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COMPASS - Care Managers Leading in Person Centered Care

Building and sharing practices | The Compass Communities of Practice

POLICY RECOMMENDATIONS REPORT

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I. INTRODUCTION

The COMPASS project focused on developing new and innovative educational resources and tools of care managers regarding the transition to a Person Centered Care (PCC) for older persons in long-term care services, and the implementation of the PCC approach in care facilities. The last Work Package of this project, namely 'Building and Sharing Practices', envisaged the creation of a common European vision on the PCC implementation in care facilities, allowing practitioners from partner countries, through the experience of several digital Communities of Practices, to share their expertise, knowledge and also challenges, to learn from each other and to prepare to put in practice solutions and concepts regarding the leadership in PCC.

The Health Foundation identifies person-centred care as where "health and social care professionals work collaboratively with people who use services. Person-centred care supports people to develop the knowledge, skills and confidence they need to more effectively manage and make informed decisions about their own health and health care."

Furthermore, the implementation of the PCC in the care facilities for older people is a complex process, and it involves bringing changes to the whole organization, at all levels, including in the process all staff and management, and having as co-creators of the care plans, the beneficiaries themselves, and also their families.

The reported effects of the PCC model vary and encompass enhanced health, wellbeing, and quality of life for individuals and families, along with increased effectiveness and efficiency for services. Some evidence suggests that much of this can be realized without incurring extra costs. This has to be corroborated also with philosophical and ethical factors, as well as the importance of addressing each person's situation within their social context, focusing on their individual capabilities, irrespective of age or cognitive capacity.

The available research shows that there are some key-aspects for the implementation of Person Centred Care in organizations, such as:

- A leadership that is determined and motivated
- Having a common strategic vision that is communicated to all actors involved

- Involvement of older persons and their families in all phases
- Interest for the satisfaction of staff
- Thorough evaluation of outcomes
- Training programs for staff in order to deliver PCC
- Adapted financing for the changes implemented in the care process
- An organizational culture which is adaptive and open for learning and change

The changes in leadership and management strategies are embedded in shifting from the traditional care process to the Person Centred Care. This enables creating communication channels between residents, care staff, care managers and families for sharing views and feedback on how the care should be planned and implemented and how challenges could be solved.

The COMPASS project, during the CoP sessions organized throughout the project, addressed several themes related to changes in middle- management in the care organizations, for a PCC model transition. These themes were the following:

- Inspiring leadership in others
- Identifying and discussing the underlying reasons for people's resistance to change and providing a safe space to talk about concerns
- The broader context of formal care
- Correcting unacceptable behaviors or respectfully calling out a discrepancy in others' behaviors
- Reading between the lines
- Reflecting on the hypothesis of the problem

The lessons learned from these sessions, integrated with the outcomes of the other two Work Packages of this project, namely the training resources for care managers and the work group discussions for care managers, are synthesized in this Policy Recommendations Report, and these recommendations can be implemented at organizational level in the care field, targeting the middle-management level for a PCC adoption process. These policy recommendations can be used and adapted by any care organization at EU level. These recommendations will be described in this document, in the following section.

II. RECOMMENDATIONS FOR A PERSON-CENTERED MODEL OF CARE AT ORGANIZATIONAL LEVEL

❖ Training programs for care managers and care staff focused on the Person Centered Care approach

- Specific training courses for the care staff focused on the concept of PCC model and on how to implement it in residential care are essential for implementing this approach in care organizations.

  For care managers, training courses regarding leadership on PCC model transitioning, are needed, and this could have as starting point the modules developed in the COMPASS project, focusing on the following aspects identified in this project:

  -Communication

  -Improving staff cooperation

  -Correcting inadequate behaviors and practices

  -Identifying the needs of the beneficiaries

  -External collaboration (with the families, communities, other institutions, public authorities, cultural institutions etc.)

