
Title of Project

Person-Centered Care

PI/Project Director

Patricia Krasnausky

Nursing Homes Involved

St. Cabrini Nursing Home
Cabrini Center for Nursing and Rehabilitation

Description of Intervention

The goal of this project was to create an environment of care at two affiliated long-term care facilities that would promote resident autonomy and provide the highest quality of life for residents and their family members, as well as encourage growth/development for staff.

Eligible staff took part in the intervention through participation in a three-part educational series held over the two-year grant period. Topics included an overview/foundation of person-centered care (presented by staff), falls prevention from a person-centered care approach (presented by a nationally recognized speaker on the Pioneer movement), and management of resident psychological needs (presented by a psychological consultation group with extensive gerontological experience).

A geriatric environmental design consultant was also engaged to recommend design changes to support the person-centered nature of culture change. Given these recommendations, modifications to the resident pantry and nursing stations at one site were undertaken to improve their accessibility.

Research Design

Research Method – Single group design with repeated measures. Research question sought to assess whether the training series would be successfully implemented and impact: resident care, job satisfaction, resident/family satisfaction, and the inspiration of staff to make procedural/system changes in operations.

Sample – 452 skilled nursing home or adult day health care staff employed at either of the two participating sites who attended the first educational session. To gauge success of the intervention, cognitively intact residents, family members, and staff were also sampled.

Measures – Attendance rates at staff trainings, return rates for evaluation forms, and likert-type ratings of trainings served as process measures. Employee sick hours and terminations were reported by department for the first nine months of the year at baseline and follow-up (2003/2005). Data on 10 MDS quality indicators relevant to resident care (e.g., prevalence of falls, pain) were collected for the same periods. An administrative list of policy/procedure changes was kept throughout the course of the intervention. Staff, resident, and family satisfaction surveys were also administered in 2001 and 2005 by a subcontracted agency.

Analysis Approach – Univariate statistics were highlighted in narrative and graphic forms, with baseline frequencies/percentages compared to that of post-test data.

Results

The educational series reached more than 60% of employees at both sites. Mean evaluation ratings for the overall trainings ranged from 3.4 to 3.6 on a scale of one to four, with higher scores indicating more favorable evaluations. Both facilities saw improvement in 6 of 10 MDS indicators from baseline to post-test, suggesting improved resident care. Declines in terminations and sick hours were evidenced for a variety of departments, including nursing. Staff at both sites suggested/made substantial changes in collaboration among coworkers at all levels. Satisfaction surveys because of very low response rates, did not permit inferences to be drawn- although responses were positive.

Contact Information

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