

St Luke's ElderCare Ltd
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Introduction / Background

Embracing person-centered care (PCC) requires a cultural transformation that prioritises respect, dignity and collaboration among caregivers. Unlike traditional care practices that emphasise rigid routines and staff efficiency, PCC focuses on individualised care¹ through a multi-disciplinary approach.

To foster a thriving environment in the residential facility, it requires the empowering of residents with autonomy over their lives and the freedom to make their personal choices.²

Currently, daily care activities are concentrated in the morning hours, often driven by convenience rather than residents' preferences. We recognise the importance of established routines and life rhythms in enhancing their quality of life and seek to align care delivery with both the G.R.A.C.E model of care and the individual preferences of elders.

Project Goal / Objective

Our project aims to improve the quality of care for elders by focusing on two key proxy measures:

1. Personalized Shower Timing - Increase the percentage of cognitively intact elders who can choose and receive showers at their preferred timing from 50% to 100%
2. Minimizing Sleep Disruptions - Reduce the number of elders experiencing sleep interruptions due to early showers (before 5.30am) from 53% to 20%

Problem Analysis

1. **Gemba observations** and **time-motion studies** were performed to understand the current situation at various households. Our findings were:

(i) Activity Imbalance

Mornings are heavily scheduled with peak activities, while afternoons experience a lull. Resource-intensive tasks include meal service, incontinence care, and personal hygiene assistance.

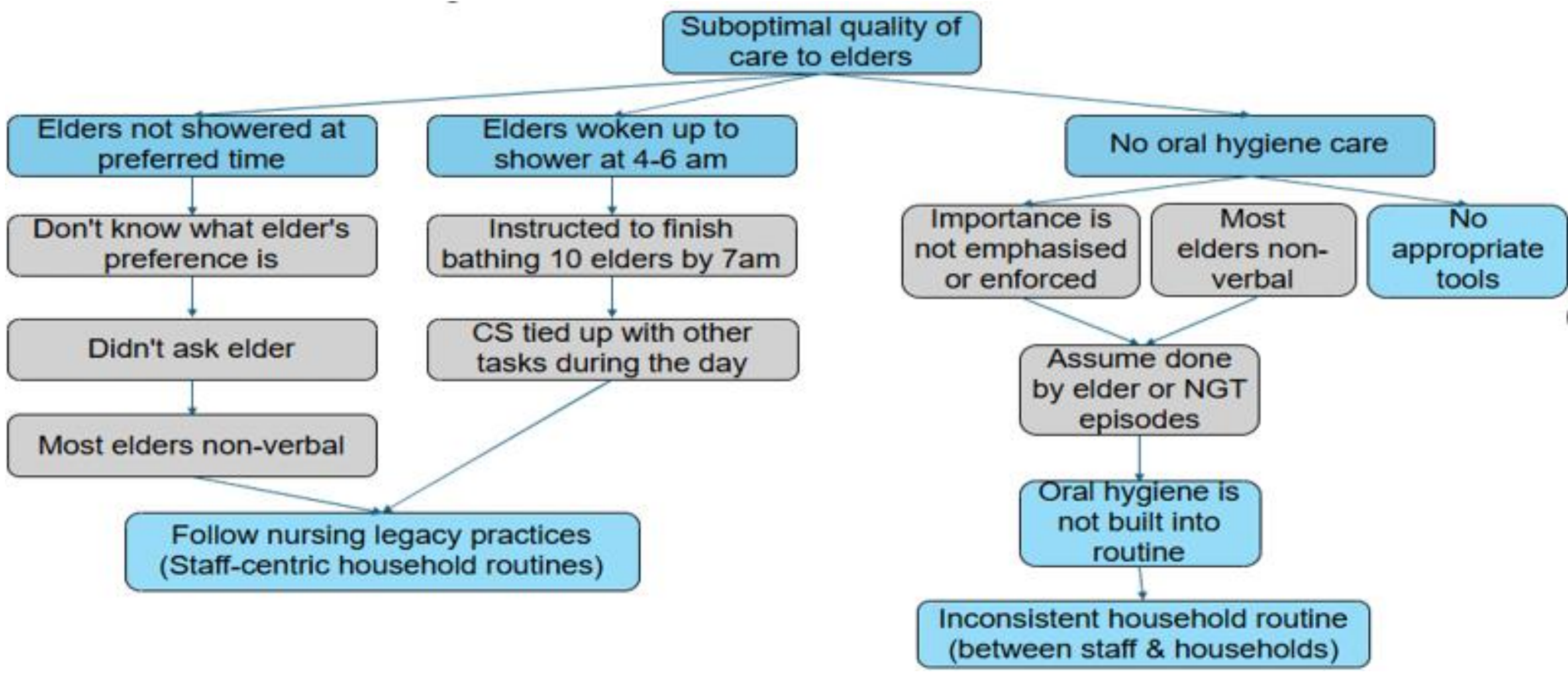
(ii) Routine Inconsistency Across Households (HHs)

