

December, 2011

Dear Administrator/Stakeholder:

I am pleased to announce publication of the new *PEAK Resource Guide* which supports the expansion of person-centered care in Kansas nursing homes. It provides information on a new program, PEAK Nursing Homes 2.0.

For the past ten years, KDOA has been recognizing nursing homes for successfully implementing culture change through the Promoting Excellent Alternatives in Kansas Nursing Homes program commonly known as PEAK. Although the phrase “culture change” may have different meanings, it gave rise to new ideas on how the focus of care could be changed from the type of services provided to the person receiving those services. As a result, the personal preference of residents has become as important as providing the services and supports they need.

Over the years, nursing homes have used many different methods to achieve culture change. Some of the methods have been proprietary while others came from ideas developed locally. Several Kansas nursing homes have achieved status as national leaders in this movement. The agency’s goal for the PEAK program has been to encourage culture change without endorsing a particular model of care.

From the beginning of PEAK, KDOA pursued two primary goals. First, the agency presented annual awards to homes which accomplished significant culture change. Second, KDOA worked to educate others about the culture change movement and the accomplishments being made in Kansas. Sixteen different learning modules, developed by the Kansas State Center on Aging, are now available on the KDOA website. Those modules are also referenced throughout this publication.

Through the PEAK awards program, KDOA has recognized 51 different providers for their efforts to adopt culture change. The awards program continues to recognize homes for significant improvements in the areas of resident choice, staff empowerment, environment, and meaningful life.

Building on the successful history of PEAK, the agency is moving in expanded directions. KDOA will continue to recognize homes for their accomplishments with culture change. However, with publication of the new *PEAK Resource Guide*, the generic phrase of “culture change” has been replaced by the more understandable phrase of “person-centered care.” The latter better describes the kind of care KDOA wants to encourage.

Finally, KDOA recognizes that developing person-centered care in all nursing homes will not happen overnight. Therefore, to quicken the pace of adoption, the agency has redesigned the

pay-for-performance incentives included in the Medicaid nursing facility reimbursement methodology. More information regarding the pay-for-performance incentives will be forthcoming in the near future.

It is my hope that the new *PEAK Resource Guide* will be a valuable tool for you in pursuing person-centered care.

Sincerely,

A handwritten signature in black ink, appearing to read "Shawn Sullivan", with a long horizontal flourish extending to the right.

Shawn Sullivan  
Secretary

Promoting Excellent  
Alternatives in Kansas  
(PEAK)  
Nursing Homes

December, 2011

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# PEAK OVERVIEW

## **PEAK Nursing Homes 2.0 Overview: A Culture Change/Person-Centered Care Incentive Program**

PEAK Nursing Homes 2.0 is a revision of the KDOA PEAK Nursing Home program that addresses the subjective nature of the original program and provides pay-for-performance incentives to move more nursing homes to pursue culture change and adopt person-centered care. The new program includes five different incentive levels to recognize homes that are either pursuing culture change, have made achievements in the pursuit of culture change, have met minimum competencies in person-centered care, have sustained person-centered care, or are mentoring others on person-centered care.

Each level of PEAK 2.0 has a specific Medicaid pay-for-performance per diem incentive attached to it that homes can earn by meeting clearly defined outcomes.<sup>1</sup> The first two levels are intended to encourage quality improvement for homes that have not yet met the minimum competency requirements for a person-centered care home. Homes can earn both of these incentives simultaneously as they progress towards the minimum competency level. The third level recognizes those homes that have attained a minimum level of core competency in person-centered care. The fourth and fifth levels are reserved for those homes that have demonstrated they have sustained person-centered care for multiple years and have even gone on to mentor other homes in their pursuit of person-centered care. The table on the opposite side of this page provides a brief overview of each of the PEAK 2.0 levels.

Evaluation criteria for PEAK recognition has been developed based on the domains, core competencies, and supporting practices characterized as comprising the fundamental values of person-centered care for Kansas. The domains have been identified as resident choice, staff empowerment, environment, and meaningful life. Each domain is further developed by a set of core competencies, and the core competencies are reinforced by the supporting practices.

More detail about applying for the PEAK 2.0 incentive is available on the KDOA website (beginning January 2012).

<sup>1</sup>The performance incentives listed are subject to CMS approval and may change.

