Looking at Aged Care through Rose Coloured Glasses – Visualising the Change

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Aged Care today....

- Is currently based on an institutional, medical model
- It isn't working and is too task focused
- We see examples of loneliness, helplessness and boredom every day
- This disempowers staff who make decisions for & on behalf of residents

Aged Care today....

- We ‘do’ things to residents
- We use language that create barriers e.g. ‘you’re too old to do that’
- We see government & legislative compliance disabling residents from doing things they used to do
- Decision making power is with Management
- We are task focused and just want to get the job done

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Shift the thinking....

- The Eden Alternative requires a paradigm shift in the way we view services on the continuum of care
- We stop penalising people because they are too old, too frail, less able
- We create a human environment where relationships matter & are nurtured

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Shift the thinking....

- We respect our clients and residents
- We enable clients and residents to continue to live a life with meaning
- We train and empower staff to improve a client's or resident's life
- We shift the decision making back to the client or resident or those closest to them

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Paradigm shift is...

Assumptions +

Beliefs & Values +

Behaviours & Actions

= PARADIGM SHIFT

The Eden Alternative ™ is...

- A Philosophy of client or resident directed Care
- Has a practical framework
- Improves relationships for all stakeholders
- Based on 10 Principles known as the Eden Philosophy
- Requires commitment from all levels of an organisation

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The Eden Alternative ™

- Was commenced in the USA by Dr Bill Thomas in 1991 and came to Australia in 2000. New Zealand has been on their journey since June 2009.
- Is committed to changing the lives of clients or residents in residential and community care environments
- No longer acceptable to *'do things because we've always done it this way"*
- Focus on organisational culture change

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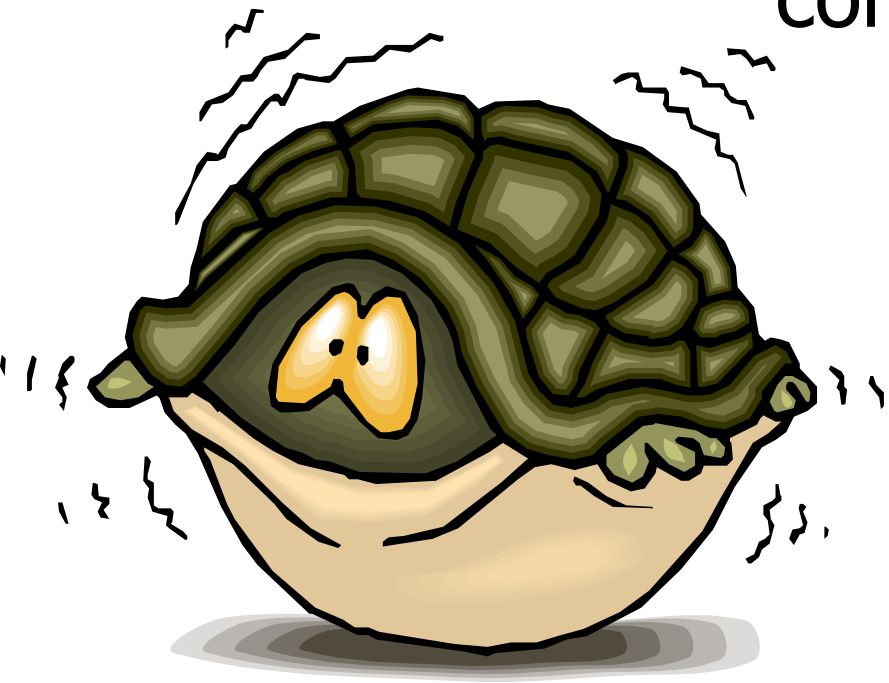
Committed to changing the lives of older people including residents in long term care.

Principle 1 -
The Problem Statement

The three plagues of loneliness, helplessness, and boredom account for the bulk of suffering in a human community.



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Loneliness

the pain we feel when we want, but can not have, companionship.

