"The Jade Circle Model of Care – Operationalizing a person-centered model of care to promote meaningful and quality living for nursing home clients across the care continuum".
The Salvation Army, Peacehaven Nursing Home

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Introduction/Background

The Jade Circle Model of Care (JC MoC) at Peacehaven Nursing Home (PNH) launched in 2020 with support from Lien Foundation and Khoo Chwee Neo Foundation. It focuses on autonomy, choices, and dignity through Person-centred care. The pilot at Jade Circle led to significant improvements: 61% of clients reported enhanced well-being, and 85% showed functional improvements.

Conventional care models for residential and dementia care often overlook the individual preferences and autonomy. This is particularly true for residents with high care needs. However, the Jade Circle pilot demonstrated that person-centered care (PCC) can enhance the quality of life for those living with dementia.

The JC MoC is being extended throughout PNH to redefine care and improve the quality of life for residents with diverse and complex needs, challenging conventional care practices.

Goal/Objective

After the successful pilot implementation of the JC MoC in Jade Circle, this phase of the project aims to extend the benefits of PCC to residents with high and complex care needs in PNH. The goals of this phase aims to operationalize this model of care and contextualise PCC to respect the autonomy and dignity of high care needs residents through the following desired outcomes:

- At least 40% improvement in resident well being
- At least 40% improvement in resident purposeful engagement
- At least 20% improvement in staff PCC practices

Problem Analysis

Root cause analysis (RCA) was conducted by the Project Team to identify the causes that challenge the implementation and sustaining person-centred care practices in a residential care setting. The RCA was done using the fishbone diagram to analyse the multi-prong data.
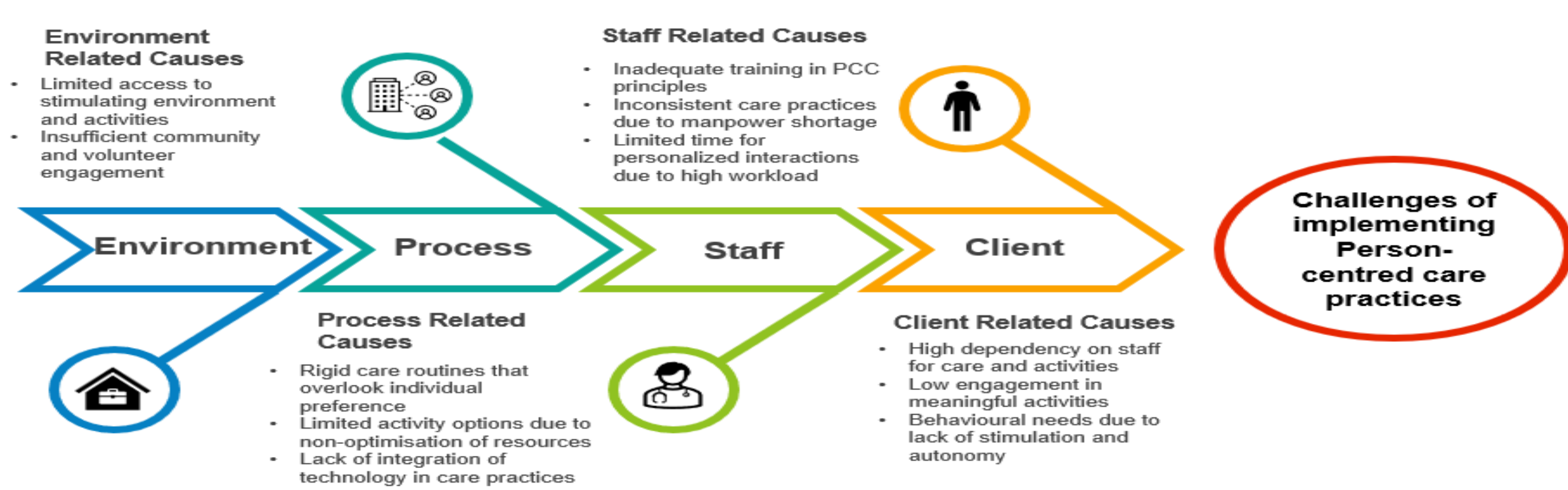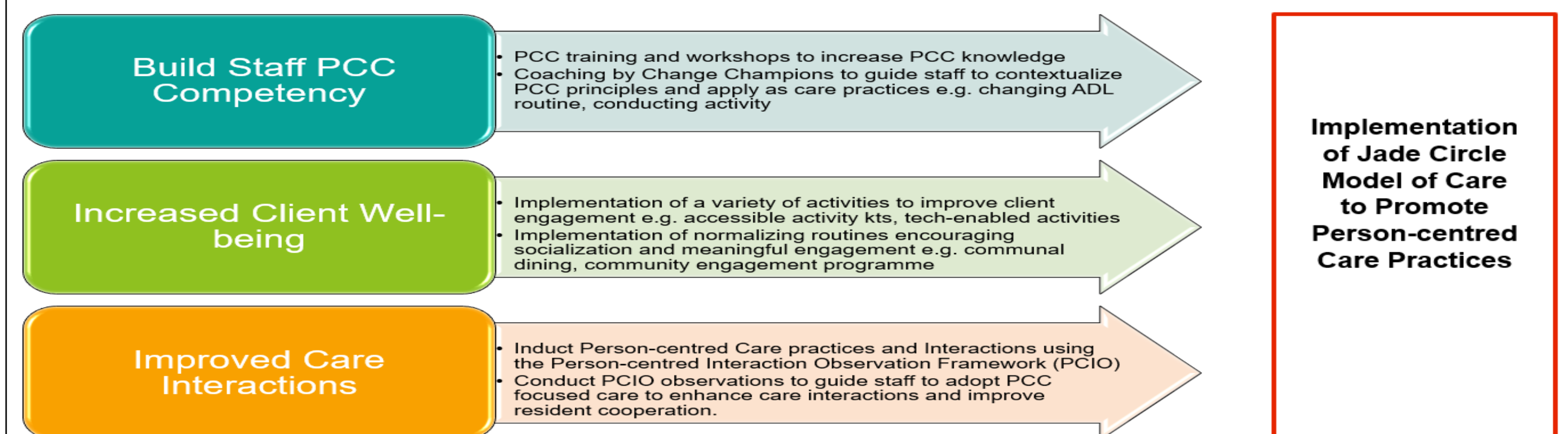

