



Improving Person-Centered Care through Active Engagement of Residents and Families

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the Massachusetts Department of Public Health
by the Massachusetts Coalition for the Prevention of Medical Errors
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Introduction



Background

In February 2016, the Commissioner of Public Health announced a series of initiatives aimed at fostering quality care delivery in skilled nursing facilities across Massachusetts. The Massachusetts Department of Public Health (DPH) recognized an opportunity to improve care delivery by strengthening resident and family councils and enhancing resident and family engagement. With funding from the Center for Medicare and Medicaid Services (CMS), DPH selected the Massachusetts Coalition for the Prevention of Medical Errors (the Coalition) to assist with this important work.

The Coalition launched the Strengthening Resident and Family Council and Engagement Initiative (Initiative) in 2017 with the goal of improving the quality of life and person-centered care for residents. Forty-five Massachusetts long-term care facilities participated in the Initiative. Participants were encouraged to form multi-disciplinary facility teams including one or more residents and family members.

The Coalition held two in-person workshops and hosted several webinars. The core project team (Coalition and consultants) gathered information through surveys, coaching conversations, and site visits to develop and refine a set of participatory activities and webinars that would enhance resident and family engagement through Initiative participation and beyond. Monthly conference calls offered teams the opportunity to learn from each other and share strategies, as well as receive additional coaching from the project team.

The Initiative activities were as follows:



This Activity Guide (Guide) is an overview of the Initiative’s activities for nursing facilities to utilize to support and strengthen its Resident and Family Councils. The Guide has been distilled into the nine activities that are presented in this manual. The activities are designed to work in all types of facilities: older or newer, large or small, rural or urban. The Guide is designed for a three-ring binder to easily expand to accommodate additional activities, notes, and related material.

Two major categories of activities are offered:

- Working with Residents and Families; and
- Bringing Staff into the Picture.

In Working with Residents and Families, users will find activities that will help reshape the work with Resident and Family Councils/groups to achieve better, more sustainable results. These activities can, and should, be repeated. Repeating the activities improves outcomes as residents, families and staff deepen their understanding of what is possible. Throughout this work, users will see a strong emphasis

on dealing with complaints and moving into issues of potentially deeper import such as how to create meaning, connectedness and community for residents of long-term care facilities.

The suggested activities for residents and families fall into the following four areas; most activities can be easily modified for use in any of the other settings :

Resident Oriented Engagement	Family Oriented Engagement
Formal Resident Council Meetings	Formal Family Councils or other Family Engagement Meetings
Informal resident engagement including conversations, small group discussions and building onto other existing opportunities	Informal family engagement including conversations, small group discussions and building onto other existing opportunities

Depending on a facility’s residents and families, you may choose to start with any of these settings, or meet with a group of residents and family members together.

The activities in the section *Bringing Staff into the Picture*, recognize that staff play an essential role in promoting resident and family engagement. The two activities in this phase will help staff:

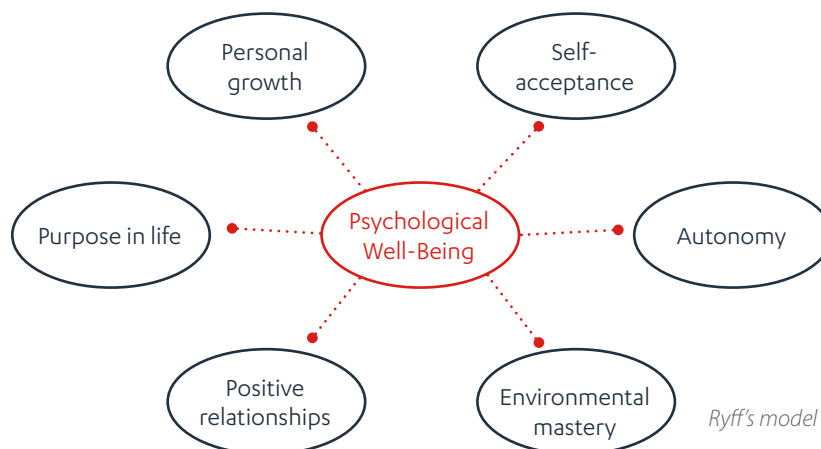
- navigate the boundary between being supportive and “over helping;”
- learn and model better, more compassionate attitudes, and
- begin co-creating better outcomes with residents, families and each other.

Theoretical Anchors and Grounding

The writings of Bill Thomas, founder of The Eden Alternative, refer to “three plagues” of boredom, helplessness, and loneliness among long-term care residents.

These activities draw from a wide swath of hard and social science research to provide the vision and support organizational change that can transform long-term care, through engagement of residents and families in partnership with facility leaders and staff.

The underpinnings of this work draw from a variety of fields including: Positive Psychology (University of Pennsylvania), Psychological Well-Being (University of Wisconsin), Person-Centered Care (University of Gothenburg Centre for Person-Centered Care), Complexity science (Plexus Institute), Positive Deviance (Tufts University), Appreciative Inquiry (Case Western Reserve), Quality Improvement in Health-care (Institute for Healthcare Improvement, IHI).



Ryff's model of Psychological Well-being

Each activity is grounded in research from these and other fields. A list of suggested readings can be found in the Appendix. Interested facilities can contact the Massachusetts Coalition for the Prevention of Medical Errors for additional resources and background.

Assumptions

- You, and your organization, are committed to person-centered care.
- You have very little time and limited resources and need big results from small changes and initiatives.
- Engaging residents and families in creating better outcomes is more powerful and sustainable over time than solving problems; sometimes, both approaches are necessary.
- It is better to start before you feel ready, than delay and miss opportunities.

Guide to Using the Individual Activities

The activities presented here are specifically designed to support you, your residents and their families to create better, more person-centered care and improve the quality of life for your organization's residents.

These activities are presented in an ordered way, and, while they build on and support one another, they do not have to be conducted in the sequence presented here. Your residents, families and staff may benefit from more practice with some activities and less with others. You may start at the beginning and work your way to the end, or you may start with an appealing activity that meets a current need and build from there.

Keeping notes on what you are learning and noticing about the activities will help you maximize the synergy of the work.

Individual Activity Overview

Working with Residents, Families and Staff: How to Get Better Results through a Few Small Changes

Kicking Off This Work

Activity	Use this to	Resources (if applicable)
1. Using Hospitality and a Fresh Invitation to Engage And Empower	To test new strategies to support resident participation in meetings and smaller conversations	

Going Deeper, Reaching Further, Creating Better Outcomes

2. Gratitude and Discovery: Using Positive Psychology to Engage and Empower	To increase engagement of residents and/or families, and shift from an over-emphasis on legitimate complaints to a more holistic approach to creating improvements and better outcomes.	
3. Discovery and Action: Engaging Residents and Families in Making Change	To build on the Gratitude and Discovery activity and begin solving problems and creating better outcomes. To use small tests of change on easy wins to build skills and momentum to solve more complex challenges and enrich the sense of meaning in the lives of residents.	Plan-Do-Study Act (PDSA) Worksheet IHI Whiteboard videos
4. An Activity to Increase Person-Centered Care in Nursing Homes	Introduce residents and families to values of person-centered care, and strategies and potential changes to try.	Webinar Examples of person-centered care
5. Maximizing Resident Engagement Through Appreciation	Improve engagement through skills development in active and appreciative listening.	Webinar
6. Activities to Maximize Resident Engagement Through Accommodations and Adaptation	Increase participation in meetings. Test new strategies to support resident participation in meetings and smaller conversations.	
7. Tracking your progress with Resident (or Family) Council: measures for quality improvement	Take periodic measurements with your Council groups to see how participants assess the impact and success of the work. Provides data to make mid-course corrections and adjustments.	Worksheet with survey questions

Bringing Staff into the Picture

8. Story Sharing: Four Linked Activities to Move Toward Relationship-Based Care	Four sub-activities build on each other to help residents and staff learn each other's stories, increase respect and mutual understanding and enhance person-centered care.	Webinar Exercises to engage staff and residents in telling stories.
9. Language of Person-Centered Care: An Exercise for Staff	Support staff in becoming mindful about the impact of their word choices and vocabulary.	Exercises to engage staff in using more positive language that aligns with person-centered care.

Considerations

The activities in the initiative were not subject to significant field testing, and modification based on feedback. During the Initiative, participating teams received considerable support from the workshops, coaching, and monthly calls, that this guidebook alone does not provide. If your facility is part of a network, consider taking on this work with colleagues in other buildings and creating time to check-in with each other as the work progresses, to create that opportunity for shared learning.

If you are using these activities it may help to consider and make initial decisions about the following:

Consider if you would like to work initially with just your Resident Council, just your Family Council (or start a new one/ increase family engagement), or both.

Create a core project team consisting of, but not necessarily limited to,

- an Activity Director
- a Social Worker
- two or more residents
- two family members of residents, and
- a Certified Nursing Assistant who might be, or potentially could become, a champion for person-centered care.

Your administrator will be the “champion” for the team’s work, even if the administrator is not able to attend all the activities. Some teams may choose to include a nursing leader, a staff development coordinator, or other roles. Choose the team that works best for your facility. You will find it useful to identify a resident and family lead for the project.

In Massachusetts, there is a wide-range of family engagement, and in this Guide, ideas span the spectrum. While it is essential to offer families the engagement opportunities required under the law, it can also be valuable for families to partner with facility leaders in other ways to work together toward improvements in the life of residents in the facility. We recommend starting small, starting from where you are and moving in the direction of the best, most positive outcomes.

A participating Activities Director, when asked about the Initiative, said:

When we first started, I thought to myself, “Oh great! Something else to do!” Since that time, I have eaten my words a thousand times over! An amazing transformation has occurred in our facility, with staff, management, residents, and family members all working together to make things better. I am loving what I see and I am so proud to have been a part of making that change!



Working with Residents, Families and Staff: How to Get Better Results through a Few Small Changes

This work was built on decades of research and experience in increasing engagement, improving experience and making organizational change. It is crucial to hear the voices and perspectives of residents and families in long-term care. Councils can sometimes overly focus on complaints and make it difficult for the group to envision preferred futures and then create improvements through engagement and positive action. Additionally, Resident and Family Councils/groups can benefit from support from staff to function well; in these cases navigating boundaries about what is and isn't appropriate for staff to do becomes essential. Activities two through seven will help guide how to address difficult and challenging Council issues. The activities are also designed to help transition from overly negative engagement to positive visions for improvements and solution-oriented work. This transition is important because getting stuck in a recurring cycle of complaints is bad for families and staff, and especially for the residents who call the facility their home.





Kicking Off This Work







Using Hospitality and a Fresh Invitation to Engage and Empower

Overview

Perspective is crucial in long-term care facilities. For some people, the facility is viewed as a place to report to work, and the site where they practice their profession; for residents, however, the facility is home.

This dichotomy means that hospitality assumes a large role. It makes a tremendous difference how hospitality is imagined and how it is given and received, and carries with it considerable nuances. Research from a wide range of disciplines is increasingly identifying the critically important role of social connection for human beings. Connection between people can be enhanced through genuine hospitality. This activity is designed to help you think about whether the hospitality your facility is offering your residents and your Resident and Family Councils aligns with the care you aspire to provide and the conversations you hope to create with your residents, families, and staff. Is your hospitality actually increasing connection?