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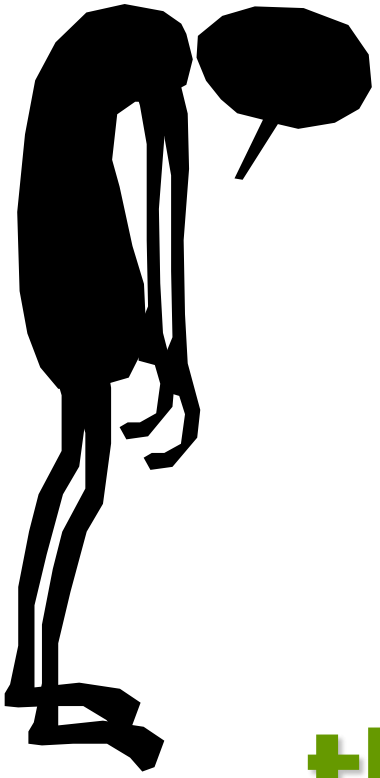

Helplessness

the pain we feel when we always receive care and never give care.

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Boredom

the pain we feel when our lives lack variety and spontaneity.

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Waiting for GOD!

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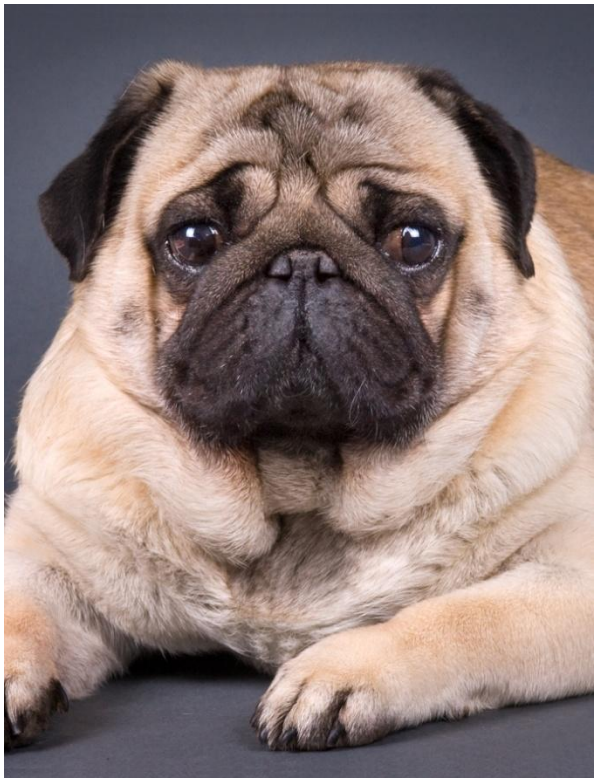
Growing Old

“Growing old is like being increasingly penalised for a crime you haven’t committed”



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Principle 1 – Continued

Traditional Approach:

- *The Three Plagues are not addressed in care plans.*
- *Residents wait for the staff to assist them with their needs.*

In an Eden home:

- *All management, operations, strategic, educational planning reflects & acknowledges that the 3 plagues cause the majority of suffering and that the job of all staff is to alleviate that suffering. Resident options and choice becomes the focus.*
- *Staff see the benefits very quickly and are committed to eliminating The Three Plagues.*
- *Person-directed care grows out of focusing on the needs of the individuals within the home.*

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Principle 2 -
Gives us the solution…

An elder-centred community commits to creating a human habitat where life revolves around close and continuing contact with children, plants, and animals. These relationships provide a pathway to a life worth living.

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Principle 2 - Continued

Principle 2 reinforces how important it is that only close and continuing contact with plants, animals and children can create a human habitat.

- **In an Eden home:** *Vegetables are grown by clients or residents and used in the kitchen. Flowers are picked by clients or residents . User friendly spaces are created for residents in nursing homes. Just like your own home.*
- *Children of clients or residents and staff, have regular and special friendships with their loved one. In a residential setting you will see a Kids Menu on the Black Board. Children's names are on the care plan. Play areas exist in a residential setting.*
- *Animals are welcomed and provided for. Animals seek out sick and lonely clients and residents. Relationships matter.*

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Principle 3

Principle 3 teaches us how constant and dependable companionship including from a variety of animals is the remedy for loneliness.

