

Section 1: The Trailblazer's Landscape [25 points]**1.1 Briefly summarize the nominee's work.**

Jo-Ann is a visionary, who is challenging the old, institutional nature of Residential Care to shift from a medical model of care to social model of care that values quality life. In a reactive, firefighting environment, she spearheaded the Residential Care for Me initiative to create a safe space for her leaders to slow down, understand the experience of our residents, families and staff, then take risks in order to create meaningful change. She has also created a grassroots mechanism whereby all of her leaders invest their time and energy to shift the culture by working with staff, residents and families to rapidly test new ideas. Termed Megamorphosis, this rapid testing also includes crucial work around team and trust building, which shows Jo-Ann's knowledge in how to create successful culture change. Jo-Ann's work to change the mindset of an institutionalized residential care sector is generating interest across the province.

1.2 Please describe the areas of your workplace's culture that the nominee changed.

Fueled by not accepting the status quo for the people we serve, their families and our staff, Jo-Ann has been shifting the culture in seniors care at Providence Health Care (PHC) by challenging the old, institutional models of care and the slow, bureaucratic nature of large healthcare institutions. She started by bringing together a small group of leaders who learned, through coming together under her leadership, that it was truly up to this group of leaders to make a difference. There was no magic bullet, no funding falling from the skies – it rested with the leaders to take the helm and navigate through these waters together.

As Jo-Ann brought the leaders together, she was able to increase the original group of five managers to include community partners¹, Professional Practice Leaders, Physicians, Clinical Nurse Specialist, and our Vice President. She partnered with me in my role as Performance Improvement Consultant as we spent many weekends around Jo-Ann's dining room table at home – trying to figure out what approach to take, how to develop something that others could truly rally behind and get to a collective vision. Jo-Ann led the larger group (now upwards of 20 PHC leaders) through a massive engagement process, using a human-centred design approach. This approach engaged residents, staff, and families across PHC's five residential care homes, which serves 629 residents at any one given moment. Jo-Ann created a buzz in residential care that had never been created at PHC before – it was an exciting buzz and people started talking and getting motivated as she created powerful videos, and tools that could engage people who were not able to connect with her during meetings during the day or evenings. The process has resulted in an incredibly strong leadership for residential care at PHC, all inspired and driven to shift our Residential Care Homes from the traditional medical model of care to a social model of care focused on the dignity and quality of life of our seniors.

In bringing together this group of leaders, Jo-Ann has created a safe space to challenge the long-held beliefs and unwritten rules that have been a part of Residential Care for years. By speaking honestly, openly and genuinely about the challenges that we face, and how we are going to work through them as a team, she builds trust. She empowers and encourages her leaders to think differently about the work that we do and gives them permission to do things and test things quickly without necessarily going through formal channels, knowing that Jo-Ann has their backs. Not one to sit back as others do the work, she has started to implement the clinical and cultural transformation vision through her brainchild "Megamorphosis".

Megamorphosis is the ultimate empowerment and innovation process. The process starts with 4 weeks of pre-work that include:

- Team building sessions led by our Centre for Practitioner Renewal that include staff of all disciplines and aim to break down silos between disciplines
- Exercises that help to highlight the importance of compassion for each other as well as those we serve

¹ Our community partners are two women who have lived the experience of having loved ones in residential care.

The pre-work is followed by two weeks of rapid Plan-Do-Study-Act (PDSA) cycles of testing ideas from best practices, as well as ideas from point-of-care staff. Megamorphosis gave everyone, from leaders to care aides, the permission and support to take ideas that had been percolating for years and test them quickly. These testable ideas challenge longstanding cultural norms, such as the need for nurses to lead shift report, or that there needs to be a nursing station. Jo-Ann personally led conversations with the care staff and empowered the Residential Care Aides (RCAs) to lead shift report. This has been a huge shift in culture from one where the medical model and nursing dominates to one in which RCAs – the people who know our residents best and are best placed to increase their quality of life – are in the driver’s seat. Megamorphosis has given the staff at our homes permission to slow down, worry less about completing tasks and focus on getting to know the life stories of our residents. Through Megamorphosis, the idea of a Community Tree was implemented, where every resident and staff has a flower on the tree that describes the three things that bring them peace, comfort and joy.

Through Jo-Ann’s inspired vision and creative methods for trying new ideas, she is reminding everyone of the passion that brought them to Residential Care in the first place. If you walk into a care home that has experienced Megamorphosis, you will see more smiles, hear more laughter and feel the pride that has come with making changes that serve the residents rather than the system.

Section 1:	/25
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Section 2: Impact [30 points]**How did the nominee change their workplace's culture so that team members thrive and patients receive the best care possible?**

Residential care has traditionally evolved from the medical model of large institutions, focusing primarily on health and safety needs and neglecting the psychosocial health and dignity of residents. At Providence Health Care (PHC), we have seen a change in the needs and level of acuity of people coming to residential care over the years. Meanwhile, our care homes are getting older, and as a system, we have not been able to keep pace with the changing needs of our residents. Walking through one of our residential care homes in the afternoon, after the hustle and bustle of morning personal care, and scheduled meals, you can see residents asleep in the dining room, or blankly staring at a television, whether or not they understand what is happening on the screen. The beautiful patio, with flowers and strawberries planted by the clinical nurse leader often sits empty, even on beautiful, sunny days. This is proof of the loneliness and boredom reflected in quality of life survey data.

