

Social inclusion of older adults living in residential aged care: A person-centred approach





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Social Inclusion

A socially inclusive society is one in which
'...all Australians feel valued and have the opportunity to participate fully in the life of our society...'
and where they
'...have a voice so that they can influence decisions that affect them.'

(www.socialinclusion.gov.au)








Charter of Residents' Rights and Responsibilities (DoHA)




Each resident of a residential care service has the right:

- to be treated and accepted as an individual, and to have his or her **individual preferences taken into account** and treated with respect
- to maintain control over, and to continue making decisions about, the personal aspects of his or her daily life**, financial affairs and possessions

Charter of Residents' Rights and Responsibilities (DoHA) (cont.)




- to be involved in the activities, associations and friendships of **his or her choice**, both within and outside the residential care service
- to be consulted on, and to choose to have input into, decisions** about the living arrangements of the residential care service

ANMC Code of Ethics for Nurses in Australia August 2008




Value Statement 5

- Nurses value informed decision making**
 - Person (health consumer): Nurses value the legal and moral right of people..... **to participate whenever possible in decision making** concerning their nursing and health care and treatment, and assist them to determine their care on the basis of **informed decision making**.**shared decision making** when consenting to care and treatment. Nurses also value the contribution made by persons whose decision making may be restricted because of incapacity, disability or other factors, including legal constraints.

Accreditation Standards

- Standard 3 Resident lifestyle**
 - 3.9 Choice and decision making**
Each resident (or his or her representative) **participates in decisions** about services the resident receives, and is enabled to **exercise choice** over his or her lifestyle while not infringing **on the rights of other people**

Models of care

- Traditionally, there has been a task-focused culture in residential aged care
 - Emphasis on 'getting jobs done'
 - Emphasis on physical care and safety has lost sight of the person and what is significant to their experience and QoL
- Health professional seen as expert
 - Resident's opinion/choice devalued
- Person-centred care as an alternative

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Person-centred care

Care where there is a recognition of, and connection with, the *person*, a focus on the person's strengths and goals, an interdisciplinary approach, and recognition of the centrality of relationships.

(Nay, Bird, Edvardsson, Fleming, & Hill 2009)

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What is person-centred evidence-based practice?

The combination of individual clinical or **professional expertise** with the **best available external evidence of effectiveness** (from research) and **client choice** to produce practice that is most likely to lead to a positive outcome for the person, provided within a **person-centred** framework of care.

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Need to ensure that the treatment/care is effective in that it achieves the intended outcome...

...but we also need to ensure that it is effective in that it 'works' for this person with these co-morbidities, in this context, at this time **and** it is what the person chooses.

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Need to move from the resident's right of negative autonomy whereby they accept or reject recommended treatment/care toward a right of positive autonomy which encompasses their proactive participation in the actual design and implementation of their own care plan.

(Kapp, 1996)

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Need to ensure that we are not restricting a resident's right to make autonomous choices by focussing on those care needs and risks of harm as ascertained/perceived by professionals.

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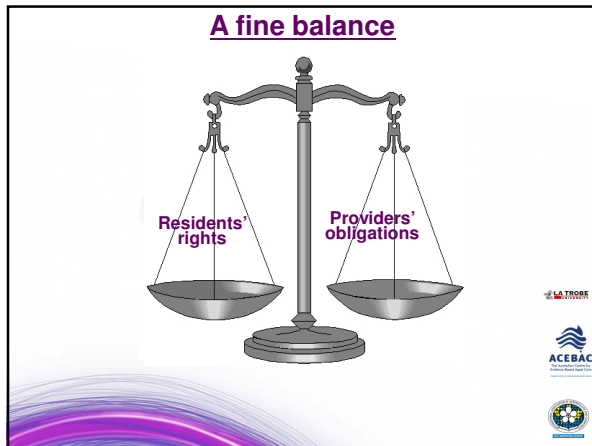


Slide 8

S6 ie clearly requiring social intelligence!
Staff, 4/05/2010




Slide 10

S7 Acceptable and feasible
appropriate
Staff, 4/05/2010






Shared decision-making

- a widely promoted ethical approach for enhancing resident choice
- a collaborative endeavour in which practitioner and the resident share not only information but the making of decisions
- different from informed consent as it involves the resident in the decision analysis about treatment/care options

Shared decision-making (cont.)




- a process by which practitioners and the resident agree on a specific course of action based on a common understanding of the goals of care and the risks and benefits of the chosen course compared with reasonable alternatives and
- a recognition of the importance of both resident preferences and medical indications.

Shared decision-making (cont.)

Should involve:

- information exchange
- deliberation regarding preferences and
- agreement between the resident and practitioner about realistic treatment/care goals.








Assessing decisional capacity is

- complicated
- ambiguous
- decision-specific
- subject to fluctuation over time and
- assessment methods can be ad hoc

(Kapp, 1996)

A person should not be treated as unable to make a decision just because they have made an unwise decision as judged by others – it is how they made the decision (the process) that is important (i.e., from a basis of knowledge, understanding and appreciation), not what the decision is.




Shared Decision Making (cont.)

Dementia is a major determining factor in precipitating entry into residential care

- 60% of residents in high care and 30% of residents in low care have dementia (Rosewarne et al 1997)

However, ALL residents should be given the opportunity to make their own decisions or be involved in decision-making, and articulate/demonstrate their preferences

- should be considered competent unless proven otherwise
- decisions about capacity/competence should not be made on the basis of clinical diagnosis but on an individualised functional assessment

Shared Decision Making (cont.)

Any care provided **to/with** residents by practitioners requires co-operation from residents so at the very least 'assent' is required

Assent may be perceived as assumed consent – resistance is not assent!

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Shared Decision Making (cont.)

- There are varying ranges of severity of dementia
- There are residents who do not have cognitive impairment
- It is not always about 'big ticket issues' - most important to the resident's sense of control and quality of life are the everyday mundane choices around daily living and care requirements that can sometimes be taken for granted and not even acknowledged/presented as choices

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Conclusion

For most of their lives older people who move into residential aged care previously met their own needs and were in control of their own lives

They made autonomous choices about:

- their families
- their careers
- their values
- their health
- the course of their lives

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Conclusion

Freedom to choose is a fundamental human right.

Persons living in residential aged care have the right to make their own decisions and we are obliged to assist them to do so to the extent to which they are able.

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References

Australian Nursing and Midwifery Council Code of Ethics for Nurses in Australia 2008 available at <http://www.anmc.org.au/userfiles/file/New%20Code%20of%20Ethics%20for%20Nurses%20August%202008.pdf> Accessed 17/5/10

Charter of Residents Rights and Responsibilities available at <http://www.health.gov.au/internet/main/publishing.nsf/content/ageing-publicat-resicharter.htm> Accessed 17/5/10

Kapp, M. B. (1996). Enhancing autonomy and choice in selecting and directing long term-care services. *Elder Law Journal*, 4, 55-97.

Nay, R., Bird, M, Edvardsson, D, Fleming, R & Hill, K. (2009). Person-centred care. In R. Nay & S. Garratt (Eds), *Older People: Issues and Innovations in Care* (3rd ed). Sydney: Elsevier.

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Rosewarne R., Opie J., Bruce A., et al. (1997). Care needs of people with dementia and challenging behaviour living in residential facilities. Canberra: AGPS.

