they don't have to do anything but come to the table and read it. And he also makes sure that if they want coffee or tea, it's there for them …

Then he said, '…if I forget or I'm having a bad day, they remind me, and I apologize to them, and I drop everything and I go down and I get it."

(Manager in a LTC home)

Creating PFCC Education for your Unique Environment

Although we are providing general guidelines for developing the education content and implementation plan, it will be important to adapt these ideas to the unique context and culture of your organization. You may want to consider the following factors when planning and developing the PFCC workshops:

Alignment with vision, mission, values	•Ensuring clear alignment will increase buy in from senior leadership and consistent messaging to staff
Alignment with other initiatives	•This will ensure it is not seen as something completely different from other work to improve the care experience, but continuing the same approach
Reporting structures	•Consider who staff report to and who would be best to facilitate and be present during the workshops to demonstrate support for PFCC
Interpersonal / team dynamics	•Consider how well teams are functioning when determining the best mix of staff to attend and selecting facilitators; would interdisciplinary groups promote increased understanding of roles?
Staff diversity / culture	•Consider whether the material should be offered in different languages, literacy level and potential impact cultural factors may have on staff receptiveness
Existing knowledge base relating to PFCC	•Consider staff familiarity with the concept of PFCC to determine how much background is needed; what other related initiatives have taken place recently?
Available communication channels and comfort level	•Consider how best to communicate about the workshops; would e-mail or posted notices be better? is an online evaluation survey feasible?
Facilitator comfort level with delivering education	•When selecting facilitators, consider their experience level and how much support they may need; could it be a development opportunity for less experienced sta□?
Facilitator preferences	•Identify preferences in terms of format of workshop material (e.g. are they comfortable using PowerPoint?) and level of detail (e.g. do they want speaker notes?)
Learner preferences	•Consider preferences for larger or smaller learning groups, location, time of sessions, etc.

A needs assessment tool may help you to identify where your organization is starting from and areas on which to focus your attention for the PFCC workshops. This may be particularly useful if you have different programs/departments that might have diverse needs. For this pilot, we adapted an existing self-assessment tool that had been developed for acute care settings; while not the ideal survey, it did help us to identify some of the opportunities for further embedding PFCC strategies at each of the participating organizations. We have since developed a needs assessment tool that is more broadly applicable across sectors, more comprehensive, and aligned with Accreditation standards. For more information about this new tool, please visit our website: www.saintelizabeth.com/pfcc

At each pilot site, we adapted the workshop content to reference other related initiatives that were recently implemented and revised case scenarios to ensure they reflected common issues faced by the employees in each organization. In addition, the implementation plan was tailored as much as possible to what would work best in each pilot site, while still keeping to the overall timelines we had to complete the roll out.

What we learned about workshop content development:

Through the planning sessions, the participants confirmed that the content areas for the workshops and activities were appropriate, relevant and useful to them and only minor revisions needed to be made to tailor the content to each site. This was expected since we had already piloted an earlier version of the workshops with almost 3,000 unregulated care providers and made considerable revisions based on the evaluation findings. However, we felt it was necessary to confirm.

Additional Audiences

We discovered that, in addition to the versions of the workshops that we had developed, education material was also needed for other groups of employees – namely physicians, volunteers and care coordinators. If the initiative is to span across all levels of the organization, it is important to ensure that everyone is included, either in discipline-specific or interdisciplinary sessions.

Interdisciplinary vs. discipline-specific workshops

In the planning sessions, almost all pilot sites indicated that they would prefer to offer the workshops to discipline-specific groups of employees (e.g. only nurses, only support staff); however, when it came time to implement the workshops, they were done with interdisciplinary groups of employees in all four of the pilot sites where it was possible to do so (three long-term care and one home care site).

Upon request, we provided a generic version that could be used with all employees, however in one of the sites, the unregulated care provider version was used for interdisciplinary sessions. This required the facilitators to do more work when presenting the material to make it applicable to the diverse group of employees in attendance. Since most participants preferred attending interdisciplinary sessions (see additional details in the next section), we would suggest developing from the outset a version of the workshops that is broad enough to be applicable to all employees, with examples and case studies that reflect situations each group of staff might encounter.

Workshop Content Development Checklist:

- ❑ Begin with the general content ideas in this toolkit
- ❑ Determine the education needs for your staff related to PFCC through discussions with staff and management, review of client feedback, satisfaction scores, etc.
- ❑ Look for any previous education material offered at your organization that is relevant and could be "refreshed" and included in your PFCC education
- ❑ Identify all the different groups of staff that will be attending the workshops and whether discipline-specific or interdisciplinary sessions would work best; is a different implementation plan needed for each group?
- ❑ Ensure the content and implementation plan are suitable for your organization's unique context and culture
- ❑ Include activities that are interactive and allow for personal reflection and group discussion; limit didactic teaching time
- ❑ Include a variety of formats to ensure the education is interesting and appeals to various learning styles
- ❑ Ensure the literacy level of the material is appropriate given your audience; have a sample of staff review to confirm
- ❑ Hold planning session(s) with representatives from each group of staff and management; refine based on feedback
- ❑ Develop a Facilitator Guide to accompany the workshop slides
- ❑ Include suggested speaking notes, timing guidelines and facilitation notes with each slide of the workshop presentation
- ❑ Pilot test with a sub-section of staff, if possible; refine workshop material based on feedback
- ❑ If additional education resources are needed, please contact the Saint Elizabeth PFCC Institute (www.saintelizabeth.com/pfcc)

"Ask... 'Is this a PCC moment?'" [Care provider]

Part 7: Evaluation Plan

Purpose:

Evaluating the PFCC education is an extremely important step, as it will help you to better understand the extent to which the education was found to be useful, how well it was implemented, the impact it had on those participating and any challenges that were encountered. This vital information will help your organization to make decisions about how to improve the material and whether or not to continue and/or expand the education program. It can also help you to better understand the challenges that employees in your organization face when trying to practice PFCC which will need to be addressed to sustain this approach.

Key Considerations

With this in mind, there are several considerations when designing the evaluation of the PFCC education:

- What audiences will be interested in the findings from the evaluation of the education? (e.g. senior management, middle management, employees, clients/residents, funders, Board of Directors)
- What data will you need to collect to assist you in making decisions about the PFCC education? (e.g. satisfaction with education, knowledge change, perceived impact, employee engagement, client/resident satisfaction, absenteeism, turnover)
- What data are you already collecting and what new evaluation tools will be needed?
- How can you collect the needed information? (e.g. surveys, focus groups, interviews, database reports)
- When will the required data be available? What are the timelines for collecting this information?
- What financial and human resources are required to collect and analyse this data?
- How will the data be analysed and reported upon to each of the audiences?
- Will you require ethics approval?

Ethics Approval

Regarding ethics approval, according to article 2.5 of the Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans (2014):[61]

Quality assurance and quality improvement studies, program evaluation activities, and performance reviews, or testing within normal educational requirements when used exclusively for assessment, management or improvement purposes, do not constitute research for the purposes of this Policy, and do not fall within the scope of REB (Research Ethics Board) review (p. 18).

Therefore, approval from a Research Ethics Board would not be needed for an evaluation of professional training. However, if you intend to use the evaluation data for research other than quality improvement of the education then REB review may be required. If you are unsure whether or not REB review would be required, we encourage you to contact a REB to inquire further.

We opted to seek ethics approval from an REB for this initiative as we intended to use and share the findings more broadly than just program evaluation/quality improvement and to confirm our process and tools for the evaluation were ethically sound.

What we did:

Data Sources

Several data sources were used to evaluate the success and impact of the initiative:

1. **Train-the-trainer session surveys**

   The train-the-trainer sessions were evaluated using online surveys (e-mailed after the session) to assess the extent to which the sessions were meeting the needs of the participants and helping them to feel more comfortable delivering the workshop material. The feedback also helped us to make improvements to subsequent train-the-trainer sessions.

   It was decided that since the facilitators have regular access to a computer during their work day, the train-the-trainer surveys would be online only. A report was generated using the online survey software, FluidSurveys (www.fluidsurveys.com), and responses to open-ended questions were thematically analysed.

   A total of 40 people completed the first survey out of the 84 that attended the first train-the-trainer sessions (48%) and 10 people completed the second survey out of 54 that attended (19%).

2. PFCC Workshop surveys

Paper surveys were distributed at the end of the final workshop to assess the impact and perceived usefulness of the PFCC workshops, from the perspectives of the care providers, support staff and management that attended the workshops.

Extensive thought was put into whether to offer the surveys in paper or online format since we wanted to ensure the greatest response rate but also minimize data entry requirements. Although most employees at Saint Elizabeth have company-issued tablets or smartphones, the majority of the staff in the other pilot sites had limited or no access to computers throughout their work day. For this reason, we decided to use a paper copy of the evaluation survey and asked facilitators to allow time for participants to complete it at the end of Workshop 3. A project team member from the Saint Elizabeth Research Centre entered all the survey responses into FluidSurveys. The qualitative survey data was analysed to identify key themes and, where appropriate, combined with the focus group responses.

A total of 66 people completed the leadership workshop survey out of 72 that attended (92%) and 553 completed the survey following the workshops for care providers and support staff, out of the 595 that attended the final workshop (93%).

3. Focus groups

Focus groups were conducted with a sample of employees from six of the seven pilot sites to gain further insights into what workshop participants liked and didn't like about the workshop content and implementation process, as well as challenges they faced in practicing PFCC and what they felt would help to sustain this approach

Members of the Saint Elizabeth Research Centre led discussions with small groups of employees in each of the six locations. Participants were provided with a letter outlining the purpose of the focus groups and how the data would be used and they were asked to sign a consent form. Focus groups were recorded and transcribed through an external transcription services. The researchers then analysed the transcripts to identify key themes.

A total of 191 workshop participants (direct care providers, support staff, management and workshop facilitators) attended focus groups.

4. **Pre- and post- implementation self-assessment surveys**

   Before the PFCC workshops were implemented, representatives from each pilot site were asked to complete a self-assessment survey on which they provided a status rating for how well they thought their organization was doing in applying a number of PFCC approaches. The purpose was to identify what the organization was already doing well and opportunities for improvement.

   Each organization was then asked to complete the same survey after concluding the workshops to determine what progress had been made and where they should continue to focus their efforts.

Longer-term measures

In the longer term, we intend to look at whether there is an impact of the PFCC workshops on client satisfaction and employee engagement. It can take a long time for a practice and culture change to take place and it is entirely possible that any impact of PFCC on these measures would not be apparent for many months after the PFCC education. There are also many factors that impact these complex measures, making it difficult to tease out the impact of PFCC education.

That is why we felt it was particularly important to gather feedback through surveys and focus groups so that we could gain more immediate and richer insight into the impact of the PFCC education on employee engagement and client satisfaction.

PFCC in Action

"…When a new resident comes in, [housekeeping is] aware, so there's things to be done and they have to be welcomed and right away. We're dealing with labelling all of their belongings… We always do that with dignity and respect, and we work tightly with the nursing to not lose their personal belongings. First of all, you're brought into a facility, you're clothes are labelled, kind of like kindergarten. So how do you take that level of the uncomfortable feeling that they get, and instill in them, 'Oh we're going to take care of your things and it will be fine and welcome here.'?… [We do it] with as much dignity [as we can]…The emotional loss of everything in your physical surrounding and all those other rooms, down to this - it's a very sobering process. So we take the time and the care…'Cause you wouldn't want to have your parents move in and then all of a sudden, things are missing…"

(Housekeeper in LTC home)

From conducting the focus groups, in particular, we were able to gain a much deeper appreciation of the challenges staff and leaders face when trying to provide PFCC and what supports they need to sustain this approach. Although we will not be able to say that any changes in employee engagement or client satisfaction, as measured by surveys, are directly attributable to the PFCC education, the qualitative data can provide us with a better understanding of the likelihood that it had an impact and why.

Client/resident satisfaction

Since we did not expect much change in client satisfaction immediately following the completion of the workshops, this is a measure we are going to look at in the longer term, to determine if there has been any change to satisfaction scores that could be attributed, at least in part, to changes to practice made after attending the PFCC education workshops. We will compare satisfaction scores on the surveys already in use at each pilot site before the implementation of the workshops and at least six months after completion.

Employee engagement

Although employee engagement is a complex construct and can be influenced by many factors, there is evidence to support an association between training, job satisfaction and work commitment[62]. Furthermore, it has been reported that staff engagement can be improved by providing staff with learning and development opportunities, improving work relationships, listening to employees' opinions, empowerment in decision-making, trust and respect, and helping employees come up with solutions to problems, all of which were addressed through the PFCC education [63-65]. The perceived provision of PFCC has also been found to be significantly associated with employee satisfaction[66]. At the same time, research has shown a relationship between client and employee satisfaction,[22, 64] making it reasonable to assume that if providing PFCC increases client satisfaction, employees will also feel more satisfied and engaged.

Our intent is to compare data from an annual employee engagement survey from the year prior to the PFCC education to the year following the education in each pilot site that has this data available.

What we learned about evaluation:

Diversity of measures

Overall, the approach we took using a diverse range of measures to evaluate the workshops has already provided us with a rich array of data that has assisted us in identifying how to improve the workshop content and process and determining their short-term impact. We will continue to assess the longer-term impacts over the coming year.

Findings from the evaluation will be shared throughout this guide.