  -Decision making mechanisms and implementation

  -Approaching resistance to change in the care institutions
- The recommendation is to develop training programmes with the aim of equipping care managers with the skills to oversee the evolving roles of care workers, improve leadership and coordination skills and address emerging trends such as demographic change, skills shortages and policy changes in the care sector.
- Another recommendation is to equip the care managers to lead by example and inspire their teams to embrace these values.
- In order to promote PCC at EU level it is recommended that self-reflective practices are included in continuous professional development programmes for care workers and coordinators and that they are promoted as a transversal approach to improve quality of care.

- Other subjects of training could be also envisaged, depending on the needs of the residents, care staff and organization itself, after a detailed needs analysis. These subjects could be targeting the process of care itself with all its specialized topics (such as hygiene, nutrition, mobilization, rehabilitation, etc.), but also stress management, burnout prevention, respecting human rights and dignity of the person, etc., focusing on the PCC model.
- It is very important to prioritize personal and professional training according to individual needs and development areas. There needs to be an emphasis on the bigger picture, aspirations for the future rather than focusing upon fighting fires, surviving each day with little opportunity for lessons learned.
- By embedding PCC principles into postgraduate education and training, healthcare professionals will be better prepared to lead, implement, and sustain PCC practices throughout their careers. Additionally, the development of an EU standardized curriculum on PCC would ensure consistent and high-quality training across member states, fostering a unified approach to person-centered care.
- Also, continuous education and participation in workshops tailored for healthcare professionals will further reinforce these principles. Inviting patients and informal carers to participate in these workshops fosters a shared understanding and collaboration, ensuring their perspectives are integral to the transformation process. This approach not only enhances the skills of current and future healthcare leaders but also strengthens the collective commitment to building and sustaining a culture of Person Centered Care.

❖ Strengthening digital skills and integrating technology into care practices

- The care organizations should prioritize the design and deliver specific training sessions and resources aimed at equipping healthcare managers and workers with essential digital skills for managing records, maintaining privacy standards and effectively integrating technology into direct care practices.
- At organizational levels, digital learning, development and awareness should be priorities for all EU member states.

- Another recommendation is to create open-access communication channels in EU Member States to organise webinars, workshops and debates focused on digital tools and platforms for professional development. These sessions should highlight the benefits of digital transformation, present success stories and share evidence-based practices. This enhanced transnational cooperation should encourage healthcare professionals to exchange ideas and practical applications from their organisations, promoting a culture of acceptance and implementation of digital technologies in healthcare practices.

❖ Evaluating the quality in care in a continuous and rigorous manner in the care organizations

✓ When we refer to quality in care provision, we should start from defining the concept of quality and subsequently declining quality into indicators related to care.

✓ Aiming to assess quality perceived by all parties involved in the care process (providers, recipients, and informal carers) implies discussing and negotiating in a participatory process the definition of quality for each and every one of them, taking into account the needs of older persons and building up individualized care plans and services delivered by all parties involved.

✓ For example, indicators of the quality of care developed in the care research field could be the following (PROGRESS project, EU, 2015):

✓ Quality of care

-quality and safety of care

-physical health

-wellbeing

✓ Quality of life

-social involvement

-maintaining individual dignity

-safety feeling

-autonomy

-nutrition

-community belonging

-social activities

-participation in activities

-involvement in the decisional process

-health, end of life and palliative care

-involvement of informal care partners in the care activities

-staff training

✓ Leadership / management

-the process of management of complaints

-organizational culture

-quality of work conditions

-staff competencies and the process of continuous professional training

-management of care activities

-conformity with quality standards in legislation

✓ Economic performance / context

-economical sustainability

-organizational development

- Each organization should adopt its own quality indicators, according to their needs, characteristics, size, types of beneficiaries, staff etc. To be able to reach this goal, a pre-requirement is to help professionals (including care workers as well as care coordinators) improve their capacity to reflect on their own professional practice.
- Assessing the quality of care in a regular and adapted manner, through a variety of tools, is essential for adopting the PCC model in the care field.

❖ Adapting and adjusting to job shortages and acting as active and proactive elements in assuring that care is still dignified

- Organizations should support care managers and top management of care providers to improve job quality.
- Ensuring job attractiveness and motivation to work is balanced with the high-demanding job is another important recommendation for care organizations.

