

# HOLY FAMILY INNOVATION PROJECT

## JOURNEY TO A HOUSEHOLD MODEL IN RESIDENTIAL CARE

2018 BC Care Providers Association Annual Conference






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[www.providencehealthcare.org/residentialcareforme](http://www.providencehealthcare.org/residentialcareforme)  
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# OUR HOMES: 629 PEOPLE

<b>Brock Fahrni</b> 	<b>Holy Family</b> 	<b>Langara</b> 	<b>Mount Saint Joseph</b> 	<b>Youville</b> 
<b>Current Resident Care Capacity</b> <b>148</b>	<b>Current Resident Care Capacity</b> <b>143</b>	<b>Current Resident Care Capacity</b> <b>196</b>	<b>Current Resident Care Capacity</b> <b>100</b>	<b>Current Resident Care Capacity</b> <b>42</b>
<b>Year Constructed</b> <b>1983</b>	<b>Year Constructed</b> <b>1953</b>	<b>Year Constructed</b> <b>1990</b>	<b>Year Constructed</b> <b>1944 &amp; 1976</b>	<b>Year Constructed</b> <b>1969</b> <b>Renovated</b> <b>1980's</b>
<b>Current Bed Distributions</b>				
Primarily three and four bed rooms; limited private bathrooms; communal shower rooms	Primarily three and four bed rooms; limited private bathrooms; communal shower rooms	Primarily three and four bed rooms; limited private bathrooms; communal shower rooms	Primarily three and four bed rooms; limited private bathrooms; communal shower rooms	All single rooms; communal shower rooms



# AT THE BEGINNING....

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“our residents are getting too complex”

“we’re struggling to keep up”

“something needs to change, but we’re not sure what”

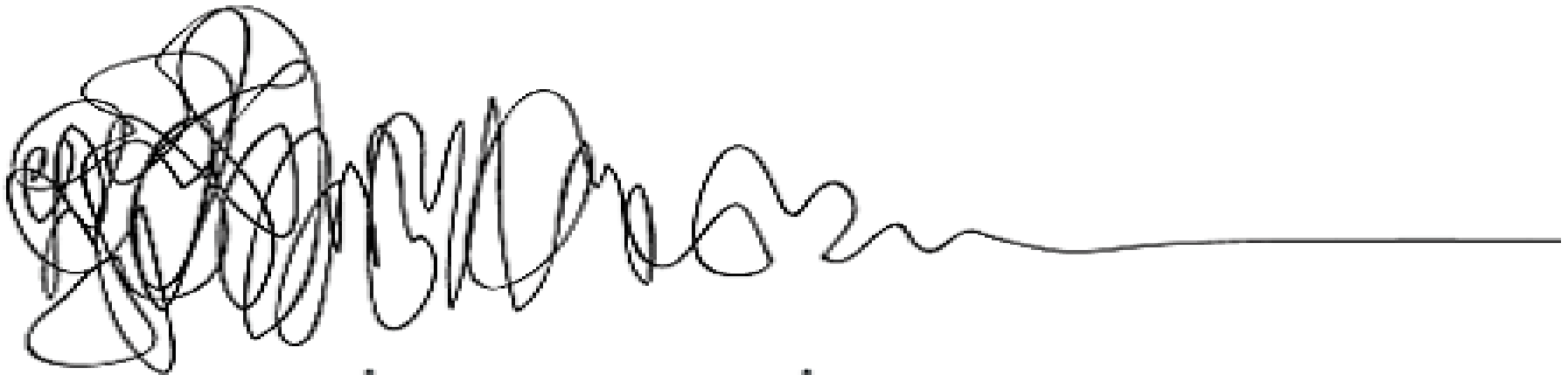
“we’ve tried already...”



# HUMAN-CENTRED DESIGN

UNCERTAINTY / PATTERNS / INSIGHTS

CLARITY / FOCUS



**Insights**

(Clarify)



**Ideation**

(Brainstorm)



**Prototype**

(Design)