Paper vs. online surveys

As would be expected, distributing paper surveys during the workshops and providing time for participants to complete them before they leave resulted in much higher response rates (92-93%) compared to asking participants to complete online surveys after the sessions (19-48% response rate) – even when those asked to complete online surveys have ready access to a computer. However, the time needed to enter all of the paper surveys into an online database was significant. We would suggest using hard copies of surveys and providing time to complete them to ensure you collect sufficient data to assess the success of the initiative; however, if employees have access to smartphones or tablets, they could be provided with time to complete online surveys on their mobile devices during the final workshop.

Evaluation Checklist:

Consider:

- ❑ What audiences will be interested in the findings from the evaluation of the education? (e.g. Senior management, middle management, staff, clients/ residents, funders, Board of Directors)
- ❑ What data will you need to collect to assist you in making these decisions about the PFCC education? (e.g. satisfaction with education, knowledge change, perceived impact, staff engagement, client/resident satisfaction, absenteeism, turnover)
- ❑ What data are you already collecting and what new evaluation tools will be needed?
- ❑ How can you collect the needed information? (e.g. surveys, focus groups, interviews, database reports)
- ❑ What mixture of quantitative and qualitative measures are needed to give you a deeper understanding the impact of the workshops and challenges to practicing PFCC?
- ❑ When will the required data be available? What are the timelines for collecting this information?
- ❑ What financial and human resources are required to collect and analyse this data?
- ❑ How will the data be analysed and reported upon to each of the audiences?
- ❑ Will you require ethics approval?

"[We] have learned so much as facilitators – I know I have grown immensely from facilitating the workshops." [Workshop facilitator]

Part 8: Train-the-trainer Sessions for Facilitators

This section outlines our process and experiences in developing and implementing the train-the-trainer sessions.

Purpose:

Experienced facilitators from Saint Elizabeth Education Services Department delivered the PFCC workshops to the leadership team, however we felt it was important to have facilitators from each pilot organization deliver the workshops to the direct care providers and support staff since they have established relationships with employees and are in a position to demonstrate and obtain support for PFCC and this education. We know that it would be unrealistic to expect employees to provide PFCC without the support of the organization[43, 44] and so having the facilitators from within each organization deliver the workshops was a way to demonstrate that support and another step towards further embedding a person and family centred approach throughout the organization.

Facilitating in itself is a form of learning, allowing facilitators to learn about PFCC and how it could be applied to their interactions with clients and their employees. We also hoped that by having supervisors engage in these discussions with their teams, interactions between staff and supervisors would be improved, leading to increased engagement for all involved. It was important to emphasize that learning, in these workshops, requires a two-way flow of information, with both facilitators and participants actively participating in knowledge exchange.

We recognized the importance of providing the facilitators with the necessary tools, support and skills to effectively deliver workshops. Since some of the facilitators that were identified for this initiative had limited or no experience facilitating education or delivering presentations, we aimed to provide them with resources to help them feel comfortable and competent in this role. The train-the-trainer sessions were developed to build their capacity and confidence to facilitate not only the PFCC workshops, but also future education sessions, team meetings, and/or presentations.

What we did:

Description of the Train-the-Trainer Sessions

We designed two train-the-trainer sessions that were offered to all of the facilitators who would be delivering the workshops to care providers and support staff at each of the pilot sites. The train-the-trainer sessions were facilitated by educators from the Saint Elizabeth Education Services Department who had extensive experience facilitating education with adult learners. These sessions were delivered in person at each of the pilot sites with a month or two between sessions to allow them time to delivery workshop #1 before reconvening.

The content of each train-the-trainer session is outlined in the table below. Time was provided at several points for the participants to ask questions and engage in group discussions. For facilitators that were unable to attend in person, all materials we made available for them to access online and all participants were e-mailed a summary of next steps.

Once the facilitators attended the sessions, they downloaded the workshop material (i.e. presentation slides, videos, facilitator guide) from a learning management system to which they were given access and they were ready to begin conducting the workshops.

Train-the-trainer session #1	Train-the-trainer session #2

• Overview of the initiative, PFCC and its benefits (including what's in it for them)
• Overview of the topics for the workshops they will deliver and timelines
• Summary of the workshop approach (e.g. slides, videos, role play, reflection)
• A description of how they would be supported to lead the workshops
• Preview of Workshop 1 content
• Tips for facilitating workshops. E.g.:
  • Adult learning principles
  • Their role as a facilitator
  • Facilitating group discussions
  • Handling difficult situations that might arise (e.g. keeping on schedule, off-topic conversations)
• Overview of the facilitator guide
• Review of next steps
• Opportunity for questions/comments
	• Ways facilitators can promote PFCC
	• Review of topics and timelines for the workshops
	• Review of ways facilitators would be supported
	• Opportunity to share feedback on how Workshop #1 went
	• Preview of Workshop 2 & 3 content
	• Tips and suggestions for preparing to deliver the workshops
	• Overview of evaluation requirements
	• Review of next steps and how to access the workshop material
	• Opportunity for questions/comm

What we learned about the train-the-trainer sessions:

Evaluation Findings

A link to an online evaluation survey was e-mailed to all attendees after each of the train-the-trainer sessions. Across all pilot sites, a total of 41 people completed the survey after the first session and 10 people completed the second survey.

From the first survey, we learned that the first session provided a good overview of PFCC and the facilitators' role (over 85% agreed with these statements). Where session 1 was less successful was in providing a good understanding of the workshop content they would be delivering and providing clarity around next steps to prepare. Only about half the participants reported that they felt prepared and confident to deliver the first workshop. About half felt that the adult learning principles were useful, which may be because the facilitators that were selected for this initiative were already comfortable in that role. Although after the second session only 60% said they felt prepared and had a good understanding of the content they would be delivering for Workshops 2 & 3, the percentage of those that felt confident to present the workshops effectively rose to 80%.

Positive feedback received about the sessions included:

- *"It was helpful to have information about how to address concerns about PFCC and the tips for being a facilitator." [Workshop facilitator]*
- *"I really enjoyed the two classes. I like it being interactive and brainstorming with coworkers."*

Tips and Suggestions for Train-the-Trainer Sessions

The open-ended survey responses and focus group discussions provided valuable insights for how the train-the-trainer sessions could be improved to better prepare facilitators for their role in delivering PFCC workshops. Below we have provided a summary of these suggestions and our lessons learned from implementing this initiative.

- Provide facilitators as much time as possible to prepare for the workshops
- Provide suggestions for preparing to deliver the workshops
- Allow enough time to review the workshop material they will be presenting
- Provide suggestions for how they can engage their employees in the workshops
- Consider choice of facilitators
- Ensure trainers attend the leadership workshop first
- Provide direction for customizing the material and implementation plan
- Address facilitators' questions/concerns during the second train-the-trainer session
- Hold train-the-trainer sessions in person, if possible
- Provide clarification about how to use the facilitator guide and speaking notes
- Include more information about the implementation process at their site (i.e. logistics)

- **Provide facilitators as much time as possible to prepare for the workshops**

    - Many facilitators had concerns about finding time to schedule the workshops and to prepare to facilitate them, with some feeling overwhelmed by the amount of information presented to them in the train-the-trainer session. They want to do a good job facilitating the material and need to be given sufficient time to review the content and prepare before delivering the workshops.

      "There is quite a bit of time required on the trainer's end to learn the material, photocopy handouts, and sort out the IT details."

      "…We had to tailor it to the groups, 'cause it's very different, so that's why I said yesterday - client specific… we actually needed to prepare ahead of time."

PFCC in Action

"…They built them pots that are higher and that they're able to go in a wheel chair and go to the actual pot and be able to work in the earth. So it makes it easier for wheelchair-bound people to go into the garden and do their work without having to be on the ground."

(Care provider in a LTC home, discussing how they have enabled residents to garden, even if wheelchair bound)

- **Provide suggestions to facilitators for preparing to deliver the workshops**
  - E.g. observe a colleague first, co-facilitate with a colleague
  - We included a slide to this effect in the second trainer session and found facilitators felt less anxious knowing there were different options to for delivering the workshops and that they could work together, at least until they felt more comfortable.

    It may also be possible to video record a workshop that can be accessible online to other facilitators, should they wish to view it to help prepare.

    "…What I did is I sat in [a colleague's session] first, because [she] teaches things [and] I've never taught before, so I sat in with [her] just to see…what the flow was like, 'cause I had never done something like that before, so I think maybe even just having like a mock one and seeing what it should look like."

- **Allow enough time in the train-the trainer sessions to delve into the workshop material they will be presenting, rather than just a quick preview**
  - Although most train-the-trainer participants were familiar with the concept of PFCC, the actual content of the workshops was new to them and they would have appreciated spending more time going through each slide and activity and having an opportunity to observe or practice how it could/should be delivered.
  - It would be preferable to actually take participants through a mock version of the workshop so they can observe how it is to be presented; volunteers could be asked to practice delivering parts of the workshops.
  - Less time could be spent on adult learning principles if the group is fairly comfortable as facilitators.

    "A review of the actual content with examples would have been helpful. The content was reviewed too quickly for one to absorb the information."

    "...Lots of times, you're going to facilitate something and not have to know a lot of content. This you do have to be able to know how you're going to respond."

    "Have a run through of [the] presentation with a facilitator while providing us with tips during the presentation."

    "…it would have been nice to have some practice time, with other people saying, 'hey you know what? I think it would really work if you did it this way or if you added this.'"

- **Provide suggestions to the facilitators for how they can engage their employees in the workshops and PFCC more generally**

  - Some of the supervisors told us that they sometimes have difficulties getting their employees to participate actively in group discussions. We therefore discussed during the train-the-trainer sessions some strategies for engaging participants, including:

    - asking questions and pausing to allow time to answer
    - using humour and stories to help them feel comfortable
    - highlighting what you know people in the room have done that is person-centred, to make them feel safe to share experiences
    - asking them to call out answers and record on a flip-chart
    - using small group activities which are more intimate and may help them feel safer to share
    - asking workshop participants for their ideas about how to engage the group

  - A couple of facilitators mentioned that they wanted support in how to gain buy-in from their employees and getting them engaged because some staff have been working for many years or may perceive this as extra work.

    "How to approach people who just aren't getting it or don't want to do it, so for example, if we did roll something out with the Coordinators, I could see, 9 [out of] 10 of them appreciating it and then I could see some of them thinking they already do it, or thinking this is stupid and it's a waste of my time. So, the coaching, something around that I'd add. And then…just getting buy in I guess from the team, really trying to get them engaged…it's interesting…even if people realize okay, this would be great to do for the organization, they might not want to do it. Yeah, I understand why clients would want this, but why would I want to do this extra bit?" [Manager]

- **Consider choice of facilitators**
  - We learned that it is important to consider who would be best to facilitate workshops. It was mentioned by a few workshop participants that facilitators should have experience providing care in the environments in which workshop participants work.

    "It was very interesting to have presenters that are not…direct [care providers]…. He wasn't nursing. He wasn't dietary. He wasn't housekeeping. He doesn't see the residents… So, he wouldn't have any knowledge of what goes on, on a unit or any interaction even probably with us on any kind of basis."

  - It was suggested by a leadership team member that having PFCC champions who are currently working on the units facilitate the workshops might be beneficial because they would know the residents better and they would help increase buy-in from other employees.

    "Maybe from more of a champion…It's easier for somebody…to go and talk about a resident that you know really well…For me, because I [haven't had] a floor for so long, I have to come and talk about a particular resident and their behaviours [which] is harder because I don't know the resident so much. So I think it's finding and determining those champions that know the people well…and it also gives you buy-in, it gives the staff buy-in because now they're important and – and I think that's the way to [go]."

- **Ensure trainers attend the leadership workshop first**
  - Although our plan was to have all those who would be facilitating workshops also attend the workshops designed for the leadership team to provide background and context about the initiative, this did not occur in one pilot site. In that site, some participants attended the train-the-trainer session without having received the background information or any prior notice that they were being asked to facilitate PFCC workshops, which contributed to their feelings of unpreparedness.

    "I am not a trainer, I have never presented in front of a group and do not know the material or how to extract the information to share it. I have never done a PowerPoint presentation. Not sure I should be trying to train staff."

    "We did not have the [workshop] provided to managers the day before so our session felt disconnected with no background info."

- **Provide direction for how much facilitators can customize/adapt the education material and implementation plan:**
    - Some of the facilitators were unclear about how much they could adapt the workshop material. When this question was posed to us, we let them know that they could adapt the examples and case studies as needed to make them more applicable.
    - Encourage facilitators to be creative in their implementation strategies and find the way that will work best for their team (e.g. offering them in smaller chunks than a 1.5 hour session)
- **Gather facilitators' questions/concerns after the first train-the-trainer session and delivery of the first workshop to address at the second train-the-trainer session**
    - It was extremely helpful to canvass the facilitators after the first train-the-trainer session to find out if there are any common questions/concerns that could then be addressed in the second train-the-trainer session. It was so important to have that second train-the-trainer session so that we had an opportunity to follow up with the facilitators, address their concerns, review the material again and answer any questions.
- **Hold train-the-trainer sessions in person, if possible**
    - In our previous pilot of the PFCC workshops, we held some sessions via webinar and found it was more challenging to engage in interactive discussions using that format; in-person sessions would be preferable, if logistically possible
- **Provide clarification about how to use the facilitator guide and speaking notes**
    - The focus groups and surveys revealed that some of the facilitators were not aware that the facilitator guide notes were also included in the speaking notes of the workshop slides or generally how to use the guide along with the slides.
    - They also suggested providing a hard copy of the facilitator guide and workshops slides during the training session
- **Include more information about the implementation process at their site (i.e. logistics)**
    - Facilitators said they would appreciate more information and support around when to start providing workshops, meeting room booking, getting materials (flipcharts, markers, computer access, printing guide and handouts) and how to track attendance.