In an Eden home:

- *Care staff are empowered to engage with clients and residents and introduce and develop the elements of the Human Habitat - pets are welcomed.*
- *Staff are communicating better and share successful interventions for reducing loneliness.*
- *Clients and residents are re-forming their neighbourhoods and have real input into their living spaces.*
- *An client-centred community creates opportunities to give as well as to receive care.*

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Principle 4

Principle 4 teaches us how essential it is for clients and residents to give as well as receive care, to remedy helplessness**.**

In an Eden home:

- *Clients and residents are busy, more active and share tasks like closing and opening curtains and setting and clearing tables.*
- *Clients and residents are more engaged in wanting to help and care for others.*
- *Staff and clients / residents are starting to* ***GROW as people in relationships*** *- not merely* ***EXIST****.*

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Principle 5

Principle 5 teaches us how important variety and spontaneity are in the home environment to remedy boredom.

In an Eden home:

- *Staff, clients and residents enjoy a relaxed environment as they perform routine tasks**.** Laughter levels and smiles increase and as a result, resident negative behaviours reduce....*
- *The Management team is genuine in modelling recognition, flexibility and appreciation to all staff.*
- *The opportunity to do things that we find meaningful is essential to human environment.*

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Principle 6

Principle 6 teaches us how " meaningfulness" in our daily actions and activities is essential to human life.

In an Eden home:

- *All staff understand that everyone contributes to "lifestyle planner"- not just the DT's.*
- *The client's or resident's day is balanced with planned and unplanned activities from the human environment.*
- *Life is the program- not the program being their life.*

Principle 7

Principle 7 teaches us, that medical treatment and clinical intervention is a partner in care, not the master.

In an Eden home:

- *The client's or resident's' daily life does not revolve around treatment and medication schedules*
- *Animals, children, plants replace medication and "treatments" wherever possible.*
- *Clinical staff now understand & realise that people may ask for treatment when they are lonely, helpless, or bored. Staff understand the difference between care and treatment.*
- *Medical treatment is the servant of genuine human caring.*

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Principle 8

Principle 8 teaches us how to make an elder-centred community and change from an institutional to a person centred model.

In an Eden home:

- *Decisions are made as close to the client or resident as possible and duties are flexible to meet the client's needs.*
- *Management and staff, together re-align the organisational structure putting clients first.*
- *Management reviews all policies and procedures to ensure they are consistent with The Eden Alternative™ philosophy.*
- *Decisions belong to the clients or those closest to them.*

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Principle 9

Principle 9 helps us understand that the ageing process is about growth and not decline and for human growth we need patience, forgiveness and humility.

In an Eden home:

- *It is evident that individuals' lives including managers, staff and clients have improved as a result of using the tools of The Eden Alternative. Surveys and personal stories attest to staff and client growth in patience, forgiveness, and humility.*
- *There are also mindful stories of "periods of frost" or difficulties that they have encountered on their Eden journey. This has been followed by learning through reflection. Creating an client-centred community is a never-ending process. Human growth must never be separated from human life.*

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Principle 10

Principle 10 *teaches us that wise leadership is not about control or titles. It's the ability to influence others to bring about positive change through relationships and engagement.*

In an Eden home:

- *Management invite, allow and provide resources for change to happen.*
- *All staff support those trying to improve things and stand up for them against peer pressure. Leaders lead by example. Residents are the focus. Staff are friends. The working environment supports the residents' habitat.*
- *Wise leadership is the lifeblood of the struggle against The Three Plagues.*

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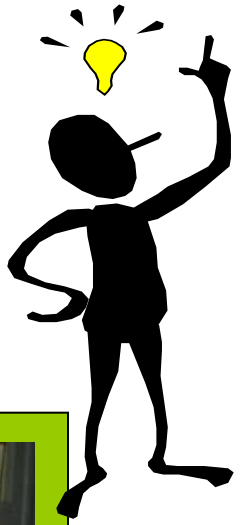
Decision making

How are decisions made in your organisation?



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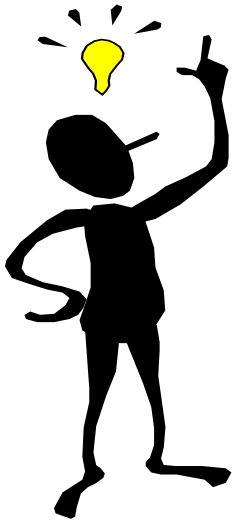
Decision making

Decision Making - Authority should be placed with the client or as close to the client as possible….



