

Personal Care Home Case Studies



Enhancing Well-Being in a PCH Environment

Laurey Sherman, RN, BSN



-
- Understand how the physical environment, organizational structure, and psycho-social interactions of a personal care home can positively impact a senior's sense of well-being.
 - Improve a resident's sense of well-being by correctly matching his/her needs to the right type of home.
 - Evaluate why a PCH's service differentiators are successful for so many seniors

The Seven Domains of Well-Being *

- **IDENTITY**—being well-known; having personhood; individuality; having a history
- **GROWTH**—development; enrichment; expanding; evolving
- **AUTONOMY**—liberty; self-determination; choice; freedom
- **SECURITY**—freedom from doubt, anxiety, or fear; safety; privacy; dignity; respect
- **CONNECTEDNESS**—belonging; engaged; involved; connected to time, place, and nature
- **MEANING**—significance; heart; hope; value; purpose; sacredness
- **JOY**—happiness; pleasure; delight; contentment; enjoyment



* The Eden Alternative, 2004

One's Sense of Well-Being is Strongly Linked to Environment

- The institutional model of care breeds three deadly plagues of the human spirit: **Loneliness, Helplessness, and Boredom**.
- The environment must offer a culture of **person-directed values** and practices that put the person first—their needs, preferences, and desires



Licensed homes vary by size and amenities, but they must provide the same basic services.



shutterstock · 143843659

	Family Owned PCH <8 beds	Family Owned PCH 9- 16 bed	Corporate owned PCH or ALC >26 beds
All Basic Care & Meals	AVAILABLE	AVAILABLE	AVAILABLE
Dementia Care	AVAILABLE	AVAILABLE	AVAILABLE
Transportation	PROBABLY NOT	MAYBE	YES
Room Type	Shared/Private	Shared/Private	Shared/Private +
Gym, Salon, Theatre	PROBABLY NOT	PROBABLY NOT	YES
Activities Program	PART TIME	PART OR FULL TIME	EXTENSIVE
Glamor Factor	LOW TO HIGH	LOW TO HIGH	MEDIUM TO HIGH



But...Size changes everything

Differentiator	Family Owned PCH <8 beds	Family Owned PCH > 9-15 beds	Corporate owned PCH or ALC >25 beds
Environment look and feel	Typical Home <3000 sqft total	B&B 3000-7000 sqft	Hotel >10000 sqft
Mobility (feet from bedroom to living)	<50 feet	50-100 feet	>100 feet
Privacy	Group living, 1 dining table, shared baths, shared or private rooms	Shared/Private baths, multiple dining tables, more common rooms	Private baths Kitchenettes Themed common areas
Reliability of staffing ratios vs state limits	Highly Reliable Never exceeds 8:1, often less	Reliable Within state limits 15:1 even with staff no show	Unreliable May exceed state limits with staff no shows



Why is size so important?

Differentiator	Family Owned PCH <8 beds	Family Owned PCH > 9-15 beds	Corporate owned PCH or ALC >25 beds
Continuity of care across shifts	High: uses live-in or partial live-in model	Moderate to High: may use hourly or live-in	Low: uses hourly model, limits to 40 hrs/wk
Environmental enrichment	Family-led, normal life, highly individualized	Programmed, may be professionally-led, group-structured	Professionally programmed and staffed, includes entertainment
Standardization and professionalism of care	Highly varied—owner led	Highly varied—owner led	Tightly governed by corporate mandates
Resident Autonomy	Fewest options, greatest flexibility	Some options, Some flexibility	Most options, least flexibility



Actual Resident Case Studies

What drove them to choose a PCH?

How did these placements succeed in enhancing well-being?

What do their needs have in common?

Dawn

Age 55, bipolar, schizophrenic, budget \$2950, 5'2", weight 250 pounds, occasionally verbally abusive, delusional--sometimes tells others she is a Queen, her brother is her guardian and lives out of state. Has been asked to leave her current facility.