# PEAK OVERVIEW (cont.)

## PEAK Nursing Home Incentive Program

| Step # | Step Title                              | Required Nursing Home Action   | State Action  | Recognition  | Per Diem Incentive | Incentive Duration   |
|--------|---|--|---|--|--------------------|--|
| 1      | <b>Pursuit of Culture Change</b>        | Completes a person-centered care assessment of staff, residents, environment, and meaningful life using any (can be multiple) of the tools listed in the Evaluation Tools section of this resource. Based on this information the home then develops and submits a culture change action plan explaining what changes they will implement during the next state fiscal year. The plan must include a time line, a budget, and staff education initiatives. All materials must be submitted in accordance with the PEAK 2.0 application packet. | Reviews assessment documentation and action plan to ensure that PEAK 2.0 application requirements have been met. Implements incentive for the next fiscal year.   | Certificate of Recognition for Pursuit of Culture Change.          | \$0.50             | Available beginning July 1, 2012. Subsequent fiscal year following approved action plan.                     |
| 2      | <b>Culture Change Achievement</b>       | Submits culture change action plan report to KDOA documenting successful implementation of at least 75% of the core competencies approved. A home can apply for recognition for achievement and pursuit of culture change in the same year.  | Reviews culture change action plan report and verifies that it documents at least 75% of the approved core competencies have been met. Conducts site visit to verify that action plan objectives have been met. | Plaque recognizing Culture Change Achievement Award.               | \$1.00             | Available beginning July 1, 2013. Subsequent fiscal year following confirmed successful action plan report.  |
| 3      | <b>Person - Centered Care Home</b>      | Submits application demonstrating that the home has achieved minimum competency in the four core areas of PEAK defined person-centered care: resident choice, staff empowerment, environment, and meaningful life. Once a home attains this level they are no longer eligible for recognition through levels one and two.  | Reviews application to ensure it meets designated criteria. Conducts site visits to confirm application.  | Plaque recognizing home as a Person-Centered Care Home.            | \$2.00             | Available beginning July 1, 2012. Subsequent fiscal year following confirmed minimum competency.             |
| 4      | <b>Sustained Person - Centered Care</b> | Earns person-centered care home award two consecutive years. For the first year only, PEAK award wins would be included. Homes that meet the person-centered care home criteria that have also won a PEAK award once in the previous four years or twice in the first 10 years of PEAK would qualify.  | Reviews application to ensure it meets designated criteria. Conducts site visits to confirm application. Reviews prior records to ensure home meets sustained criteria.   | Plaque recognizing home as a Sustaining Person-Centered Care Home. | \$3.00             | Available beginning July 1, 2012. Two subsequent fiscal years following confirmation. Renewable bi-annually. |
| 5      | <b>Person - Centered Care Mentor</b>    | Earns sustained person-centered care achievement award, and successfully mentors another home to earn culture change achievement or Person-Centered Care Home Award. Submits documentation of mentoring activity. For the first year only previous PEAK winners would be allowed to submit evidence of their own mentoring activities and document how that has led to culture change in other homes.  | Verifies sustained person-centered care achievement award. Reviews mentoring documentation and verifies mentoring activities with mentoree.   | Plaque recognizing home as a Person-Centered Care Mentor.          | \$4.00             | Available beginning July 1, 2012. Two subsequent fiscal years following confirmation. Renewable bi-annually. |

# Person-centered Care

There is no universal definition for culture change (it also may be referenced as person-centered or person-directed care). The “movement” started in the late 20<sup>th</sup> century as a philosophy that changed the focus of care giving from accomplishing tasks to emphasizing the person. Since then, many organizations and initiatives have sprung up associated with culture change such as Eden Alternative®, the Wellspring Program, the Green House®, and the Household Model to name a few.

Some people view culture change as an operational change – for example a new dining program - while others believe it to mean that elders/residents can choose when to eat and/or bathe. While affecting those aspects of quality care will provide benefit to the elder/resident, they are only pieces of a bigger quality picture. Culture change/person-centered/person-directed care requires a shift in an organization’s values and beliefs about what quality care is, and what it means to provide quality care.

There is not a specific model or set of practices that equals culture change/person-directed/person-centered care. Instead, there are a set of principles that can be used to guide resident care practices; organizational and human resource practices; and the design of the physical facility that support person-centered/person-directed care. A facility/organization that provides person-centered/person-directed care according to these principles would embrace and practice aspects like:

- Resident direction. Residents should be offered choices and encouraged to make their own decisions and express their likes and dislikes about personal issues such as what to wear, when and what to eat, or when to go to bed.
- Homelike atmosphere. Physical environments should be more homelike and less institutional. For example, larger nursing units would be replaced with smaller "households" of 10 to 15 residents. Residents would have access to beverages and snacks 24/7, and overhead public address systems would be eliminated. Practices would also reflect a homelike environment. For example, cooking and/or chores would be accomplished by universal workers and/or homemakers, and when possible with the assistance/participation of residents of the household.
- Close relationships. Consistent staffing would insure that the same direct care staff would always provide care to a resident.
- Staff empowerment. Staff should have the latitude and authority, the necessary training, and the flexibility to respond to residents’ needs. Staff should have input regarding work schedules and assignments, and should be encouraged to work together as teams to solve problems, innovate, and to take advantage of individual strengths.
- Collaborative decision-making. The traditional top-down management hierarchy should be flattened and frontline staff should be given an opportunity to have input on, and authority to make decisions regarding residents’ care.
- Quality improvement processes. Culture change should be treated as an ongoing (even day-to-day) process of striving to improve overall performance; not as a one-time push to provide amenities or change policies and/or procedures.
- Culture change provides the foundation for the other elements of person-centered/person-directed care, and seeks to foster the core values of respect, autonomy (self-direction), dignity, choice, privacy and independence in ways that contribute to the wellbeing of the elder. In practice, person-centered/person-directed care recognizes the unique interests, preferences, talents and life experiences of each member of the community – residents, family members, staff, and volunteers.

