

Mapping the Journey to a Person-Centered Environment

Organizational Support

The facility is oriented and led in a manner that encourages staff to focus on person-centered care and workforce practices.

Components	Limited			Basic			Good			Fully Developed		
1. Organizational commitment for person-centered care and workforce practices <p style="text-align: right;">Points:</p>	1	2	3	4	5	6	7	8	9	10	11	12
2. Senior leaders (administrator, DNS, RCMs, medical director, board members, etc.) <p style="text-align: right;">Points:</p>	1	2	3	4	5	6	7	8	9	10	11	12
3. Staff at all levels <p style="text-align: right;">Points:</p>	1	2	3	4	5	6	7	8	9	10	11	12

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Organizational Support

4. A leadership team for person-centered care and workforce practices	... does not exist.			... has been identified or appointed, but does not represent all disciplines or levels of staff. Team goals are not clear and meetings do not happen consistently. The team is mostly led by senior leadership (e.g., DNS, RCM, charge nurse, administrator). Staff nurses, DCWs, and others rarely speak in meetings.			... is in place, with some representation from all levels and disciplines. Goals are clear, and meetings are regular (though are often cancelled). Staff nurses, DCWs, and others frequently express opinions, help make decisions, and assume leadership roles.			... is in place, with broad representation from all levels and disciplines. The team involves other staff to set clear goals. The team meets regularly. Staff nurses, DCWs, and others frequently assume leadership roles, with full support from senior leaders. All team members are fully engaged and active participants. Team decisions are recorded and shared.		
	Points:	1	2	3	4	5	6	7	8	9	10	11

Total Organizational Support points: _____

Average Score (Organizational Support points / 4) _____

Mapping the Journey to a Person-Centered Environment

Resident Focus

Systems are created and supported within which individual preferences are honored and defended.

Components	Limited			Basic			Good			Fully Developed		
<p>5. Best practices for person-centered care (PCC)</p> <p style="text-align: right;">Points:</p>	Staff have little knowledge about PCC or which practices contribute to PCC. The organization allocates few or no resources for identifying best practices.			Staff education includes basic information about PCC. The work environment emphasizes respect for residents, but staff are not assisted in examining how to apply PCC.			Education and work environment emphasize multiple dimensions of PCC. Many staff, including DCWs, are familiar with best practices in addressing some dimensions (e.g., dining, bathing, pain, dementia care). Resident preferences and choices are supported when possible.			Staff are encouraged to innovate or adapt ideas for PCC; residents and families are fully involved. Effective feedback loops are in place for continuous improvement. Staff serve as mentors to other long-term care facilities.		
	1	2	3	4	5	6	7	8	9	10	11	12
<p>6. The resident's preferences or choices about meal times, bathing, etc.</p> <p style="text-align: right;">Points:</p>	... are rarely recorded in the Care Plan; the nursing staff directs or schedules most care routines.			... are considered in some matters (e.g., what to wear, which toiletries to use, where to spend time), but most care routines and schedules are determined by DCWs under the direction of nursing staff. Preferences and choices are not consistently included in the Care Plan.			... are emphasized in most aspects of daily living (e.g., choices of food, morning and night routines, bathing, activities, socializing). Direct care workers' roles include working out routines to support resident choice. Individual choices are central to Care Plans.			... come first. Residents determine their own schedules, meals, activities, and caregivers, as well as whom they room with. Residents are encouraged to set their own goals. The preferences are the basis of the Care Plan, which is easily accessible and updated regularly.		
	1	2	3	4	5	6	7	8	9	10	11	12
<p>7. Consistent assignments of staff to residents</p> <p style="text-align: right;">Points:</p>	... are not in place; staff rotate regularly throughout the facility.			... are made for some staff and residents. There is recognition that consistent assignments are beneficial for residents.			... are almost always in place except when staffing issues preclude them. Leadership emphasizes and supports DCWs in nurturing their relationships with residents.			... are determined by the quality of resident-staff relationships; honoring these relationships is the basis for staffing decisions. Policies and procedures address staffing issues to protect consistent assignments (e.g., float and on-call staff positions are available and are filled by staff who prefer to rotate).		
	1	2	3	4	5	6	7	8	9	10	11	12