Purpose

To invite residents (and families) to participate in ways that are meaningful to them in formal Resident Councils, Family Councils/groups, subgroup meetings and informal conversations to improve the quality of life for residents in long-term care facilities.

Outcomes

- More authentic engagement from a wider range of residents and family members
- Richer, more participatory conversations
- Generation of many improvement ideas ranging from complaints about food to how to create more meaningful lives.

Background

This activity is designed to help you appropriately support your residents, accounting for their abilities, to engage both in your formal Resident Council meetings and to support their engagement in informal conversations (with small groups or individuals).

Resident Council meetings are an invitation to people to participate in a conversation about what's important to them. Therefore, the invitation to join should be friendly and sociable. You may already have a Resident (or Family Council/group) in place, or you may be trying to jump start or revive a Council. Whatever circumstance is the case for you will impact the language for the invitation.

Activity: Consider and Recalibrate How Formal Versus Informal Your Meetings Are

The phrase "Resident or Family Council" may unintentionally conjure expectations of a formal meeting with a gavel and Robert's Rules of Order. However, many facilities find that these expectations actually hinder having robust, meaningful conversations. Use the following guidelines and questions to help shape how formal your meeting is:

- Informally ask a good sample of your residents what kind of conversation is most valuable to them (formal or informal), then, consider what they tell you and design accordingly.

- If higher functioning residents are not participating in your council meetings, how can you make the meetings more informal and shorter, and, thus livelier? You might have different meetings for groups that need a slower pace and more repetition.
- Is one person dominating the meeting? How can you help shift this? It's important because a good council meeting or conversation is interactive and conversational.
- How do residents rotate responsibility for the meetings? Can you boost participation by inviting others to take some ownership and share responsibility?
- Are you and other staff only participating as necessary to support residents' full participation? Or are you "over helping?" How can you invite residents to take on more responsibility?
- Are you intentionally scheduling informal conversations with people who are too shy, or unable, to participate in larger group meetings? These informal conversations can be extremely generative and can be conducted by interested and able residents or staff.
- Are you helping residents keep track of what happens in meetings and reporting back both the good news, and the work still in progress?
- For larger meetings with many participants, use a whiteboard or flipchart and write in a large open hand. For small, informal conversations, have a notebook or journal so you can jot down ideas and verbatim quotes as these will be a huge help to you down the road. In both cases, always ask if you can take notes before you start.
- If you worry that your next meeting is going to continue to be a pro forma session, you might say that in addition to the legitimate complaints people may have, such as concerns about food and laundry, you might say you're also interested in how living more purposefully, and with more dignity, could be enhanced. Further, you might say that you're worried about promoting a culture of low expectations and you're asking to find out what people really want but are afraid to say.
- Is the pace of the conversation slow and thoughtful?
- Is the duration fairly short? Aim for no longer than 20 minutes.
- Are you leaving silence for people to think and respond?
- Encourage meeting attendees to flag you down when they have additional ideas. You will want to keep a notebook or journal for these conversations and remember to always ask permission before you start taking notes.
- Complaints are legitimate and signal an unmet need. How can you meet the need through positive changes? This will infuse your conversations with energy and positivity.

How to Design Participation

This is a conversation, so meeting in a living room or lounge or similar area may be more effective than meeting around a large table. If your residents prefer to meet at a table, try to find a round or oval table rather than a long rectangular table. As residents will be seated, remember to also take a seat. Conversations flow better when everyone is at the same eye level. If people don't know each other, ask them to say their name when they speak for the first time. This will save time by not having people introduce themselves at the beginning of the meeting.



The Agenda

For your formal meetings, you may want to use a flipchart or whiteboard to post the agenda so everyone can see. Alternatively, print a version to hand out to everyone. Put as much guidance into this document as makes sense for your residents and/or family members.

Your Invitation

Reword the language below to fit your voice and style.

We would like to know what you think, and what is working, or not, for you! Please join us for a conversation about what's on your mind about how we are living together. This will be an important Resident (or Family) Council meeting and we'd like you to be involved. The conversation will be informal but intentionally directed toward finding solutions to any issues or challenges that surface.

If you already have a Resident and/or Family Council/Meeting and want to encourage new people to attend, and new conversations to occur, emphasize what is new and exciting.

In addition to the invitation, there are also the accommodations and adaptations that can be made to concretely demonstrate to participants your commitment to their full and open participation; these are found in the activity on Accommodation and Adaptation. (#6)



Managing Time

This meeting will help you create energy and momentum so try to keep it *short*! A short, lively meeting will help set the stage for future meetings. You will want to note issues that may be raised towards the end but didn't get discussed because of time pressure.

Riffs and Variations

Changing the location of meetings (try the lobby instead of the activities room), changing the furniture arrangement (try a circle instead of classroom style), changing the tempo of the conversation (go slower, go faster), and adding accommodations such as whiteboards, microphones, and/or tools such as worksheets, file cards, or art supplies, can be inexpensive and useful for eliciting ideas and allowing both introverts and extroverts to contribute.

In addition to trying different locations and seating arrangements, you might also try rotating the leadership position among the group so that new people have a chance to practice the skills they acquired in their earlier volunteer or work lives in the long-term care setting. This may not be appropriate for all residents but, as you will see in the *Maximizing Engagement through Accommodation and Adaptation activity*, residents may be more capable than you assume.

Facilities in the initiative observed that:

The circular seating arrangement is more conducive for sharing since everyone can engage face to face.

And, changing the seating arrangement led to more conversation.



Notes

A series of horizontal dotted lines for writing notes, spanning the width of the page.



Going Deeper, Reaching Further,
Creating Better Outcomes



Going Deeper, Reaching Further, Creating Better Outcomes

Please remember when using this Guide that, to be most effective, you may need to start before you feel ready. Also, it is important to start small, pay attention to what happens, and build from there.

In this phase, much of the actual work will be done by residents and families, with support from the resident, family or staff facilitator, and other staff, as needed. This may mean partnering with residents, providing facilitation and other supporting assistance for residents, or even taking the lead initially, then stepping back and handing over control as residents and family members gain traction and skill. Determining how best to support residents and families to engage in this work requires discernment and an ability to step back so that others can lead effectively. Small wins will help model *how* to make successful changes and this Guide emphasizes starting small for that reason. Don't stop at small wins. Rather use early small wins to create an appetite for more aspirational improvements for residents and their families.

This next group of activities contains both the activity and suggested riffs and variations. As with all the activities, practicing and repeating these will improve and deepen the outcomes you can expect.

Participants in the initiative told us about this work:

It's been a simple, yet life changing tool!

"What are you Grateful for?" helps to start the meeting off very positively. When asking "What would make living here better for you," I found that these responses were issues/concerns but not seen so negatively by the residents because of how the question was presented. The question sets it up so the residents are more empowered to problem solve. Rather than call the responses "issues/concerns," we now refer to them as, "Action Items."



Gratitude and Discovery: Using Positive Psychology to Engage and Empower

Overview

In this activity, we suggest asking your residents, or family members, the following questions:

1. For residents: “What are you grateful for living here?”

For family members: “On behalf of your loved one, what are you grateful for?”

2. For residents: “What would make living here even better?”

For family members: “On behalf of your loved one, what would make living here even better?”

Complaints express an unmet need; these must be addressed sensitively and forthrightly and must be resolved, if possible. However, prolonged complaining can also contribute to negative moods and angry conversations in meetings. Engaging residents to move from complaining to then envisioning a better possible future is facilitated by inquiring about what is working, what residents and families are grateful for, and asking open-ended questions about how to get more of what is wanted and less of what is not wanted.

This activity is designed to actively engage residents and families in the identification of issues, possible solutions and necessary actions. This approach has many advantages. It focuses on the facility as the residents’ home, to ask what would make living here even better. It can help move from complaints to something more action oriented, thus, enhancing self-efficacy for residents. Staff will benefit from the exercise, as well, as residents will likely surprise them by expressing gratitude for things staff may have thought went unnoticed.

Research from University of California Berkeley, among other places, finds that experiencing and demonstrating gratitude, regardless of circumstances, can significantly improve well-being. This gratitude exercise assists in reframing choices by inquiring about gratitude first, and then asking about potential improvements. This sequence has the effect of lifting people’s thinking and requests toward creating desired outcomes.

Purpose

To move toward conversations of issues of deep importance to residents and families .

Residents / family members will become key participants in creating more person-centered care. (You can try this with groups of residents or families.) This activity offers strategies to engage in more dynamic and productive conversations.

Outcomes

- Quick wins to fuel enthusiasm and momentum.
- Gather initial information and insights.
- Resident-selected key issue(s).
- Identify potential actions and resolve!

Remember - start where you are and build from there: while there will be some commonalities, every group and setting is unique. Some of the activity guidance may not fit your situation - please use what fits, and adapt what does not.

Initially, some people may have a difficult time thinking of anything to be thankful for. After a few short “practice sessions” they usually have a solid list of things. Small things matter greatly here, so if the answer is “Susan’s smile” or “the tomato soup,” you are on the right path.

When we inquire about gratitude a curious thing happens; our awareness and gratitude grow naturally and it opens the space for other possibilities to emerge. Practice asking about gratitude regularly and watch what happens. When used regularly, these questions shift conversations from identifying problems to creating a more expansive outlook on what is possible. Complaints are legitimate and should not be ignored; they signal an unmet need. However, shifting the conversation to envision more profound changes through these “Gratitude and Discovery” questions can engage and empower residents in creating more person-centered care.

What to Do


Use these two questions at your next Resident Council meeting, and also ask individual residents between meetings (or replace with questions for family members at Family Council meetings):

- What are you grateful for? Or, what are you grateful for living here?
- What would make living here even better?

Here’s a sample agenda for the Resident Council meeting:

Sample Agenda

- Welcome
- Purpose of the Meeting
- Desired Outcomes
 - Understanding what residents are grateful for
 - Hearing ideas about what would make living here even better
- Discussion
 - What are you grateful for?
 - What would make living here even better?
- Conversation about the ideas being discussed
 - Any other ideas?
 - What could be solved right now?
 - What seems easy to fix?
 - What seems important to fix?
- Volunteers to work on these issues
- Next steps
- Next meeting schedule.



Your informal conversations will require much less structure but no less intentionality. When you see an opportunity, or maybe invite residents or family members into a scheduled time for a conversation, say that you are working on making your organization an even better place to live and work. You have two questions and wonder if people would help you by answering these two questions:


- What are you grateful for living here?
- What would make living here even better?

If you worry you are going to get pro forma answers, or will only get common complaints, such as complaints about food and laundry, you might say you are also interested in how living more purposefully, and with more dignity, could be enhanced. This pace of the conversation should be slow and thoughtful; but the duration should be short (no longer than 20 minutes), and invite the person(s) you are speaking with to let you know when they have additional ideas. You will want to keep a notebook or journal for these conversations and always ask permission before you start taking notes.

You may choose to frame these questions in other ways, based on knowledge and relationships with your residents. For instance, you might ask “What are you grateful for about living here?” or “What were you grateful for in the past few weeks?” These activities are all starting places for you to adapt as you learn what works best for you and your residents, or for meetings with family members, what works best in those conversations.

How to Evaluate


You will have several ways of assessing how your quick start went:

- 
- How many people came?
 - Any new participants?
 - How lively was the conversation?
 - What issues came up?
 - How many of these were long-standing issues? How many were new to you?
 - Who volunteered to follow up on the issues?