**Links to relevant resources follow on the back of this tab.**

***“Change your thoughts and you change your world.”***

– Norman Vincent Peale

# Person-centered Care (cont.)

## What is Culture Change?

<http://www.pioneernetwork.net/CultureChange/Whatis/>

[http://actionpact.com/culture/about\\_culture\\_change](http://actionpact.com/culture/about_culture_change)

<http://www.theceal.org/assets/PDF/Person-Centered%20Care%20in%20Assisted%20Living.pdf>

<http://www.kansasculturechange.org/>

<http://www.agingkansas.org/LongTermCare/CultureChange.html>

<http://changingaging.org/>

[http://www.nhqualitycampaign.org/star\\_index.aspx?controls=welcome](http://www.nhqualitycampaign.org/star_index.aspx?controls=welcome)

***Recognize that culture change is a journey, not a destination.***

Fundamentals of a Successful Change Process:

- ◆ Start simple and aim for quick wins
- ◆ Select changes important to elders, family members and staff
- ◆ Place maximum control with elders and those who work closest with them
- ◆ Focus on relationships
- ◆ Align daily practices with espoused values
- ◆ Ensure individualization and flexibility
- ◆ Integrate culture change and quality improvement systems
- ◆ Communicate with clarity
- ◆ Pace yourselves
- ◆ Document your journey

***“Change your thoughts and you change your world.”***

– Norman Vincent Peale

# Resident Choice

A person's ability to make decisions about all aspects of day-to-day living is one of the most fundamental qualities of self-determination. It is like breathing; it is so common an experience, so personal, so much a part of our everyday existence. Our collective experience is that in our day-to-day lives, *we choose*. Providing and promoting choices to residents/elders is the most basic and essential principle of resident-centered care. Real choice is not only having the ability to pick from a number of predetermined options; it is also about having the power to add that which you want to those options. In order to give person-centered care, real choices must be provided across the board; in day-to-day living, relationships, activities, learning, leisure, and end-of-life.

## Key Components to Resident Choice

**Learning Circles** - in order to find out what residents prefer.

**Open Dining**- expanding dining hours to accommodate residents preferred schedule, such as later breakfast for those that like to sleep in. Also, having options for food throughout the day, not just while the dietary department is open. Offer choices of food items. Some communities offer buffet style dining and others restaurant style.

**Bathing**- the resident chooses how often, when, and how (i.e. shower, bath, sponge bath, etc.).

**Natural waking**- the idea that residents wake on their own, not at the convenience of the staff. In turn, they also choose when to go to sleep.

**Liberalized diets**- choice of food/diet regardless of diagnosis. Eat what you want, as if you were living in your own home.

## Some Regulations that Support Resident Choice

F151 Exercise of rights- The resident has the right to exercise his or her rights as a resident of the facility and as a citizen of the US. The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising rights.

F155 The resident has the right to refuse treatment, to refuse to participate in experimental research, and to formulate an advance directive.

F242 Self-determination and participation- The resident has the right to choose activities, schedules and health care consistent with his or her interests, assessments, and plans of care. The resident has the right to interact with members of the community both inside and outside the facility. The resident has the right to make choices about aspects of their life in the facility that are significant to them.

F280 Participate in planning care and treatment - The resident has the right to -- unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, participate in planning care and treatment or changes in care and treatment.

**Links to relevant resources follow on the back of this tab.**

***“Life is what you make it, always has been, always will be.”***

- Grandma Moses

# Resident Choice

***Resources:***

<http://www.pioneernetwork.net/Data/Documents/LearningCircleKeane.PDF>

<http://www.agingkansas.org/LongTermCare/PEAK/Modules/residentctrlf.pdf>

<http://www.residentcenteredcare.org/Pages/Resident-Directed%20Care,%20Support%20and%20Services.pdf>

<http://www.pioneernetwork.net/Search/Results.aspx?q=resident%20choice>

[http://www.cna.com/vcm\\_content/CNA/internet/Static%20File%20for%20Download/Risk%20Control/Medical%20Services/CultureChangeReapingTheBenefitsOfResidentDirectedCare\\_CNA.pdf](http://www.cna.com/vcm_content/CNA/internet/Static%20File%20for%20Download/Risk%20Control/Medical%20Services/CultureChangeReapingTheBenefitsOfResidentDirectedCare_CNA.pdf)

<http://www.agingkansas.org/LongTermCare/PEAK/peak.htm> (*Dining and Returning Control to Residents*)

# Staff Empowerment

Empowering staff means involving non-management employees in brainstorming, problem solving, and decision making within an organization. It also includes personal and professional development opportunities for those who wish to utilize them. Staff closest to the resident have a voice in care planning and practices, and direct-care staff are able to make decisions about their own work and how they will carry that work out. Self-direction gives those workers a sense of ability, but also provides accountability.