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Resident Focus

<p>8. The opinions of residents and/or their families</p> <p style="text-align: right;">Points:</p>	<p>... are rarely solicited except at time of admission.</p> <p style="text-align: center;">1 2 3</p>	<p>... are shared with administration and nursing leadership as families bring them up; the facility has no formal mechanisms to solicit opinions.</p> <p style="text-align: center;">4 5 6</p>	<p>... are solicited through resident councils and family councils, support groups, and surveys. Attendance is uneven and not all participate. Survey data may not be routinely analyzed.</p> <p style="text-align: center;">7 8 9</p>	<p>... are actively solicited. Resident and family councils are active and well supported. The facility routinely measures resident and family satisfaction (for example, through surveys or focus groups). Residents' and families' opinions are valued, shared with staff, and used in care planning and program development.</p> <p style="text-align: center;">10 11 12</p>
<p>9. Community connections</p> <p style="text-align: right;">Points:</p>	<p>... are not part of the programming. "Community" is seen as something outside the facility, and residents are connected to the community only through family members.</p> <p style="text-align: center;">1 2 3</p>	<p>... outside of the facility are being considered, but have not yet been implemented. Internal activity programs emphasize socializing with others within structured activities as a way to build relationships.</p> <p style="text-align: center;">4 5 6</p>	<p>... outside the facility include volunteer activities with some community organizations. Internal activity programs include occasional outings for some residents. Activities emphasize building and nurturing relationships beyond formal activity programs.</p> <p style="text-align: center;">7 8 9</p>	<p>... outside the facility are actively sought, especially in areas that enrich residents' quality of life; multiple organizations are part of resident, family, and staff life. Most residents leave the facility regularly for pleasurable activities. A sense of community exists among residents, family, and staff; residents feel they are contributing members of the community.</p> <p style="text-align: center;">10 11 12</p>
<p>10. Knowing the resident as a person</p> <p style="text-align: right;">Points:</p>	<p>... is not emphasized beyond information collected for MDS and other required reporting. Information asked relates only to care needs.</p> <p style="text-align: center;">1 2 3</p>	<p>... is emphasized when a resident moves in and includes learning personal information about family, work history, hobbies. Information is not consistently shared with staff.</p> <p style="text-align: center;">4 5 6</p>	<p>... is a continuous process, with staff, including DCWs, increasing their knowledge of resident biography (e.g., what and who is or was important to the resident, the resident's cultural and spiritual beliefs). Efforts are made to share information with all staff.</p> <p style="text-align: center;">7 8 9</p>	<p>... is paramount. Staff understand the resident's history and current wishes and provide care in keeping with that knowledge. Staff help residents achieve personal goals that may be unrelated to care needs, emphasizing residents' strengths over disabilities.</p> <p style="text-align: center;">10 11 12</p>

Total Resident Focus points: _____

Average Score (Resident Focus points / 6): _____

Mapping the Journey to a Person-Centered Environment

Workforce Practices

Best practices are in effect to ensure a qualified, competent, and satisfied workforce.

Components	Limited			Basic			Good			Fully Developed		
<p>11. Recruitment practices (e.g., advertising, interviewing, selection)</p> <p style="text-align: right;">Points:</p>	<p>... are outdated, or do not get the desired results. Few resources are allocated to recruitment</p> <p style="text-align: center;">1 2 3</p>	<p>... emphasize filling positions as quickly as possible rather than finding best match for position.; recruitment overshadows retention practices. However, recruitment and selection of staff are based on specific criteria. Job interviews are conducted systematically and new staff are provided with accurate job descriptions.</p> <p style="text-align: center;">4 5 6</p>	<p>... are considered and planned in tandem with retention. Interview process is consistent and systematic across departments. Staff are involved in hiring peers and have a stake in their success.</p> <p style="text-align: center;">7 8 9</p>	<p>... use a targeted approach for recruiting ideal candidates (e.g., frontline staff involvement; competency-based position descriptions that reflect mission and goals and provide a job preview; rigorous intake and assessment). Residents are involved in hiring and evaluating staff.</p> <p style="text-align: center;">10 11 12</p>								
<p>12. Retention practices (systems for orienting, training, mentoring staff)</p> <p style="text-align: right;">Points:</p>	<p>... are not in place.</p> <p style="text-align: center;">1 2 3</p>	<p>... are left to the discretion of department managers and supervisory staff. An orientation program emphasizing PCC & best workforce development practices is being considered but is not in place, or is offered inconsistently. New workers are assigned to experienced staff when staffing allows. Inservices provide training on topics required by regulation.</p> <p style="text-align: center;">4 5 6</p>	<p>... include specially trained and compensated staff who are designated as mentors and are available for initial orientation. Consistent information is shared during orientation, training, and mentoring. Inservices go beyond topics required by regulation, including information on culture change and PCC. Funding is available for continuing education for some staff.</p> <p style="text-align: center;">7 8 9</p>	<p>... include designated skilled and compensated mentors, with systems in place to protect their time with newly hired staff. All staff are responsible for supporting new staff. Orientation, training, and mentoring all reflect the organization's mission and goals</p> <p style="text-align: center;">10 11 12</p>								
<p>13. Best practices for workforce development</p> <p style="text-align: right;">Points:</p>	<p>Senior leaders have little knowledge about what practices contribute to workforce development. Few resources are allocated to investment in staff. Senior leadership makes most decisions about staff roles and responsibilities.</p> <p style="text-align: center;">1 2 3</p>	<p>Senior leaders have basic understanding of workplace practices that promote staff satisfaction. Senior leadership makes most decisions about workforce practices without staff input.</p> <p style="text-align: center;">4 5 6</p>	<p>Peer mentoring programs are under development or in early stages of implementation. Significant resources are dedicated to empowering staff. Senior leadership actively seeks opinions of other staff before making decisions.</p> <p style="text-align: center;">7 8 9</p>	<p>Staff, including DCWs, are empowered to make decisions about their own work and how they will carry out resident-directed care plans. Supervisors are trained in facilitating teams and empowering staff. Decision making is decentralized, with administration playing a facilitative role. DCWs and other staff have a voice and major role in designing and implementing change.</p> <p style="text-align: center;">10 11 12</p>								