Having experienced these challenges for years and distressed by the results of our residents' quality of life surveys, Jo-Ann started the Residential Care for Me (RCfM) journey in March of 2014 as one of the Resident Care Managers for Providence Health Care (PHC). RCfM is an important innovation and improvement initiative happening at all five PHC residential care homes: Youville Residence, Holy Family Hospital, St. Vincent's: Brock Fahrni, St. Vincent's: Langara and Mount Saint Joseph Hospital. Led by the site and program leaders of residential care at PHC, RCfM strives to understand what happens in residential care by piecing together the individual experiences of people who live, work and visit our sites. Having gathered powerful stories from residents, families and staff in the insights phase, RCfM is now in the prototype and testing phase, trying out new and innovative ideas in our current homes, in preparation for a future in which emotional connections matter most, residents direct each moment and home is not just a place, it is a feeling. The vision and work of this initiative, including creative use of video is located online here: <http://www.providencehealthcare.org/residentialcareforme>

Now, in her role as Program Director of the Elder Care Program and Palliative Services, Jo-Ann has taken RCfM to the next level by creating and implementing Megamorphosis (a term invented by the incredibly creative Jo-Ann). Guided by the information gathered in the first phase of RCfM, Megamorphosis is an intense culture transformation approach utilizing the skills of her leaders and the resources available to test multiple, concurrent Plan-Do-Study-Act (PDSA) cycles to transform the culture of care. With many doubters around her, she stands strong in her conviction that culture change can and will happen with a group of passionate and compassionate leaders who are able to journey with staff and see the world through the eyes of the residents. With every Megamorphosis that occurs (two have been conducted thus far), Jo-Ann is on site for 10 hours every day during the two week event. She starts and ends her day at shift report with the staff, working with them to empower care aides in leading shift report.

This is a huge shift from a nurse-led process to one that recognizes the care aides as the ones who know our residents best. This also frees up nurses to focus on the residents who are more medically complex. At Brock Fahrni Residence, the success of this work prompted the team to spread the same idea to other areas of the home that were not a part of Megamorphosis.

Recognizing that trust and open communication is an important precursor to culture change and innovation, Jo-Ann also ensures that Megamorphosis addresses the well-being of staff and the cohesiveness of the team, in addition to the practical changes being tested. She puts resources into team building sessions and spends much of her time mentoring leaders to have the difficult conversations required to address silos among the disciplines. The result is staff who are open to trying new and different ideas, and coming up with their own ideas during Megamorphosis. One of the solutions has been a mid-day huddle and the introduction of a whiteboard that helps all disciplines communicate with each other based on resident needs.

And while it may not seem like much, Jo-Ann commits wholeheartedly to her vision of creating homes by having staff and residents paint parts of the home (including the nursing station) in bright, vibrant colours, rather than follow the usual process or colour palettes for painting in a large institution. Not only does this signal to staff and residents that they have the permission to decorate the home as they would their own, it also engages residents in activities and gave them a chance to contribute – one of the areas of quality of life that residents had rated poorly in surveys. Transformations that would normally take months or years to affect using formal channels are enacted in two weeks through Megamorphosis.

Jo-Ann challenges her leaders to make changes rather than sit in meetings discussing what needs to be changed. She has shown everyone that change is possible. Now, when you walk through one of the homes that has experienced Megamorphosis, you see more life. One resident, who once told me that she just “watched the characters” on TV because she doesn’t understand English can be seen playing mah jong for hours with another resident who used to spend much of the day in her own bed. On the patio, you’ll find a handful of residents (who used to eat alone in their rooms) enjoying their lunch together in the sun. You’ll also find staff, who used to barely acknowledge residents as they flew frantically by on their way to complete a task, sitting with residents, sharing a song, or just holding their hand.

Section 2:	/30
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Section 3: Inspiration [20 points]

Explain how the nominee inspires you and/or their team members.

Jo-Ann inspires everyone around her with her passion for creating the best possible experience for residents, families and staff. As an internal consultant, I am grateful to work alongside an amazing leader such as Jo-Ann. Whereas in many projects, it is difficult for a person in my position to gain commitment and buy-in to projects, Jo-Ann exemplifies the textbook qualities of a leader who is able to inspire her colleagues. She has excellent relationships with all of the disciplines that she works with, inspiring them to take two hours out of their busy schedules every two weeks to meet and work towards the vision of Residential Care for Me. She also works hard to ensure that the relationships among her leadership team are strong by providing opportunities for and role modelling honest conversations, bringing in support from the organization's Centre for Practitioner Renewal as needed. I have no doubt that the team has been able to successfully take on such an innovative and transformative initiative as Residential care for Me because of the foundation had been set through Jo-Ann's ability to create a trusting, and risk-taking culture.