This effective management concept can be applied in all long-term care settings. Administrators will find that introducing this model will result in a more effective and motivated staff and, as a result, an improved care environment, better communication, increased staff morale, and higher staff retention.

## ***Resources:***

<http://phinational.org/archives/staff-empowerment-called-key-to-nursing-home-culture-change/>

<http://www.commonwealthfund.org/Grants/2002/Jul/Employee-Empowerment-in-Nursing-Homes--Evaluating-the-Impact-of-Self-Managed-Work-Teams.aspx>

<http://www.agingkansas.org/LongTermCare/PEAK/peak.htm> (*Staff-Parts 1 & 2, and Leadership*)

<http://web3.unt.edu/news/story.cfm?story=10346>

<http://www.commonwealthfund.org/Publications/In-the-Literature/2007/Nov/Consequences-of-Empowered-CNA-Teams-in-Nursing-Home-Settings--A-Longitudinal-Assessment.aspx>

***“The only man I know who behaves sensibly is my tailor; he takes my measurements anew each time he sees me. The rest go on with their old measurements and expect me to fit them.”***

~George Bernard Shaw

# Environment

Changing the environment to de-institutionalize a facility is one of the most highly visible signs of culture change. When creating a residential environment, areas of focus should include personalization of living spaces, including spaces that promote community and socialization by encouraging informal and spontaneous gatherings, as well as supporting choices for solitude. The living environment needs to provide abundant natural light, access to nature and the outdoors, as well as aesthetically pleasing furnishings and finishes.

However, environment goes beyond buildings and furnishing. De-institutionalization also includes elements such as eliminating the routine use of overhead paging, or that medical equipment or laundry and cleaning carts are not left in personal spaces or hallways except when in use. It also means that staff respect residents' personal and private space, and that the living environment encourages a person to utilize all remaining capacities for self-care and mobility.

## Some Regulations that Support Environment

F246 Accommodation of needs - Reside and receive services in the facility with reasonable accommodation of individual needs and preferences, except when the health or safety of the individual or other residents would be endangered

F247 Receive notice of change - Receive notice before the resident's room or roommate in the facility is changed

F252 Environment - A safe, clean, comfortable and homelike environment, allowing the resident to use his or her personal belongings to the extent possible

F460 Privacy - Be designed or equipped to assure full visual privacy for each resident

## ***Resources:***

<http://www.pioneernetwork.net/Providers/Design/>

<http://thegreenhouseproject.org/>

[http://actionpact.com/household/household\\_model](http://actionpact.com/household/household_model)

<http://www.edenalt.org/eden-at-home>

<http://www.ideasinstitute.org/comintiative.asp>

<http://www.healthdesign.org/chd/about>

<http://www.agingkansas.org/LongTermCare/PEAK/peak.htm> (*Creating Home Parts 1 & 2*)

***“I could not, at any age, be content to take my place in a corner by the fireside and simply look on.”***

~ Eleanor Roosevelt

# Meaningful Life

What constitutes a meaningful life will vary from one individual to another. On a fundamental level it means that an individual's spiritual and psychosocial needs are being met, that individuals are treated with respect, that the attention they receive is genuinely caring and tailored to meet their needs; and that they believe that their circumstances, feelings, and opinions are appreciated and understood by those around them. Meaningful life also entails observing rituals, end-of-life care, and respect for individual choice.

To live a purposeful, meaningful life, residents need to have opportunities to maintain existing ties to family and friends, and to remain active in the broader community; as well as build new relationships and connections. Facility administrators engaging and being open to opportunities for community projects and groups from the surrounding community is a good way to build a bridge between the residential community and the broader community. Likewise, residents need opportunities to contribute in a meaningful way at a personal and community level. Some examples of that involvement might include such things as reading to another resident, helping prepare a meal, multigenerational activities, participating in a coat drive, recycling project or community garden, or involvement in a civic organization.

## Some Regulations that Support Meaningful Life

F240 Quality of life - A facility must care for its residents in a manner and in an environment that promotes maintenance or enhancement of each resident's quality of life.

F241 Dignity - The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality.

F248 Activities - The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.