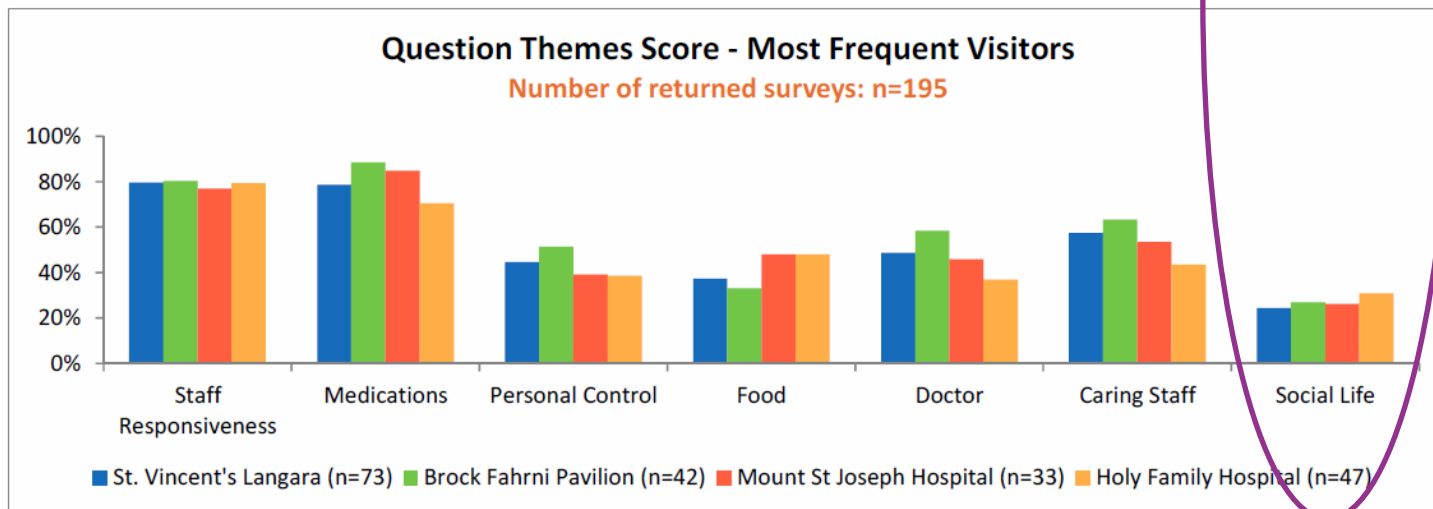
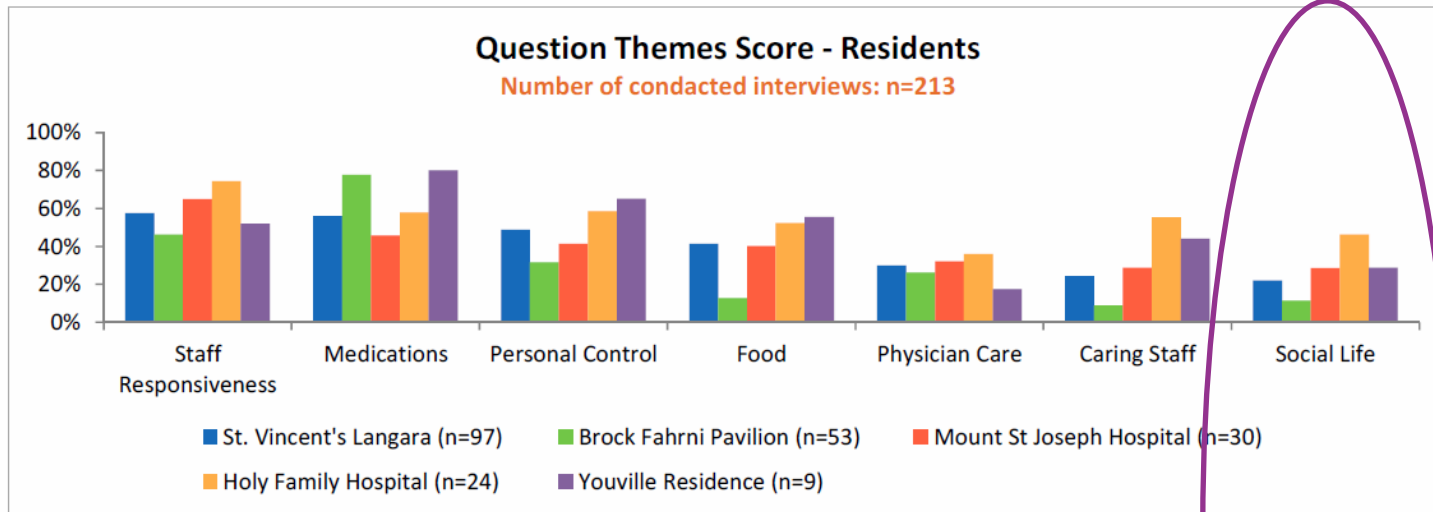


**Testing**

(Refine & build)

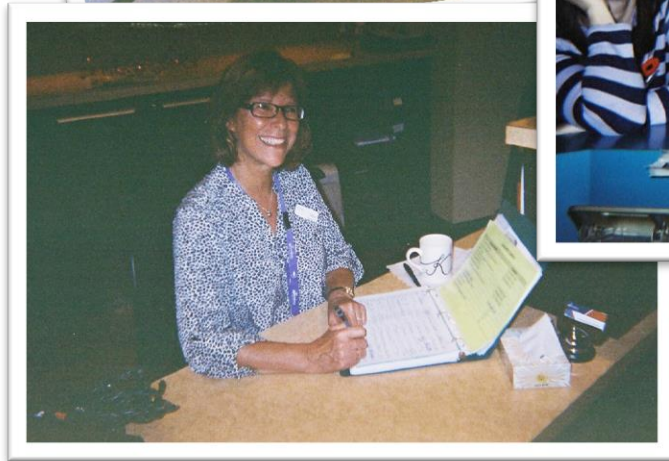
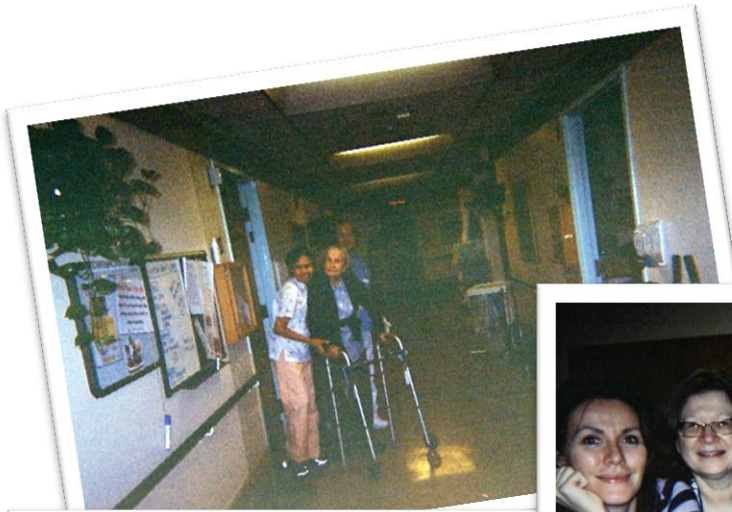