Remember, this activity will help you launch into your first small tests of change. The next activity will help you track your tests of change and assess their outcomes. Other questions that will help you think about how best to move forward include:

- What worked well?
- Were there any specific language, organization or communication strategies that felt successful?
- What did not work so well?
- What will you try differently the next time?

Riffs and Variations



One participating facility printed out worksheets with the questions and then, with permission, posted Resident responses on the community bulletin board. This had the advantage of allowing staff and family members to read and respond to what residents were saying about their experiences.

Another facility used similar worksheets, and posted them. Going a step further, when a resident died, this person's worksheet was given to the family along with more traditional condolences. A daughter reported that it was incredibly moving to see how grateful her parent was for one aide's assistance.

What participants said about this activity:

Residents shared and talked more.

The meetings have been more positive and have allowed more residents to speak up and give their opinions.

Both residents and family members are much more open about offering their concerns or suggestions, and much more mindful of the things they have to be grateful for, including changes we have made as a result of their feedback. When they approach us with their concerns or issues, many times they will add in something they think is good. It makes the communications much less defensive and more positive.

Fewer complaints, more positive energy. Residents shared and talked more.

People did not seem so defensive. They were more open and offered solutions.

The residents are giving more positive reviews of resident council.

It did reframe how we thought about what our meetings could focus on. It got all of the residents thinking about positive things and not just the negative ones. I have heard more positive comments since we began using those questions.

More positive outlook, changed the tone of the Council meeting.

Residents are more likely to share their concerns or ideas at resident council.



Discovery and Action: Engaging Residents and Families in Making Change

Overview

In this activity, residents and/or family members become partners in problem solving and finding ways to improve life for residents. A set of questions is provided to help identify ways to enhance person-centered care and a process for engaging people in testing them.

Purpose

Residents / family members will become key participants in creating more person-centered care by actively engaging in identifying and testing potential enhancements to residential life.

In the first activity, we used gratitude and discovery to reframe concerns or complaints as requests by asking residents and or family members two questions.

1. For residents: “What are you grateful for?”
For family members: “On behalf of your loved one, what are you grateful for?”
2. For residents: “What would make living here even better?”
For family members: “On behalf of your loved one, what would make living here even better?”

In this activity, residents and/or family members become partners in problem solving and finding ways to improve life for residents through a set of questions to help identify potential solutions and a process for small tests of change.

Outcomes

- Identify potential actions to solve or ameliorate problems.
- Quicker action on requests to fuel enthusiasm and momentum.
- Improved skills using “small tests of change” to make progress, even on large problems, by breaking them down into small steps.
- Increased participation of residents and/or family members in quality improvement (QI) teams and activities.
- Increased visibility of efforts to address concerns and fulfill requests.
- Improved skills in facilitation for engagement.

Activity Instructions: Step by Step

1. Ask the questions

- Ask the two questions from Activity Two again.
 - *What are you grateful for living here?*
 - *What would make living here even better?*

- Have the group call out and write on a whiteboard responses to “What would make living here even better?”

2. Choose a focus

- Talk with the group about what you are hearing.
- Sense where the energy of the group is and which issues seem reasonable to address. You are ideally looking for 1-2 small wins. Pick something easy to start. This will help you build capacity and avoid early discouragement. As this work becomes more familiar you will want to move on from easy wins to work that creates more meaning and value.
- Choose one item (or a maximum of two) that you can solve or make substantial improvement on.

3. Engage residents and staff in addressing an issue

- Ask what would improve the situation with regard to the selected issue.
- Solicit as many ideas as the group has.
- Ask them who else they think you (or they) might talk with about this issue.
- As much as possible, invite one or more residents to join a group working to address the topics.
- Use small tests of change to try out ideas.

Considerations When Doing this Activity

Choosing a concern or request to work on.

Choose at least one of the ideas that surfaced the last time you asked the gratitude and discovery questions, or choose an issue that surfaces when you repeat those questions.

Some Tips:

Pick something do-able.

Especially if this is the first time you have invited residents to participate in improvement or problem solving, start simple and small. Choose a request that you think can be addressed. And, even if you think you know an easy fix to the problem, engaging residents or family members in the process can lead to better outcomes!


Pick a couple of topics to start or sequence.

You may choose to work on a couple of requests at once with different groups, or start with one issue, then convene a new group to work on the next issue.

Engage Residents and Families

You are inviting people to participate in addressing concerns or requests that they raised themselves or were raised by others in the group. Engaging residents and families is not a “nice-to-have.” Inclusion of residents and families is essential because your residents and families are the *real* experts on what it is like to live in your facility.

Think about it for just a minute. How would it feel if your well-meaning neighbor came into your home and solved problems for you without including you in the solution, even if you had complained about the problem to begin with? It would be pretty irritating, right? That’s because nobody is more expert than you about living in your own home. The same principle applies here. As professionals and staff, we can have great insights and knowledge, but the real experts are the residents who live in, or are responsible for people living in, your facility.



Either in a formal Council meeting or individual conversations ask “Who would like to help solve this problem or find ways to fill this request?” or “Would you like to be part of a group that works together to fix this issue or make this happen?” Plan the next meeting together with a resident or family member who is interested in this topic.

Engage Staff

Often specific staff or departments become involved when there is a concern or request. Try including everyone who is part of the process being addressed, especially direct care providers and unusual voices. For instance, the staff person who delivers the meals may be as relevant as the food services manager, or the receptionist might have observations and ideas based on his/her interactions and vantage point. Remember, direct service staff are the experts in their own work.

Gather a Group to Work on the Topic

Work with a team to identify potential strategies to address a concern or fulfill a request, then plan small tests of change to try them out in the real world. Again, include any residents, family members and staff who could add to the discussion and problem solving.

Facilitating the Conversation

As you facilitate this new conversation, keep your curiosity high and try probing below the surface of things that seem obvious. Ask questions that are based in wonder (what’s it like for you?), questions that exaggerate (when someone complains that “no one ever....”, exaggerate this and ask: “You mean no one in our facility EVER, EVER?”) This kind of exaggeration usually elicits laughter and points the way toward possible solutions. Try to drill down on the when, where and why something may be occurring.

As you are facilitating an important conversation, don’t forget to create a spirit of hospitality and welcome. This conversation is a gift and an invitation to authentic engagement.



Using Small Tests of Change

Once your team has identified potential changes or solutions, use small tests of change to try them out in the real world by planning a change, trying it, observing the results and acting on what is learned; this is also known as a Plan-Do-Study-Act (PDSA) Cycle.

Consider using the CMS Quality Assurance and Performance Improvement (QAPI) or PDSA Worksheet (on page 28) to guide and document your work.

The steps of a PDSA cycle are summarized in greater detail below on pages 26-27. The powerful principle is to start small (perhaps with one staff person, and one resident, initially testing the new process once). Discuss what worked well and didn’t work well, using the tools provided with this activity, and decide how to modify your approach based on your first test.

Try several rounds of small tests, learning and adapting your approach. You can expand or improve the change as you gain experience with what works. The timeframe and scale will vary depending on the change you are testing. Some changes will be easy to test and implement quickly, while others may take multiple cycles and adaptations. Initially, aim to conduct one small test of change.

Plan to Regroup and Review Your Tests of Change Sooner Than Later!

In Quality Improvement, we sometimes ask, “What can you do by next Tuesday?” Tuesday is arbitrary, but the idea is to do something soon, regroup, tweak if needed, and continue. Don’t wait until “next month’s meeting.”



Documenting and Sharing Outcomes

Remember to take photos, get quotes, or other documentation about what you tried so that you can post these on a bulletin board, or other community resource. Start your next meeting with this report. The more engaging, fun and successful the change is, the more energy you will infuse into the next round. Put some extra creativity into this step and it will pay big dividends.

Ask About Gratitude and Improvements Again!

- If you ask the Gratitude and Discovery questions regularly, residents may become more conscious about noticing things they appreciate during the day, as well as having a broader outlook about what changes they might suggest.
- This activity also serves as an invitation to raise important concerns or requests and to help address them, giving residents and family members more autonomy and ownership.
- Improving gratitude takes practice, as does asking for real improvements that matter. Don't be afraid to repeat the questions from Activity One as they help reinforce a habit of gratitude and deepen reflection about core issues.

There are three helpful resources to support you in this activity. These are also included in the Appendix at the end of this Guide.

- Using Small Tests of Change or PDSA Cycles (below).
- A PDSA worksheet to help plan and document your change (on page 28).
- Ideas on the importance of celebrating small wins and having fun (on page 29).

Using Small Tests of Change or PDSA Cycles

The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method, used for action-oriented learning.



Step 1: Plan

What are the tasks needed to set up this test of change – including who, what, when, where for:

- Testing the change; and
- Data collection/measuring what happened as a result of the change.

Predict what will happen as a result of this test—the effect or outcome of the change.

Step 2: Do

Describe what actually happened when you ran the test:

- Did it run as planned?

- Was there anything you observed that wasn't part of the plan?

Step 3: Study

Describe the results you measured/saw, how they compared to your prediction, and what you learned from the test:

- How did, or didn't, the outcome agree with your prediction?
- Did anything surprise you?

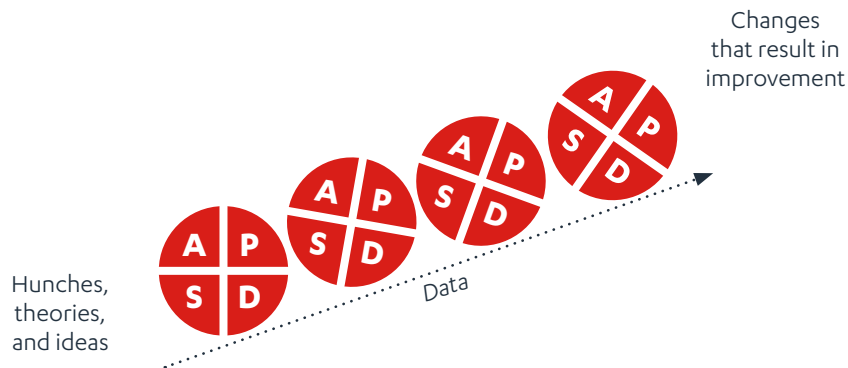
Step 4: Act

Given what you learned above, what action will you take? Describe how you would modify the change for your next test, or how you know you have done enough testing and should adopt or abandon the change.

Linking PDSA Cycles

Testing changes is an iterative process: the completion of each PDSA cycle leads directly into the start of the next cycle.

A team learns from the test: What worked and what didn't work? What should be kept, changed, or abandoned? Please use this information to plan the next test. The team continues testing in this way, refining the change until it is ready for implementation. With this process you move from ideas to changes that result in improvement.





PDSA Worksheet

Date: Overall Aim:

FOR THIS TEST OF A CHANGE: What question(s) do you want answered with this test? What do you hope to learn from this test?

.....
.....
.....

Describe your test of change. (Who, what, when, where to answer the question(s) above.)

.....
.....
.....

PLAN: List the tasks needed to set up this test of change – including who, what, when, where:

- For testing the change:
- For data collection/measuring what happened as a result of the change:

Predict what will happen as a result of this test—the effect or outcome of the change:

.....
.....
.....