## ***Resources:***

<http://www.kahsa.org/files/public/PsychosocialNeeds.pdf>

<http://www.pinonmgt.com/>

<http://www.residentcenteredcare.org/Pages/Individual%20and%20Community%20Life-systems.html>

<http://www.edenalt.org/search?ordering=&searchphrase=all&searchword=meaningful+life>

<http://gerontologist.oxfordjournals.org/content/41/3/293.abstract>

<http://www.eldercarecommunications.com/pages/products/qlv.html>

<http://www.agingkansas.org/LongTermCare/PEAK/peak.htm> (*Activities - Parts 1 & 2, Community, Dementia, Diversity, End of Life, Family and Community, Resident Spiritual Needs, Sexuality*)

***“No matter what age you are, or what your circumstances might be, you are special, and you still have something unique to offer. Your life, because of who you are, has meaning.”***

~ Barbara De Angelis

# Evaluation

As with any other environment, evaluation is key to assessing where we are in order to gauge where we want to be. Evaluation, when done correctly and honestly, provides valuable information about strengths, weaknesses, and opportunities.

## **Resources:**

Kansas Culture Change Instrument: <http://www.agingkansas.org/LongTermCare/CultureChange.html>

Artifacts of Culture Change: <http://www.artifactsofculturechange.org/ACCTool/>

Picker Institute Self Assessment Tool:

<http://www.residentcenteredcare.org/Pages/self-assessment%20tool.html>

Institute for Caregiver Education Culture Change Indicators Survey:

[http://www.caregivereducation.org/culture/ifce\\_cc\\_indicator\\_survey.pdf](http://www.caregivereducation.org/culture/ifce_cc_indicator_survey.pdf)

Individualized Care Organizational Self-Assessment:

<http://www.health.ri.gov/programs/facilityregulation/individualizedcarepilot/IndividualizedCareOrganizationalSelf-Assessment.pdf>

Culture Change Assessment Mechanism (at the bottom of the page under Resources):

[http://www.cfmc.org/nh/nh\\_mcc.htm](http://www.cfmc.org/nh/nh_mcc.htm)

Culture Change Staging Tool: [http://nhqi.hsag.com/pcc/4D\\_PCC\\_Staging\\_Paper.pdf](http://nhqi.hsag.com/pcc/4D_PCC_Staging_Paper.pdf)

Mapping the Journey to a Person-Centered Environment:

<http://orculturechange.org/wp-content/uploads/mapping-the-culture-change-journey.pdf>

Implementing Culture Change in Long Term Health Care: Benchmarks and Strategies for Management and Practice (a publication for purchase): <http://www.springerpub.com/product/9780826109088>.

<http://www.agingkansas.org/LongTermCare/PEAK/peak.htm> (*Measuring Change*)

Kansas has developed an evaluation tool for use in conjunction with the PEAK 2.0 program. Evaluation criteria is consistent with the person-centered care core principles outlined throughout this resource kit. An example of the criteria follows.

***“Change has a bad reputation in our society. But it isn’t all bad – not by any means. In fact, change is necessary in life – to keep us moving ... to keep us growing ... to keep us interested ... Imagine life without change. It would be static ... boring ... dull”*** ~ Dr. Dennis O’Grady

**Domain Core Supporting Practice**

**Resident Choice:** *Residents exercise choice in their daily routines.*

**Food:** *Residents have choice in what, when and where they eat.*

|   |   |
|---|---|
| <b>Enhanced Dining:</b> <i>Menus include numerous options and are developed with resident input.</i>  |   |
| <b>Y/N</b>  | <b>Open Dining</b>  |
| <b>Y/N</b>  | <b>Restaurant Style</b>   |
| <b>Y/N</b>  | <b>Buffet</b>   |
| <b>Evaluation:</b>  | Narrative explains how numerous options are provided for residents, and how their input is gathered for menu development. This includes the utilization of one or more of the identified dining programs or equivalent options.           |
| <b>Food Availability:</b> <i>Food and drinks are available on a self-service basis 24 hours a day and staff are empowered to provide food when resident desires it.</i> |   |
| <b>Y/N</b>  | <b>Snack Bars/Carts</b>   |
| <b>Y/N</b>  | <b>Open Kitchens</b>  |
| <b>Evaluation:</b>  | Narrative explains how food and drinks are made available 24 hours a day. This should include the utilization of one or more of the identified strategies or equivalent options. At least three resident testimonials should be included. |
| <b>Dining Atmosphere:</b> <i>Resident preferences are reflected in dining room atmosphere.</i>  |   |
| <b>Y/N</b>  | <b>Dining room décor reflects resident preferences.</b>   |
| <b>Y/N</b>  | <b>Seating is arranged for resident preferences.</b>  |
| <b>Evaluation:</b>  | Narrative explains how resident preferences are incorporated into the dining atmosphere. Both outcomes identified are addressed. At least three resident testimonials should be included.   |