# WHAT THE NUMBERS TOLD US



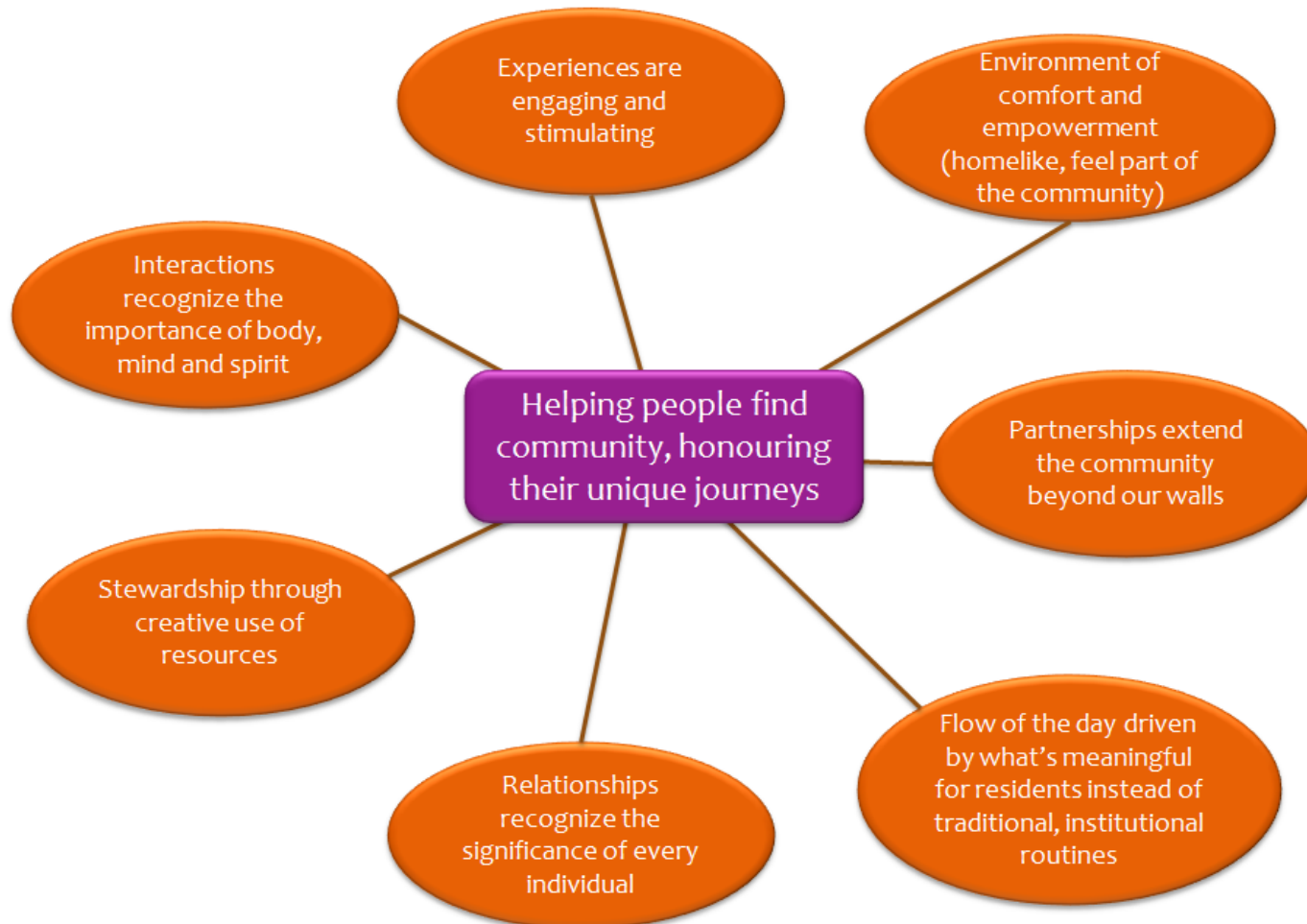
# WHAT WE EXPERIENCED

*“If you want to find out about water, don’t ask a fish”*  
~ Chinese Proverb



# INSIGHTS

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# IDEATION

Flow of the day driven by what's meaningful for residents instead of traditional, institutional routines