DO: Describe what actually happened when you ran the test. (Did it run as planned? Was there anything you observed that wasn't part of the plan?)

.....
.....
.....

STUDY: Describe the results you measured/saw, how they compared to your prediction, and what you learned from the test. How did or didn't the outcome agree with your prediction? Did anything surprise you?

.....
.....
.....

ACT (and then Adapt, Adopt or Abandon): Given what you learned above, what action will you take? Describe how you would modify the change for your next test, or how you know you have done enough testing and should adopt or abandon the change.

.....
.....
.....

Celebrating Small Wins and Having Fun

Why Do We Celebrate Small Changes?

Because small changes can have big effects! It is important to uncover and magnify small shifts and changes that are worth celebrating. This creates momentum and sustains the group while improvements on larger, system-wide changes slowly come to fruition. Celebrating small improvements inspires everyone to pay closer attention to small, seemingly insignificant ideas, which have potential for creating big improvements.

As you celebrate these small changes, you will provide concrete evidence to participating residents, families and staff that the whole system is serious about making small changes and mapping their big improvements. Small successes can even enhance your local and personal culture.

What about Fun?

Yes, it really is important to create fun. Creating an atmosphere that welcomes fun actually encourages creativity. When trying to discover and act on something new, fun means creating an informal atmosphere that is interactive, relational and full of meaningful back and forth conversation. Humor and exaggeration are important elements to light-heartedly ask about serious issues. Fun is emphasized because this work is not business as usual; it is extraordinary.

Your work will be more successful if you are involving residents in creating fun and memorable data, stories and demonstrations through events such as fashion shows; data potlucks; pop quizzes with giveaways like coffeeshop cards; videos; and Jeopardy games. Improvisation, building models or prototyping, and observation or “simple ethnography” (see www.liberatingstructures.com) are other ways of creating fun. And, lots of the fun for your residents and families will come from how the data about *their* work are imagined, displayed, collected.

Facilities using this Discovery and Action activity reported the following:

People are using the skills they used to use in their former life. They are starting to think like the management team, thinking about what things can be improved and how.

One resident was collecting call light data. Wanted to see – certain time, certain days – is it a nursing need or could anyone address. He made a grid. Date, time ringing call light, reason and when it was answered. Noted if they popped in to check before returning.... He recently passed away. We ended up sending his family the certificate of appreciation we gave him for his hard work on this project (we made these for people who were involved in the initiative). The family hadn't been aware and were delighted at the meaning this added to his life.

Notes

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An Activity to Increase Person-Centered Care in Nursing Homes

Overview

In this activity, residents and/or family members become partners in finding ways to improve life for residents that are consistent with the principles and practices of person-centered care. This activity includes watching a 15-minute webinar to help residents and families understand the principles of person-centered care and discussing a handout with some examples of person-centered care in nursing care facilities.

Purpose

Residents and family members become key participants in advancing person-centered care by identifying and testing solutions to enhance residential life through person-centered care principles and practices.

Outcomes

- Potential approaches to meet resident preferences and increase person-centered care.
- Increased visibility of efforts to address concerns and fulfill requests.
- Increased participation of residents and family members in quality improvement (QI) teams and activities.
- Improved facilitation skills for both staff and residents to increase participation and engagement.

Activity

1. Plan if/how you might involve a resident or family member in leading the discussion with you.
2. Watch the 15-minute webinar titled Person-Centered Care in Nursing Homes with a group of family members and/or residents. This webinar is available on the website.

This webinar provides a brief introduction to what person-centered care is, the values and principles at its core, and some examples to help you better understand how you might implement or advance person-centered care in your facility.

You might make notes while you watch, noting things your facility is already doing to jumpstart the conversation.

Discuss What You Currently Do in Service of Person-Centered Care

Ask participants what they observe in their home that is already person-centered care. Offer an overview of some of your person-centered care initiatives.

Engage Families and Residents in Identifying Ideas to Further Enhance Person-Centered Care

Consider using the framework of Gratitude and Discovery:

- Activity Two details ways to engage with residents and family members to encourage them to identify potential enhancements to person-centered care.

Activity Instructions: Step by Step

1. Audience

The intended audience for this activity is residents and/or families. While it can be viewed independently, especially by family members who can only participate on-line from home, we strongly encourage you to view with a group when possible, to facilitate conversation and generate ideas.

2. Planning for the Webinar

Is there a resident or family member who might partner with you in leading the discussion, giving instructions for the process, or other ways? Might you ask someone from the first discussion to help you lead a future discussion?

Do you plan to show the webinar at a formal council meeting, or with a selected group of residents and/or families?

Do you have a screen large enough for all participants to see? This might impact how many are able to view the webinar at any one point in time. Because the webinar is streamed from the Web, you may screen it as many times as you wish.

3. AV Equipment/Materials for Viewing Webinar

Computer with internet connection for direct viewing on the computer screen, OR (if you have the equipment) a laptop connected to the internet and a projector, with a standing screen for viewing.

Flip chart and markers.

Microphone to amplify webinar sound, and for the discussion if appropriate.

The slide set from the webinar is also available on the website. If it isn't feasible for everyone to see the screen, print copies of the slides so everyone can follow along.

4. Discussion after the Webinar

In planning for a post-webinar discussion, you may consider using a "Round Robin" approach for your discussion to elicit questions and ideas from everyone. If not, consider using a simple Learning Circle format (See Pioneer Network for guidance: www.pioneenetwork.net/wp-content/uploads/2016/10/The-Learning-Circle-in-Culture-Change.pdf.) If your group is unfamiliar with the concept of Learning Circles, you may need to explain the process to all participants.

- Sit in a circle with no obstructions blocking the view of the other participants.
- The process begins when the facilitator poses the question.
- A volunteer in the circle responds with his or her thoughts on the topic.
- The person sitting to the right (or left) of the first respondent speaks next, followed one by one around the circle until everyone has spoken on the subject without interruption.
- Participants may choose to pass rather than speak. After everyone else in the circle has taken a turn, the facilitator goes back to those who passed and allows another opportunity to respond.
- Only after everyone has had a chance to speak is the floor opened for general discussion.



5. Leading the Discussion

Examples of person-centered care *in the home now*: Begin by asking, “What does person-centered care mean to you?” “Where do you see examples of person-centered care in our home?”

The webinar session opened with this description of person-centered care:

- The importance of keeping the resident (person) at the center of care planning and decision-making is honored.
- Person-centered care promotes choice, purpose, and meaning in daily life.
- There are many dimensions of care and person-centered values.

If participants struggle to come up with examples, consider reviewing some of the key principles (relationships, individuality, independence, privacy, partnership, choice, dignity, respect, rights).

As leader, you can also share examples of where you see person-centered care happening in their home:

- Use a flip chart to record all responses, so participants can think about them and discuss them.

Generating or selecting some person-centered care approaches that the group might like to try: Once the first discussion has ended, ask the participants if they have ideas for changes or improvements that might enhance person-centered care. “What idea for person-centered care might we try here?”

We have included a handout (in the Appendix) with examples of person-centered care if you need prompts to get the conversation started, or want to add to the pool of possible ideas. This handout includes ideas across the spectrum; some are easier to implement, some are more difficult.



(You might make a “customized” version for your discussion.)

If you are already working on an improvement project, and don’t feel ready to take on new ones, you might want to discuss how the current work could promote person-centered care even more.

You might ask “Are you/we already working on a person-centered care initiative? How is that going? Could we make that even more person-centered by thinking about these values?”

6. Moving to Action

Solicit volunteers for the Quality Improvement team. Ideally, the team should include residents and/or family members in addition to staff. Be inclusive in considering who should be part of a team to test changes or improvements.

Plan for a meeting within one week to plan a first “small test of change,” or Plan-Do-Study-Act process (see QI tools in Activity 3 and in the Resource Section)

7. Evaluation

At end of session, ask participants the following two questions:

- What went well or what did you like about today’s session?
- What would you do differently next time?

Notes

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Maximizing Resident Engagement through Appreciation

Overview

This webinar, and the accompanying activities, will assist you to respond even more effectively to resident and family-member complaints and to create positive outcomes through better listening skills.

Purpose

- To acquire new listening skills and to hone existing listening skills in order to be more fully available and attentive when talking with residents, family members, and others about complaints, needs, wants and desires.
- To actively engage residents and families to effectively elicit ideas for improvement; respond to complaints; and create positive outcomes.

Outcomes

- Higher energy, more positive conversations in which residents and families feel free to complain and also empowered to ask for what they want.
- Design possible solutions with the engagement of residents and family members and begin implementing and testing those solutions.
- Better clarity of understanding by the listener.
- Better solutions by deep understanding and identifying underlying needs and motivations.

What to Do

Watch the 15-minute webinar titled, *Maximizing Resident Engagement Part I - Appreciation*, available on the website.

Review the notes that follow.

Webinar

This webinar covers three major areas:

1. Active Engagement;
2. Appreciation; and
3. Active Listening.

This webinar is designed to teach skills to staff who will be facilitating meetings with residents and families, to enable them to listen and react in a way that ensures that participants feel their comments and concerns are truly heard and understood, and that their perspective is appreciated.

An important strategy is to shift toward more positive, active engagement.

Active Engagement has three major components:

1. Hearing Concerns and Preferences – with appreciative inquiry.
2. Listening Deeply to Understand – with active listening skills.
3. Engaging ALL in the Improvement.

Appreciative Inquiry and Appreciation

Appreciation includes specifically recognizing the unique qualities of the person raising the concern, and showing appreciation for their concern. It also includes asking that individual about some prior success, to flip the conversation to notice what is working, and what is possible. It's an opportunity to flip from deficit thinking about the situation and people, to identifying what is possible in the future.

Active Listening

The definition of active listening is to listen with our full attention. We can develop skills to help people know that we are actively listening. Important active listening skills include:

- Body language – are we open, expansive and inclusive with our posture, gestures and movements?
- Tone of voice – is our tone of voice (pitch, timbre, morphology) appropriate for the dignity and deference due the person with whom we are conversing? Often, care providers can fall into bad vocal habits when working with seniors: for example, speaking too softly or in too high a pitch range.
- Paraphrasing – can we accurately repeat back to the person what we think we are trying to express? Have we captured the main idea? How about the mood of the request? Are we getting the nuances and underlying requests?
- Inquiry – can we ask probing questions in an appreciative way to help the person better express themselves? Appreciative inquiry is an important skill for all care-providers.

Most importantly, are we listening to understand the person, not listening to reply to the person?

Activity

Begin to use these strategies in your day-to-day interactions. Actively listen. Reflect on what you are experiencing, how are conversations changing?

This will require energy, attention and the four P's:

- Patience
- Practice
- Persistence
- Perseverance

How to Evaluate

- Are meetings and conversations noticeably more energetic?
- Are there more suggestions and ideas than complaints?

- Is there an uptick in resident-led activities?
- Are residents having new conversations with each other and with staff?
- Have staff noticed and commented to you?
- Have families noticed and commented to you?
- Are some residents and family members participating in improvement efforts?

Riffs and Variations

“Heard, seen and respected” is an exercise that can be found at www.liberatingstructures.com and is a variation on the material in the Activity Guide. This exercise emphasizes using stories about times people felt they were (or were not) heard, seen and respected and what happened as a result. It is a short, powerful addition to this activity and you are encouraged to try it.