**Sleep:** *Residents' individual sleep cycles are respected.*

|  |  |
|--|--|
| <b>Sleep Schedules:</b> <i>Residents wake up and go to bed when they wish.</i> |  |
| <b>Y/N</b>   | <b>There is no wakeup program.</b>   |
| <b>Y/N</b>   | <b>There are consistent staffing assignments.</b>  |
| <b>Evaluation:</b>   | Narrative explains how individual preferences determine each resident's sleep schedule. Both outcomes identified are met. At least three resident testimonials should be included. |

**Daily Schedules:** *Residents decide how they spend their day.*

|   |   |
|---|---|
| <b>Care Plan Input:</b> <i>Resident/family is involved in developing and maintaining their care plan.</i> |   |
| <b>Y/N</b>  | <b>Resident/family input is gathered for each care plan.</b>  |
| <b>Y/N</b>  | <b>Resident/family attend care plan meetings.</b>   |
| <b>Evaluation:</b>  | Narrative explains how resident input is gathered for care plan. Documentation of resident/family attendance at care plan meetings is included. At least three resident testimonials should be included.                      |
| <b>Daily Activity:</b> <i>Residents are assisted in carrying out their care plan and preferences.</i>     |   |
| <b>Y/N</b>  | <b>There are daily opportunities for engaging and meaningful activity.</b>  |
| <b>Y/N</b>  | <b>There are daily opportunities for spontaneity.</b>   |
| <b>Y/N</b>  | <b>Activity programming is individualized.</b>  |
| <b>Y/N</b>  | <b>There are consistent staffing assignments.</b>   |
| <b>Evaluation:</b>  | Narrative explains how residents are assisted in carrying out their care plan and how individual preferences are accommodated. All four outcomes identified are met. At least three resident testimonials should be included. |

**Bathing:** *Bathing is done in a way that addresses the individual and allows for choice.*

|   |   |
|---|---|
| <b>Bathing Choice:</b> <i>Residents have choice in how, when and where they bathe.</i>          |   |
| <b>Y/N</b>  | <b>Residents have multiple bathing options.</b>   |
| <b>Y/N</b>  | <b>Residents choose when and where they bathe.</b>  |
| <b>Y/N</b>  | <b>Resident/family input is gathered for each care plan.</b>  |
| <b>Y/N</b>  | <b>There are consistent staffing assignments.</b>   |
| <b>Evaluation:</b>  | Narrative explains how residents' bathing preferences are honored. All four outcomes identified are addressed. At least three resident testimonials should be included.     |
| <b>Alternative Bathing:</b> <i>Alternatives such as "Bathing Without a Battle" are offered.</i> |   |
| <b>Y/N</b>  | <b>Staff are trained in alternatives like "Bathing Without a Battle".</b>   |
| <b>Evaluation:</b>  | Narrative explains how alternative bathing practices such as "Bathing Without a Battle" are utilized. Documentation of staff training on alternative practices is included. |

**Domain Core Supporting Practice**

**Staff Empowerment:** *Staff are empowered to carry out the choices of the residents.*

**Education:** *Facility supports and provides formal training on person-centered care to all staff.*

|  |   |
|--|---|
| <b>Staff Training:</b> <i>All staff receive person-centered care training.</i> |   |
| %  | <b>Percent of staff receiving in-house person centered care training.</b>   |
| %  | <b>Percent of staff that attend person centered care training outside home.</b>   |
| <b>Evaluation:</b>   | Narrative explains how staff are trained in person-centered care. Attendance records and samples of curriculum objectives must be provided. This must demonstrate that 100% of staff receive person-centered care training. |

**Decision Making (Resident Care):** *Direct-care staff members are able to make decisions about resident care.*

|   |   |
|---|---|
| <b>Care Plan Input:</b> <i>Staff persons closest to the resident have a voice in care planning.</i> |   |
| Y/N   | <b>Direct-care staff input is gathered for care planning.</b>   |
| Y/N   | <b>Direct-care staff attend care plan meetings.</b>   |
| <b>Evaluation:</b>  | Narrative explains how direct-care staff member input is gathered for care plans. Both outcomes identified are met. At least 3 resident testimonials and 3 staff testimonials should be included. |

|  |  |
|--|--|
| <b>Daily Decisions:</b> <i>Staff are empowered to make daily decisions related to resident choice.</i> |  |
| Y/N  | <b>Direct-care staff are encouraged to make decisions about resident choice.</b>   |
| Y/N  | <b>Direct-care staff make decisions daily about resident choice.</b>   |
| <b>Evaluation:</b>   | Narrative explains how direct-care staff are encouraged to make decisions about resident choice and specific examples of daily decisions made by direct-care staff are included. Both outcomes identified are met. At least 3 resident testimonials and 3 staff testimonials should be included. |