❖ Adopting a culture of transparency, investigating alleged poor practice, adequately supervising staff to ensure their wellbeing and competence within the workplace

- It is important to develop positive relationships with staff members, clients, family members, engaging them in dialogue and involving them in decision making where possible to remain solution focused. Ensuring policies and procedures are visible, adhered to and processes respected is another element for the transition to PCC in care organizations.
- Understanding the burn out of the care staff and its complexities is another factor to be addressed by care coordinators. Care managers should make sure to undertake regular assessments of burn out, check in with staff members and raise awareness of the warning signs of burnout and where to access help and support. It is recommended that there is a company resource bank of tolls and materials to support positive emotional wellbeing. This will also support burn out prevention.

❖ Involving public administration in supporting the transition to the PCC model

- The transition to Person Centered Care requires a systemic change in the way care is delivered and supported. For this transformation to succeed, it is essential to involve public administrations at all levels, ensuring their active support. To achieve this, the recommendation derived from the outcomes of the COMPASS project would be to work with administrations to create policies and regulatory guidelines that formalize PCC approaches.
- There should also be put in place assessment mechanisms of how public authorities fulfill their obligations for realizing local social analysis of needs for older people and developing services according to these needs.
- The development at local level of interinstitutional collaboration protocols which ensure the coordination of social services and socio-medical services delivered in this system of care would also be necessary in EU member states.
- Through continuous dialogue and collaboration with the care organizations, public authorities should also develop local strategies specific to long term

care services (with objectives, measures, actions, actions involved) and monitor the implementation of these strategies, focusing on the adoption of the PCC.

❖ Contributing to an evidence-based Person Centered Care

- Care managers should work with decision-makers for implementing their decisions upon research and studies regarding the programmes/measures/strategies in the care field for implementing the PCC model in residential care.
- Older persons' experiences and feedback has to be collected regularly and used for implementing further changes in the organizations, as a basis for the learning process.
- Surveys, complaints, and also personal stories should provide to staff coordinators the necessary inputs for having a more strategic vision of what is needed in the care process and on how changes should be implemented. The feelings and challenges experienced by older persons should be put in connection with the feelings and challenges experienced by the care staff, for a common way of ensuring satisfaction and wellbeing.

❖ Financing the PCC transition

- There is the need for funding for research and implementation of PCC in residential facilities, and care coordinators should work with management and local authorities for ensuring these funds.
- Also, the development of specific financing mechanisms for the implementation of PCC in residential facilities for older people could be envisaged by care managers in EU member states (such as sponsorships, donations, etc.).

III. CONCLUSIONS

The transition to Person Centered Care is a gradual process that requires time to transform the culture and attitudes of all individuals involved, including healthcare providers, recipients, and informal carers. The adoption of Person Centered Care requires substantial cultural and operational change. During this transformation, the care staff must be supported through structured training and supervision to ensure lasting success. One of the top recommendations for care organizations would be to recognize and make professionals aware that PCC adoption is a long-term process, and to implement changes gradually with clear milestones and support mechanisms.

Implementing person-centered care requires a fundamental philosophical shift in the way care is perceived and delivered. This change must be embraced and championed by the managing board to ensure consistency at all levels of the organization.

Identifying efficient mechanisms for the analysis of older people needs and taking it all into account during the elaboration and implementation of care plans in an individualized and personalized approach is another important step. The evaluation of the quality of care within this PCC approach delivered in the residential facilities for older persons, in order to establish care standards, facilitating the choice and decisions of beneficiaries regarding their care process and monitoring the implementation status and the impact of this model implementation on residents, families, communities, through quality indicators is also essential.

There is the need for ensuring special funds for research and implementation of PCC in residential facilities, and on this path the close collaboration with public authorities is crucial, along with the adoption of public policy that facilitate and set standards for the implementation of PCC.

Continuous civic education involving all ages and intergenerational connections is an important aspect for the PCC model implementation, as in the future care process the younger generations should be also involved.

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