Train-the-trainer Checklist:

- ❑ Determine the most appropriate format for train-the-trainer sessions (in person/webinar)
- ❑ Determine how many sessions will need to be offered to accommodate the schedules of the supervisors
- ❑ Decide if you will offer a train-the-trainer sessions before each workshop or only prior to the first and/or second workshops
- ❑ Determine who is best suited to be a facilitator – direct supervisors? Clinical educators? Preceptors/champions? Consider if it could be a professional development opportunity for less experienced facilitators
- ❑ Identify a subject matter expert and someone with expertise in adult learning to co-develop and/or co-facilitate the train-the-trainer sessions
- ❑ Develop content – see table above and tips/suggestions for consideration
- ❑ Develop an evaluation survey to administer after each session
- ❑ Develop a "Next Steps" handout for facilitators for after the session
    - o Clearly outline how facilitators will access the workshop materials they need to deliver the workshops (e.g. download from online location)
    - o Clearly articulate the implementation schedule and plan – BUT REMAIN FLEXIBLE! – revise as required
- ❑ Review the facilitator guide during the train-the-trainer sessions, clarifying what is in guide and what is in speaking notes
- ❑ Consider how facilitators who can't attend in-person sessions will access the training material (e.g. a recorded version they can watch)
- ❑ Ask participants about their remaining questions/concerns after the first workshop and address during the second session

"We need to model PCC from the top down, and so we have to demonstrate how, even though we're not providing direct care in our day to day operations, that the work that we do, we have PCC as our guide to making decisions, to moving things forward...If we're not modeling it, then how are our staff going to model it?" (Manager)

Part 9: Implementing PFCC Workshops for Health care Leaders

Purpose:

Offering PFCC education workshops for leaders in the organization was a key component of this initiative, since without explicit support from management, a sustainable culture shift toward PFCC would not be possible. Including all employees and management in learning about and discussing PFCC enabled everyone to be on the same page and use consistent language. The focus was on ways leaders could promote and support PFCC, including leading by example, treating employees the way they want employees to treat the clients and their family members and considering what they personally and their teams can do to promote a culture of PFCC.

What we did:

Description of the Leadership Workshops

A series of two PFCC workshops were delivered to the leadership teams of each pilot site by an experienced facilitator from Saint Elizabeth. Pilot sites were left to determine who they would like to invite to these sessions and participants ranged from supervisors of direct care providers to clinical educators to the CEO of the organization.

Each workshop was about two hours in length and they were offered about one to two months apart to allow time in between to reflect and try out new strategies.

Below is an outline of the topic areas for the leadership team workshops:

Workshop #1	Workshop #2
• Workshop overview; how material was developed; goals • Overview of PFCC; benefits; alignment with organizational objectives • What a person and family-centred organization looks like • Ways leaders can promote and support PFCC • Strategies to implement PFCC at your organization and priority setting	• Sustainability • Ethical Issues and PFCC (who knows best?) • Planning for implementing PFCC strategies at your organization • Barriers to cultural change • Action planning

At one of the long-term care pilot sites, we were also asked to have the SE facilitator deliver a mini-PFCC workshop (1/2 hour) to the physicians that worked on site. Topics for that session included:

- An overview of PFCC
- A discussion of their role in PFCC (ways leaders in an organization can support and promote PFCC)
- Identifying and addressing barriers to culture change

What we learned about implementing PFCC workshops with leadership teams:

Evaluation Findings

Evaluation surveys were provided at the end of the second workshop and were completed by a total of 65 participants from across the seven pilot sites.

About 85% of respondents indicated that they found the workshops useful/helpful and that they gave them a better understanding of what PFCC is and its benefits. About 80% reported that they have a clear understanding of how PFCC is aligned with organizational objectives and their own accountabilities, as well as a clearer understanding of their role in supporting and promoting a culture shift toward PFCC in the organization.

About three quarters of the respondents said that the workshops gave them a better understanding of how they can support their team to practice person-centred care, new ideas for implementing PFCC at their organization, and an improved understanding of how they can interact in a more person-centred way with their employees. Almost 80% reported that they felt confident they can sustain a person and family centred approach within their team and that within the organization as a whole.

In addition to the 65 people that completed evaluation surveys, 32 leaders from the pilot sites participated in focus groups to provide more in-depth feedback.

What Participants Liked Most about the Leadership Workshops

General feedback

"…You think you know it all, you know we've been around for years, we know it all until we have sessions [like this] and we think, 'oh! Nice way to look at it' or 'I appreciate that information I just got'…"

"It's exciting to spread such a positive message!"

Supports a culture shift/addresses barriers to PFCC

"Helps to know what we can do about barriers and how to address them."

"Great step toward the goal of change in culture."

Good reminder

"It's always good to have a refresher"

"PCC is part of OT philosophy – good to know that it is supported by organization."

"I am already doing many of the activities and strategies suggested in the workshop, but it is always good to refresh my memory."

PFCC in Action

"I was doing rounds on the floors and on one of the floors in the Centre, there was a notice up inside the care conference room… the new [Registered Nurse] Clinical Leader who's from acute care was having a staff meeting and she had numbers for all the staff and it included every person who worked on that floor, because she said, 'They're my eyes and ears.'

We have interdisciplinary jargon, so why do we not have interdisciplinary team meetings?

(Manager in a LTC home)

Suggested Improvements for the Leadership Workshops

When asked on the survey and in the focus groups what they would change to improve the workshops, the following suggestions were made:

- Content to help supervisors coach employees around PFCC
- Make the workshops more interactive
- Senior management representation
- Decrease the amount of time between workshops

Content to help supervisors coach employees around PFCC

It was suggested that there be content included specifically for those who directly supervise direct care providers and that they should receive this education as soon as they are hired.

> *"…That should be the first thing when they walk through the door, is we're going to make sure that we invest in you as a manager to give you the training to be able to support your staff, because here's the training we've given our staff and the expectation we have that our staff work from a person centred perspective…You're setting him up for failure if that's not one of the things that they first learn."*

Make the workshops more interactive

Participants enjoyed the interactive components of the workshops, such as the case studies, and also suggested adding role play. One person suggested asking participants to bring with them case studies from their own experiences that they found challenging.

Senior management representation

It was suggested that organizers ensure representatives from senior management are present to engage in the change processes.

Decrease the amount of time between workshops

It was suggested by one participant that the leadership workshops be less spaced out, such as once per week rather than two to three months apart.

Leadership Workshop Implementation Checklist:

- ❑ Identify who will be invited to attend the leadership workshops – it is suggested that you include the entire leadership team, including senior managers
- ❑ Determine the most appropriate format for offering the workshops – will a series of two workshops work?
- ❑ Determine how often each workshop will need to be offered to accommodate work schedules - can everyone attend at once?
- ❑ Ensure those invited to attend understand the importance and come ready to participate and focus
- ❑ Determine who is best suited to be a facilitator – do you have the capacity within your organization or do you need to bring in an external facilitator?
- ❑ Review topic areas outlined in this section and additional suggestions from participants for ideas about what to include in the workshops
- ❑ Make the workshops as interactive as possible, including case studies and ample time for group discussions
- ❑ Ensure anyone that will be attending the train-the-trainer workshops first attends the leadership workshops (they could be combined into one, longer session for trainers)
- ❑ Develop a clear process for tracking participation in the workshops
- ❑ Consider how leaders who can't attend the workshops or new hires will access the material (e.g. recorded version they can watch, online version)
- ❑ Develop an evaluation survey to administer after the workshops so you can assess what worked well and what didn't

"...It's so true. Sometimes if you come to work in a bad mood, you don't realize that you're just short with people... It was an eye-opener to make sure that you leave your personal stuff at home..." [Unregulated care provider]

Part 10: Implementing PFCC Workshops with Care Providers & Support Staff.....

Purpose:

Although leadership support for PFCC is crucial, it is the staff that most directly touch the lives of residents and families and who can have the greatest impact on the care experience. But this does not only apply to direct care providers; support staff (e.g. housekeeping, food services, custodial, office workers) also interact with residents and families on a regular basis, but are often left out of other education initiatives.

Including all employees in PFCC education helps to ensure everyone is on the same page and using complementary approaches. Our hope was that it would empower them to work more collaboratively to improve the resident experience and their work environment.

What we did:

Description of the Workshops for Care Providers and Support Staff

The workshops were led by facilitators from each pilot organization, who had attended the train-the-trainer sessions. Some were supervisors, some educators and others were in administrative roles.

The general topics covered in the workshops for the regulated and unregulated care providers and the support staff were the same, with only slight differences in the sub-topics and activities within each section to increase the relevancy to each group of employees. However, as mentioned, some sites preferred to offer the workshops to interdisciplinary groups of employees and used a more generic version.

Below is an overview of the topic areas for the staff workshops:

Workshop #1	Workshop #2	Workshop #3
• Overview of PFCC • Treating people with respect and dignity • People choosing to live at risk	• Information sharing (Communication) • Understanding the meaning behind behaviour • Partnership approach (participation)	• PFCC and professional boundaries • Putting it all together • Supporting one another to continue to provide PFCC

Online Workshops

Online versions of each of these workshops were also made available to each pilot site, should they have employees that missed one or all of the workshops (e.g. new hires).

Implementation Schedule

Although we had suggested an implementation plan of offering the workshops about 4-6 weeks apart, adjustments to the implementation schedule were needed during implementation, to accommodate issues such as illness outbreaks in some of the long-term care sites, vacation schedules, and winter weather conditions that resulted in cancelled workshops.

Implementation Strategies

Different implantation strategies were used at each of the organizations, as well as within the four Saint Elizabeth sites. Some examples are provided below:

- **Team meetings:** Workshops were offered during regularly-scheduled team meetings. This worked well for some teams since staff are already scheduled to attend the meetings; however, it was difficult for some to dedicate sufficient time to the workshops, while still completing other team business.

In one home care site, workshops were held as part of their quarterly "Regional meetings," which are attended by all care providers working in that geographic area. Since these Regional meetings are attended by large numbers (approx. 100 people), facilitators joined together to co-facilitate the sessions and divided the larger group into smaller groups for discussion activities. Since members of the same discipline tended to want to sit together, they rearranged the seating to have a mix of staff groupings at each table

- **Dedicated sessions:** Workshops were offered to either discipline-specific or interdisciplinary groups of employees at set times throughout the day; they were generally offered at different times to allow those working day/evening/night shifts to attend.

  In some long-term care units, additional care providers were brought in to backfill while staff attended the workshops. In other units, employees took turns attending and no extra staff were brought in to backfill.

- **Huddles:** Workshops were offered in smaller chunks (15-30 minutes at a time) during either scheduled or impromptu team huddles held in a unit of a long-term care facility.

  In the group home settings, complete workshops were offered on site at the group homes, during quieter times (e.g. when residents were out attending day programs, sleeping, etc.).

PFCC in Action

"It's like me, I'm in housekeeping, I'm not in nursing, but when I go into a room, and the resident doesn't want me in there and I turn on the light, I have to respect his wishes, I have to leave. So it's respect - this is their home, their room."

[Housekeeper in LTC home]

Participant Tracking

At each pilot site, facilitators asked participants to complete a sign-in sheet and they then forwarded these, or a spreadsheet, to the project lead at Saint Elizabeth so that we could keep track of how many people attended the workshops from each site. Individual tracking mechanisms were used at each site to keep track of who had participated and who still needed to attend the workshops.

What we learned:

Evaluation Findings

An evaluation survey was distributed at the end of the final workshop in each pilot site. The workshops have been completed in six sites, with 553 surveys returned [*note – not all participants responded to each question].

Ninety-two percent (508/550) reported that they found the workshops to be valuable/useful and 97% (487/504) indicated that they will be able to use what they learned in the workshops in their jobs.

Some felt that the workshop content was not new to them, but instead was a reminder or refresher.

> *"This workshop has refreshed my knowledge base about person-centred care, and has given me the opportunity to reflect on how I deliver my care at the present time to the principles of PCC."*
>
> *"As an individual I feel that I was practicing PCC. With this organizational initiative I am hopeful for a more team support."*
>
> *"I think it just kind of reminded us [of] some of the things that were assumed. I've been here for 25 years, so I think sometimes you…kind of forget some of your skills. Some things just kind of go over your head sometimes, 'cause you're here so long, and you do get into the routine…so I think it just kind of helped me to remember..."*

In addition to the 553 people that completed surveys, 158 people took part in focus groups to provide more in-depth feedback. The majority were direct care providers and support staff, although workshop facilitators and managers also participated. Below we have summarized what participants said they like most about the workshop content and implementation process and their suggestions for improvement.

What Participants Liked Most about the Workshop Content

Overall, the feedback was positive about the workshops and several people commented that they found them to be valuable.

> *"So I have a few very strong statements to make. First of all, I have to say this was probably one of the most beneficial, positive initiatives I've been involved in in years, I'd have to say hands down. I think we reached so many people. We are so on the right track. I mean, to me, it was a gift, it was a golden opportunity." [Workshop facilitator]*

> *"It's a great program. I think it's wonderful and it would be good if we could offer it to -- as part of the orientation package." [Support staff]*

Key aspects of the PFCC workshops that stood out for participants included:

- Variety of activities and formats
- Videos
- Discussion activities
- Professional boundary discussion
- Confidentiality and living at risk discussions
- Role play activity
- Relevance to their role

Variety of activities and formats

One person mentioned that they liked that many different formats were used in the workshops to appeal to different learning styles (e.g. videos, discussion, case studies, visuals)

> *"…The way that I learn is not the way someone different may learn so I think it was good that you guys collaborated all different ways [to present material]." [Unregulated care provider]*

Videos

Many people mentioned that they liked the videos that were included in the workshops and found that they helped make the concepts real.