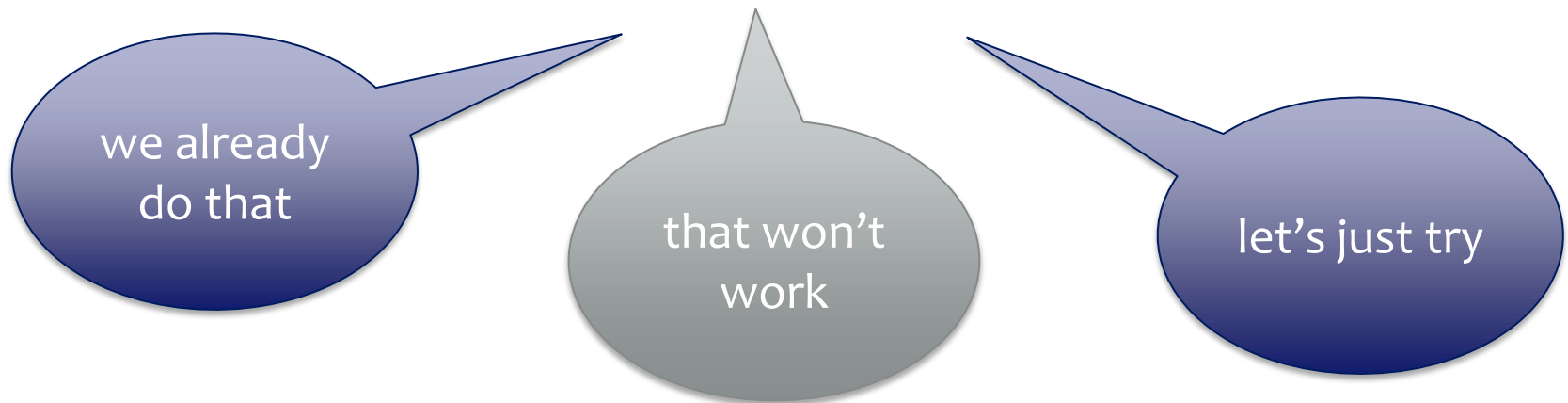


# PROTOTYPING & TESTING

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## At Holy Family Residence

- engaged staff, residents and families at Holy Family
  - open meetings – everyone invited
- small scale testing (1 patient, 1 day – “just try”)
- we had learned a lot
- too many institutional constraints to really make change



# WHAT IF...?



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- ... we threw everything we knew about Change Theory out the window?
- ... we created a sense of urgency of no longer accepting the ways things currently are?
- ... we shook things up so much we created a tidal wave of enthusiasm that outweighed the fear of change?
- ... the Residential Care for Me group led this process and used the vision to create the reality?
- ... we did a little pre-planning and a lot of on the ground learning during the two week Megamorphosis?
- ... we cleared our schedules for two weeks?



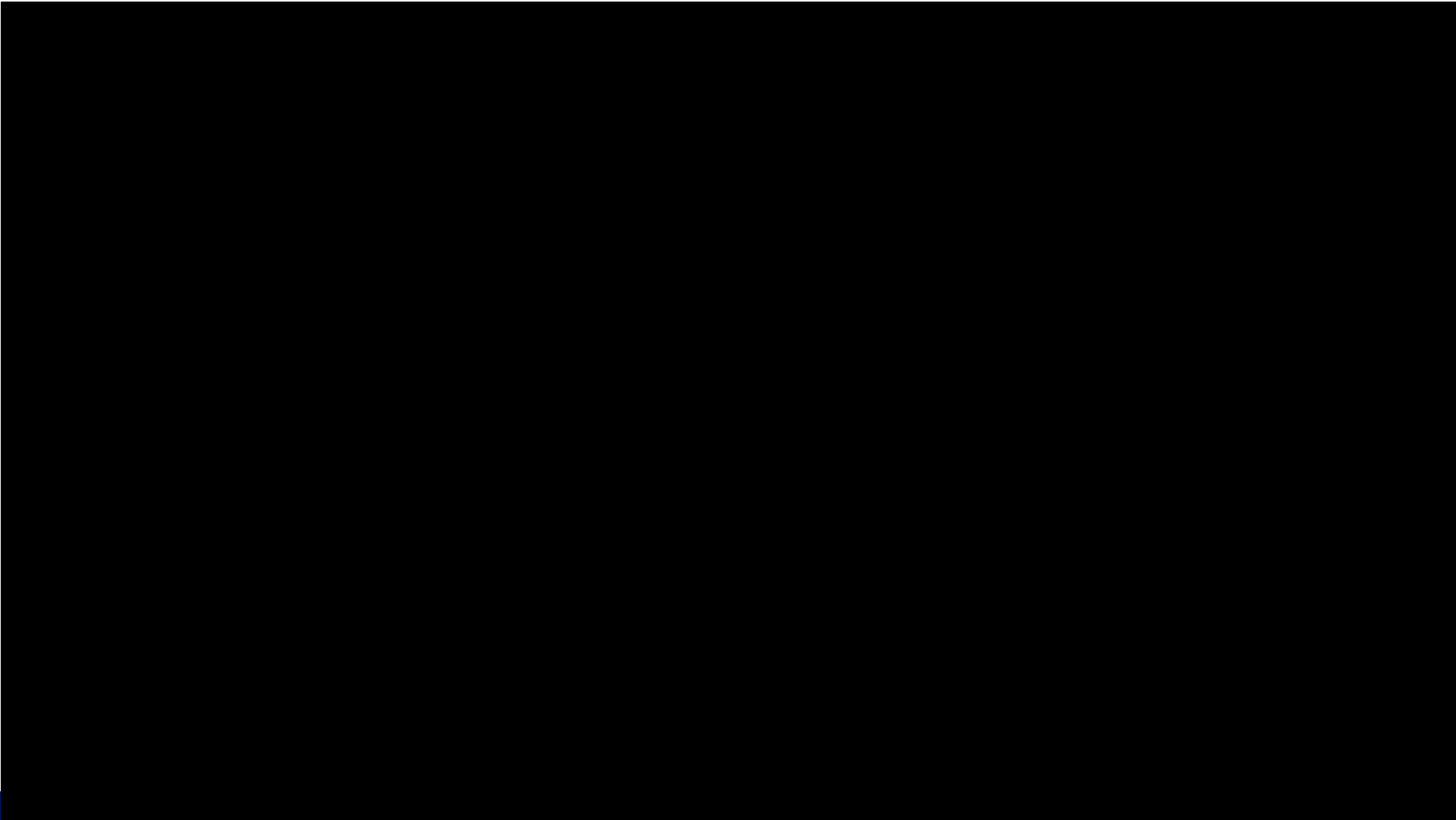
# WHAT IF...?

