How do we know if there is a gap in meeting our residents’ needs?
• In what areas are there gaps between resident preferences and reported experiences?
• Why aren’t our residents’ preferences being met?
• Is there a trend associated with the gap(s)?

Which groups are affected?
• Is the issue affecting a certain group of residents with common characteristics?
  o Physical disabilities
  o Cognitive impairment
  o Length of stay
  o Mental health issues, such as depression
  o Recent losses, for example, death of spouse
  o Unit/area in nursing home, perhaps dementia care or rehab
  o LGBT
  o Cultural/ethnic/religious preferences
• Do roommates report similar gaps in meeting person-centered care needs?
• Do we support choice in roommates?
• Is the preference/experience gap associated with a seasonal issue, such as holidays or weather, that would benefit from additional support?
• Do residents prefer to work with certain staff members?
• Do our organizational policies and practices support resident preferences?
• Does our environment support resident preferences?

Processes and Resources to Consider
How do we communicate with residents and families?
• Are residents and family members able to effectively communicate preferences?
• How do residents communicate choices to staff?
• What is our process for recording resident preferences?
  o Where and when do we record changes (e.g., care plan, communication book)?
  o Which staff have access to the information?
  o Does the process adapt to changes in preferences?
• Have we asked residents what additional activities or programming would support their cultural/ethnic/religious preferences?
• How (and how often) do we encourage residents to share their preferences in care plan meetings?
• Do residents that indicate a preference/experience gap have family members or close friends involved in their lives at our nursing home?
• How (and how often) do we communicate with family and friends regarding resident choices?
• How (and how often) do we encourage family and friends to share their loved ones’ known preferences in the care plan meeting?
Person-Centered Care

Probing Questions

- Is there a protocol and process in place to resolve family and resident differences in preferences? Example: Resident wishes to sleep-in but family wants resident to be out of bed by a certain time.
- Do we have an active resident council? Family council?
- Do we provide information and/or educational opportunities for residents and families to learn about person-centered care?
- Do we utilize the Long-Term Care Ombudsman Program as a resource?
- What is our process to learn about the resident in the first hours/days that they come to our home?
  - Through what process?
  - At what times?
  - By what individuals?
  - How often?
- Do we have adaptive mechanisms that support resident choice regardless of physical and cognitive differences (e.g., accessible devices, Skype, phone-in options, language support, bariatric beds, etc.)?
- Do we have training/education to support staff working with subgroups of residents with special needs (e.g., dementia or rehab)?
- How do we respect the sexual orientation of our residents? Have we considered preferences and activities for these residents? Have we discussed the implications of interactions with residents with dementia based on sexual orientation?

What staff communications practices do we use to support a resident centered focus?

- Are staff consistently assigned to residents in a way that they are able to learn and maintain resident preferences?
  - What are the mechanisms for measuring consistent assignment?
  - What are the barriers?
  - What are the areas it works well?
- How do staff communicate with each other regarding resident preferences?
  - Across work areas, departments, shifts?
  - About specific topics such as bathing preferences, food and dining preferences and activity preferences?
  - How is privacy of the resident considered?
- Are there mechanisms in place (e.g., scheduling, training) to enable staff to accommodate current and changing resident preferences (e.g., Resident wants to go to an activity when it is “shower time” or therapy)? What are these mechanisms?
- Do direct care staff attend care conferences and communicate known resident preferences?
- How does leadership introduce and track roles and responsibilities related to PCC?
- How does leadership discuss the importance, rationale and benefits of person-centered care to the organization with staff?

What organizational policies and procedures are we using?

- What person-centered care processes have we implemented that are successful (for example, dining, wake-up time, activities)? Can we replicate any of those systems in other areas?
Person-Centered Care

Probing Questions

- Are there reasons that we wouldn’t honor a resident’s choice even if we knew it?
  - Adequate resources to fulfill requests
  - Permission (empowerment) to fulfill requests
  - Perceived liability issues (e.g., injury from fall, choking from unapproved food choices)
  - Interpretation of regulations and internal polices
  - Organizational systems do not support the choice (e.g., meal not available at the time requested, medication pass is rigid, time of therapy, staffing is not adequate at certain times in various departments, etc.)

- What procedural/administrative tools and resources do we have in place to support resident choice? Examples include welcoming process, waivers, and forms.

- Is there a certain time of day, such as change of shift, that we are not able to accommodate resident preferences?

- Which strategies does leadership use to support caregivers in making decisions, and welcoming and honoring residents’ preferences and choices about care and activities?
  - Staff education
  - Problem-solving
  - Scheduling
  - Appropriate staffing levels
  - Time for communication
  - Time for training

- Has leadership asked staff how the leaders can help caregivers honor resident choice?

- What does staff say are the barriers to honoring resident choice? Give examples.

- Is there a champion for person-centered care in our organization?

- Where are PCC policies reflected?
  - Job descriptions and evaluations
  - Mission statement/Values
  - Training materials

- How does our organization involve residents and staff in determining PCC policies? Do we use strategies such as education, high involvement techniques, and surveys?

What types of environmental factors impact our ability to be person-centered?

- Is there an element of the environment (inside or outside) that presents a barrier to honoring a resident’s preference, for example, inclement weather, access to a kitchen, or heavy doors?

- Are there spaces in our environment to support privacy and private time?

- Are there spaces in our environment to support engagement and group activities?

- Does our environment support safety?

- Is our environment comfortable?

- Do we have what we need to deliver the care the residents prefer? (Examples: towels, dining environments that accommodate meals at flexible hours, etc.)

- Does our environment support residents’ use of familiar personal furniture and belongings? How do we determine what residents want (such as personal furniture or items of their choice) and ensure that we respond to those needs?