> "I felt that one of the things that people always remembered was the videos. [The] videos were really helpful in trying to get people to understand the concept, and whenever we went back and said, what did you learn from [the workshops], they'd say, 'Oh that was an interesting video,' so the videos really helped." [Workshop facilitator]

> "Seems more real when you watch the videos." [Support staff]

In particular, several people said they liked the communication video that showed an interaction between a care provider and resident approached in two different ways.

> *" It's – because it's so true. Sometimes if you come to work in a bad mood, you don't realize that you're just short with people… it was an eye-opener to make sure that you leave your personal stuff at home…" [Unregulated care provider]*

> *"I liked this one [video] when the staff member showed two different versions of going into a residents room for their bath… when you go into a residents room, if you go in there with an attitude you're going to get an attitude, if you go in there with a nice smile… they feel you as soon as you walk in that door." [Support staff]*

> *"…Maybe you can picture your own clients, how you would want to work with them and how you would want to give them options and listen to them or you want them to see it, in front of your face. I mean, that's what stood out to me more than anything. It's just being more patient, being more attentive, and listening…just having more options to give them…" [Unregulated care provider]*

Discussion activities

Several people mentioned that being able to discuss challenging situations and opportunities to provide PFCC was meaningful, particularly as a way for the facilitators and leaders to learn about issues that employees are facing. One of the managers mentioned that the workshops prompted open and honest sharing by participants, which had not been experienced previously.

> *"It was interactive instead of just watching or listening to somebody talk. [Unregulated care provider]*
>
> *"…I don't know what it was with PCC, but it seemed like staff were really giving us true honest, genuine feedback, which I often haven't seen before. So it was something within that context or within that framework…I think it helped that those facilitators [were] from all over the facility and organization…it really lead to open, honest dialogue that I think we haven't always had..." [Manager]*
>
> *"For me, what stood out for me was the sharing afterwards. What all the [care providers], my colleagues, talk[ed] about because I found that it was very relevant for the environment I am working with and this was really what I thought about after. It was really helpful." [Unregulated care provider]*

Professional boundary discussion

Several people commented that the professional boundary discussion in particular stood out for them.

> *"[It] just made you realize sometimes that you were crossing the line, but you don't even notice it… how easy it is to do it." [Unregulated care provider]*
>
> *"There were things that we talked about that a lot of people didn't realize that they weren't allowed to do." [Nurse]*
>
> *"I've had a resident in the past whose family always like looked for me, always wanted me and I always sort of like just fed into that…but in a way, it's kind of like you're putting that resident in front of other residents because the family is constantly coming for you." [Unregulated care provider]*
>
> *"…We had a really interesting discussion [about boundaries]…They all were saying, 'well, you know, this would be okay to do, but, you know, this happened before, and now I would think about that again, and I probably wouldn't do that.' So you ended up with lots of interesting conversations and some people kind of saying, 'well, some things are okay, and some things we may have to re-think about. And I didn't say to them, 'well you can't do these things, you need to think about because it's boundaries.' I think at this point in time…we don't have a whole lot of overriding policies about some of these boundaries, that's where we're kind of in still in this grey area, but at least it brought up lots of discussions." [Workshop facilitator]*

Confidentiality and living at risk discussions

A couple members of the leadership team mentioned how relevant the topics of confidentiality and living at risk were to their employees.

> *"Looking at [the] risk one…it's so huge…We've had a couple incidents that I can think of off the top of my head this year where clients are choosing to live at risk and the [care provider] essentially didn't let it happen. And then they're not understanding why they've just been suspended." [Manager]*

Role play activity

Although many people said they did not feel comfortable doing the role play activity, there were a couple people that enjoyed it. One manager said that she thought role play is a useful activity to help staff understand what it feels like when residents are "talked over," as if they aren't there.

> *"The role playing was good because it puts you on a different level than just reading the material and listening to someone talk. You're actually interacting. So it brings it home a little bit faster for you." [Support staff]*
>
> *…More role playing…stick them in the chair and talk over them and let them know how that feels…" [Manager]*

Relevance to their role

Many focus groups participants said that the workshop content was relevant to their diverse roles, including those in support service roles who may not interact with residents as often as direct care providers.

> *"I just think [the workshop] was good because we know that it takes everybody to do [person] centred care…. It's not just nursing staff,….it's everybody. [Support staff]*
>
> *"I deal with [residents] one on one so even though it's not providing care, you still have to do the same mental aspect in trying to deal with them when they come in and they get upset because they can't get money or…they don't know if they have money and… calming them down if they can't take five hundred dollars out and walk out the door." [Support staff – financial services]*

What Participants Liked about the Implementation Format

- Interdisciplinary groups
- Workshop scheduling
- Length of the workshops
- In-person, group format

Interdisciplinary groups

Most respondents felt that offering workshops to interdisciplinary groups of employees was a positive experience. They appreciated being able to learn more about others' roles and different perspectives on how to approach situations.

> *"The first one I ever did was myself and 11 people from occupational and physical therapy. So there really wasn't a whole lot of diversity. But after – that's why I chose to go different times the next time because then I had a lot more diversity, a lot more talk, a lot more things were brought up that maybe you didn't understand or they didn't realize it was being faced by another department." [Support staff]*

> *"[It was a way to learn] what different staff members do and how they deal with [residents] because some of them have some wonderful ideas and it was just an education in sharing the way they dealt with it. And, once the topic had come up, everybody starts sharing examples and go, 'Oh, I never thought about doing it that way.'" [Support staff]*

> *"…The staff really enjoyed getting together [with] different disciplines… and really enjoy sharing amongst each other about all the great work that they're doing. I really think it just reinforced the jobs that they have but also that they are doing an incredible job every day and really how person centered they're being without necessarily thinking about it. and just you know, even just sharing amongst each other and the different disciplines realizing what other disciplines are doing…the staff really left with a great sense of, 'wow, we're doing great and let's keep it up!' It was very positive." [Workshop facilitator]*

> *"I think it's good that it was [unregulated care providers] and nurses, because when we go to look after a client, it's not just us, there's [unregulated care providers] there, there's physio, there's [Occupational Therapy], so it's good to get everybody's perspective on what they think." [Nurse]*

Although almost all participants liked that the workshops were offered to interdisciplinary groups of employees, one manager pointed out that staff may feel able to speak more freely in discipline-specific groups.

> *"…It was really quite interesting because initially…some of the sessions, we were doing just specific sessions and what that did, is it enabled them to speak very, very freely, about their concerns in terms of working in isolation of the other disciplines. And I don't know if that information would have gone forward had we have had a mix of, a blended group in each session." [Manager]*

Workshop scheduling

One person commented that he/she appreciated that workshops were offered on the weekends, as well as during the week.

> *"I thought it was good that they had other staff members trained to do the program instead of the one educator so that… [if] we didn't have time to go to the ones downstairs through the week …we could have the quieter little groups of them going on the weekends." [Unregulated care provider]*

Length of the workshops

Although most people felt there should be one longer workshop, followed by a second, shorter workshop, there were some that felt 1.5 hours was a good length of time for the workshops.

> *"The actual length of them were fairly good for each individual one, I think. It still kept you concentrating." [Support staff]*

> *"It is [hard to get away to attend workshops] because then you start to back up and then you might leave certain tasks for the next group, which obviously they're not going to like. But it's really not your fault because in that one hour, you can crunch a lot of stuff in [for work]." [Unregulated care provider]*

In-person, group format

When asked if they would prefer the workshops to be available to complete independently online, all participants said they prefer in-person, group workshops

> *"…because you wouldn't get the feedback or the interaction or the diversity [if done online]." [Support staff]*

> *"Even though we live in a world of technology half of them aren't even on email here and don't get on the computer and do online stuff." [Manager]*

Suggested Improvements for the Workshop Content

Participants were asked what did not work well in the workshops and how they could be improved. Suggestions included:

- More consistent messaging from facilitators
- Reassure employees that PFCC builds on what they are already doing
- Provide clarity around boundary issues
- Ensure the content is relevant to all employees
- Include additional client perspectives/voice in workshop material
- Develop a toolkit/handouts to accompany workshop material

More consistent messaging from facilitators

At one site, a couple of participants mentioned that, depending on the facilitator, different topics were covered in the workshops and they would have preferred more consistency.

> *"I was speaking to someone who attended a workshop at [another] location and [they] covered the same topic that we did… but theirs was completely different in the talks that they discussed than what we discussed in ours. It was sort of like two totally different seminars. So, I'm wondering if there could be maybe a closer following of whatever the points are so that everybody gets the same message. Because they went one way on communication and we were totally different. And, a lot of the good -- like, a lot of ideas that came up in theirs, we hadn't even approached the topics." [Support staff]*

Reassure employees that PFCC builds on what they are already doing

Although some discussion was included in the workshops about how to provide PFCC within limited time constraints, at one site, one of the leadership team members felt more could be done to reassure employees that participating in the workshops and practicing PFCC will not increase their workload – that it is not something new for them to do, but builds on what they are already doing.

> *"I think initially when staff hear there's something new and there's training, their initial thought is, now there's going to be more work, right? So, I think we need…and we're seeing this in other educations and stuff that we're rolling out and practices, that we really have to shine the light that this is not new and this is not adding to your work, this is something that more than likely that you do currently but we just, we need to refine it. So I think that we need to be able to kind of spin it…so that they don't feel like it's that we're adding more constantly." [Manager]*

Provide clarity around boundary issues

Some respondents from one of the long-term care facilities felt that more clarity and consistent messaging is particularly needed about the organization's stance on boundary issues to ensure consistent messaging. T

> *"…We didn't have [our organization's] philosophy on where those boundaries were, and because we have a blended population with a lot of younger individuals, we didn't have an opportunity, or we don't have anything built in during admissions to explain to those clients, and their families what our boundaries are. We ask that you not give gifts to our staff because we have a policy that they are not allowed to accept gifts. However, here are some options…you can write a letter to their manager if you really love their care, you can give to the dignified living fund or the care and share at either facility. We don't give options, we just tell them what they can't do and I think they found that the hardest, because what [staff] did is they took the hard line back to all the clients and said, 'sorry can't talk to you, can't look, you can't be friends anymore.'" [Manager]*

> *"The one that I went [to], the girls started giving a lot of examples about the few that they were doing about boundaries and there was a lot of discrepancies there because some people agree and some other not and there was no clarification… That person [facilitating the workshop] didn't clarify the things." [Nurse]*

> *"…I think every middle manager, anyone who supervises a group of staff, needs to have [a] tool to be able to help guide those conversations and consistent messaging, because we know that's often where things fall down." [Manager]*

It was suggested that more clarity is needed around the issue of favouritism, in particular.

> *"[They need] education around why [taking some residents out for coffee is] okay to do because then you'll get them say, well, they want to take so-and-so down for a coffee… but they don't have the time to take him, her, her, her, her. She doesn't know how to spread it out to be consistent and share her time…between [all residents]…so it did not show like you're giving favouritism to this person because you took him [for coffee] two days ago, but maybe they need to go to [coffee shop name] a little bit more than the person next to them… The building itself needs to do more work around what favouritism really means. [Support staff]*

They also suggested having the boundary discussion earlier in the workshops, rather than at the end.

> *"…That can of worms could have almost been opened up earlier, and then PCC kind of answered that." [Manager]*

One manager also thought it would be useful to provide more guidance for how to say no to clients/residents if there was something they were not able to do, such as when it would put the staff member at risk.

> *"…if they are living at risk, but it's putting staff at risk as well…how do you help in a person centered care way? How do you refuse to do something in that type of environment?...So that would be interesting to see more information about using the person centered care model, but still having to say no to something." [Manager]*

Others commented that more should be done to ensure employees understand the boundary section in the workshops is not about blaming them.

> *"I felt that there was sometimes a little bit of people feeling like, oh I've done something wrong, I can't go back and right that…we don't want people to feel bad, it's about reflecting and going forward and I think there could be a slide in there about that. It's not, you know, about punishing ourselves for what we did in the past. It's about reflecting of your future behaviour." [Manager]*

Ensure the content is relevant to all employees

Although most people felt the workshop content was applicable to a broad range of employees, some participants did not feel it was as relevant for the type of work they do and/or the types of clients with which they interact.

Although most support staff said they did find it relevant, some felt the workshops should be less focused on direct care providers.

> *"It doesn't really impact me one bit. Because I'm not really alone with the residents at all…. As long as you respect talking to your residents…you're pretty much fine… I'm on the go all the time so it's not really like sitting down with the resident. You know, feeding them or anything like that. I don't do any of that stuff." [Support staff]*

It was suggested that a video be created that show the role of all members of the care team in providing PFCC.

> *"…Showing something like that [video] from the beginning -- from the inception of when [the client] comes on service so that first phone call with the coordinator when he comes on service and then he has a [personal support worker] come in to do his bath and he has his therapist that's coming in to do… exercises with him and the nurse comes in to do… his actual giving the insulin…"[Manager]*

It was also suggested that videos and activities should show interactions with people with diverse conditions and behaviours, such as an acquired brain injury, physical disability or people who are non-verbal.