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Workforce Practices

<p>14. Becoming a learning community</p> <p style="text-align: right;">Points:</p>	<p>... is not a priority for senior leaders, and few resources are invested in staff development. Senior leadership makes most decisions about day-to-day operations.</p> <p>1 2 3</p>	<p>... is acknowledged as a legitimate investment, but resources continue to focus on staffing issues rather than development. Inservice education is limited to topics required by regulation; not a priority for most staff.</p> <p>4 5 6</p>	<p>... is recognized and supported. Staff are encouraged to try new things, and it feels “safe” to make mistakes. Educational resources are available to senior staff and managers (e.g., opportunities & funding to attend classes or CE offerings, journal subscriptions, books, access to Internet resources, outside consultants).</p> <p>7 8 9</p>	<p>... is seen as a strategic approach, and consistently reinforced by senior leadership. Continuous learning is a priority for all staff. The facility offers a rich variety of training in response to staff-identified topics. Continuing education outside of the facility is available to all staff and used by most.</p> <p>10 11 12</p>
<p>15. Supervisory staff</p> <p style="text-align: right;">Points:</p>	<p>... have little or no experience and training to be supervisors. Some may not perceive supervision within their work roles.</p> <p>1 2 3</p>	<p>... can perform basic supervisory tasks such as scheduling and performance evaluations, and providing direction using a “top down” approach.</p> <p>4 5 6</p>	<p>... have good supervisory skills with respect to communication, providing clear expectations, and promoting teamwork. They seek staff input on scheduling, performance evaluation, and decision making.</p> <p>7 8 9</p>	<p>... use a supportive, problem-solving approach to supervision (e.g., coaching) that empowers and supports staff in making decisions about their work. They delegate substantial authority to staff, such as scheduling, making hiring decisions.</p> <p>10 11 12</p>
<p>16. Supportive services for DCWs (e.g., access to short-term loans, educational reimbursement, child care, counseling for domestic violence)</p> <p style="text-align: right;">Points:</p>	<p>... are not in place.</p> <p>1 2 3</p>	<p>... are ad hoc, inconsistent, and not well organized or supported.</p> <p>4 5 6</p>	<p>... are supported in some areas and available on request.</p> <p>7 8 9</p>	<p>... are broad in scope, well organized, publicized to all staff, and easy to access.</p> <p>10 11 12</p>

Total Workforce Practices points: _____ **Average Score (Workforce Practices points / 6)** _____

Mapping the Journey to a Person-Centered Environment

Care Planning

The care planning process supports excellent care that meets resident needs and preferences and helps them achieve personal goals.

