Describing and Assessing Leadership for Person-Centered Care: Final Project Report

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ACKNOWLEDGEMENTS

We would like to thank the 10 nursing homes that participated in our study, and their residents, staff, and families who took time out of their busy days to speak with us about the care they provide and receive. We are privileged to spend time with those who do this valuable work and appreciate the insights and education they provided. We also want to thank the Harvey Picker Center on Innovation and Applied Research in Long-Term Care for their funding of a portion of this work, along with the Ohio Long-Term Care Research Project at the Scripps Gerontology Center.

STATEMENT OF PROBLEM

Person-centered care (PCC) greatly enhances the dignity, freedom of choice, and quality of life for nursing home residents and staff. Person-centered care is a key component of culture change, (Jurkowski 2013; Doty, Koren, & Sturla 2008). Despite general interest in moving towards a person-centered perspective in every facility, little is known about what skills, characteristics, and practices make a nursing home administrator successful (or unsuccessful) at person-centered management. This study examines what administrator practices are related to the implementation of person-centered care, what Always Events™ occur in person-centered facilities, and what individual-level factors (e.g., management philosophies; specific skills or backgrounds) vary between person-centered and traditional nursing home leaders.

Our study elucidates success. Through work with high-performing nursing homes with extensive culture change and person-centered care practices (PCCP) we examine common practices—and whether these practices differ in facilities with minimal culture change and person-centered care. We heard from administrators, direct care workers, families and residents and collect both qualitative and quantitative data. We achieved results in four main areas:

1) The extent of person-centered practices that are present in these facilities, along with an examination of the tool we developed to measure PCCP.
2) Common leadership characteristics and practices, along with an examination of our leadership assessment tool.
3) Common themes among these high performing facilities, based on interviews with administrators, other facility leaders, direct care workers, residents and families.
4) Common practices that facilities always follow, similar to the Always Events promoted by Planetree in other health care settings.

METHODS

The selection of facilities for our study was viewed as one of our most important activities. While our data collection included both qualitative and quantitative tools, our design and approach was largely qualitative. In small, exploratory qualitative studies the goal is to choose participants that illustrate the range of experiences. We limited our study to Ohio facilities, largely because of budget and time constraints, but also because we had statewide facility data that could guide us in making the best selections.

Data from the 2012 Biennial Survey of Long-Term Care Facilities, the 2012 Ohio Nursing Home Family Satisfaction Surveys, and the 2013 Ohio Nursing Home Resident Satisfaction Surveys were used to guide facility selection. Thirty-one items from the Biennial Survey provided indicators of overall facility culture change; 12 of these items focused specifically on resident choice and person-centered practices. Each Ohio facility that completed the culture change items on the Biennial Survey and participated in both the nursing home

resident and family satisfaction surveys was eligible for participation. Information on facility characteristics was also part of the dataset which included the following variables:

- Facility size
- Facility ownership
- Location in the state
- Urban or rural location
- Overall facility satisfaction scores from residents and families
- Overall scores on the administration domain of resident and family satisfaction
- Scores on person-centered care items from our culture change measure
- Proportion of Medicaid residents in the facility
- Number of stars on CMS Nursing Home Compare

Facilities were assigned ranks on overall culture change, person-centered practices, overall resident satisfaction, overall family satisfaction, and family satisfaction with the nursing home administrator. Twenty-five high culture change facilities that ranked high on both resident and family satisfaction were selected for consideration. A list of facility choices was provided to staff at the Ohio Person-Centered Care Coalition and the State Ombudsman's office. On their recommendation, one facility that served only retired religious was also excluded. Twelve highly person-centered facilities were chosen for recruitment and eight participated.

Based on the above information, we selected a range of large and small, urban and rural facilities, giving priority to facilities with higher proportions of Medicaid residents. Since we wanted to learn from facilities that experience financial circumstances similar to most nursing homes, facilities with high proportions of non-Medicaid residents did not seem to reflect the usual nursing home situation. Medicare star ratings were obtained for each facility, and those with three or fewer stars were excluded. Very small (i.e., 12 and 16 beds) were also excluded. Those with high rankings on all 31 culture change items with low rankings on the person-centered only items were also excluded. We excluded facilities with three or fewer stars on the CMS star-rating system as being likely to be lower performers in other ways that effect resident care.