The key problems identified using the fishbone diagram:

- Staff Competency : Lack of knowledge of PCC principles and its application in care settings for residents with high care needs.
- Client Well-being : Lack of purposeful meaningful engagement resulting in apathy and under-stimulation.
- Care Delivery: Task-focused care interactions and care delivery affecting resident engagement and cooperation during care transactions.

Solutions

To address the identified problems, solutions were targeted 3 key areas:


Implementation Plan

Benefits/Results

The success of the implementation was reflected in the achieved results:

- Increased Staff Competency as seen in improvement of positive staff interactions up by 50%.
- Enhanced Client Well-being as seen in 61% improvement in well-being scores, with 85% showing better functional abilities.
- Improved Client Engagement with positive reactions during care increased by 41%, with a 30% boost in engagement time.
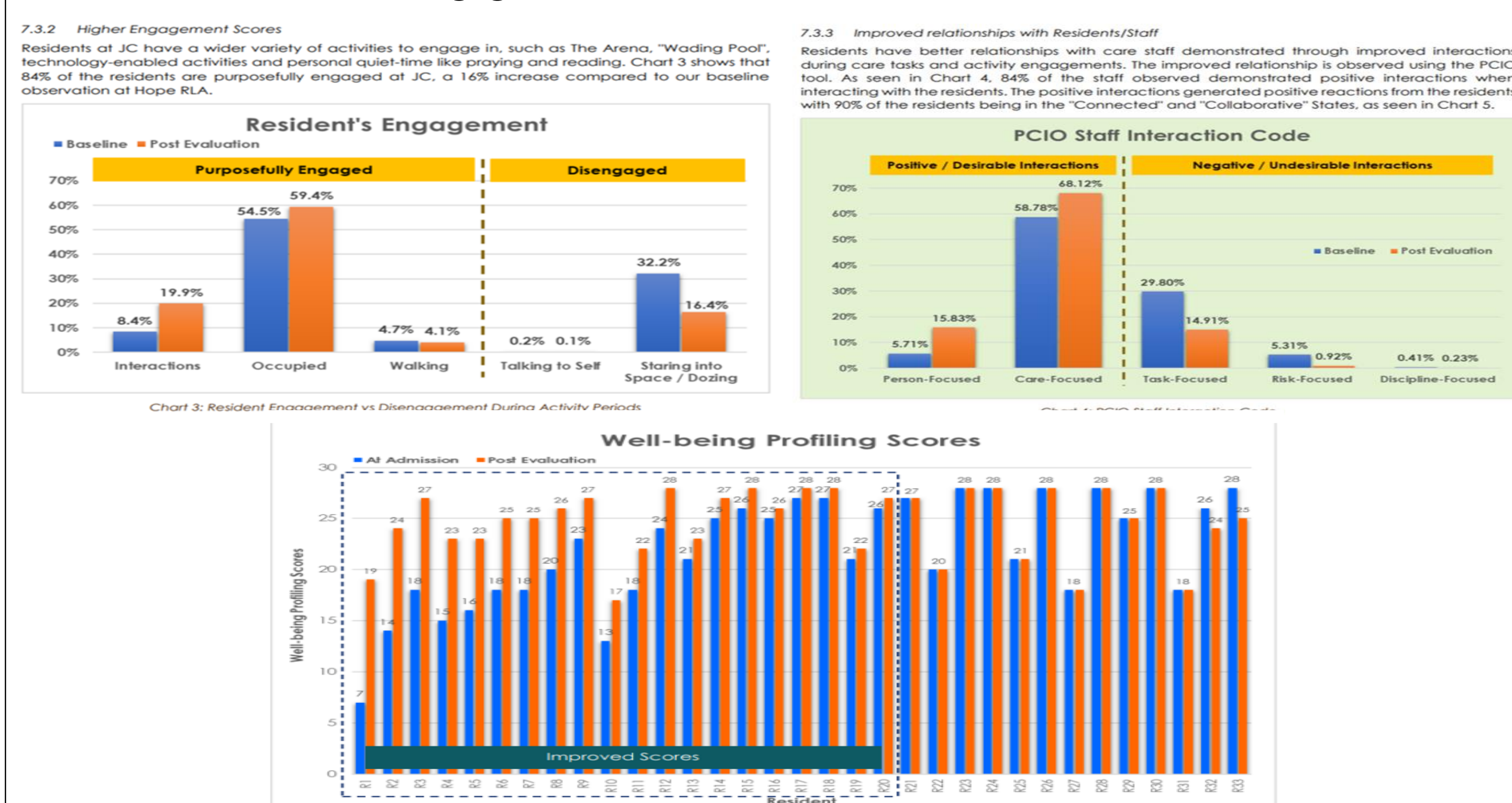
Sustainability & Reflections

Key strategies to sustain the JC MoC:

- Fostering a culture of autonomy and responsibility among staff, empowering them to take ownership of PCC initiatives.
- Encouraging clients to participate in decision-making processes regarding their care and daily activities.
- Regular workshops and training sessions to keep staff updated on the latest PCC principles and techniques.
- Establishing a mentorship program where experienced staff can guide and support new employees in adopting PCC practices.

Reflections and Learnings of the Team

- The "Power of PCC" - The team's experience has shown that when care is tailored to the individual needs and preferences of clients, it leads to significant improvements in their well-being and quality of life.
- Collaboration and Teamwork - The collective effort of staff, volunteers, clients, and community partners has been instrumental in achieving our goals. Collaboration and teamwork are fundamental to sustaining and growing the JC MoC.