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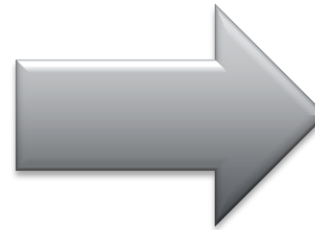
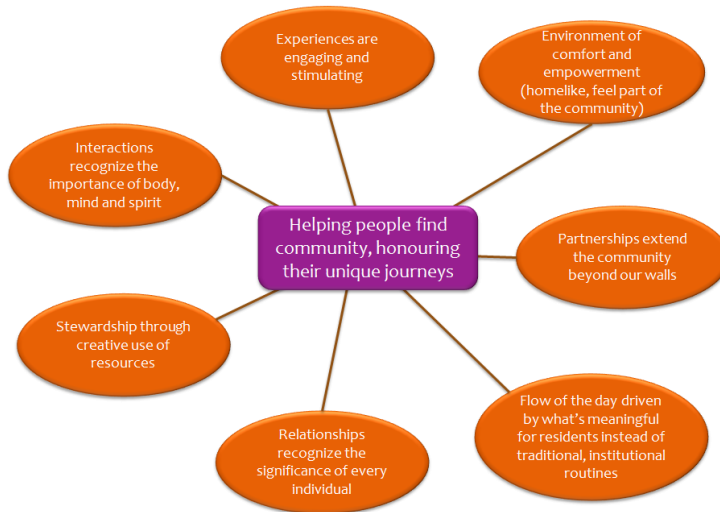
...we spent more time REALLY getting to know people  
and their life stories...



# MEGAMORPHOSIS



#ResCare4Me



# MEGAMORPHOSIS



#ResCare4Me



EMOTIONAL  
CONNECTIONS  
MATTER MOST



RESIDENTS DIRECT  
EACH MOMENT



HOME IS NOT A  
PLACE, IT IS A  
FEELING



EMOTIONAL CONNECTIONS

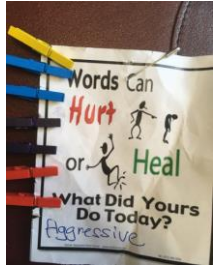


QUALITY OF LIFE



# PRE-WORK

## SETTING THE STAGE



Compassion matters

Language matters

Pain matters

Relationships matter

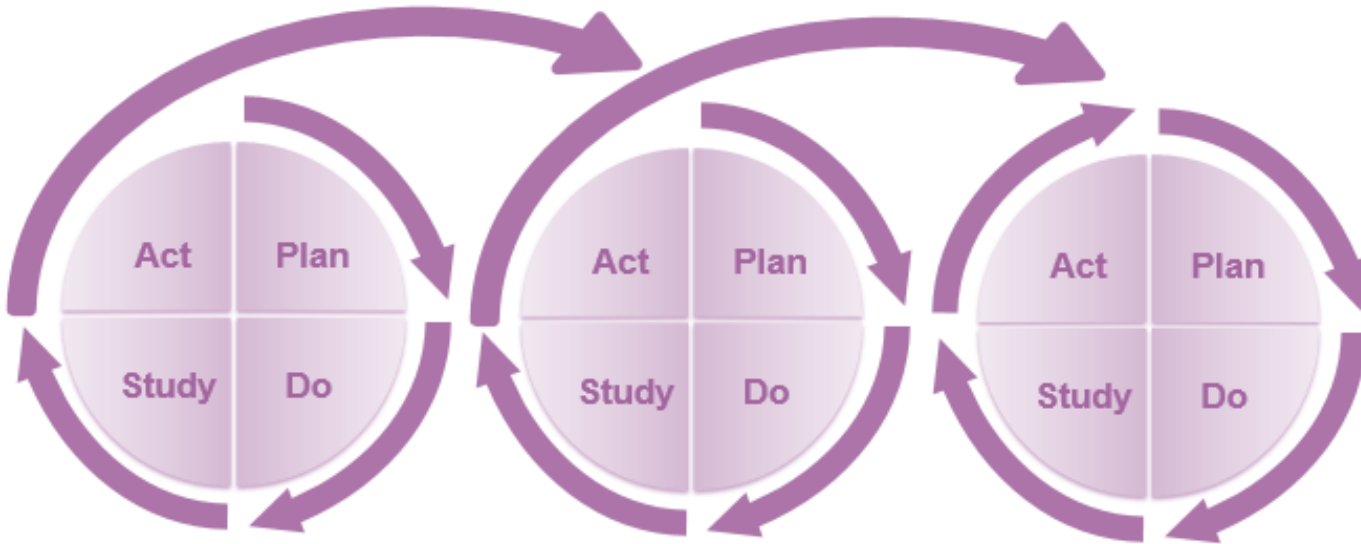
shared vision  
collaboration  
empathy  
trust



# MEGAMORPHOSIS

## 2-WEEK RAPID CYCLE TESTING

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- Started with 31 potential change ideas (best practice)
- Daily meetings (what worked? what didn't work?)
- Leadership presence
- PERMISSION to try



# BEFORE





# BEFORE



# PRINCIPLES OF A HOUSEHOLD MODEL

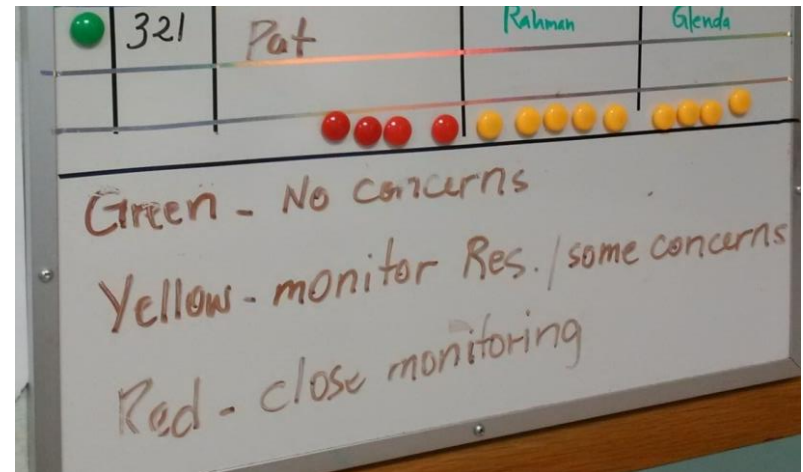
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## freedom of movement



