



Comparing Traditional and Person-Centered Models of Care

Overview

Person-centered care is at the heart of culture change in long-term care. Person-centered care promotes choice, independence, and autonomy for people living in a nursing facility (NF). It is a collaborative process between the person receiving care, their family or support network. The NF adapts to the person and their preferences – when to go to bed, when to get up in the morning, when and how to bathe, and more. The person living in the NF is at the center of the care-planning and decision-making processes, with his/her needs, preferences and values considered when developing the plan of care.

Person-centered care focuses on the person as a unique individual, including his/her abilities and strengths, interests, and preferences – built on the knowledge of his/her life-long routines and habits. Person-centered care looks at what is **important to** the person, not just what is **important for** him/her.

Traditional Model of Care (Medical Model)

In a traditional or medical model of care, the focus is on diagnoses, disabilities, and deficits, using standardized assessments and treatment modalities. It is a system of care that bases schedules and routines on facility and staff convenience. Decision-making is centralized, with minimal input from the person receiving care.

- Work is task oriented, with staff rotating assignments. Staff learns how to perform tasks that could be completed for any person living in the NF.
- The services provided are impersonal. The NF is seen as the staff's workplace, rather than someone's home.
- Structured activities are only available when the activity director is present.
- The focus is on quality of treatment as defined by regulation and professional standards.
- The NF lacks a sense of home, increasing a sense of isolation and loneliness.

Person-Centered Model of Care

Person-centered care focuses on the person receiving care and acknowledges his/her abilities, preferences, values, and individual needs – not just his/her limitations or impairments.

- Schedules and routines are flexible, matching the person’s preferences.
- The person and his/her support network make the decisions about care, seeking advice from healthcare professionals as needed.
- Work is relationship-centered, with consistent assignments for staff. Staff gets to know the person and brings that knowledge into the care-giving process.
- The focus is on the quality of life, as it is defined by the person (not the staff). What is important **to** rather than important **for** him/her.
- The person is supported in participating in community life, not only within the NF, but also the wider community outside the facility.
- Spontaneous activities occur around the clock.
- The NF is the person’s home; the people living in the facility and the staff share a feeling of community and belonging.

Principles of Person-Centered Care

- Get to know the person, not just their diagnosis. Build a relationship with him/her as a unique person.
- Share the power and responsibility. Focus on respecting preferences, treating the people living in the NF as partners when setting goals, planning care and making decisions about care, treatments, or outcomes.
- Ensure accessibility and flexibility. Meet the person’s unique needs by being sensitive to his/her values, preferences, and goals. Give him/her choice by providing timely and complete information in a manner he/she is able to understand.
- Work together to minimize duplication. Providing each person with a key contact at the NF. This is about teamwork, with all service providers and systems working seamlessly behind the scenes to optimize the outcomes for the people living in the NF.
- The physical, organizational and cultural environment of the NF must be structured to optimize the staff’s ability to provide person-centered care.