> *"[The videos were] agitation videos. Like the clients were getting agitated or the clients were getting angry or the clients were being obstinate and sometimes it's not that and sometimes it's just apathy. The client just not motivated." [Unregulated care provider in Acquired Brain Injury program]*

> *"…It's very hard for myself working in group homes where we have non-verbal clients… [we did] try and make it work for us and how we would [approach it] but it is challenging because a lot of our clients aren't verbal so it's not like we can ask those open ended questions and get all that feedback [about] how do you want this done?" [Workshop facilitator]*

> *"…Here we have different floors and [the residents on each floor] have different abilities and challenges…for example, our floor is the dementia unit…Try to gather [people from our floor] and try to have a way to deal with our floor compared to third floor or second floor so at least we can feel like it's actually directed to us than it being a broad kind of education that we may feel like doesn't related to [us]." [Unregulated care provider]*

> *"…Maybe there should be a PCC [workshop] directed just towards younger generation because [some] felt like it was really focused around dementia." [Support staff]*

Include additional client perspectives/voice in workshop material

Several respondents commented that the workshops should include more client perspectives and quotes.

> *"…Have something where you're hearing from first person, the individuals, saying I'm an individual, I'm unique, I have feelings, I'm not necessarily the same as the person sitting next to me, to hear that from the individual would be very powerful." [Manager]*

Develop a toolkit/handouts to accompany workshop material

Although some handouts were provided to participants as part of the workshops, at a couple pilot sites it was mentioned that it would be useful for employees to have a handouts or toolkit that summarized the workshops material, that they could refer to at a later time.

> *"…For me, I need to have a little summary or something at the end of the session that says, today we did dot, dot, dot, dot or something that you can actually file away in a folder somewhere at home and you can actually look back because of the long space between all the sessions and you can look back and think, oh yeah, this is what the whole thing is about." [Nurse]*

> *"…[The staff] would have appreciated a tool kit. Something small, like literally point cards that they can look at and refer to." [Workshop facilitator]*

> *"I think the toolkits…would have been extremely valuable after session three, because people needed to have some examples of how to respond to many different situations where boundaries were a factor, and I really found that they stumbled on that, they really did. They just kept saying well I don't know what to say, how do I say it, or, you know, and so that was really important." [Manager]*

Suggested Improvements for the Implementation Process

The following feedback was provided for how to improve the implementation process:

- Address scheduling/staffing issues to allow staff to attend
- Decrease the number of workshops
- Decrease the amount of time between workshops
- Fewer different education initiatives at the same time

Address scheduling/staffing issues to allow staff to more easily attend

Several people mentioned that it was challenging to leave work to attend the workshops, due to their scheduling during busy work times and/or staff shortages.

> *"…Getting staff to go to three different sessions for the amount of time, it was brutal trying to make all those arrangements to get everybody there." [Manager - long-term care]*

> *"It's harder on nights because it's one person in each house so it's hard -- you can't gather people." [Nurse - long-term care]*

> *"Some of the challenges we had were wanting…the staff to feel that they're free to go, that their work will be taken care of when they're not on the unit. We've tried it a couple of different ways, not backfilling the staff, and just having coverage amongst the staff on the unit. We've done it where we purposefully bring in staff and backfill and kind of do big cluster days where we do training. So we've tried a couple of different options but… the staff still feel that they either can't getaway or what will happen if I go and this doesn't get done?" [Manager- long-term care]*

Decrease the number of workshops

We learned that most participants and facilitators found three workshops to be too many and that interest waned by the third session. Most agreed that it would be preferable to have two sessions – one longer (2-3 hour) session that presented the bulk of the content and activities and then a shorter (1-1.5 hour) follow-up session about a month later, which would allow participants to discuss how they have been able to implement what was learned and any challenges encountered.

> *"Maybe if you joined the three of them into one and then have your follow-up session after [so] you see…how things have gone." [Support staff]*

> *"…Having maybe one and two together as like a four-hour or three-hour workshop, having a break, and then you get that time to go practice and then you come back and talk about the last one. It'd be real easy to get everyone there." [Manager]*

> *"…You offer that [one workshop] three times versus trying to have three different workshops different days. Because some people made two out of the three or one out of three. But if you had it the same four-hour thing but offered it [multiple times]… and then have them all done, then people aren't missing one part of it." [Manager]*

"I always like when workshops are done in four hour blocks. So that you would be in the in–service for four hours and then your partner would come in, and I find things get covered a lot better…Sometimes when it's only a few hours, sometimes the unit is so short or things don't get done because we forgot to communicate with each other better. But I find [I] like the four hour block." [Care provider - long-term care]

Decrease the amount of time between workshops

Some people felt there was too long a gap in between each of the workshops. Although the intent was for them to be 4-6 weeks apart, at some sites they were even further apart due to the number of people that needed to attend and scheduling challenges.

"…Each session was repeated several times, which you have to encompass everybody but for me, it felt like I would do one and then, it must have been many, many, many, weeks, then two rolls around… and then you finally get to three… I think it would have been nice to somehow be able to have all the sessions closer together." [Nurse]

"[Offer the workshops] over a three week period. Like one group would be on Monday at 9:00 and the next Monday for the next one and the next Monday for the next one. And be running that as a rotation and of course you'd run the group at night and during the day." [Support staff]

Fewer different education initiatives at the same time

Someone also pointed out that it can be confusing to do too many different education initiatives at the same time.

"We do too many…Sometimes you don't even know which one is which. We are doing this, and then tomorrow it'll be something else, and then somebody comes to ask you, so what [education] am I going for today?" [Care provider]

Additional Tips and Suggestions for Implementing PFCC Workshops

The following are some other important considerations based on our experiences implementing this initiative.

- **Be flexible for how and when workshops are delivered:** In order for the facilitators to include the workshops into their busy schedules and tailor them to meet the needs of their team, they may need to be given flexibility for the ways workshop can be delivered (e.g. individually or combined; smaller vs. larger groups; adapting workshop content); it may be helpful to provide some suggestions for how to customize the workshops in the train-the-trainer sessions and facilitator guide.

  Although our goal was to have pilot sites complete the workshops within a three to four month time period, we realized early on that there needed to be flexibility in the implementation strategy to accommodate issues such as illness outbreaks in some of the long-term care sites and other scheduling challenges that may arise.

- **Creating online versions for employees who miss a session may be useful, although most prefer to attend in person:** Since some employees may miss one or more of the in-person workshops or new staff may join the team partway through the roll-out, it is important to consider developing online versions of the workshops so that all employees can be on the same page when it comes to PFCC. We learned, however, that some facilitators were hesitant about letting employees know about the online option because they felt some staff would prefer to do it online rather than come to the in-person sessions. They felt it was unfair to "make" some employees attend the longer in-person sessions while others could do the shorter online versions. Interestingly, we heard from many participants that one of the aspects of the workshops they appreciated most was their interactive nature, which would not be possible in an online version completed independently. We would suggest all efforts be made to have as many people as possible attend in-person workshops but consider creating an online or recorded version for those that are unable to attend.

- **Provide employees with certificate or another symbol of completion:** It was suggested by a couple of the pilot sites that certificates of completion be provided to all those who complete the workshops or perhaps a pin that signifies they completed all the sessions.

- **Prepare in advance for how to respond to professional boundary concerns:** If this is a topic that you will be including in your education, it would be helpful for the facilitators and organizational leaders to discuss how professional boundary concerns will be responded to, so that there is consistent messaging. Although we want to encourage employees to find out about and meet resident needs, there may be certain limits that should to be discussed and clarified. In particular, you may want to discuss the following issues that may arise:
    - How will needs be met if the employees are not doing it themselves? (e.g. if your organization does not want employees buying clothing items for residents in need, who will? What are the alternatives?)
    - In what cases would the benefits of meeting resident needs outweigh the potential risks?
    - How can individual needs be met without it being seen as “favoritism”?
    - What should employees do if a resident asks them to cross a professional boundary?
    - How should they respond if a resident crosses a boundary?
    - Who can staff speak to about boundary issues for guidance?

Workshop Implementation Checklist:

- ❑ Determine the most appropriate format for offering the workshops – Will a series of two workshops work? Are shorter or longer sessions needed?
- ❑ Determine how often each workshop will need to be offered to accommodate the schedules of all staff
- ❑ Review topic areas outlined in this section and additional suggestions from participants for ideas about what to include in the workshops and how to structure the implementation process
- ❑ Ensure the workshops are as interactive as possible, including case studies and ample time for group discussions
- ❑ Include case scenarios and examples that are applicable to the staff that will be attending and the types of residents with which they work
- ❑ Encourage facilitators to have prior discussions to clarify boundary issues that may arise
- ❑ Develop a clear process for tracking participation in the workshops
- ❑ Consider how staff who can't attend in person or new hires will be able to access the material (e.g. recorded version, online version)
- ❑ Develop an evaluation survey to administer after the workshops so you can assess what worked well and what didn't
- ❑ Determine how you will recognize staff completion of the workshops (e.g. certificates of completion)

"Since these workshops, it makes me take a step back before starting my care and think how can I make this a more enjoyable experience for both the resident and myself." [Care provider]

Part 11: Impact of the Workshops

In this section, we will share with you what we learned through the evaluation about the impact the workshops had on the care providers, support staff and leadership team members that attended them.

Impact on Care Providers and Support Staff

From the focus group data and responses to open-ended survey questions, the following key themes emerged that reveal the impact of the workshops on care providers and support staff. Further explanation and quotes are provided below for each theme.

- Better interactions with residents
- Improved teamwork
- Continued discussions about PFCC
- Clarified professional boundaries
- Encouraged reflection
- Increased involvement of residents in care

Better interaction with residents

Many participants mentioned that attending the workshops has improved how they approach and communicate with residents. They were reminded to take time to talk and listen to them and have more patience, as this will help them to get to know the person.

> *"…[Staff] are more aware of their behaviors now, now that we've gone through the workshop where perhaps before they weren't aware of how they could come across, where they're not including the patient in the same therapeutic care, making sure the patient understands. Again, being very task driven in a clinic setting where you come in -- they come in and you do the care… (Supervisor)*

> *"I do think [staff are showing] just a little more patience and kindness and maybe thinking twice about things…we saw maybe a few more kind words to people in the hall and just kind of generally letting people know that we've come into their home, that this is not our job, we come to their home and we need to treat it as such. It was a big reminder for that." (Manager)*

> *"...It was a good refresher, just to remind you to take the time…sometimes you get too busy and you don't really listen to what people are saying. That's probably the one thing I've started trying to do again - is slow down, and just sit in the chair and actually look at the person…and just listen to them, because sometimes you forget to actively listen. You hear it, but you don't acknowledge it. (Manager)*

> *"I did find that one of the things that I have to remember sometimes, we're always in a rush, so it's nice to take that moment to ask, 'Is there anything else I can do for you?' I normally do it but a lot of times…all of us are always running. So it's nice to be reminded of that and just to ask if there's anything that you can do for the person and take the time to do it." [Care provider]*

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[A resident] was demanding, she had a lot of wants but she was in her room by herself all the time. She didn't come out. She just needed some love and attention… she needed reassurance for everything.

So she had about four spoons and four forks and four knives and they were crusted with food from days on end so I said to her, 'Let me take these and get them washed and I will replaced them with clean ones.'…So, I knew with her she would not forget, I would have to take that exact amount back. So, I went to the kitchen to collect that amount…The dietary aide said to me, 'If you walk out of this dining room with those, I will call my supervisor and report you.' And, I said, 'No. I told this woman I would replace them with clean [ones] and that's what I am doing'…That is what was important to her that day. (Nurse)

"…I'm thinking of other circumstances too where staff are really trying to meet those kind of unique requests that residents and their families may make, the kind of unusual things that don't always come up in our everyday, but try to [meet] those unique ones." (Manager)

"Since these workshops, it makes me take a step back before starting my care and think how can I make this a more enjoyable experience for both the resident and myself?"(Care provider)

Improved teamwork

According to several managers, employees are working better as a team since the workshops were offered.

"…Some of them have said person centred care isn't just with the residents. It needs to be staff to staff as well…A lot of them have made that connection too, that we need to be kind and nice to each other and listen to each other as well as listen to each of the residents." (Manager)

"I think people were a little happier to actually to know that we were all on the same page and really we were just here for the residents and we would all work together, support each other in making sure everything went well." (Manager)

"[Staff are] engaging in their colleagues, like [asking], 'How do you get something to work?' and 'It works really good when I do this.'" (Manager)

Continued discussion about PFCC

A number of focus group participants identified that, following the workshops, staff often talked about PFCC and used it as a standard for appropriate behaviour and care.

"We had an individual staff member who had a supervisor person speaking to [him] in a very demeaning manner…speaking down to [him]…ignoring what he was saying… The whole time in his head [he] was thinking, this isn't PCC, this isn't how you should be talking to me…And I thought that was great, 'cause in a moment like that when your anger is building, your adrenaline is building…he went to PCC." (Manager)

"I heard some staff saying when someone would be doing something, 'Well that's not really person centered care and we should be doing it a different way' and then a conversation would happen in the nurses' station and a lot of discussion around professional boundaries and what that meant." (Manager)

I had, actually, a staff [member]…come in my office this morning and presented to me a concern she had and she used the actual words, 'How can we make this more person-centered? I think if we did this, it would be better.' (Manager)

Clarified professional boundaries

At one pilot site in particular, there was a lot of discussion in the focus groups about the professional boundary section of the workshops and many people mentioned how those discussions had led to some staff members no longer engaging in certain activities or behaviours that were perceived by some as crossing professional boundaries. There were mixed feelings about whether that was a positive or negative outcome.