Decision Making

TRADITIONAL MODEL OF CARE	EDEN SELF DIRECTED WORK TEAM
?	?
"DISEMPOWERMENT"	**"EMPOWERMENT"**

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Decision Making

TRADITIONAL ORG:

- ☹ Hierarchical model
- ☹ Decisions from top down
- ☹ Blame environment
- ☹ Segmented/separate work roles
- ☹ Problems solved by management
- ☹ Rules made by

"DISEMPOWERMENT"

EDEN:

- ☺ Choose training programs
- ☺ Team members teach and train each other
- ☺ Develop policies
- ☺ Do own rosters
- ☺ Multiskilled (every person on team learns others' job)
- ☺ Solve own problems

"EMPOWERMENT"

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The Eden Alternative's golden rule

- What management do unto the staff – so the staff do unto the residents.

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Benefits to the Organisation

- Higher staff retention rates
- Improved health and well being outcomes for residents and staff
- Improved reputation
- Employer of Choice
- Eden registration represents quality of care focus
- Nil expense once staff have been trained

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Benefits to Staff

- Better working environment
- More empowered
- Greater job satisfaction
- See positive outcomes in clients

Benefits to the Client

- Increase independence and activity
- Fosters personal growth
- Promotes interaction with a variety of living things
- Empowers residents
- Increases overall quality of life
- Decreases medication interventions as 1st course of action

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Benefits to the Client – continued

- Clients have:
  - Less falls
  - Less pressure areas
  - Less infections
  - Less restraint
  - Greater family and client satisfaction

Source: http://www.edenalt.org/images/stories/newsletter/research/1999_statistics_summary.pdf

The population is ageing…

- The Australian Bureau of Statistics estimates that the population aged 60 years and over will be 22%, approximately 5 million by 2021

  (Kendig and McCallum, 1968:4)

The population is ageing… (continued)

- Statistics of New Zealand's medium population projections indicate that the number of people in the country will increase by 16% to 4.5 million between 2001 and 2021. The number of people aged 65 and over is projected to increase by 72% to 792,000. The percentage increase in the number of older people in the Maori, Pacific peoples and Asian peoples ethnic groups is projected to be even greater.

(NZIER – Ageing New Zealand and Health and Disability Service – Dec 2004)

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Aged Care Industry Overview

- Many residential care organisations also deliver retirement village services, community care services and/or independent living services.
- The residential aged care sectors are undergoing massive consolidation, via mergers, sales, closures and insolvency.
- Public businesses, private businesses and community businesses (NFPs) deliver a range of residential care, community care, retirement village and independent living services.

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Aged Care Industry Overview

- An increasing number of aged are organisations are developing three or four service types.
- All four sectors, community care, residential care, retirement village and independent living are consolidating via mergers, amalgamations, sell outs or closures. “The big are getting bigger, the small are getting out”.
- Increasing legislation, regulation and standards across all four sectors of the aged care industry.

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Aged Care Industry Overview

- Smarter, more aware customers who demand more and have higher expectations and requirements
- Continuing demographic trends and patterns as predicated by government authorities
- Community and residential aged care continues to present significant financial challenges for most organisations
- The growth markets in aged care are retirement living and community care
- Increasing specialisation of care/health services, e.g. mental health issues and transitional health

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Care Models – the Future

- Residential Care:
  - Transitional High Care – Sub-acute Care, No Low Care
  - Increased Community Care
- Community Care:
  - Majority Community Care, High use of Technology
  - Family / Community Models Increase

Retirement Villages:

- Integrated Service Models, Retirement Villages

Independent Living Units:

- Independent Living Units, Increasingly Secured by Community Care

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A seamless approach

- The goal is to be able to offer a seamless approach to the maintenance of services along the continuum of care in a cost effective manner.
- This approach then supports a client-centred community which is committed to creating a human environment where life revolves around close and continuing contact with plants, animals and children.

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A seamless approach - continued

To implement The Eden Alternative™ requires a paradigm shift in the way we currently view service provision in community and residential care.

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The Eden Alternative™…

it can be different

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Want to know more?

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