What participants have said:

[Asking] What could be better – has been such an important issue for us. Before I'd ask [how things were going and] generally and people weren't responding. So I'd go through the list of departments. Which was really asking leading questions. It's beneficial to not do the list. Because now we are getting the real issues. More things that are shared experience rather than an individual problem are coming up. Changing from being a negative based meeting to a positive based meeting has made all the change in the world. Happy to invite people in to work together on problems, e.g. food services. Much more comfortable expressing their concerns – they have gotten so much respect from the staff.

Notes

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Activities to Maximize Resident Engagement through Accommodations and Adaptation

Overview

Residents have different abilities; accommodating and adapting to individual abilities will make your work much more productive and fruitful. This activity offers concrete, practical tips for supporting your residents (and their families) to be as fully engaged in self-determination and person-centered care as they are capable.

Purpose

- To expand the range of how residents meaningfully engage in discussions and activities for shaping the life of the facility by working to make sure that impairments don't become disabilities.
- To expand the set of solutions for those supporting residents to engage as fully as possible.

Outcomes

Residents are better able to engage in meaningful conversations leading to addressing concerns and generating ideas for improving residential life.

Activity

Watch and listen to the webinar titled, *Maximizing Resident Engagement Part II - Accommodations and Adaptation*, available on the website. While watching the webinar, you may find it useful to mark on the worksheet below (pages 39-42) which accommodations and adaptations you want to focus on to try. Each suggestion should be tailored to be appropriate for your population. (Note: this worksheet is also included in the Appendix).

After watching the webinar, please try a couple of the things you noted that you wanted to change in your next meeting or conversation. Key strategies from the webinar are summarized below.

Worksheet

Accommodation and Adaptation	Explanatory Notes	Actions to Focus On
Hearing and Speaking Differences		
Active Listening	Full engagement Eye contact Being present	
Body language	Consciously mimic gestures. Use open, expansive posture. Remember that touching forearms, giving hugs, and squeezing a hand can all be ways of demonstrating that you are listening.	

Accommodation and Adaptation	Explanatory Notes	Actions to Focus On
Tone of voice	<p>Be careful that your tone of voice is appropriate and does not appear to be patronizing.</p> <p>Pitch your voice to a register the participants seem to hear (adjust higher or lower as needed).</p>	
Paraphrasing	<p>Make sure you're getting the core idea by repeating it back and asking if you are on target or have missed something.</p> <p>Wait for an answer.</p> <p>This is especially important when people are having trouble hearing or expressing themselves.</p>	
Inquiry (Appreciative)	<p>Ask questions that demonstrate your deep regard and appreciation for the person.</p> <p>Match your question to the person's cognitive ability.</p>	
Cognitive Accommodations and Adaptations		
Realize that impairment does NOT equal disability	Always ask what people need to be successful and ask what they have already tried.	
Repeat active listening skills above	Practice, practice, practice.	
Use representative objects such as agendas to anchor the conversation, especially for more formal meetings		
Break into small groups that may be less confusing.	Don't get trapped into thinking that only the conversations at the formal meeting matter. Some of the most productive interactions will happen outside of the formal meeting.	
Use flip charts to help people remind themselves.	Write using a dark marker, with large and legible lettering.	
Use name tags to help people use one another's names.		
Visual Accommodation and Adaptation		
Whiteboards and flip charts using large enough writing and dark enough markers.		
Written and distributed agenda in a large font.	Some facilities have had success with 40pt type/font.	
Consider conducting a reading test to ascertain the best font size for your group.	If you're not sure about the type size, make a test or a series of tests and see what works best.	
Pass around items.	See note about using representational items in Activity 9. Story Sharing: Four Linked Activities to Move Toward Relationship-Based Care.	

Accommodation and Adaptation	Explanatory Notes	Actions to Focus On
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Auditory Accommodation and Adaptation

Microphones	This seems obvious, but many facilities forget to provide this accommodation for their Council meetings.	
Pocket talkers	These are active listening devices for use such as earphones and ear buds to improve listening on a 1:1 basis and in a small group.	
Have meetings and conversations in quiet locations.	Be mindful of the needs of your group.	
Use a karaoke machine for the microphone.	In addition to having a microphone, you could get the bonus of fun by building a song into your meetings.	
Consider the seating arrangement.	Put people with hearing impairments near the front or main person speaking, amplifiers/speakers, and/or one another. Do not stand if all others are seated.	

Physical and Mobility Accommodation and Adaptation

Meet on local units.	Take the Council conversation to the residents sometimes.	
Try small gatherings in residents' rooms.		
Use card holders.	To hold agendas, and other meeting materials.	

Group Design

Have your Council use subcommittees on areas of interest such Social, Welcome Wagon, or Recreation.	Working together in small groups to create improved outcomes can also have the advantage of creating stronger social ties and sense of belonging among residents and families.	
Use one-off individual meetings to advance important issues.	Vary the cadence of meetings and actions to create a sense of energy and accomplishment. Start before you feel ready, start small, test changes and look for unusual ways to solve problems.	
Try meeting on units with small groups of residents.	Take the Resident Council to your residents sometimes. This demonstrates authentic hospitality.	
Run parallel programs and meetings so residents can choose the program they'd like to attend.	You can offer appropriate accommodation and adaptation for residents in each group.	

Accommodation and Adaptation	Explanatory Notes	Actions to Focus On
Vary the duration and frequency of your meetings based on need and energy.	<p>Low engagement is a telltale sign of boring meetings.</p> <p>People long to have meaningful conversations.</p> <p>Keeping some conversations short and focused and allowing other conversations to take deeper dives helps improve engagement by reducing boredom.</p>	
Communications		
Take time to help people visualize positive changes.	<p>As emphasized throughout these activities, complaints signal an unmet need and should be addressed.</p> <p>However, solving the specific problem presented in the complaint may not meet the underlying request.</p> <p>Take time to make sure you understand the unmet need behind the complaint.</p>	
Choose 1-2 things and start today.	These small and profound changes in orientation will help you move mountains.	
Include the residents.	This is their home so including them is essential.	
Do WITH residents NOT TO residents.	<p>Care providers have learned through their respective educational programs to equate caring with doing something “to” or “for” versus <i>with</i> residents.</p> <p>Out of good intentions, care providers often make assumptions about what people can’t do for fear of embarrassing them or out of anxiety that someone could get hurt. These are important considerations; however, it is equally important not to fall into the trap of doing TO or FOR residents what they could, with patience and accommodation, be doing for themselves.</p> <p>Inviting residents to stretch to their full capacity is win-win.</p>	



Tracking Your Progress with Resident (or Family) Council: Measures for Quality Improvement

Overview

This activity provides an opportunity to assess the results of these activities through the perspective of residents. You are asked to solicit resident feedback on your work with the Resident Council and residents and families generally to see if your work is having an impact that is noticeable and valuable to the residents.

Measurement is a critical part of testing and implementing changes; measures tell a team whether the changes they are making actually lead to improvement. Measurement for improvement should not be confused with measurement for research. This difference is outlined in the table below.

	Measurement for Research	Measurement for Learning and Process Improvement
Purpose	To discover new knowledge	To bring new knowledge into daily practice
Tests	One large “blind” test	Many sequential, observable tests
Biases	Control for as many biases as possible	Stabilize the biases from test to test
Data	Gather as much data as possible, “just in case”	Gather “just enough” data to learn and complete another cycle
Duration	Can take long periods of time to obtain results	“Small tests of significant changes” accelerate the rate of improvement

The questions and worksheet provided here offer a starting point for you to measure the impact on residents of the changes you are trying to increase engagement of residents and families. (You could also adapt the tool to use as an assessment with families.)

Purpose

- To obtain resident feedback on changes tried through activities in this Guide for Strengthening Resident and Family Councils, and to begin developing a habit of measurement for quality improvement.

Outcomes

- More meaningful assessment of the impact of changes over time, from the perspective of residents.
- Data to guide future actions.

Activity

Please use the survey below (on page 46) to poll Resident Councils, and as appropriate, Family Councils about the work you have been doing. The assignment is to use this poll more than once over an interval of 3 months. (This survey is also included in the Appendix.)

Who to Ask and How Often

- Participants at a resident or family council at least twice over a three month period.
- If possible, ask the questions at the end of the meeting. Otherwise ask them individually within a day or two of the meeting.
- *Setting it up:* begin by reminding residents about the work you have been doing and the changes you have been testing. Consider putting these on a whiteboard or piece of paper to hand out.

Completing the Survey

- Ask the questions listed on “Strengthening Resident & Family Councils Resident Survey” (page 46) one at a time and record responses.
- Feel free to explain questions if people find something confusing; whatever works best for you and your residents.
- Residents can respond either out loud, by raising hands, or marking a piece of paper.
- Consider using a secret ballot approach if that has worked for you in the past, or if you would like to test what residents say when responding anonymously.

Summarize the results in the Survey form to review.

Next Steps

- Consider asking these questions periodically (monthly, quarterly....) or ask other questions that best reflect your goals for the work.
- Looking at responses over time to questions that matter to you will give you information about how you are moving towards your goals!

Assessing Your Results

Over time, the results of this poll, when used regularly, will provide you and your facility with powerful insight into what’s working, what’s not, and how to make shifts to adapt to emerging needs. Keep a running tally of your results and use them in discussions with staff for in-service training and other conversations about improvement. Answers provided by residents will spark new ideas and new possibilities. Keep track and report on activities to address emerging concerns and opportunities.

Riffs and Variations

Change the questions or add/subtract questions as appropriate for your facility. You could also ask residents what questions they would like to be asked. You could ask staff what questions they are curious about. You can also design a version for family input.

Consider other measures that you can track, linked to your goals for this work. Below is a table used to track improvement by one of the pilot initiative participants.

	# Compliments	# Concerns/ Grievances	Meeting Ratings	Other Measures
June	1	5-7	Fair Meeting	
July	1	5-7	Better Meeting	
August	3	4-6	Better Meeting	
September	2	4	Excellent Meeting	Beginning to accomplish goals!!!
October	3	5	Good Meeting	Making Progress!
November	4	4		

Participating organizations said:

The residents are reporting back that they are seeing an improvement in the activities and the engagement that is happening to assist in arranging activities.

Residents were more receptive and focused during communication and they seemed to be sensitive to their rights as individuals, living here and trying to have a quality of life that they would be happy with on a daily basis. They were more sensitive to each other, helping each other and being more courteous and sensitive to the other resident's situation. They seemed happier and more open on what they wanted and were more vocal.

I don't know if anyone had ever asked my seniors what they were grateful for. Just asking the question changes the thought process. Instead of a litany of complaints, we start our meeting with laughter and joy. By encouraging my elders to focus on the positive at the start of our meetings we're seeing great results throughout the month. It's empowering to all!

We have had a lot of new activity offerings that came out of the engagement questions.

Residents who participate in Resident Council have increased their leadership roles in other groups and increased how much they encourage other residents to attend groups/help other residents in groups.

Strengthening Resident and Family Councils Resident Survey

Date:

Number of residents in the meeting (or interviewed):

Name of person facilitating discussion:

	# Yes	# No	# Not sure
Are you satisfied that staff here listen to your concerns and address them in a timely manner whenever possible?			
Do you think we are having better conversations during our Council Meetings about our concerns and what we want to change?			
Are Council members more involved in coming up with ideas that may help solve problems or concerns?			
In addition to ideas that solve problems, are council members more likely to share ideas for other changes that would improve life here?			
Do you think more people are sharing concerns or things that would make life better outside of council meetings?			