Some people commented that the workshops raised awareness of boundary issues that hadn't been previously talked about:

"…People recognized me as one of the facilitators and people would approach me after this was all done and say, 'so this happened…is this this or that? And where do I go with this?.' And so that was a positive part about them… that people felt safe to come up." (Workshop facilitator)

Others commented that they have taken steps to re-establish boundaries with residents that had been crossed previously and felt this had a positive impact:

"…There was a couple of residents that…weren't able to get out to make their own purchases for items and I was doing that for them. Through one of the group discussions we had, [I realized] we do have a volunteer shopper that will shop for anybody in the building. So, through the discussions, we found that maybe my doing it for the individual residents wasn't a good idea. I thought it was…Now, they're getting their purchases through the volunteer shopper so it sort of takes me out of that picture with the one on one situation with them…. I don't want to call it favoritism but it may have been looked upon that way by some of the other residents, which I never thought of because I was just thinking I was helping them out." (Support staff)

"I'm pulling [resident name] out and maybe taking [him] for coffee but I didn't take [another resident] down for a coffee…so I'm centring him out for special care and treatment that not all residents get. So I put a stop to that ever since we done this [workshop]. Because I never…looked at it before I did this, and now that we've done this, I'm like, 'They're right. I'm putting favouritism on [names 2 residents]…This is everybody's home…" (Support staff)

"I have a better understanding of how the boundaries can be easily crossed and how I should take a step back and refrain from crossing professional boundaries and still provide personal centred care." [Care provider]

Many people at that pilot site felt that changes in employee behaviour after the boundary discussion had a negative impact on their relationships with residents. They expressed that they did not understand why their actions were considered to be crossing boundaries when they were attempting to meet the residents' individual needs. There also appeared to be some confusion about what was okay and not okay to do (e.g. hugging residents, shopping for residents).

> *"Some [residents] don't have family members coming and visiting and then you've got the lady next door to her who has family coming in bringing [her] what [she] needs. Why does it hurt if we bring in [items for] this lady here who has no family?…Why couldn't we make her feel good?" (Housekeeper)*

> *"…There's a lot of residents that have absolutely nobody. How do they shop? … It's not favouritism, it's a need." (Manager)*

> *[Regarding residents helping maintenance staff with their work] "…When the residents sort of follow us around and sort of help us to our daily routines…[it] just got the person out of the room and got them more involved with the maintenance. Maybe give them some self-worth…We found out through some of these lessons that it's probably not a good idea because there's other implications around insurance…we didn't want to get a liable suit against us or something…I thought [that] was kind of a shame because [the residents] were seeing some value in it." (Maintenance staff)*

Some employees commented specifically about not understanding why they should not be friends with residents on Facebook:

> *"…This is [his] home, so whoever he chooses to have on his Facebook… Why can't we have [residents] on Facebook?" (Housekeeper)*

> *"I took one of my residents off [my Facebook] too and I thought, I don't know why I'm doing this because this man has his mind about him and he's only a young man. It's just because we were going to play games, it wasn't even about the talking… (Housekeeper)*

Encouraged reflection

Several people mentioned that the workshops encouraged them to reflect on their practice and how it could be more person-centred.

> *"…Ever since taking this workshop, I have made a conscience effort to work on what I think are my weaknesses with PCC e.g. talking about working [short] in front of residents." (Care provider)*

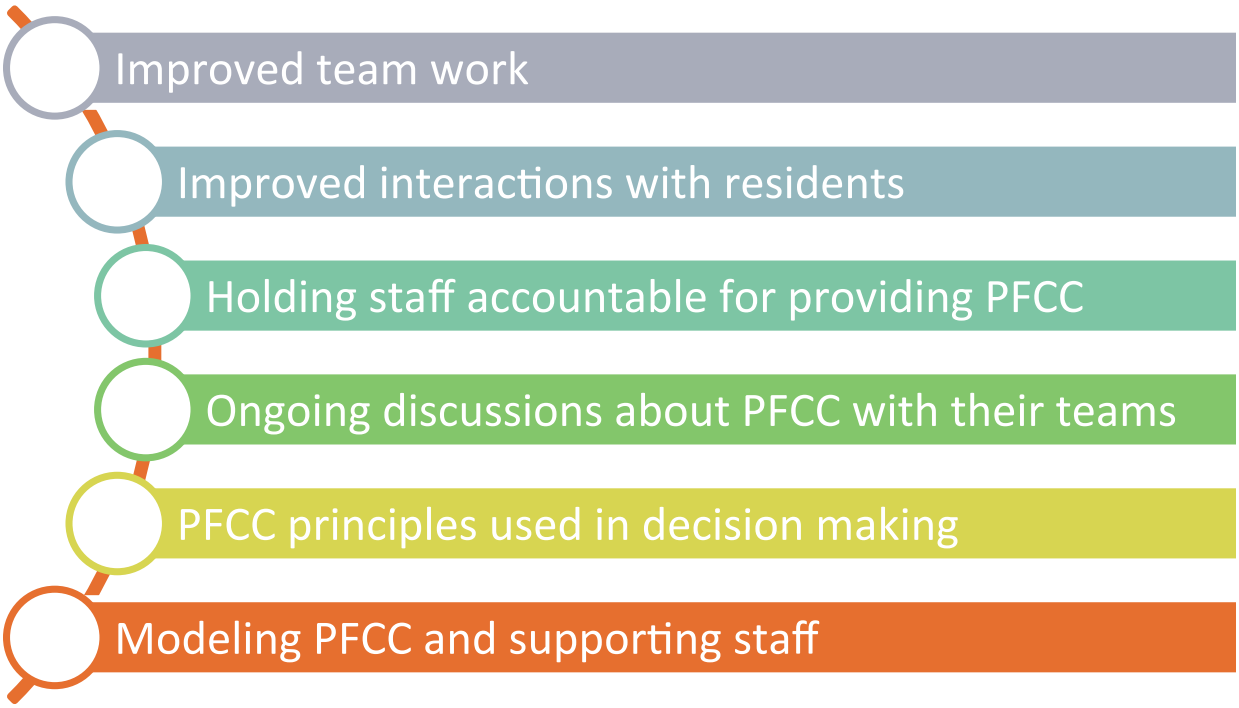
Increased involvement of residents in care

A couple people stated that they now intend to try to involve residents more in their care to promote independence.

> *"[I learned] not to treat residents like they are babies. Allow self-care." (Care provider)*

Impact on Leadership Team Members

It was not only the direct care providers and support staff that reported changes that they have made in the way they approach residents and employees. From the focus group data and responses to open-ended survey questions, the following key themes emerged that reveal the impact of the workshops on leadership team members. Further explanation and quotes are provided below for each theme.



Improved team work

It was mentioned that since attending the PFCC workshops and participating in other related initiatives, the leadership team at one site is working together better.

> *"I see our directors, our managers, and supervisors working collectively tighter together… and appreciating each other's viewpoint and opinion and kind of working together to a common goal. So I see that amongst the nursing operations, but also amongst the broader operations team, probably in the last four to six months…" (Manager)*

Improved interactions with residents

Leadership team members noted that they too will take time to truly listen to people and engage them decision making.

> *"[It will] motivate me to slow down and take time to really listen to what people are saying and make my response reflect PCC ideas." (Manager)*

> *"Remember this is their home; involving [the resident]/family with decisions result in easier/faster outcomes." (Manager)*

Holding employees accountable for providing PFCC

One change that was mentioned was that some managers have started to check if employees are providing PFCC and using it as a tool for coaching.

> *"Well, I've heard each of these managers at some point or another say to the [care provider]… 'What you're doing, is that person-centred care?' And so whereas before, maybe no." (Manager)*

> *"…Remind them of things like therapeutic boundaries where they would recognize what these boundaries are, recognize where they have gone wrong … or where improvements can be made so I …use that as a part of my coaching tool or scheme…before going down the other road of performance management." (Manager)*

Ongoing discussions about PFCC with their teams

Some supervisors commented that since attending the workshops, they plan to include discussions about PFCC in their regular team meetings.

> *"… Adding PCC to our agendas for our team meetings and so that it would always be in the forefront instead of a yearly thing when it comes around…In adding it in our agenda that we would look to our team to perhaps share any stories that showed [a] person centered approach…"(Supervisor)*

PFCC principles used in decision making

Several managers indicated that they use PFCC principles to guide decision-making.

> *"Certainly I've used, in terms of decision-making, the framework for PCC. So let's talk it through before we make this decision. How is it person centred? (Manager)*

> *"[Attending the workshops has] really made me more aware that whenever there's a contentious issue where, let's say two employees disagree about something that pertains to the resident, I always ask this question, "Let's just all take a couple of minutes. What is in the resident's best interest? How is resident centered care -- patient centered care looking at this time?" … that's kind of the game changer…It really makes people reflect even on their own position in an argument or in a disagreement." (Manager)*

At one site, the leadership team will be examining policies and procedures to ensure they are person and family centred.

> *"…as we review policies, we're making sure that the policies reflect person centered care." (Manager)*

> *"…Have we looked at those policies and procedures and do they read for a person centered perspective? If I'm asking a resident to sign something, does it say the resident needs to, needs to, needs to or does it say we're asking that you can be involved in this? That's the person centered piece, it doesn't change all those tasks and systems pieces. It's how it's framed." (Manager)*

Modeling PFCC and supporting employees

Several managers mentioned the importance of the leadership team modeling PFCC behaviours and supporting employees to apply this approach in their practice.

> *"We need to model PCC from the top down, and so we have to demonstrate how even though we're not providing direct care, in our day to day operations, that the work that we do, we have PCC as our guide to making decisions, to moving things forward…If we're not modeling it, then how are our staff going to model it? And that just really resonated with me." (Manager)*

> *"I hope to demonstrate PCC by modeling person-centred care to staff, by engaging a resident who has unmet needs and hopefully finding a way to meet them." (Manager)*

> *"I will help support staff in better understanding of PCC and how to apply it in their daily work."(Manager)*

At one site, the leadership team is now focusing more on coaching and collaborating with employees to make decisions and as a means of performance management. This coaching has reportedly resulted in better teamwork among staff members, a more positive outlook on their jobs, and better moral as employees feels supported by management and peers.

> *"…Not only coaching one on one, but coaching the other people, like…what can we do to support you and to support her, what can you do differently to make her feel supported, instead of complaining about this person? What can we all do to make things better?" (Manager)*

"...We have to somehow start making the changes that need to be made to be inclusive in this organization of all levels of staff in care of residents and the importance of their role, because of what they know about residents...Nursing is the one that has the most responsibility for the residents but lots of the other staff have very meaningful interactions with them on a daily basis, and they feel that those interactions and their opinions are not valued..." [Manager]

Part 12: Challenges to Practicing PFCC .....

Although many positive impacts of the PFCC workshops were reported, we also heard through the focus groups about a number of challenges that participants face when trying to take a more person and family centred approach. Gaining an understanding of these issues and concerns is vital, as a culture shift toward PFCC will not be possible or sustainable if they are not addressed.

The challenges identified below are only examples of what we heard from the focus groups participants. Therefore, it would be important to ensure you have a process in place to be able to hear about the challenges and concerns your employees are facing and to collaboratively come up with solutions. We also recommend ensuring sufficient time is provided during the PFCC workshops for discussion and problem-solving about how to address these challenges. As one manager relates:

PFCC in Action

"…We know that some of the residents get anxious sometimes waiting for nursing staff to get to them. If we've got five minutes and we can sit down and talk to them for five minutes, distract them for five minutes, it makes their wait seem that much shorter."

[Housekeeper in LTC home]

> *"We're blowing it if we do not follow up on every single recommendation and roll this out, because they basically put [it] all back in our court now, and we're all feeling this huge sense of responsibility. But to me, it was a golden opportunity because otherwise, a lot of these issues probably would never have come out... but now it's all out there and we have a wonderful opportunity. But if we don't act on it, and act on it well, we are no further ahead than before the education started."* [Manager]

Challenges to providing PFCC

Lack of time	• *"...Especially in the summer time when you want to take them outside for a walk and you can't do it, because you're too busy, that's kind of bothersome."* • *"It would be nice to provide what we think about, to sit down with the resident, have a talk, find out what he likes, what he doesn't like. But not that often we have time to do this kind of nice time with the resident."*
Lack of information sharing	• *"This communication thing, it always comes out at the top of the list - communicate better, communicate more. When are we going to come up with that solution? The communication solution where everybody knows what everyone's [doing] and it's your job just to be up on it. But it's easy - it's easy to record, and it's easy to read, and then everybody's on the same page. "*
Task-focused care	• *"…The issue is when the day goes off the rails, [the care providers] can't cope with that. That's what I see…because it doesn't follow the task. My task is at 11:00. I need to give out this pill or...I need to brush this person's hair…Even our operating system is task focused - the point of care is task focused."*
Lack of support from managers	• *"Most of the time our voice doesn't matter, what we see, [supervisors] don't care… When you know the person, you can say something. They come in, 'Why don't you try this?' When you have tried a million things already and you know what this person wants."*
Organizational policies	• *…They say everybody needs to be up, but they're not being realistic…because if you're thinking about the residents, this resident doesn't want to be dragged out of bed at 7am, but you got to get them up, you got to get pills in them, they got to eat..."*

Notably, challenges to providing PFCC were most often cited by those working in home care and long-term care settings, with a lack of time being most often mentioned. Challenges were rarely reported by those working in settings in which care is provided over a longer period of time (e.g. several hours or full shifts) and is primarily self-directed by the client or resident, such as in the community care program, supported housing and group homes in Vancouver. It will be important to examine further what we can apply from these models of care to other settings and whether there are opportunities to expand the use of these types of programs, which seem to more fully support the practice of PFCC.