# PRINCIPLES OF A HOUSEHOLD MODEL

empower those closest to the resident



# PRINCIPLES OF A HOUSEHOLD MODEL

knowing what brings residents peace, comfort and joy



# PRINCIPLES OF A HOUSEHOLD MODEL

bright, vibrant environment



# PRINCIPLES OF A HOUSEHOLD MODEL

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Yes, I can help you philosophy



# PRINCIPLES OF A HOUSEHOLD MODEL

staff space invisible



# PRINCIPLES OF A HOUSEHOLD MODEL

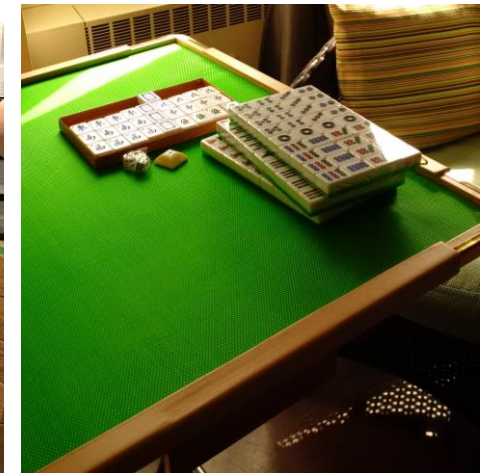
community gatherings - decisions made together





# PRINCIPLES OF A HOUSEHOLD MODEL

Residents have meaningful things to do



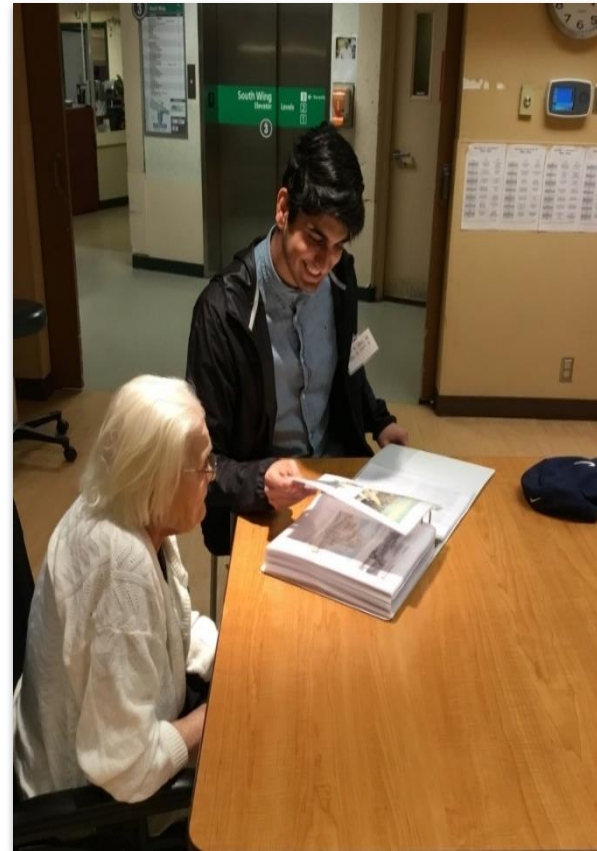
# PRINCIPLES OF A HOUSEHOLD MODEL

## Flexibility in meals



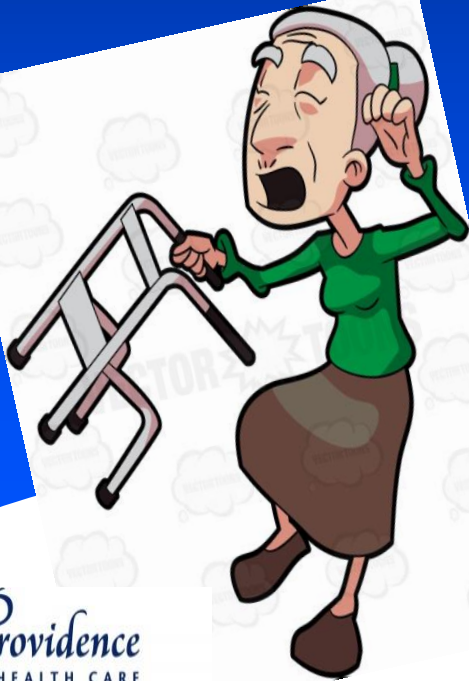
# PRINCIPLES OF A HOUSEHOLD MODEL

## Volunteers as an integral part of the community



# FALL-UNTEER

“A Volunteer-Based Falls  
Prevention Strategy in  
Residential Care”



# FALLS IN RESIDENTIAL CARE

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Falls are the common cause of injury and 6<sup>th</sup> leading cause of death in elders

Providence Health Care has implemented various fall prevention strategies in residential care

Falls are still the common adverse event in our Patient Safety Learning System (PSLS) reports in PHC



# FALLS AT HOLY FAMILY HOSPITAL

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Data for HFH Residential Care in fiscal year 2014/15 shows that falls are highest between 4 and 8 pm

The most commonly recorded causes include:

- attempting to stand (27 falls)
- getting in/out of bed (22 falls)
- using toilet/ commode (18 falls)
- bending/ leaning / reaching (20 falls)

Increased falls can be related to several factors.