Can you give me an example or tell me how changes we have made or new things we tried make things better? LIST EXAMPLES HERE AND ON THE BACK

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To help interpret changes in results over time, it might be useful to make a note on the following:
I think residents understood and were able to accurately reply to these questions. (circle one number).



Bringing Staff into the Picture



Bringing Staff into the Picture

Finding new ways to engage staff in conversation, to learn about resident needs, to listen to residents and families, and to share staff perspectives, can help enhance the quality of life of residents.

Listening to residents' stories can help staff see the person more fully and not just as the person in a wheelchair. Residents listening to staff's stories can also more fully appreciate the complexity of the daily work of staff.

This phase is designed to support engaging residents, families and staff in conversation and dialogue about what matters to them and why.

Facilities recounted that:

Residents are participating in activity programming but more importantly, they have started coming out and participating in smaller groups that are resident led. They are now socializing more with each other without guidance. They are also more interested in volunteering and helping inside our community as well as helping those outside of the community as they are able. It has been a great experience to watch the domino effect of the changes we have been making.



Story Sharing: Four Linked Activities to Move toward Relationship-Based Care

Overview

This activity contains a series of brief exercises to support a pathway toward person-centered care in your facility and engage residents and care providers in creating personally meaningful care that is unique for each resident. The Story Sharing activities are offered in four segments; each exercise builds on the last. You may choose to schedule these about one week apart, or at your convenience.

This activity is designed for the individual who will be facilitating these sessions with a group of staff. Facilitators are strongly encouraged to participate along with the care providers and share stories and experiences. Your care providers can build deeper relationships among residents, families, and each other as stories are shared and meaningful care practices are rewarded.

Brain-scan research reported in 2010 shows an astonishing phenomenon: When a person tells a story, and another person actively listens, their brains actually begin to synchronize in a phenomenon called *neural coupling*. In social settings such as long-term care, this synchronization can improve mutual compassion, empathy and regard.

A pre-recorded webinar is available at the website to share content on story sharing from expert Diane Heliker, RN, PhD. We note in this document how the segments of the webinar align with the exercises. The webinar slides are also available on the website.

Purpose

- To amplify person-centered care by gaining authentic understanding of the stories of both residents and staff.
- To increase the powerful bonds of empathy and engagement that occur with narrative connection.
- To elicit deeper, more meaningful stories using representational objects.

Outcomes

- Increased mindfulness and compassion between residents, families and staff.
- Increased compassion and empathy between residents, families and staff.
- Strengthened sense of belonging and being heard, seen and respected.
- Surprising new insights about resident-centered care as contained within the stories that are harvested.

Activities Directors and Administrator said:

I have noticed improved staff engagement across all departments which is leading to improved resident engagement.

Some staff have been more conscious of their impact on a resident's day to day life.

We addressed the concern that many residents didn't know all of the department managers. This came out of asking the engagement

questions. So the residents invited the managers to a meet and greet at the council, which was a nice event.

Exercise One: Telling Your Own Story

Begin watching the webinar titled, *Story Sharing: Working Toward Relationship-Based Care*, on the website with a group of your staff. Pause the webinar when you reach slide 11 (stop at minute 16: 06 in the webinar), so you can do exercise 1 with the group, which is on slide 10. Assign the homework – bring an item that has meaning for you in a small sandwich bag to the next meeting.

Purpose:

- Encourage staff to reflect on their own stories in a non-judgmental way and understand how meaning is embedded in our own stories.

Step by step:

- Listen to the webinar through Slide 11 (16:06 in the webinar)
- Do the exercise titled, “One Step by Step: Reflect on your own story...”

Note: Slide 10 has the instructions for the exercise for the first session, so you may choose to pause here. Slide 11 provides the “homework” assignment in preparation for the next session.

- Write the 4 questions below on a flip chart, whiteboard or chalkboard.
 - *How do YOU spend your day?*
 - *What is important to you?*
 - *What are your cultural values? Beliefs? Traditions?*
 - *Describe a happy moment. A not-so-happy moment.*
- Give participants 10 minutes or so to make some notes.
- Share in pairs, small groups or with large groups, depending on the group size and dynamics.
- Consider the following prompting questions for discussion:
 - When was a moment in your past that felt really important to you?
 - Tell me about a time when you felt you were at your best and were especially proud of something you had done.
 - Describe a happy moment. A not-so-happy moment.

After stories are shared, remind staff that this is the beginning. “We start by sharing our own stories. Everybody’s story is unique, different and valuable.”

Facilitator notes:

Slide 7 in the webinar introduces the concept of “story catchers.”

- Please let all staff know that each one of them is a story catcher already!
- We all love stories; we enjoy sharing our stories.
- The stories we listen to become part of who we are.
- When we listen to a resident’s story, we are letting that person know that he/she is valued and respected and part of a community.

- In the first session, we begin by sharing our own stories; our starting point is to begin to value our own stories. According to Ernest Kutz and Katherine Ketchum, a care provider must value her/his own story before she/he can value the story of a resident; they say “The best way to help me find my story is to tell me your story.” Equally important, meaning is deeply embedded in everyday activities. One resource to help deepen thinking on this phenomenon is [Small Graces: The Quiet Gifts of Everyday Life](#) by Kent Nerburn.
- For those who wish to share in a small group, remain non-judgmental and listen carefully for their strengths, passion, and meaning. A helpful approach with staff is Appreciative Inquiry. For more on appreciative approaches, see the webinar “Maximizing Engagement through Appreciation.”
- Usually, everyone is willing to share a bit. Ask staff members not to share what they feel is too personal. The primary purpose of this activity is for them to become aware of their own story; they should only share if they choose to, and with individuals they choose.
- If you are facilitating this exercise, be sure you participate in the exercise as well.

Homework for the Next Gathering

See slide 11 in the webinar:

- Think about the ‘things’ that have great meaning to you in your home.
- Think about the story behind these meaningful objects.
- Bring one of these items that can fit into a small sandwich bag to the next group session.

Exercise 2: The Meaning of Possessions

Purpose

- To reflect on the meaning of possessions—first, our own, and, then, that of another.

Step by Step

Review the homework from Session 1, discuss the items among the group and have a broader discussion of how this relates to residents.

In this exercise participants will share and describe the item they have brought in.

- Conversations about meaningful items can be held in pairs, in small groups, or the full group.
- Start by having participants pair off and share the meaning of the object they brought in the sandwich bag. Give ample time for this (5-10 minutes).
- Then say, “Add 60 years to your current age. If you came to live in this nursing home where you currently work, how would you want the aide to handle that item as he or she helps you ‘settle in’?”
- Now that you have imagined this, think about your favorite resident, and the possessions in his/her room.

To continue the conversation:

A question to include in the discussion if you’d like to continue:

- If you had to leave your home in a disaster (flooding, fire, etc.), what would you take with you? (Please reassure people that they may assume all their family, friends and pets are already safely accounted for).

Facilitator Notes

Allow time for sharing. You are gathering staff member stories—ones they can relate to as they help a new resident move in or visit with their favorite resident.

Don't forget – facilitators should be participating in this exercise with an object from home, too!

Homework for the Next Gathering

Observe possessions in your favorite resident's room and ask them to tell you a story about one item. When you go home write down what you remember about that story and bring it next time.

As you help residents with their everyday care, it's OK to be curious about certain items. For example, with photographs you might inquire "Who is that in the photo?" and "Would you please tell me about the picture?"

Exercise 3: Discovering Meaning In Residents' Possessions

Purpose

- To begin story-based conversations with residents.

Step by Step

As part of this exercise, view the webinar from slide 13 to the end (start at 17:23), then have participants share the stories they have gathered from residents. Finally, assign the homework: Calling forth residents' stories.

Open the conversation and ask staff to report on what they learned from conversations about residents' possessions. Have each care provider share his/her experience talking with a resident about an item in the room.

Some prompting questions/discussion topics might include:

- Who chose the item (care provider or resident)?
- Describe the item to the group.
- Share the resident's story.
- How is knowing the importance of this item important for building a significant relationship with that person?
- Reflect on how what is important to the resident might be included in that resident's person-centered care plan.

Facilitator Notes

Listen very carefully to the stories participants are sharing. Listen for what is important to the resident and what values are conveyed in the story.

Please help the care provider with tips on age-related changes that impact how a person responds—changes in hearing, vision, processing information and responses, speech variations, cultural variations.

For example, older adults may need more time to think about how they wish to respond—have the aide count to 10 while waiting for an answer. Older adults have years of past experiences to reflect on before answering.

Homework for the Next Gathering

- Choose a willing resident and begin hearing his/her story.
- Use the tips offered on webinar slides 17 and 18 to support your conversations.




Exercise 4: Calling Forth Residents' Stories

Purpose

- “Continuing the Conversation” with residents: practice using questions that call forth the resident’s story and deepen relationships.

Step by Step

- Begin this exercise by reviewing webinar slides 19 and 20 and encourage staff to consider how these stories might lead to ideas for providing individualized or person-centered care. Some prompting questions might include:
 - How did you call forth the resident’s story?
 - Were you able to sit down in the resident’s room? How long was the conversation?
 - How did the resident react to you listening carefully to his/her story? Tell us about the story.
 - Could you figure out what was most important to the resident as she/he told the story?
 - At the end of the session:
 - Congratulate participating staff on taking important steps in deepening relationships with residents.
 - Encourage participants to continue engaging residents in conversation and story sharing in service of delivering person-centered care.
- 

Notes

A series of horizontal dotted lines for writing notes, spanning the width of the page.





Language of Person-Centered Care: an Exercise for Staff

Overview

Language has tremendous power to shape our interactions, moods, relationships, actions and performance. How we say things is just as important as the content. Language can be either be positive and appreciative or negative and deficit-based. The words we choose can make tremendous difference; in long-term care settings language sometimes veers too far toward deficit-based language. This Activity prompts staff to consider the impact of the language used when referring to residents, and talking with residents, and is based on work by Lori Todd, Executive Director, and her staff at Loomis House in Holyoke, Massachusetts.

Purpose

To consider our word choices and the impact they have on our own actions and on others.

Outcomes

Positive language and word choices that reflect respect and caring for individuals whose home is the facility, and whose quality of life is determined by the values and attitudes of staff.

Activity

For each word or phrase, work with your group to brainstorm strength-based alternatives to the word or phrase. How would you like staff to speak about a loved one in your family? Review the “Language of Person-Centered Care Worksheet” (page 56) and see if there are any other words in common use in your facility that should be added. (This worksheet is also included in the Appendix.)

You can do this exercise with staff, as well as with residents and with families. You may want to compare how the responses are similar and/or different from each group. Sharing the results of this exercise with staff, residents and families will open up awareness and sensitivity to how our language can help us move from doing things “for” and “to” residents to doing things *with* residents.

Riffs and Variations

Try different word sets, shorten the list to move through the activity more quickly, post responses in public places, repeat the exercise at regular intervals and see if responses change over time.