"Education was just the beginning but our real work lies with the implementation phase. We have got valuable information about challenges to have this philosophy consistently applied, now we need to need to work on removing those barriers." (Manager)

Part 13: Sustaining Change .....

Purpose:

Our hope was that the education workshops would provide the impetus for a sustainable culture shift toward PFCC and, as mentioned, we did not want this to be perceived as a "project" that ended once the final workshop was completed. This initiative was meant to be just one step in a journey that would continue after the education. We recognized that work would still need to be done by organizations to continue to embed PFCC in all that they do and support staff by addressing challenges they may face in taking this approach. Tackling the challenges identified in the section above will be necessary for sustaining PFCC. In this section, we have provided numerous tips and suggestions for creating a sustainable action plan for PFCC.

> Sustainability is "the degree to which an innovation continues to be used after initial efforts to secure adoption is completed."[67]

What we did:

Including all employees and leaders in the organization was a key way that we aimed to support the sustainability of the initiative, so that everyone had a similar understanding of what PFCC looked like in practice, was using the same language and could hold one another accountable.

Workshop Ideas for Sustaining Change

In the workshops, we provided ideas for how to sustain the momentum gained from the education. These included:

- **Recognition:** Celebrating individual and collective accomplishments in providing PFCC through a variety of ways (e.g. newsletters, thank you notes, awards)
- **Measuring PFCC outcomes:** Using a variety of measures (e.g. satisfaction surveys, focus groups, letters of praise/complaint) and ensuring feedback is turned into action plans and communicated to all stakeholders
- **Continuing discussions about PFCC at team meetings/ huddles:** Sharing feedback from clients and families, debriefing care situations, and/or discussing how to approach challenging situations

Time was also provided in the final workshop to come up with a team plan to continue to support one another to practice PFCC and keep discussion about PFCC going after the workshops were completed.

All participants completed an action plan which indicated two changes they intended to make to be more person and family centred and how they would assess their progress.

What we learned about sustaining change:

Based on a literature review and their experience, Davies and Edwards (2009)[68] identified the following as factors that should be considered in the development of a sustainability action plan. Based on our lessons learned from this and the previous pilot, we have provided considerations and suggestions for each factor.

PFCC in Action

"…We have two residents that don't eat pork so again….even though you're not totally interacting with them, being the cook… 'Oh, I have to make something different for this person because they can't eat pork….' Or else, there's a few residents they know… only eat white bread. Again, so I will make them a sandwich on white bread instead of the whole wheat. You know so and so likes tomatoes so I'll make sure I slice up a tomato for them…. You know just little things."

[Manager speaking about food services staff providing PFCC]

Factors for Consideration

1. **Relevance of the topic:** Is there a need? Is it a priority?

    - Consider and emphasize the alignment between the initiative and the priorities of the organization (e.g. improve employee engagement and occupational pride, decrease turnover, improve client satisfaction with care provided) and health care system priorities (e.g. enhanced quality of care, person-centred health care system).
    - Engage knowledge users and experts in adult education to ensure the education provided is relevant and practical.

2. **Benefits:** What are the anticipated outcomes and how meaningful are they to stakeholders?

    - Articulate the benefits of PFCC education to all stakeholders through various means (see Stakeholder Engagement and Communication section), including in the train-the-trainer sessions and the workshops themselves.
    - Tailor the messaging of the benefits to each audience, focusing on what would be most meaningful for each group.
    - Explicitly and proactively identify and address the concerns of each group of stakeholders, acknowledging and validating their apprehensions. Also spend time discussing what will stay the same[57].
    - Share results from the evaluation and feedback from participants with stakeholders so that they were aware of the positive impacts of the workshops.

3. **Attitudes:** What are the attitudes of potential participants toward the initiative? What about other stakeholders, such as residents and families?

    - Ensure senior leadership team members are supportive of the initiative.
    - Try to find out about any potential concerns through the planning meetings and train-the-trainer sessions that may impact the participants' attitude toward the initiative so that you can address them.
    - Consider having supervisors deliver the workshops as a way to demonstrate their support and another step towards further embedding a person and family centred approach throughout the organization. Inviting them to engage in these discussions with their teams can also improve interactions between the supervisors and employees, leading to increased engagement of both the supervisors and the staff.

4. **Networks:** What networks can be engaged to help sustain a PFCC approach?

    - Consider engaging existing organizational committees (e.g. quality council) to ensure future initiatives are aligned to the PFCC approach discussed in the workshops.
    - Engage your resident and family council or other client representatives to work with you on an on-going basis to identify ways the care experience can be more person and family centred.
    - Identify a network of PFCC champions who can assist with sustainability efforts.

5. **Leadership:** What can leaders and managers do to sustain a PFCC approach?

    - Involve leaders early on to support the sustainability of knowledge use.
    - Have all leaders attend the leadership workshop which will provide ideas for how they can support and promote a person and family centred approach and implement PFCC strategies in their departments.
    - Regularly communicate success stories to the leadership team.
    - Develop a process for the leadership team to hear about challenges employees face in providing PFCC so that they can address these in a timely manner.
    - Encourage the leadership team to take a person-centred approach with employees, partnering with staff to identify issues and solutions.

6. **Policy articulation and integration:** How does PFCC fit within existing policies, procedures and regulatory systems?

    - Review policies, procedures or regulatory systems to identify which are hindering the practice of PFCC and making it difficult for employees to accommodate resident needs and preferences.
    - Determine how PFCC can be integrated in relevant policies, procedures, regulatory and documentation systems. What changes are needed so these policies, procedures and systems can more fully support the practice of PFCC? Can the risks be managed in other ways, so as not to impede the ability of employees to provide PFCC?
    - Consider how PFCC principles can be embedded within human resource processes, such as job descriptions, interview questions, and performance appraisals.

7. **Financial:** What financial resources are needed to sustain and spread a PFCC approach?

    - Utilize a train-the-trainer approach to build capacity to spread the initiative throughout the organization.
    - Identify internal resources that can assist with implementing PFCC education and other initiatives. Are there PFCC champions that have emerged that could be given this role, as a professional development opportunity?
    - Consider including PFCC workshops and/or ongoing PFCC discussions during regularly-scheduled team meetings so that employees do not need to be brought together at separate times.
    - Allocate resources to pay employees for their time to participate to encourage attendance; in order to spread PFCC throughout the organization, as many staff as possible should participate in the workshops.
    - Where possible, dedicate funds to backfill employees to participate in PFCC education initiatives so that they can fully be present during the sessions and not worried about leaving the unit short-staffed.

8. **Political:** Who are the stakeholders and what support could/should be leveraged?

    - Engage senior leaders early on in the process to ensure their support and routinely provide updates and share success stories to help maintain their engagement in the initiative.
    - Ensure you articulate the alignment of this initiative with other undertakings and stakeholders' objectives.
    - Identify what healthcare system-level changes are needed to support the provision of PFCC and stakeholders to engage to help to bring about change.

Suggestions for Supporting Sustainability

Below are some specific suggestions to support sustainability from the focus groups participants and our experiences:

Online education

- Online versions of the PFCC education material could be made available for staff that are not able to attend in-person workshops
- The online versions could be completed independently or as a group

Orientation

- Including the content from the PFCC workshops should be included in new hire orientation
- It could be offered in person or online

Performance appraisals

- Including expectations and learning goals related to PFCC in performance appraisals for all staff and management is another way to sustain this approach and hold people accountable for changing their approach

Sharing PFCC stories/successes

- Ongoing communications about PFCC through the organization's newsletter can help keep PFCC front on mind and is a way to share ideas and strategies (e.g. sharing success stories)

Refreshers/ Reminders

- Refreshers or reminders could be done in diverse ways: discussions at team meetings, e-mail reminders, online courses, embedding in clinical skills training, etc.

Team collaboration	• Improved team collaboration supports the provision of PFCC (e.g. helping each other out to ensure resident needs are met) • Recognizing the important role of support staff on the care team
Information sharing	• Improved methods of sharing information *with all staff* about residents (e.g. electronic charting, care planning meetings with all members of the care team, rounding, communication books, "All about me" forms in a central location) • Gather more information about resident preferences at admission
Clarifying expectations at admission	• One way to address the challenge of managing resident and family expectations that was acknowledged by several of the managers would be to clarify what they can expect from their care at admission
Allow flexibility to meet individual needs	• Flexibility is needed in policies and role descriptions to allow staff to meet individual needs as they arise • Staff need to be provided with options for meeting resident needs that do not involve crossing boundaries (e.g. a third party giving items purchased to the resident, rather than the care provider)
Consistent staffing	• Providing consistent staffing to the greatest extent possible allows staff to develop a therapeutic relationship with the people they care for and gain a deeper understanding of their needs, preferences and goals.

One family member had the following suggestion to help employees learn more about residents, which would help them to provide PFCC:

> *"…My wife is a writer and she mentioned, 'Oh, gee, it would be nice if there was a photograph of the person with a little bio, so when you first arrive, you say, 'I'm from Sudbury or I'm from Toronto and my favourite thing is sailing' or something, so that the volunteers who come in will look at that and know…this person was a teacher or this person was a nurse…You can start a conversation."(Family member of a resident in a LTC home]*

The Alzheimer Society of Canada has developed this type of "conversation starter," which can be downloaded from their website: http://www.alzheimer.ca/~/media/Files/national/Core-lit-brochures/all_about_me_a_conversation_starter_e.pdf

All About Me – A Conversation Starter Sample

Last date revised: 18-09-2014

I like to be called…
Margaret

In the past I…

- Was a secretary
- Lived in Saskatoon, Saskatchewan
- Traveled throughout Europe
- Had a dog named Pepper
- Learned to fly an airplane
- Volunteered at a Food Bank

I enjoy…

- Exercise and movement
- Singing
- Talking and being heard
- Folk Music
- Photography
- Bird Watching
- Knitting and Sewing
- The hot weather

I don't like…

- Asparagus
- Thunder and Lightning
- Drinking ice cold liquids
- People startling me by approaching from the back
- Having television on all the time
- Winter

A typical day for me could include…

- Starting my day with a cup of tea
- Going for a walk
- 1 hour of quiet time to sew or knit
- Phone call in the evening with my daughter
- A visit from my friend Corinne

Who knows me best?

- My friend, Corinne
- My husband, Joe (died Nov 2004)
- My neighbour, Hiroko
- My church friends
- My bingo group

Alzheimer Society
www.alzheimer.ca

Sustainability Checklist:

- ❑ Ensure the initiative is aligned with your organization's vision, mission and values and that there is support and commitment from Senior Leadership and management
- ❑ Develop education that is relevant for staff, the work that they do, and challenges they encounter
- ❑ Consider how new hires and staff that miss a workshop will be able to access this education (e.g. online version)
- ❑ Design a plan to offer PFCC workshops to all staff within the organization
- ❑ Develop a change management and communication plan
- ❑ Provide regular refreshers/reminders to staff about PFCC following completion of the workshops (e.g. discussions at team meetings, posters, newsletters, performance appraisals)
- ❑ Share successes and stories from clients/residents and staff
- ❑ Ensure organizational policies and procedures support the practice of PFCC
- ❑ Determine if there are ways to enhance communication among members of the health care team and between staff and clients to enable greater information exchange and support the provision of PFCC
- ❑ Identify broader system-level changes that are needed to support the provision of PFCC
- ❑ Review additional tips and suggestions provided in this section

"...To me, the education was just the very first small, small step. ... [the staff] spoke to us...and they identified what they felt were challenges and barriers to moving this forward, and they were telling us, 'If you want us to consistently apply person centered care right across the board, then these are the things you're going to have to address'... to me, it was a golden opportunity because otherwise, a lot of these issues probably would never have come out...but now it's all out there and we have a wonderful opportunity." [Workshop facilitator]

Part 14: Future Directions

The PFCC workshops were an important step on the pilot sites' journeys toward implementing a more person and family centred approach, however the greater work will be to move forward with embedding PFCC principles throughout the organization and ensuring employees are supported to take this approach.

A Comprehensive Approach to PFCC

Based on research evidence and lessons learned from piloting the education workshops, we present on the following two pages strategies and examples for embedding PFCC into all aspects of health care organizations[1].