# AIM

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**Fall-unteers will help reduce the falls in residential care, through observation and interactions**

- **Improve resident safety and quality**
- **Enhancing resident experience**
- **Increase in volunteer opportunity in the evening 7 days a week.**
- **Expose young people to seniors**



# ROLE OF THE VOLUNTEER

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Check in with Charge Nurse

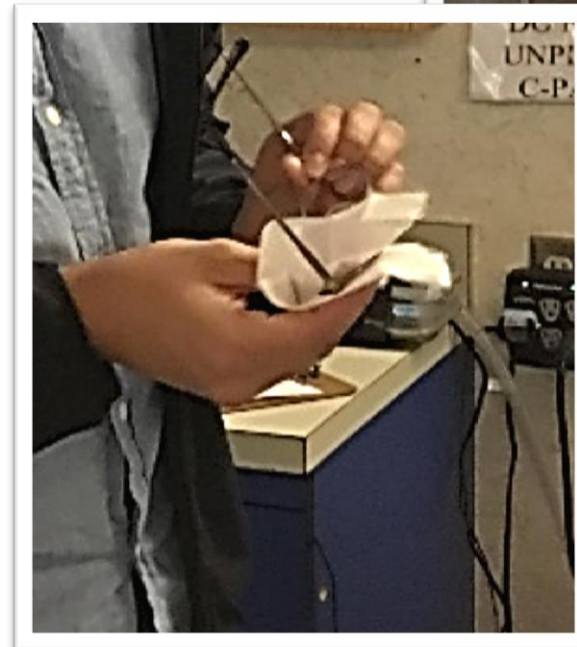
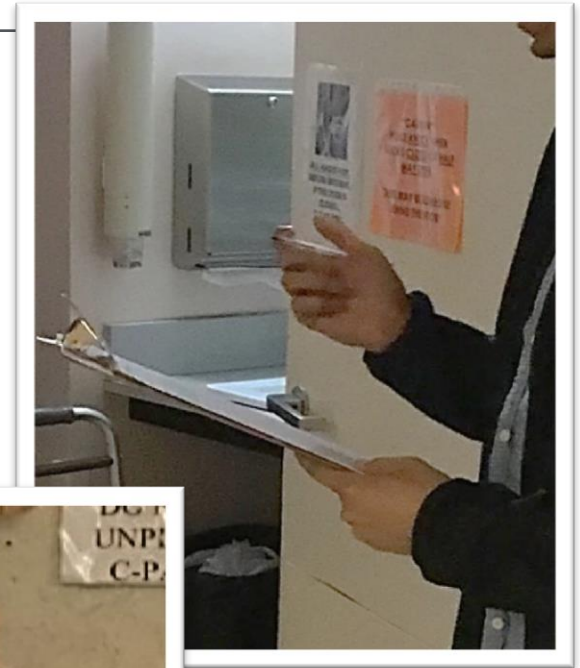
Neighbourhood observations and checklist

Person center care approach

Social engagement

General Safety

Quality improvement





# RESEARCH METHODS

- Quasi-experimental quantitative study
- Fall-unteer checklist in all Neighbourhoods at HFH
- Comprehensive chart review to compare falls in Neighbourhoods with and without Fall-unteers in the year before and during intervention

## "Fall-unteer" Research Challenge Project Volunteer Checklist

Neighborhood 5 and 6

Date:

Time:

INSTRUCTIONS: Please complete all boxes with either a Checkmark or N/A (Not Applicable)

Resident Room# / Resident Name	Resident Not in Room	Resident Sleeping (Do not disturb)	Call bell within reach	Necessary Personal Items within reach	Put brakes on wheelchair when sitting still	Conversation with resident/ Caregiver/ staff or used call bell to assist resident	Other Comment
331-1							
331-2							
331-3							
331-4							
332-1							
332-2							
332-3							
334-1							
334-3							
334-4							
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# RESULTS

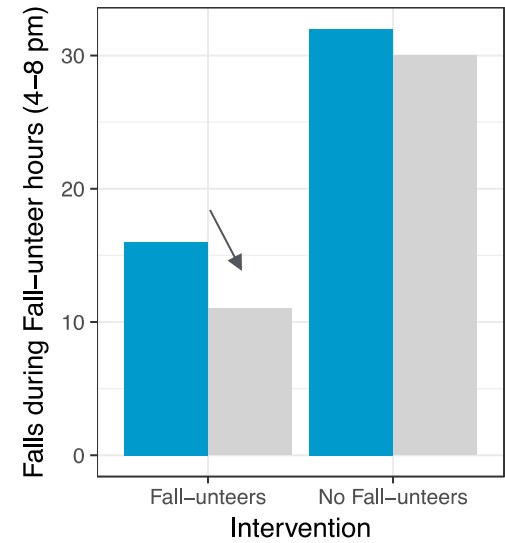
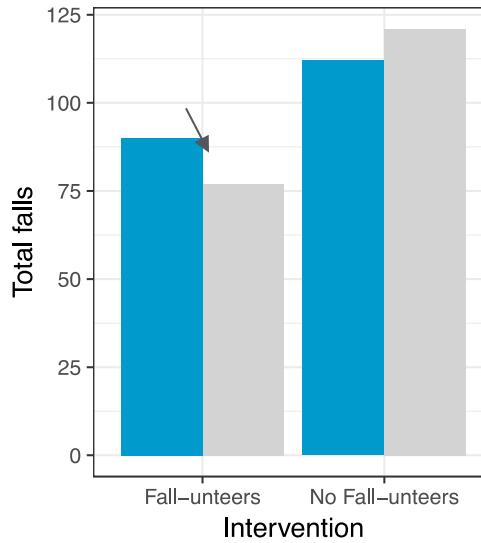
- Total Fall-unteer shifts: 114
- Total Fall-unteer interactions with residents: 4016
- Average number of interactions with residents per Fall-unteer shift: 34