Components	Limited	Basic	Good	Fully Developed
17. The care planning process <p style="text-align: right;">Points:</p>	<p>... is chiefly in the hands of the Resident Care Manager(s).</p> <p style="text-align: center;">1 2 3</p>	<p>... includes some consultation with DCWs and family members for some residents.</p> <p style="text-align: center;">4 5 6</p>	<p>... includes systems to receive and use information from DCWs, residents, and families if they choose to provide it. Mechanisms to ensure and support full participation are limited.</p> <p style="text-align: center;">7 8 9</p>	<p>... involves a multidisciplinary or integrated care team. DCWs have an equal voice, and residents and family members have opportunities for full participation</p> <p style="text-align: center;">10 11 12</p>
18. Integration* of clinical best practices for selected Quality Measures <p style="text-align: right;">Points:</p>	<p>... has not occurred. The facility does not use evidence-based practice guidelines, or it applies outdated guidelines.</p> <p style="text-align: center;">1 2 3</p>	<p>... is occurring in some areas, like screening or assessment. Checklists and other guidelines are available for some Quality Measures, but their use is left to the discretion of supervisors.</p> <p style="text-align: center;">4 5 6</p>	<p>... is occurring in the care planning process. The Care Plan addresses key clinical Quality Measures; clinical best practices guidelines related to these and other quality measures are used routinely.</p> <p style="text-align: center;">7 8 9</p>	<p>... addresses potential conflicts between best practices and resident preferences and values; the multidisciplinary team considers and resolves any issues.</p> <p style="text-align: center;">10 11 12</p>
19. The Care Plan document <p style="text-align: right;">Points:</p>	<p>... is a standardized, generic plan focusing mainly on problems or limitations, with little content that distinguishes between residents.</p> <p style="text-align: center;">1 2 3</p>	<p>... includes some information about resident preferences and biography.</p> <p style="text-align: center;">4 5 6</p>	<p>... includes multiple dimensions related to PCC as well as strengths and goals of residents.</p> <p style="text-align: center;">7 8 9</p>	<p>... includes all or most domains related to PCC; plans clearly reflect the resident so that new staff reading the Care Plan can provide competent care and address most of the resident's needs and preferences.</p> <p style="text-align: center;">10 11 12</p>
20. The Care Plan <p style="text-align: right;">Points:</p>	<p>... is not accessible to DCWs and some staff nurses.</p> <p style="text-align: center;">1 2 3</p>	<p>... is available in sections, but DCWs and some nurses are not encouraged to use it, or have limited time to review it.</p> <p style="text-align: center;">4 5 6</p>	<p>... is available and accessible. Most care staff review them periodically and indicate when the plan should be changed.</p> <p style="text-align: center;">7 8 9</p>	<p>... is considered a living document. It is routinely used by all DCWs, nurses, and other care staff to guide their work and to communicate changes in resident needs or concerns.</p> <p style="text-align: center;">10 11 12</p>

Total Care Planning points: _____

Average Score (Care Planning. points / 4) _____

* Integration refers to incorporation in screening, assessment, Care Plans, and monitoring

Mapping the Journey to a Person-Centered Environment

Quality Assurance/Quality Improvement

Improving care for residents is an ongoing process that expands beyond regulatory requirements.

Components	Limited	Basic	Good	Fully Developed
21. Internal efforts to improve systems of care for residents Points:	. . . are ad hoc and not well organized or supported. 1 2 3	. . . use ad hoc approaches for targeted problems as they emerge. 4 5 6	. . . are based on “best practices” or proven strategies for targeted problems. 7 8 9	. . . use a proven improvement strategy to proactively meet organizational goals. 10 11 12
22. Performance measures to evaluate success Points:	. . . are seldom set. 1 2 3	. . . are based on absence of deficiencies or citations from regulatory agencies. 4 5 6	. . . use both a baseline and a target measure for success. 7 8 9	. . . are used to continually evaluate progress, celebrate successes, and identify new opportunities for improvement. 10 11 12
23. System improvements Points:	. . . rarely move out of the idea or discussion stage. 1 2 3	. . . have been implemented only when a staff member has been passionate about seeing them through. 4 5 6	. . . have been implemented but not sustained over time. 7 8 9	. . . are implemented using a phased rollout strategy that builds support throughout the organization. 10 11 12

Total QA/QI points: _____

Average Score (QA/QI points / 3) _____

Mapping the Journey to a Person-Centered Environment

Graphing Your Milestones

Enter your Average Scores from the end of each Path, then color in the boxes for each Path to create a graph of your milestones (round decimal fractions upward).

12	12	12	12	12
11	11	11	11	11
10	10	10	10	10
9	9	9	9	9
8	8	8	8	8
7	7	7	7	7
6	6	6	6	6
5	5	5	5	5
4	4	4	4	4
3	3	3	3	3
2	2	2	2	2
1	1	1	1	1

Workforce Practices

Resident Focus

Care Planning

**Organizational
Support**

**Quality Assurance/
Quality Improvement**

Score: _____

Score: _____

Score: _____

Score: _____

Score: _____