Provide leadership direction and support

- Include creating and sustaining a culture of PFCC as a key responsibility for leaders
- Lead and inspire by example, treating employees the way you want them to treat clients/families
- Explicitly include PFCC in mission/vision/strategic planning
- Involve staff/clients/families in organizational decision-making

Engage clients and families in organizational planning

- Partner with clients/families to design, implement and evaluate:
  - Programs, services and physical space
  - Policies and procedures
  - Written/online materials
  - Professional development/education
  - Hiring/orientation
  - Documentation/communication processes

Offer education

- Provide education to support all staff, leaders and volunteers to practice PFCC
- Provide opportunities to share strategies and problem-solve challenges to providing PFCC
- Offer PFCC education as a stand-alone topic and within ongoing clinical/skills training

Embed PFCC in human resources processes

- Embed PFCC in job postings, screenings, interviews
- Have new hires learn about the impact of care from clients/families during orientation
- Evaluate performance regarding PFCC in performance appraisals and include PFCC goals
- Review policies and procedures to ensure they enable staff to provide PFCC

Enhance documentation and communication

- Ensure there is a holistic admission/documentation/ discharge process focused on client-identified goals
- Enable collaborative communication, e.g.
  - Common charting and assessment tools
  - Clients/families contribute notes to care plan
  - Case conferences include ALL members of care team
  - Technology used to support information sharing

Enable participation in care	•Provide a variety of emotional/spiritual/practical supports •Ensure clients/families have the information they need to participate in decisions about care, if they so choose •Provide information about what to expect, how the family can be involved in care and care team member roles (e.g. video, handbook)
Provide continuity of care	•Enable consistent staff assignments to build therapeutic relationships •Encourage clients/families to participate in planning for discharge/transition •Conduct follow up phone calls after discharge/transition •Coordinate care across disciplines and departments
Create PFCC environments	•Provide a home-like physical/social environment •Allow for freedom of movement (restraint-free) •Provide comfortable, private space for families •Ensure privacy is respected (e.g. knocking before entry) •Provide a range of meaningful activities
Measure impacts	•Include measures of PFCC on client satisfaction/ •staff engagement surveys •Enable staff to gather "real-time" feedback from clients •Communicate feedback to staff in a meaningful way; ensure it is used to make improvements
Recognize accomplishments	•Celebrate and communicate achievements related to PFCC and the delivery of a positive care experience •E.g. thank you notes, sharing positive feedback at meetings, sharing PFCC stories through newsletters, formal awards programs

Education/information for residents and families

During the focus groups we conducted, several people suggested that education/information be provided to residents and families to let them know about the organization's person and family centred approach and what that will mean to them. They felt that this would help to clarify expectations from the outset.

> *"…We say, 'Come on in, this is your home, you can do what you want,' but 'No, we can only give you one bath a week, so sorry'…We need for the resident to understand and their family to understand what those restrictions are."*

> *"…The roll out was for staff alone, but we are in a building with community, and so if we had had a roll-out for the residents and family, that would have been very valuable to us. Otherwise, we became people doing to them again, which was really not what we're trying to do with person centered care."*

> *"…How do we help them morph into an institution to understand that we can't give them butter because it's eleven cents more a pack then margarine, but it's not that we're not wanting to give them butter? How do we educate them enough so that they can understand and say, 'Oh gosh, I get it.'"*

An important next step will be to work with residents and families to identify what information would be helpful to provide to them regarding PFCC and expectations for care and how best to engage with them in these dialogues.

PFCC in Action

"I have a husband and then the wife was the client. Well, I was continuously working with the client and her physio but the husband wanted her to work on something else. That's not why I'm here. So then, I had to figure out a way of showing the husband. I didn't tell him he was wrong…it was just, 'Let me show you why we're working on this.' because he felt that just moving one finger wasn't enough. Her whole left side is affected… Then I explained to him just by grabbing her cane and explaining that, once this can move under here, she'll have better support. That's why we're concentrating on [this] thing. So working with husbands or wives and explaining to them exactly what you're doing and why. Not just, 'I'm doing this because this person told me I had to.' You have to physically, most of the time, show them why…just demonstrating as to why you're there and not just walking in and just doing it." (Care Provider)

Needs assessment

Many organizations have implemented initiatives to try to enhance the client experience, but are challenged to identify where else they can improve and how to embed PFCC across the organization. This type of information may be particularly useful when planning a PFCC education initiative to determine the priority areas on which to focus. Since all organizations, and even different departments/programs within an organization, will be at different stages in their PFCC journey, we found using an assessment tool was helpful to identify strengths and areas for improvement; however, existing tools were limited in terms of our needs. As mentioned earlier, we have developed a needs assessment tool that is applicable across sectors and aligned with Accreditation standards. The comprehensive tool is a based on the 10 strategies outlined above.

Additional PFCC tools and resources

Saint Elizabeth Health Care

Organizations have indicated to us that they require additional guidance and support with implementing PFCC approaches. Even organizations that are excelling in certain areas of PFCC require support in spreading and sustaining these approaches across their organization. Saint Elizabeth has therefore been working to develop evidence-based tools, resources and services to meet these needs and will make these available through our website, along with the needs assessment tool: www.saintelizabeth.com/pfcc

Alzheimer Society of Canada

The Alzheimer Society is committed to working with others to improve the experience of living with dementia from a person and family centred perspective. To stay up-to-date on new resources available, please visit www.alzheimer.ca/culturechange

"...All of us are always running. So it's nice to be reminded of that and just to ask if there's anything that you can do for the person and take the time to do it." [Care provider]

Part 15: Summary .....

The benefits of taking a more person and family centred approach are clear and finding ways to implement PFCC is certainly a burning platform for many health care organizations, especially with the increased focus on PFCC in accreditation standards. This is, however, a complex endeavour as it has to date been unclear what organizations specifically need to do differently to implement this approach, not only at the point of care, but throughout the organization. There are also a number of challenges that present themselves, such as staffing/time constraints, a system that has become inherently task-focused, organizational policies that may impede the provision of PFCC, and a need for improved communication mechanisms.

This toolkit has provided suggestions for designing, implementing, evaluating and sustaining PFCC education with care providers, support staff and management. We hope that by sharing these strategies and experiences, we will be able to assist other organizations that are interested in developing similar education for their employees, as an important step towards making the culture shift to PFCC.

Given the aging population and the growing number of people receiving care at home and in long-term care settings, it is imperative that we find a way to ensure our health care system can better respond to the needs and preferences of the people it was designed to serve. Our hope is that this guide will contribute to the ability of health care organizations in the home, community and long-term care sectors to enhance the people's health care experiences through the provision of PFCC, as well as to create a healthier work environment for employees.

PFCC in Action

"My mom gets very upset sometimes and very confused looking for my father and staff do their very best to console her but when they can't, they know that they can call me…Then, they'll sit with my mom until she's calmer while I'm on the phone and then usually, the staff member will call me back half an hour later and say, 'Mom is great now. We got her some tea…So, that makes me feel that they really care and that they're willing to involve me and… that they're willing to take my suggestions and my help."

(Family Member of a resident in a LTC home)

Below are some key factors to consider as you continue along this journey.

- **PFCC principles need to be embedded throughout the organization** to ensure staff are supported in taking this approach.
- PFCC requires **organizational and management support** in order to be most effective. Thus, engaging key stakeholders, maintaining communication, and encouraging feedback, is imperative.
- **Flexibility in your approach** to the education design and implementation is necessary and is consistent with PFCC principles. The "best approach" will depend on a number of organizational and individual team factors. It will therefore be important to adapt the education content and approach to suit the needs of your organization and staff.
- Remember that **PFCC is a philosophy** to inform the approach to providing care, rather than a specific list of "person and family-centred" tasks to complete.
- In PFCC workshops and training sessions, **two-way flow of communication** should be encouraged. **Reflective learning** for facilitators and learners is encouraged.
- The organization's leadership team needs to **hear about and respond to challenges to practicing PFCC**; if these barriers are not addressed, any gains from the PFCC workshops will not be sustainable.
- Providing **PFCC is part of the role of every person** in the health care organization; recognizing and honouring the contributions each person makes to the resident experience and the care team is a key part of creating a PFCC culture.

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Part 17: Appendices.....

Appendix A – Train-the-trainer session survey

Please select the response that best describes your agreement with each statement

	Totally disagree	Disagree	Neither agree nor disagree	Agree	Totally agree
I have a good understanding of what PCC is					
I have a good understanding of the purpose of the PCC workshops					
I have a good understanding of my role in PCC					
I have a good understanding of the content of the workshops I will deliver					
I have a good understanding of what I need to do next to prepare to deliver the workshops					
My questions were answered to my satisfaction during this session					
I am motivated to deliver the PCC workshops to my staff					
The tips for facilitating workshops with adult learners were useful					
The discussion about our experiences facilitating the first workshop was useful					
I feel prepared to deliver the next PCC workshop(s)					

How confident are you in your ability to:

	Not confident	A little confident	Somewhat confident	Confident	Very confident
Present effective PCC workshops					
Answer participants' questions about PCC					
Discuss PCC with some examples					

What additional support/information would help you prepare to deliver the workshops (if any)?

What would you change to make this session better?

Appendix B – Leadership team workshop survey

Please respond to the following questions:

	Yes	No	Maybe
I found the workshops valuable/useful			
The workshops gave me a better understanding of what person-centred care is			
The purpose of the workshops was clear			
My concerns about person-centred care were addressed			
I feel more comfortable using a variety of questions to start and continue conversations with patients			
I feel better able to deal with situations where boundaries have been or may be crossed			
I know who I can discuss any concerns I have about professional boundaries with			
The workshops helped me understand what my team can do to better meet patient needs and provide person-centred care			
The workshops helped me understand how I can provide care that is more person-centred			
The workshops gave me a better understanding of how to overcome challenges to practicing person-centred care			
I now feel better able to provide person-centred care within the short visit time and still complete the care tasks I have been assigned			

On a scale from 1-5, with 1 being “not at all” and 5 being “very much”, please rate how much the workshops will help you to (please circle):

	Not at All				Very Much
Find out more about patients, their preferences and goals	1	2	3	4	5
Communicate better with others (e.g. patients, families, caregivers, co-workers)	1	2	3	4	5
Know when professional boundaries may have been crossed	1	2	3	4	5
Communicate with people with communication challenges	1	2	3	4	5
Involve/support patients and family members in decision-making about their care (including those with cognitive impairments)	1	2	3	4	5

I will be able to use the new knowledge that I gained from this workshop in my job

❑ Yes ❑ No

Please explain:

Appendix C - Direct care provider and support staff workshop survey

Please respond to the following questions:

	Yes	No	Maybe
I found the workshops valuable/useful			
The workshops gave me a better understanding of what person-centred care is			
The purpose of the workshops was clear			
My concerns about person-centred care were addressed			
I feel more comfortable using a variety of questions to start and continue conversations with clients			
I feel better able to deal with situations where boundaries have been or may be crossed			
I know who I can discuss any concerns I have about professional boundaries with			
The workshops helped me understand what my team can do to better meet client needs and provide person-centred care			
The workshops helped me understand how I can provide care that is more person-centred			
The workshops gave me a better understanding of how to overcome challenges to practicing person-centred care			
I now feel better able to provide person-centred care within the short visit time and still complete the care tasks I have been assigned			

On a scale from 1-5, with 1 being “not at all” and 5 being “very much”, please rate how much the workshops will help you to (please circle):

	Not at All				Very Much
Find out more about clients, their preferences and goals	1	2	3	4	5
Communicate better with others (e.g. clients, families, caregivers, co-workers)	1	2	3	4	5
Know when professional boundaries may have been crossed	1	2	3	4	5
Communicate with people with communication challenges	1	2	3	4	5
Involve/support clients and family members in decision-making about their care (including those with cognitive impairments)	1	2	3	4	5

I will be able to use the new knowledge that I gained from this workshop in my job

❑ Yes ❑ No

Please explain:

Appendix D – Leadership team focus group questions

1. What changes has the leadership team been implementing or have planned to promote and support PFCC across the organization?
2. What have you done differently in your leadership approach since attending the workshops?
3. a) What are the challenges to providing PCC in [this care setting]?

   b) Is there anything that you think will prevent your staff from implementing what they learned and talked about in the workshops? Do you think it will be harder for any particular discipline over another?

   c) Do you have any suggestions/ strategies for addressing these potential challenges?
4. a) What would you change to make the PCC workshops better?
5. Any other comments?

Appendix E – Workshop facilitator focus group questions

1. What reactions did you get from your staff during and after the workshops?
2. What do you plan to do differently in your approach to working with clients/residents or your staff since facilitating the workshops?
3. What sorts of things might prevent you from implementing what you learned and talked about in the workshops with clients or with your staff?
4. a) What are the challenges to providing PCC in [this care setting]?

   b) Is there anything that you think will prevent your staff from implementing what they learned and talked about in the workshops? Do you think it will be harder for any particular discipline over another?

   c) Do you have any suggestions/ strategies for addressing these potential challenges?
5. What additional supports do you feel you need to facilitate future workshops such as these?
6. Any other comments?

Appendix F – Workshop participant focus group questions

1. What have you done differently in your approach to providing care [or in your work] since attending the workshops?
2. What else would help you to continue to practice PCC both individually and working with other members of the care team?
3. a) What are the challenges to providing PCC in [this care setting] ?

   b) Is there anything that makes it harder to practice PCC as a [nurse/PSW/PT/OT etc.]?

   c) What might stop you (or has already stopped you) from being able to do any of the things that you learned and talked about in the person-centred care workshops in your work environment?

   d) What suggestions do you have for how to address these challenges to providing PCC?
4. What would you change to make the PCC workshops better?
5. Was the content of the workshop specific enough to your role as a [nurse/PSW/OT/PT etc.]? Probe: If yes, provide examples. If no, what would you add?
6. Any other comments?

Appendix G – Resident and family focus group questions

1. When we say person and family-centred care, what does that mean to you? [for family members]
2. Please share any stories or examples about how PFCC has been provided to you or your family.
3. Please share stories/examples/ideas about how care could be improved so that it is more person and family centred?
4. How have you been involved in helping the organization with policy and program development, implementation or evaluation or provide feedback on the design of the facility, professional education or the way care is delivered?

   Would you like to be involved in this way?
5. Any other comments?

A **Guide** for Implementing

Person and Family-Centred Care Education across Health Care Organizations

Saint Elizabeth
Well beyond health care

Société Alzheimer Society CANADA

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