Interaction	Number of interactions	Percentage of interactions
Ensure call bell is within reach	3865	96.2
Ensure personal items are within reach	2825	70.3
Engage resident in conversation	786	19.6
Applied wheelchair brakes	98	2.4
Called staff	26	0.6

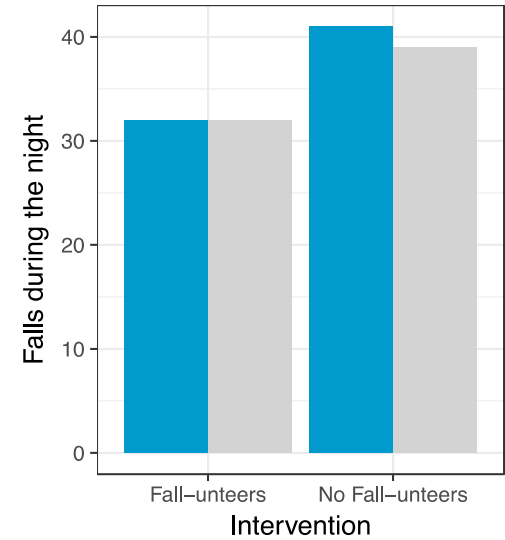
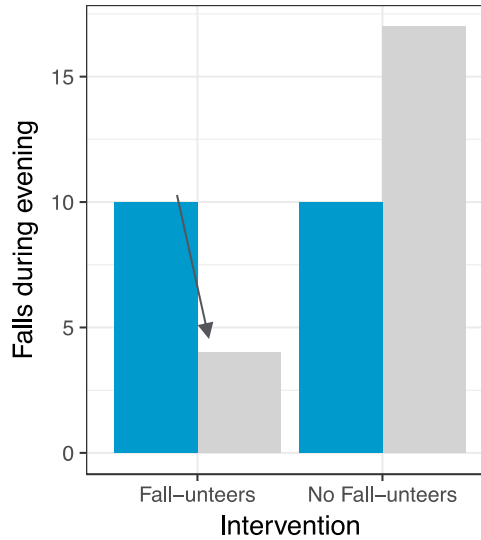


# RESULTS

There was a trend towards reduced falls in the neighbourhoods with the Fall-unteer intervention (2016-2017) in the total falls, falls during fall-unteer hours, and falls in the evening



Year  
2015-2016  
2016-2017



# FALL-UNTEER RECOGNITION: RESEARCH PROJECT

What I enjoyed with the project was the time I got to speak with the residents and learn things about them. Each one of them has a different and unique personal story and so by getting the opportunity to speak with them was the greatest reward in my opinion.

Falisha Z. Ali  
Jennel Arimado  
Samantha Cho  
Christine Dorado  
Winnie Hu  
Bryce Jay  
Debora Juca  
Brandon Lee  
Samantha Mew  
Kimberly Miguel  
Angelica Ramos

I felt like being a part of a team in completing this research project is an awesome thing.

I really enjoyed being part of the project! I thought we worked well with the nurses.

# Current Fall-unteers



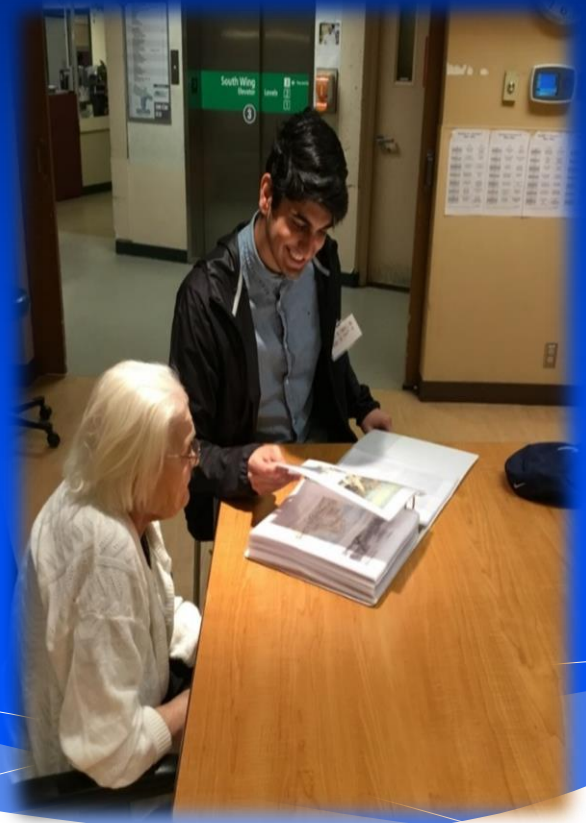
As a fallunteer, I enjoy getting to know the residents in each neighbourhood. It is a pleasure to help them with small tasks or simply be there to offer companionship.



Volunteering at Holy Family Hospital deems to be an eye opening experience for me as a high school student. Through observation and interaction with patients in residential neighbourhoods, not only am I able to grasp the general functioning of a residential hospital, but I can also contribute to something more meaningful by preventing the number of falls experienced by elders.



Being a fallunteer has helped me better understand the needs of residential patients. I'm happy that this includes companionship, as I've formed friendships with many of the residents as well as staff.



# LESSONS LEARNED

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Utilize volunteers to change practice in residential care.

One to one interactions helped reduced falls

Engagement, collaboration and retention of volunteers is crucial for the success of the program.



# TRY EVERYTHING





# CONNECT WITH US!

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