Staff in the facility, as well as residents and families, might also start noting to each other when some of these “deficit-based” terms are used, but it’s important that this is always done with respect, kindness and professionalism. This might be discussed in the original exercise to demonstrate or role-play how to highlight language during daily operations. The purpose of the exercise is to use language that reflects respect for others, and all discussions should continue to show such respect.

How You Know if Language Changes are Making a Difference

Ask residents, families, and staff if they notice differences in language and interactions. Practice active listening when you ask, and track responses. These shifts in language can be small tests of change when done consciously and regularly.

Language of Person-Centered Care Worksheet

Deficit-Based Language Currently Being Used	Strength-Based Language Alternative
Difficult	
Non-compliant	
Behaviors	
Facility	
Bed (i.e. we are a __ “bed” facility)	
Elderly	
Allow	
Agitated	
I need you to	
Toilet you	
Pain	
Feeder	
Diaper	
Honey, sweetie	
Cute	
Patient	
Bib, clothing protector	
Admit	
“My” resident	
Inappropriate (as in behavior is...)	
Working short	
Elope	
I “did her/him”	

Conclusion



Conclusion

This guide offers nine independent, but linked, activities designed to profoundly improve the results of your Resident and Family Councils, the quality of life and engagement of your residents, as well as to create greater family satisfaction and engagement, and improve staff understanding and responsiveness to resident, family and staff needs. These are not small goals; however, the experiences of the facilities that have used these activities demonstrate the potential for transformation when these simple powerful tools are employed. The actual quotes from participants about their experiences, which were provided after each activity, reinforce the effectiveness of these activities. This work offers a new approach to long-standing issues where improvements can make a crucial difference in the lives of residents in long-term care facilities.

We wish you every success in your pursuit of excellence.



About the Massachusetts Coalition for the Prevention of Medical Errors

The Massachusetts Coalition for the Prevention of Medical Errors is a public-private partnership whose mission is to improve patient safety and eliminate medical errors in Massachusetts. The Coalition's membership includes consumer organizations, state agencies, hospitals, professional associations for physicians, nurses, pharmacists, long-term care, as well as health plans, employers, policymakers, and researchers. The Coalition leverages the efforts of all of these organizations to accomplish the shared goal of improving patient safety, and promotes a systems-oriented approach to improving patient safety, identifying the causes of medical errors, and developing and supporting implementation of strategies for prevention.

The Coalition has a 15 year history of organizing successful learning collaboratives and sharing the tools and resources developed in these activities on its website. (www.macoalition.org)

Early collaboratives were oriented toward hospitals; with 100% participation in a collaborative to improve infection prevention, and a 25% reduction in *C difficile* infections among the 27 participants in another. The Coalition engaged more than 40 long-term care facilities in a collaborative which showed a 33% reduction in inappropriate diagnosis of UTI, thus also reducing inappropriate antibiotic use. They have organized improvement projects in the ambulatory setting, as well as across the continuum of care, including learning collaboratives with both hospitals and long-term care facilities, in infection prevention and care transitions.



About the Authors

- **Paula Griswold, MS**, is the Executive Director of the Massachusetts Coalition for the Prevention of Medical Errors, a statewide public-private partnership established to improve patient safety and reduce medical errors. Serving in this role since 2001, she provides leadership for the educational activities for members, as well as for more than ten patient safety learning collaboratives involving nearly 400 teams from health care organizations. She has thirty-five years of experience in health policy, program development and implementation, and leadership in collaborative efforts. Prior to her work at the Coalition, she served as Director of the Health Institution Performance Partnership, at Blue Cross Blue Shield of Massachusetts, and Chairman of the Massachusetts Rate Setting Commission from 1988 to 1995.
- **Susanne Salem-Schatz, ScD**, trained in health services research, and has worked since 2000 as an independent consultant combining skills in quality improvement, performance measurement, and program development and evaluation. Her key areas of expertise include development of learning networks and collaborative improvement programs, design and delivery of process improvement training and coaching, design of strategies to implement and spread clinical practice improvement based on systems and behavioral science, and health care program evaluation. Dr. Salem-Schatz combines traditional quality improvement strategies with innovative adaptive learning and change approaches. Recent and current clients include the Veterans Health Administration, Robert Wood Johnson Foundation, Massachusetts Coalition for the Prevention of Medical Errors, Depression in Primary Care Program, Accord Alliance, Center for Health Care Strategies, National Committee for Quality Assurance, Health Plus New York, Boston Medical Center Health Net Plan, and Visiting Nurse Service of New York.

- **Amelia Cook DeFelice, MS**, is the Program Manager at the Massachusetts Coalition for the Prevention of Medical Errors. For this initiative, she served as the first point of contact, fielded questions and provided assistance to the participants. She was in charge of data collection, coordinating workshops, webinars, learning and sharing calls and assisted in the drafting and editing of program materials.
- **Sharon Benjamin, PhD**, consults with multi-lateral, governmental, NGO and healthcare organizations. For the last 12 years she has taught the final executive leadership course for E-MPA students at New York University, and is an adjunct in the Organizational Dynamics Program at the University of Pennsylvania. Her work supports leaders seeking to effect profound transformation within themselves, their organizations and their communities, pioneering innovative methods such as Positive Deviance, which was selected by the New York Times magazine as an outstanding idea in 2008. She has served as a trusted advisor to senior leaders in federal agencies, NGOs and healthcare organizations. As an external consultant, some of her clients include: The Independent Evaluation Group of the World Bank, the United Nations Development Programme, Bill and Melinda Gates Foundation, the Secretary of Health and Human Services, the Administrator of the General Services Administration, Einstein Medical Center, Population Council, Maryland Patient Safety Center, Massachusetts Senior Care, Plexus Institute, Pension Benefit Guaranty Corporation, New York Organ Donor Network and the Kansas University Medical Center
- **Maureen Connor, RN, MPH**, is the Principal of Claremont Healthcare Consulting in Arlington, MA focusing on quality improvement, patient safety and person- and family-centered care (PFCC). She has served as faculty for the Institute of Patient- and Family-Centered Care (IPFCC) for over decade, teaching healthcare organizations across North America how to create genuine partnerships with patients. In this work, she has coached small teams to support development of action plans to advance PFCC in their sponsoring organizations. She partnered with the Massachusetts Coalition for the Prevention of Medical Errors in supporting the implementation of state mandated patient- and family-advisory councils and also has conducted on-site assessments for PFCC at academic medical centers. In her previous role as Vice President of Quality Improvement and Risk Management at the Dana-Farber Cancer Institute in Boston, she worked in partnership with patients and families in quality improvement activities, responding to medical errors, and creating a public quality improvement and patient safety website.
- **Carolyn Blanks** is Executive Director of the Massachusetts Senior Care Foundation at the Massachusetts Senior Care Association.
- **Helen Magliozzi, RN**, is Director of Regulatory Affairs at the Massachusetts Senior Care Association.

Resources

Initiative Webinars

1. Person-Centered Care in Nursing Homes
2. Maximizing Resident Engagement Part I – Appreciation
3. Maximizing Resident Engagement Part II - Accommodations and Adaptation
4. Story Sharing: Working Toward Relationship Based Care
5. Resident Rights
6. Problem Solving in Long-term Care: Tips for Effective Grievance and Complaint Resolution

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Appendix



- A. Using Small Tests of Change or PDSA Cycles
- B. PDSA Worksheet
- C. Ideas for Group Discussion about Person-Centered Care
- D. Worksheet for Accommodation and Adaptation Webinar
- E. Strengthening Resident & Family Councils Resident Survey
- F. Worksheet for Language of Person-Centered Care

Using Small Tests of Change or PDSA Cycles

The Plan-Do-Study-Act (PDSA) cycle is shorthand for testing a change — by planning it, trying it, observing the results, and acting on what is learned. This is the scientific method, used for action-oriented learning.



Step 1: Plan

What are the tasks needed to set up this test of change – including who, what, when, where for:

- Testing the change; and
- Data collection/measuring what happened as a result of the change.

Predict what will happen as a result of this test—the effect or outcome of the change.

Step 2: Do

Describe what actually happened when you ran the test:

- Did it run as planned?
- Was there anything you observed that wasn't part of the plan?

Step 3: Study

Describe the results you measured/saw, how they compared to your prediction, and what you learned from the test:

- How did, or didn't, the outcome agree with your prediction?
- Did anything surprise you?

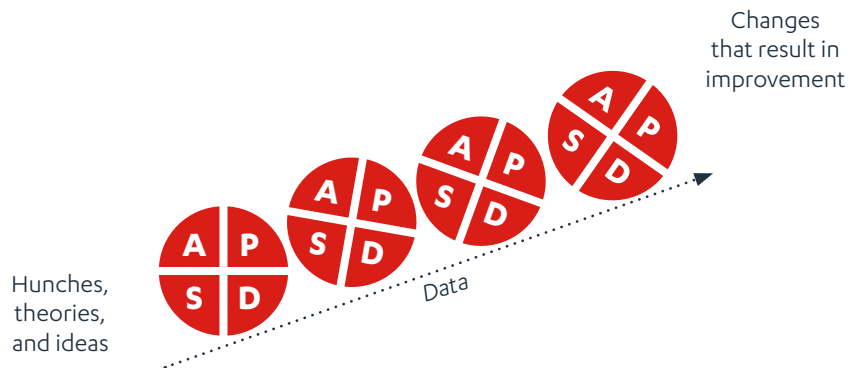
Step 4: Act

Given what you learned above, what action will you take? Describe how you would modify the change for your next test, or how you know you have done enough testing and should adopt or abandon the change.

Linking PDSA Cycles

Testing changes is an iterative process: the completion of each PDSA cycle leads directly into the start of the next cycle.

A team learns from the test: What worked and what didn't work? What should be kept, changed, or abandoned? Please use this information to plan the next test. The team continues testing in this way, refining the change until it is ready for implementation. With this process you move from ideas to changes that result in improvement.





PDSA Worksheet

Date: Overall Aim:

FOR THIS TEST OF A CHANGE: What question(s) do you want answered with this test? What do you hope to learn from this test?

.....
.....
.....

Describe your test of change. (Who, what, when, where to answer the question(s) above.)

.....
.....
.....

PLAN: List the tasks needed to set up this test of change – including who, what, when, where:

- For testing the change:
- For data collection/measuring what happened as a result of the change:

Predict what will happen as a result of this test—the effect or outcome of the change:

.....
.....
.....

DO: Describe what actually happened when you ran the test. (Did it run as planned? Was there anything you observed that wasn't part of the plan?)

.....
.....
.....

STUDY: Describe the results you measured/saw, how they compared to your prediction, and what you learned from the test. How did or didn't the outcome agree with your prediction? Did anything surprise you?

.....
.....
.....

ACT (and then Adapt, Adopt or Abandon): Given what you learned above, what action will you take? Describe how you would modify the change for your next test, or how you know you have done enough testing and should adopt or abandon the change.

.....
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Ideas for Group Discussion about Person-Centered Care

The webinar session titled *Person-Centered Care in Nursing Homes* opens with this description of person-centered care:

- The importance of keeping the resident (person) at the center of care planning and decision-making is honored.
- Person-centered care promotes choice, purpose, and meaning in daily life.
- There are many dimensions of care and person-centered values.