Different households follow varying routines, leading to inefficiencies and task duplication when staff rotate between different households.

(iii) Unmet Shower Preferences of Elders

A survey of cognitively able elder residents in one household revealed many were not showered at their preferred times. Despite some expressing a desire to shower in the afternoon, 8 out of 15 elders were showered before 5.30am, driven by staff-centric scheduling.

2. **Root cause analysis** was executed using the **5 Whys** methodology:



The analysis revealed that inconsistent household routines are a key contributor to suboptimal care outcomes, which in turn negatively impact the quality of care provided to elder residents.

Based on the above RCA, a **Person-centric Household Routine** was designed:

- No showers before 5.30am unless requested by elders
- Morning trolley baths replaced with commode baths
- Trolley baths rescheduled to the afternoon lull period
- Tasks are designed per care staff with balanced workload across two staff on duty and three work shifts
- Two rounds of oral care: before breakfast and after dinner
- Protected 1-hour break time per shift for staff
- Hydration rounds added via drinks served with lunch/dinner and post-activity offerings

Implementation Plan

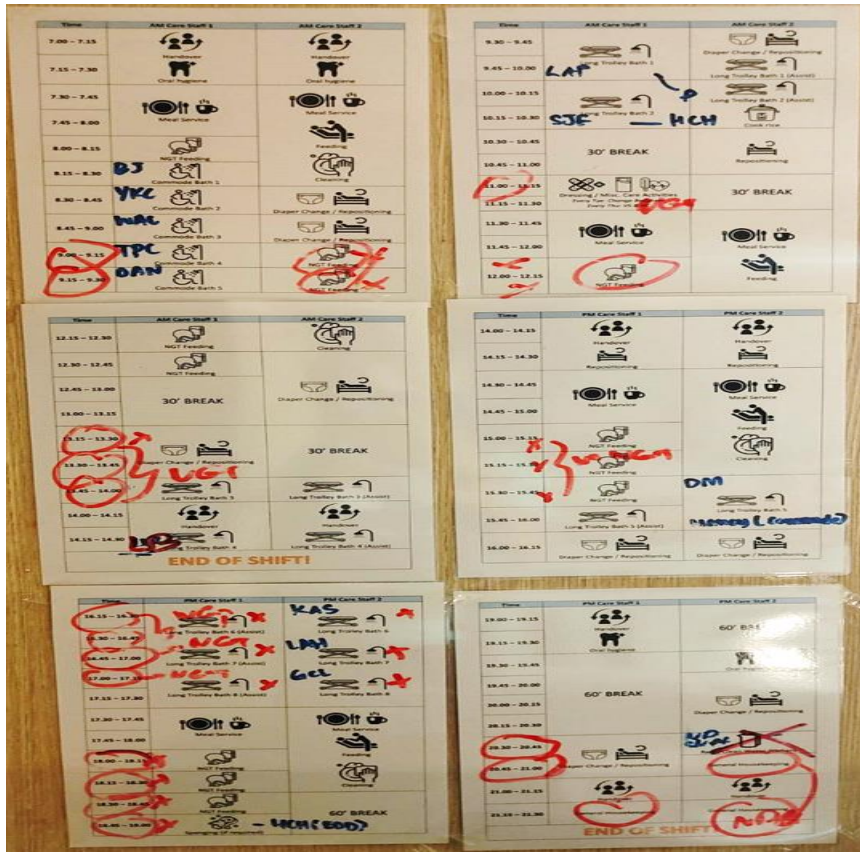
The standardised household routine was piloted at one household. Preparations included:

1. Stakeholder Communication – Engaged the nursing team, care staff and elders affected by shower timing changes.
2. Staff training - Covered oral hygiene provision, hydration rounds and shower slot allocation.
3. Environmental Setup – Installed visual aids for the new routine and set up a dedicated oral hygiene station.