What impresses me the most about Jo-Ann is that she is a truly empathic person who connects with everyone with whom she interacts. Her calm, understanding and respectful demeanor makes her easy to approach by residents, family and staff alike. She stops to stay hi to everyone and is often there to lend an ear, in particular to one resident who visits her regularly in her office. The example that she sets through her everyday actions as well as through her vision and leadership in bringing a social model of care to reality in our homes has changed how her leaders (myself included) act whenever we step foot into a home. It used to be common to see staff walk by residents without saying hi. Now, we all stop to say hi and have a short chat with each of the residents that crosses our path. In a time of uncertainty and budget constraints, she remains focused on what is important and is re-igniting the passion in everyone around her to bring hope to the people we serve, their families and the staff who support them. Jo-Ann loves **knowing people**. She loves hearing peoples' stories and getting to know them on an individual basis. She has an incredible gift of tapping into what makes others come to work every day, and is able to get people excited about the work they do.

Jo-Ann is a highly respected leader both in and out of Providence Health Care. More than one person has said, "I would follow Jo-Ann anywhere she goes" because they know pure greatness when they experience working with her. Jo-Ann knows how to lead teams by her infectious positivity and values based leadership, how to strategically align health care services for serving people in the future and how to motivate even the greatest cynics by her passionate, practical approaches to challenging the status quo in care delivery. She listens to people and asks insightful questions to help each individual refocus on the compassion he or she brings to work as a health care provider. Her ability to speak so eloquently and passionately about Residential Care for Me has resulted in many invitations from other health care providers to speak to their staff, or at conferences.

In addition, she holds her own bar high – and leads through this excellent example. Last year, after her field study in Europe, Jo-Ann was so motivated to change the current health care system for seniors in residential care she declared a “one step challenge” for herself. Every single day, without fail, she would take one step towards achieving the vision for residential care. A conversation with a Director in Northern Health making a decision about which direction to take their sector, a presentation to a group of Architects building seniors homes, a Licensing Officer in another health authority interested in changing legislation to enable more risk taking for seniors in care, or a staff member thinking about quitting because she finds that care has become too routine and impersonal. For every day over the last year – she has taken at least one step a day towards her vision. I know she has also had days she was leaping forward a few jumps, not just small steps.

Through Jo-Ann’s visionary work of Residential Care for Me and culture change movement of Megamorphosis, she is leading the change in residential care that is creating a change in our system that will not be able to revert back to the traditional institutionalized way of care.

She is influencing designs and bringing in a refreshed way of being that is appealing to all – from the enthusiastic to the complete cynics. She has a way of motivating people and getting them to come onboard with the revolution she is creating to shift seniors care.

Section 3:	/20
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Section 4: Innovation [15 points]**How has the nominee contributed to new thinking?**

Inspired by a presentation around ground-breaking work done in the UK regarding emotional connections in dementia care, Jo-Ann has made it her mission to push the boundaries of Residential Care in British Columbia and challenge the thinking around how Residential Care homes should be built and run.

This started with creating the Residential Care for Me initiative and using empathy and human-centred design methods to understand the current experience of residents, families and staff in our care homes. Jo-Ann created the space for all of her residential care managers to come together regularly and create a vision for Residential Care homes where we would all want to live. She pushed for the work to examine the extremes of our population and inspired everyone on the team to look differently at how services could be provided in an ideal world. She is now working to turn those ideas into reality.

Fortunately, the timing of this work coincided with the need to develop a clinical plan for a new Residential Care building. Jo-Ann drew upon the expertise of her leaders, as well as best practices from her study tour of Residential Care homes around Europe to create a clinical plan that many think cannot be achieved in our current system. Not one to be proven wrong, Jo-Ann has set out to show that these ideas are not impossible by innovatively testing them in our current environments.

She made up the term Megamorphosis to describe this phase of rapid cycle testing of ideas. These ideas included both best practices and original ideas coming from staff and residents, such as:

- A buddy program for residents and staff to connect – particularly focusing on residents who do not have regular visitors and could suffer from loneliness
- The creation of a shower poncho prototype based on a resident's fear that she was not completely covered while en route to the shower room
- The creation of a "treasures" room – a place within the home where residents could go 'shopping'
- Care aprons – interactive aprons that care aides can wear to help reduce resident stress during personal care
- Making staff spaces invisible, such as turning the nursing station into a coffee shop, in an effort to reduce the institutional feel of the environment and inspire the feeling of community
- And most importantly empowering care aides to direct resident care in a traditionally nurse-dominated environment.

Jo-Ann has also been able to solicit donor support (\$2M) through the Tapestry Foundation to create 2 prototype households that will be designed as close as possible to the Residential Redevelopment proposed households, while renovating the least desirable residential care environment at PHC. Drawing from the widely touted Dementia Village in the Netherlands, these new, smaller households will become the “test bed” for trying out the new model for the new campus. It will also provide valuable feedback from residents and interested family members experiencing this new model of care that encourages life in Residential Care as a family. This opportunity to test the model of households and social model of care, several years before the new campus is built is proactive, visionary and strategic in nature – reflecting some of Jo-Ann’s many strengths.

Section 4: /15

Quality of Submission: /10

TOTAL SCORE: /100