WHY DID SHE CHOOSE A PCH?

- Lived in 5 AL's in 7-years
- Asked to leave multiple times
- 3 Psych hospitalizations a year (needed more care)
- Liked the idea of smaller home

HOW WAS HER WELL-BEING ENHANCED?

1. Privacy
2. Continuity of Care
3. Resident autonomy



I am a woman with chronic schizophrenia. I have spent hundreds of days in psychiatric hospitals. I could have ended up living most of my life on a back ward, but things turned out quite differently.

— Elyn Saks —

AZ QUOTES

Elsie

Age 81, WC/SP, stroke 1 year ago, left side paralysis, aphasia, budget \$5000, incontinent of bladder, 2 person transfer, in 80-bed AL for 3 years, eats meals delivered to her room, eats 20%, doesn't participate in activities, depressed and shy, history of recent skin breakdown.

WHY DID SHE CHOOSE A PCH?

- Cost--Facility requiring family-paid sitter plus AL fee
- Ease of movement (w/c)
- Want maximum level of care
- Liked PCH staffing ratios
- Wants to age in place

HOW WAS HER WELL-BEING ENHANCED?

1. Mobility
2. Continuity of Care
3. Reliability of staff ratios
4. Environmental Enrichment



John & Agnes

Married 60 years, he is 82, physically independent and social, but forgetful. She is 77, has late Alzheimer's, aphasic, incontinent of B&B, needs help with feeding, 1 person transfer, 4 falls in past month, currently living at 55-bed PCH on AL side. John is worn out, being her primary caregiver. Family budget is \$7500.

WHY DID THEY CHOOSE PCH?

- Facility requiring them to move to MCU.
- Agnes can walk the smaller distances
- They can stay together, age in place
- Liked PCH staffing ratios for Agnes
- Like the individualized activities program for both

HOW WAS THEIR WELL-BEING ENHANCED?

1. Mobility
2. Environmental enrichment
3. Reliability of staff ratios



Burt

Age 82, Parkinson's, currently in IL, uses a walker, forgets to take his meds, likes book club, plays poker once a week, and enjoys flirting with the ladies. Has fallen twice this month, and daughter is having to check on him daily. IL suggests he move to their AL. Budget \$3500.

WHY DID HE CHOOSE A PCH?

- Want to age in place; don't want to move him again after this
- Concerned about the future cost of ALC
- Burt can walk the smaller distances
- Liked PCH staffing ratios
- He doesn't need a lot of sqft; care is more important
- But will Burt have enough socialization?

HOW WAS HIS WELL-BEING ENHANCED?

1. Mobility
2. Environmental Enrichment
3. Reliability of staff ratios
4. Continuity of Care



Gertie

Age 64, recently had a PEG tube inserted due to cancer, mentally challenged secondary to a brain injury in her youth, currently lives in an IL with home services for med management, dresses herself, budget is \$3600

WHY DID SHE CHOOSE A PCH?

- AL's refused to care for the PEG
- She was intimidated by the larger environment and social pressure
- She needed individualized care because of her unique medical history
- She wants to age in place

HOW WAS HER WELL-BEING ENHANCED?

1. Standardization & Professionalism of Care
2. Environment Look and Feel
3. Environmental Enrichment



The right PCH will enhance a resident's well-being primarily because it excels at

- **Environmental Enrichment**—smaller, easier socially, an intimate community
- **Standardization and Professionalism**—increased flexibility with regard to services offered, highly individualized care, care levels are not compartmentalized
- **Continuity of Care**—live-in staffing model reduces the number of caregivers involved in her care, management is centralized
- **Mobility**—Smaller footprint allows residents to stay mobile
- **Reliability of Staff Ratios**—Staff to resident ratios are always better, staff call-outs usually do not affect ratios

Wise Elders
Tell Us Why...



It's About
Time for care
That Puts
the Person
First!