Principles from Person-centered Care video

- Relationships
- Individuality
- Independence
- Privacy
- Partnership
- Choice
- Dignity
- Respect
- Rights



The following pages include several lists of ideas for residents, family and staff to consider to improve person-centered care

- from nursing home residents in the Massachusetts initiative (page 68)
- from Massachusetts facilities and the Quality Partners of Rhode Island: Improving Nursing Home Culture project (page 68)
- from The National Consumer Voice for Quality Long Term Care (page 69)

Ideas to Improve Person-Centered Care

Ideas from Nursing Home Residents

- Share ideas among facilities so residents can hear about them and think what they'd like to try
- Residents check-in with a defined group of residents between Resident Council meetings to see if they have ideas or concerns that should be shared
- Invite staff to tell about themselves and their background at a small meeting of residents (be sure to think about staff who were born in other countries)
- Involve the resident who raised the concern/made the suggestion in planning for the correction/response
- Staff wear nametags with first name written very large/very visible
- Involve residents in picking silverware, to test how it feels to pick up, handle, balance, and cut with
- Provide English as a second language training for staff; it might even involve practicing with residents
- Announce staff changes right away to residents and to families
- Residents are invited/signed on to help with any task they could help with: welcoming and being a contact for new residents, serving in the store, helping to write a newsletter, posting new pictures of residents on a bulletin board

Other ideas from Massachusetts facilities and Quality Partners of Rhode Island: Improving Nursing Home Culture

- Meaningful activities are available to residents 24/7 if needed
- Facility embraces spontaneity and variety with activities in addition to scheduled events
- Resident participates in orientation of new CNAs, emphasizes the importance of the CNAs knowing her, her life story and background, and that she likes to know them personally
- Residents participate in selecting food service vendors, menu planning
- Provide memorial services for residents unable to attend funerals of loved ones
- CNA recognition programs – with nominations/expressions of appreciation from residents
- Several changes to prevent waking residents at night – reduce noise, change incontinence and bowel management approaches – improved resident satisfaction and reduced falls
- Facility created a volunteer position to ease transitions of newly arrived residents to the facility, others have welcoming committee of residents, or resident buddy system
- Private Facebook page for family members at one facility to communicate with the facility leadership and each other

Ideas to Advance Your Culture Change Journey



Resident Routine

- Honor residents' choice to wake up and go to bed at a time they choose
- Coordinate with physicians so medication times fit the natural flow of the residents' day
- Implement consistent staff assignment in order for staff to develop a relationship with residents and gain a better understanding of each residents' routine, interests and needs

Individualized Care Plans

- Create a welcoming assessment process with the goal to get to know the resident (consider the assessment a conversation rather than an interview, serve a beverage and snack during the assessment, place more emphasis on learning about their personal history, interests and strengths)
- Encourage residents to participate in their care plan meetings (explain the purpose and the importance of their input, give them prior notice and time to prepare, hold the care plan meetings in their room)
- Use I-Care Plans
- Include direct care staff in care plan meetings since direct care staff provide the majority of care and will know the resident's needs, strengths and routines

Hiring and Training of New Employees

- Include a resident in the interview process for new employees
- Include a resident in staff orientation and in-services to share their perspective on quality of life and care
- Conduct learning circles with all staff members to share ideas regarding resident-directed care and culture change

Resident Council

- Ensure Resident Council meetings are resident-directed (support residents in leading the council meetings, make sure the agenda is set by the residents)
- Create a Culture Change Team and include representatives from the Resident Council
- Invite the Resident Council to hold a learning circle for residents to share their experience as a new resident and how to improve the experience for future residents
- Work with the Resident Council to create a Welcome Committee for new residents and family members
- Invite a resident to participate in tours with prospective residents
- Involve the Resident Council in solving problems that arise in the nursing home

Family Council

- Host periodic events for family members to meet staff, discuss culture change and share ideas
- Create a Culture Change Team and include representatives from the Family Council
- Include family members in the interview process for new employees

Responding to Call Lights

- Seek resident input regarding the staff response to their requests for assistance
- Implement consistent staff assignment so staff will get to know each resident's needs and routine
- Schedule staff to work when residents' needs are the highest

Dining Experience


- Survey residents about their satisfaction with the dining experience and meet with the residents to discuss the results and how you will incorporate their input in future plans
- Provide more choices (e.g. buffet-style dining, menus, multiple alternative meal options, expanded dining hours, continuous dining)
- Develop a meal planning team and include residents on the team
- Make snacks and drinks available to residents any time day or night
- Ask residents to choose from personal recipes submitted by fellow residents and acknowledge the recipe's owner on the menu

Defining "Community" and Creating Home

- Encourage residents to decorate their rooms with personal furniture and items
- Speak with the resident and/or family member to choose photos and personal anecdotes and create a visual life story to post in their room or near their door
- Involve residents in creating and naming "neighborhoods" within the nursing home
- Introduce a time for "coffee and conversation" so staff can sit and speak with residents and family members in a casual, relaxed setting
- Increase communication and develop relationships with residents by pairing a staff person with each resident to speak with the resident weekly in order to get to know each resident and discuss concerns

Meaningful Activities and Community Engagement

- Conduct learning circles so residents can share personal interests and identify meaningful activities
- Based on the individualized care plan identify what is meaningful to each resident and help them incorporate those activities into their routine

- 
- Support residents in participating in activities outside of the nursing home (volunteering in community service, making crafts for local art fairs, mentor programs with students, local community events, voting)

Create a Comfortable Bathing Experience

- Ask residents for suggestions to improve their bathing and daily hygiene experience
- Honor residents' preferences regarding a comfortable bathing experience
- Offer residents music, scented lotion, massage and facials during their bath

Worksheet for Accommodation and Adaptation Webinar



Accommodation and Adaptation	Explanatory Notes	Actions to Focus On
Hearing and Speaking Differences		
Active Listening	Full engagement Eye contact Being present	
Body language	Consciously mimic gestures. Use open, expansive posture. Remember that touching forearms, giving hugs, and squeezing a hand can all be ways of demonstrating that you are listening.	
Tone of voice	Be careful that your tone of voice is appropriate and does not appear to be patronizing. Pitch your voice to a register the participants seem to hear (adjust higher or lower as needed).	
Paraphrasing	Make sure you're getting the core idea by repeating it back and asking if you are on target or have missed something. Wait for an answer. This is especially important when people are having trouble hearing or expressing themselves.	
Inquiry (Appreciative)	Ask questions that demonstrate your deep regard and appreciation for the person. Match your question to the person's cognitive ability.	
Cognitive Accommodations and Adaptations		
Realize that impairment does NOT equal disability	Always ask what people need to be successful and ask what they have already tried.	
Repeat active listening skills above	Practice, practice, practice.	
Use representative objects such as agendas to anchor the conversation, especially for more formal meetings		



Break into small groups that may be less confusing.	Don't get trapped into thinking that only the conversations at the formal meeting matter. Some of the most productive interactions will happen outside of the formal meeting.	
Use flip charts to help people remind themselves.	Write using a dark marker, with large and legible lettering.	
Use name tags to help people use one another's names.		

Visual Accommodation and Adaptation

Whiteboards and flip charts using large enough writing and dark enough markers.		
Written and distributed agenda in a large font.	Some facilities have had success with 40pt type/font.	
Consider conducting a reading test to ascertain the best font size for your group.	If you're not sure about the type size, make a test or a series of tests and see what works best.	
Pass around items.	See note about using representational items in Activity 9. Story Sharing: Four Linked Activities to Move Toward Relationship-Based Care.	


Auditory Accommodation and Adaptation

Microphones	This seems obvious, but many facilities forget to provide this accommodation for their Council meetings.	
Pocket talkers	These are active listening devices for use such as earphones and ear buds to improve listening on a 1:1 basis and in a small group.	
Have meetings and conversations in quiet locations.	Be mindful of the needs of your group.	
Use a karaoke machine for the microphone.	In addition to having a microphone, you could get the bonus of fun by building a song into your meetings.	
Consider the seating arrangement.	Put people with hearing impairments near the front or main person speaking, amplifiers/speakers, and/or one another. Do not stand if all others are seated.	

Physical and Mobility Accommodation and Adaptation

Meet on local units.	Take the Council conversation to the residents sometimes.	
Try small gatherings in residents' rooms.		
Use card holders.	To hold agendas, and other meeting materials.	

Group Design		
Have your Council use subcommittees on areas of interest such Social, Welcome Wagon, or Recreation.	Working together in small groups to create improved outcomes can also have the advantage of creating stronger social ties and sense of belonging among residents and families.	
Use one-off individual meetings to advance important issues.	Vary the cadence of meetings and actions to create a sense of energy and accomplishment. Start before you feel ready, start small, test changes and look for unusual ways to solve problems.	
Try meeting on units with small groups of residents.	Take the Resident Council to your residents sometimes. This demonstrates authentic hospitality.	
Run parallel programs and meetings so residents can choose the program they'd like to attend.	You can offer appropriate accommodation and adaptation for residents in each group.	
Vary the duration and frequency of your meetings based on need and energy.	Low engagement is a telltale sign of boring meetings. People long to have meaningful conversations. Keeping some conversations short and focused and allowing other conversations to take deeper dives helps improve engagement by reducing boredom.	
Communications		
Take time to help people visualize positive changes.	As emphasized throughout these activities, complaints signal an unmet need and should be addressed. However, solving the specific problem presented in the complaint may not meet the underlying request. Take time to make sure you understand the unmet need behind the complaint.	
Choose 1-2 things and start today.	These small and profound changes in orientation will help you move mountains.	
Include the residents.	This is their home so including them is essential.	



Do WITH residents NOT TO residents.

Care providers have learned through their respective educational programs to equate caring with doing something “to” or “for” versus *with* residents.

Out of good intentions, care providers often make assumptions about what people can’t do for fear of embarrassing them or out of anxiety that someone could get hurt. These are important considerations; however, it is equally important not to fall into the trap of doing TO or FOR residents what they could, with patience and accommodation, be doing for themselves.

Inviting residents to stretch to their full capacity is win-win.

Strengthening Resident and Family Councils Resident Survey

Date:

Number of residents in the meeting (or interviewed):

Name of person facilitating discussion:

	# Yes	#No	# Not sure
Are you satisfied that staff here listen to your concerns and address them in a timely manner whenever possible?			
Do you think we are having better conversations during our Council Meetings about our concerns and what we want to change?			
Are Council members more involved in coming up with ideas that may help solve problems or concerns?			
In addition to ideas that solve problems, are council members more likely to share ideas for other changes that would improve life here?			
Do you think more people are sharing concerns or things that would make life better outside of council meetings?			

Can you give me an example or tell me how changes we have made or new things we tried make things better? LIST EXAMPLES HERE AND ON THE BACK

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To help interpret changes in results over time, it might be useful to make a note on the following:
I think residents understood and were able to accurately reply to these questions. (circle one number).



Worksheet for Language of Person-Centered Care

Deficit-Based Language Currently Being Used	Strength-Based Language Alternative
Difficult	
Non-compliant	
Behaviors	
Facility	
Bed (i.e. we are a __ “bed” facility)	
Elderly	
Allow	
Agitated	
I need you to	
Toilet you	
Pain	
Feeder	
Diaper	
Honey, sweetie	
Cute	
Patient	
Bib, clothing protector	
Admit	
“My” resident	
Inappropriate (as in behavior is...)	
Working short	
Elope	
I “did her/him”	