Standardized Household Routine (AM Shift)

Time	AM Care Staff 1	AM Care Staff 2	Time	AM Care Staff 1	AM Care Staff 2	Time	AM Care Staff 1	AM Care Staff 2
7.00 – 7.30	Handover Breakfast Prep	Handover Breakfast Prep	9.30 – 10.00	Bath Time ~ 2-3 elders	Bath Time ~ 2-3 elders	12.30 – 13.00	Diaper Change / Repositioning Documentation	30' BREAK
7.30 – 8.00	Meal Service	Meal Service	10.00 – 10.30			13.00 – 13.30	30' BREAK	Dressing / Misc. Care Activities Every Tue: Change Bedsheet Every Thu: VS & HC
8.00 – 8.30		Feeding	10.30 – 11.00	Repositioning	30' BREAK	13.30 – 14.00	Documentation	Documentation
8.30 – 9.00	Commode baths ~ 2-3 elders	Cleaning NGT Feeding	11.00 – 11.30	30' BREAK	NGT Feeding	14.00 – 14.30	Handover Repositioning	Handover NGT Feeding
9.00 – 9.30		Diaper Change / Repositioning	11.30 – 12.00	Meal Service	Meal Service	END OF SHIFT!		
			12.00 – 12.30	Dressing / Misc. Care Activities Every Tue: Change Bedsheet Every Thu: VS & HC	Cleaning			

The pilot lasted two weeks in a selected household, after which an engagement session was conducted with participating care staff. Their feedback was used to refine the household routine, which was then trialled at additional households.



Benefits/Results

Pilot Outcomes:

- Elder Preferences Honoured
- 1. Shower timing for cognitively-intact elders improved from 50% to 100% alignment with their preferences.
- 2. Sleep interruptions due to early showering (before 5.30am) dropped from 53% to 0%.
- Enhanced Care Quality

Regular oral hygiene and hydration rounds were added to the routine, improving overall care delivery.

In addition, there was an improvement of staff well-being as evident from the positive feedback provided by staff below:

- Reduced morning stress levels
- Improved clarity in task assignments and role expectations.
- Enhanced work distribution.
- Increased break time, allowing for rest and recharge.
- Consistent delivery of essential care routines such as oral hygiene

Sustainability & Reflections

Following the success and positive feedback from the pilot, the routine will be rolled out across all households at SLR@AMK, with the potential for subsequent implementation in our other nursing home. Customised tweaks are being implemented to reflect the unique life rhythms of elders in different households, ensuring person-centred care remains the focus.

Regular feedback from care staff will be collected to identify challenges in adhering to the standardised routine. Continuous training and support will also be provided to sustain the revised care routine.

The shift from a staff-centric to an elder-centric model has improved the quality of care for our elders. It promoted respect, autonomy and choice whilst enabling them to age with dignity and comfort during their stay at our residential facility.

1. Li, J. X, Grandner, M.A., Chang, Y. P., Jungquist, C., & Porock, D. (2017). Person-Centered Dementia Care and Sleep in Assisted Living Residents With Dementia: A Pilot Study. Behavioral Sleep Medicine, (15), 97–113. <http://doi.org/10.1080/15402002.2015.1104686>
2. Terada, S., Oshima, E., Yokota, O., Ikeda, C., Nagao, S., Takeda, N., Sasaki, K., & Uchitomi, Y. (2012). Person-centered care and quality of life of patients with dementia in long-term care facilities. <https://doi.org/10.1016/j.psychres.2012.08.028>

* G.R.A.C.E stands for Graceful Ageing, Respect, Autonomy, Choice, Empowerment- - Model of Care at St Luke's ElderCare