

 GENERAL MANUAL	Policy Title RELATIONSHIP CENTRED MODEL OF CARE	No. GM 1.20
	Policy Type/Category ORGANIZATION	Page 1 of 2
	Effective Date January 2021	Issued by Governing Board
		Supercedes 04/18;08/15;03/12

PURPOSE

To provide a framework for the continuing development of a model of care that incorporates the organization's core values – compassion, dignity, excellence and faith.

DEFINITION OF RELATIONSHIP CENTRED CARE

- The primary focus of care is establishing and maintaining a relationship with each resident entrusted into our care. The primary purpose of the relationship is to give opportunity for the resident to flourish. To flourish means the ability of a person to grow during good times and through life struggles. It is an individual journey of living as experienced and valued by the individual.
- Listening to resident life stories and learning about their lives
- Providing residents the choice wherever possible to live their lives the way they want to – supported autonomy.
- Reciprocal in nature between residents and caregivers.

POLICY

1. The model of care will promote the importance and quality of interactions between residents, their families, and staff of all disciplines, as well as the church and Winkler communities.
2. The model of care will promote the development of relationships between residents and staff to reflect an ethic of love (unconditional positive regard, forgiveness, and service).
3. Through their relationships, residents will experience fulfillment through security, continuity, belonging, purpose, achievement and significance.
4. The model of care will promote creating community throughout the organization, both in the individual care areas, and as a whole.
5. The physical environment, care, and activities will be designed to reflect the promotion of relationships, choice and community.
6. Each person, regardless of the role s/he has in the organization, is responsible to provide opportunities for the resident to flourish.
7. Ongoing education will be provided to staff and other stakeholders to ensure they understand the model of care.

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EVALUATION

1. The ongoing development of the Relationship Centred Care model will be evaluated using the QUIS-EH-O Measurement Instrument. Measured are: QUIS – Quality of Life Interactions, EH – Environmental Health, O – Organizational Health.
2. Evaluations of the QUIS section will be done annually, or more frequent if possible. EH-O will be completed every third year.
3. Outcomes of the evaluations will be reported to the Governing Board, Policy & Planning, Interdisciplinary Coordinating Team, and to staff in each care area /department.
4. Evaluations will be used to determine next steps for the following year, may include staff education, changes to physical environment, use of different or additional technology, different or additional equipment, staff attitude, additional staffing, change in routines/schedules.

COMMUNICATION PROCESS

- Policy and Planning Committee
- Interdisciplinary Coordinating Committee
- Volunteer Coordinator
- Professional Staff
- Support Staff

REFERENCE

Governing Board Policy GB 2.32
Positive Psychology People Blog March 2015