**Decision Making (Staff Work):** *Direct-care staff members are able to make decisions about their work.*

|   |  |
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| <b>Staff Scheduling:</b> <i>Direct-care staff have input into scheduling.</i> |  |
| Y/N   | <b>Direct-care staff participate in self-scheduling.</b>   |
| Y/N   | <b>Direct-care staff input is gathered for staffing plans.</b>   |
| <b>Evaluation:</b>  | Narrative explains how direct-care staff have input into scheduling. At least one of the outcomes identified is met. At least three direct-care staff testimonials should be included. |

|  |   |
|--|---|
| <b>Care Plan Delivery:</b> <i>Direct-care staff make decisions about how they carry out resident care plans.</i> |   |
| Y/N  | <b>Care plans are resident-directed.</b>  |
| Y/N  | <b>Direct-care staff make decisions on how they implement care plans.</b>   |
| <b>Evaluation:</b>   | Both of the outcomes identified are met. Narrative explains how care plans are resident-directed and how direct-care staff make decisions on how to carry out care plans. Examples of direct-care staff decisions are included. At least three direct-care staff testimonials should be included. |

**Relationships:** *Staff have meaningful relationships with the residents they care for.*

|  |  |
|--|--|
| <b>Consistent Staffing:</b> <i>Consistent staffing exists in most of the home.</i> |  |
| %  | <b>Percent of direct-care staff that are consistently assigned to the same residents.</b>  |
| <b>Evaluation:</b>   | At least 60% of direct-care staff are consistently assigned to care for the same residents. Narrative explains how consistent staffing is implemented. Samples of staffing records are included to document consistent assignment. |

**Career Development:** *Systems are in place to promote personal and professional development.*

|   |  |
|---|--|
| <b>Prof. Development:</b> <i>Formal opportunities are provided for staff to develop professionally.</i> |  |
| Y/N   | <b>A formal career ladder exists.</b>  |
| Y/N   | <b>Skills enhancement programs are in place.</b>   |
| <b>Evaluation:</b>  | Narrative explains what policies are in place to promote staff development and/or advancement. At least one of the outcomes identified is met. At least three direct-care staff testimonials should be included. |

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|--|---|
| <b>Outside Education:</b> <i>Opportunities are provided for non-managerial staff to attend outside training.</i> |   |
| %  | <b>Percent of non-managerial staff that attend outside training (in past year).</b>   |
| <b>Evaluation:</b>   | At least 10% of non-managerial staff have attended outside training in the past year. Narrative explains what outside training was attended and identifies what staff attended. At least one non-managerial staff testimonial should be included. |

| Domain   | Core   | Supporting Practice |
|--|--|---------------------|
| <b>Home Environment:</b> The personal and public spaces provide opportunities for personalization, privacy, and individual comfort.  |  |                     |
| <b>Resident Room:</b> Spaces should be comfortable, accommodating and incorporate features of "home".  |  |                     |
| <b>Privacy:</b>  |  |                     |
| Y/N  | <b>Rooms are designed and arranged to promote privacy</b>                                      |                     |
| Y/N  | <b>Staff recognize and are respectful of resident privacy and personal space</b>               |                     |
| <b>Evaluation:</b> Narrative explains how rooms have been designed and/or furnishings have been arranged to promote privacy. Both outcomes identified are met. At least three resident testimonials should be included.  |  |                     |
| <b>Personalization:</b> <i>Residents are encouraged and assisted to personalize rooms</i>  |  |                     |
| Y/N  | <b>Policy is in place to encourage personalization of resident room</b>                        |                     |
| Y/N  | <b>Room décor reflects resident preferences.</b>   |                     |
| Y/N  | <b>Residents have ability to choose paint color in room</b>                                    |                     |
| <b>Evaluation:</b> Narrative explains policy and/or provides a copy of the written policy regarding personalization of resident rooms. At least two identified outcomes are addressed. At least three resident testimonials should be included.                                      |  |                     |
| <b>Self-care &amp; Mobility:</b> <i>The environment is adapted to promote all remaining capacities for self-care and mobility</i>  |  |                     |
| Y/N  | <b>Adaptations have been made to promote and support individual capabilities</b>               |                     |
| Y/N  | <b>Resident rooms are free of barriers to mobility and self-care</b>                           |                     |
| <b>Evaluation:</b> Narrative explains how adaptive technology and/or facility innovation have been applied to promote and support individual capacities for mobility and self-care. Both outcomes identified are addressed. At least three resident testimonials should be included. |  |                     |
| <b>Resident-use Space:</b> <i>All spaces - public and private - should be comfortable and accommodating</i>  |  |                     |
| <b>Private Space:</b>  |  |                     |
| Y/N  | <b>Living space is available where residents can have private time with family and friends</b> |                     |
| Y/N  | <b>Bathing areas provide for privacy and dignity</b>   |                     |
| Y/N  | <b>Space is provided for solitude or personal reflection</b>                                   |                     |
| <b>Evaluation:</b> Narrative explains how private space is provided in resident-use. All outcomes identified are met. At least three resident testimonials should be included.   |  |                     |
| <b>Self-care &amp; Mobility:</b> <i>Resident-use space is free of barriers that limit access or mobility</i>   |  |                     |
| Y/N  | <b>Resident-use space is free of barriers to mobility and self-care</b>                        |                     |
| Y/N  | <b>Outdoor space easily accessible and available to residents at all times</b>                 |                     |
| Y/N  | <b>Adaptations have been made to promote and support individual capabilities</b>               |                     |
| <b>Evaluation:</b> Narrative explains how adaptive technology and/or facility innovation have been applied to promote and support individual capacities for mobility and self-care. All outcomes are met. At least three resident testimonials should be included.                   |  |                     |
| <b>Institutional Elements:</b> <i>Institutional elements have been eliminated</i>  |  |                     |
| Y/N  | <b>Overhead paging has been turned off and used only in emergencies</b>                        |                     |
| Y/N  | <b>Medical equipment/cleaning equipment/soiled laundry is not left in hallways</b>             |                     |
| Y/N  | <b>Nurses stations have been redesigned or eliminated</b>                                      |                     |
| <b>Evaluation:</b> Narrative explains how all resident-use spaces provide a more home-like environment. All outcomes identified are met. At least three resident testimonials should be included.  |  |                     |

| Domain  | Core   | Supporting Practice  |
|---|--|--|
| Meaningful Life:  | <i>Residents have opportunities and assistance to continue to pursue a purposeful life</i>   |  |
|   | <b>Community Involvement:</b> <i>Residents have opportunities to build new relationships and connections and</i>   |  |
|   | <b>Internal Community:</b> <i>Residents have daily opportunities to be contributing members of their community.</i>  |  |
|   | Y/N  | <b>Residents participate with chores or tasks as they desire</b>   |
|   | Y/N  | <b>Residents have opportunities to help others</b>   |
|   | Y/N  | <b>Residents contribute to community decisions</b>   |
|   | Y/N  | <b>Residents have opportunities to build and/or maintain relationships</b>   |
|   | <b>Evaluation:</b> Narrative explains how opportunities and options are provided for residents beyond scheduled/formalized activities. All outcomes are addressed. At least three resident testimonials should be included.  |  |
|   | <b>External Community:</b> <i>Residents have opportunities to build new ties and/or remain active members of the broader community</i>   |  |
|   | Y/N  | <b>Facility seeks to engage in community projects and groups from the surrounding community (e.g. intergenerational projects, community gardens, parties, school projects)</b> |
|   | Y/N  | <b>Facility provides opportunity for resident engagement in community life outside the facility (e.g. civic organizations, festivals, fairs)</b>                               |
|   | Y/N  | <b>Residents have opportunities to help others (e.g. coat drives, charitable giving)</b>   |
|   | <b>Evaluation:</b> Narrative explains how opportunities are provided and residents are encouraged and supported to maintain or build community involvement/participation. Provide supporting documentation such as public notices, newsletters or newspaper clippings, calendars. All outcomes should be addressed. At least three resident testimonials should be included. |  |
|   | <b>Spiritual &amp; Psychosocial:</b>   |  |
|   | Y/N  | <b>Spiritual and cultural preferences are supported and accommodated.</b>  |
| Y/N   | <b>Residents have opportunities and are comfortable sharing praise, asking questions,</b>  |  |
| Y/N   | <b>Facility and staff make family and friends feel welcome</b>   |  |
| <b>Evaluation:</b> Narrative explains how resident cultural and spiritual preferences are accommodated and supported. All outcomes identified are addressed. At least three resident testimonials should be included. |  |  |

# Culture change is a journey . . .

“We offer much, but without offering our residents choices in the way they live their daily lives and the grace of a true home vs. a life without dignity in a hospital-like, institutional environment, we have not truly made a difference. It is our goal to be not only a mile wide, but a mile deep; we are striving to create an environment in which each of us would choose to live our most precious of days. To that end we have removed nurses’ stations, instilled a “person before task” code of behavior in our staff members and empowered our residents to make their own choices on everything possible: when they rise, when and what they eat, and how they spend their days.”

*“This adventure has not only been met with rewards, but also many challenges. We never could have imagined that giving tender, loving care could entail so much and how we were doing so little and there is so much more to it than where we were. We have learned through this transition that there will always be bumps and curves, but giving a person meaning in their lives is worth it. Our facility is up for the battle and we will continue to change and provide our focus to the needs of our residents and staff.”*

“The interesting thing is that because we’re in all these different communities, there are different focuses. Person-centered culture takes on a bit of a different look from one community to the next. A good example of this is dining. Residents at some facilities prefer menu dining while others would rather choose their food from a buffet.”

***“Relationships of trust and care have blossomed during our culture change journey. A family member shared . . . just last week that she was so pleased with how caring the staff have been to her and her father. She said she will feel sad if something happens to her Dad and she will no longer have a reason to visit our facility. She feels that our staff and her loved one have become like family.”***

**“I have friends here that I see every day and an environment I'm glad to call home.”**