We also selected five traditional facilities that received high marks on resident and family satisfaction, but with few person-centered practices. We were eventually able to successfully recruit and conduct site visits in two facilities. They provide a small comparison group to assist in validating the leadership findings from the high PCC facilities. Since the facility provides the subject pool, preliminary conversations with the administrator identified staff members at all levels of the organization, residents, and family members to participate in interviews. Table 1 below shows the breakdown of our 125 respondents by job category.

Table 1. Participants in Person-Centered and Traditional Facilities

	Person-Centered Facilities	Traditional Facilities
President/CEO	3	1
Administrator & Asst. Admin.	10	2
Activities/Soc. Svcs. Dept.	7	1
Admissions/Business/Mktg./HR	8	2
Nursing (MDS Nurse, LPN)	6	3
Other Dept. Heads	19	
Directors of Nursing & Asst. DONs	10	2
Family Members	13	4
Residents	16	2
STNAs	14	2

TOOL DEVELOPMENT AND DATA COLLECTION

A number of data collection tools were developed and fielded at each nursing home. These include: 1) Leadership Assessment Survey, 2) Person-Centered Care Practices Survey, and a 3) Facility Information Tool. In addition to these quantitative tools, qualitative interview schedules were developed for administrators, other management team members, direct care staff, residents, and families. All of the interview tools for facility staff were revised to remove questions about person-centered strategies before visiting the non-PCC facilities.

The Leadership Assessment Survey was developed based on leadership literature and existing assessment tools, with a particular focus on capturing aspects of transformational and authentic leadership. Fifty statements ask administrators to respond to statements such as, “I’m the same person at work as I am at home” and “I try to be fun to be around” using response categories ranging from “Just like me” to “Not at all like me.”

In our proposal, we suggested that we would use the P-CAT or a similar tool to collect information about the extent to which practices in the facility are person-centered. Upon review, we also located several other tools, each of which had some items that we felt were strong indicators of person-centered practice, while others were less so. Our newly developed Person-Centered Care Practices tool borrows concepts from several existing tools with a focus on person-centered care rather than culture change which often measures such things as the presence of nursing stations or overhead pagers rather than staff empowerment and resident choice. We also asked the direct care workers to respond to a list of items about the leaders in their facilities, many of which were parallel to the items asked on the Leadership Assessment Tool.

The Facility Information Tool allowed us to collect factual information about the facilities and leaders in a written format rather than using valuable interview time. Such things as facility rates, number of employees, current vacancies, administrator and DON tenure in the facility, and professional degrees and licenses are captured. This information provides basic descriptions of the facilities and leaders included in our study.

In addition to the qualitative interviews, 10 administrators and one CEO completed the Leadership Assessment Survey and participated in cognitive interviews about the tool. One hundred STNAs and nurses completed the Facility Practices Survey at 10 facilities. Surveys were distributed when we arrived at each facility and collected at the end of the day. Informal reports suggest the surveys were quick and easy to complete.

HIGHLIGHTS FROM OUR FINDINGS

The survey tools are included as appendices to this report. Brief findings are presented below.

The Leadership Assessment Tool

The Leadership Assessment Tool was based on previous instruments that examined transformational leadership, authentic leadership, as well as other leadership assessments. We wrote new items to address some of the areas included in the Institute for Healthcare Improvement's recent white paper on leadership. Cognitive interviews with the administrators and executive director who completed the 45 item leadership assessment tool did not find any apparent issues (Swenson, Puigh, McMullan, Kabcenell, 2013). Many commented positively about the response options ("just like me" to "not at all like me"), and few issues with wording, question comprehension or any of the individual items were noted. One administrator noted that "this is a list of all the things that a good administrator should do." Our findings also noted little variance on some of the items. We found no significant differences between administrator responses from the person-centered facilities and traditional facilities on this tool. This could be due to the very small sample sizes or the fact that both the traditional and person-centered facilities were high performers, with good resident and family satisfaction and four or five stars on the CMS rating. Our results failed to find meaningful differences between traditional and person-centered administrators when all are leading quality organizations. Table 2 below shows the items that over half of the administrators responded: "just like me."

Table 2. High Agreement items from the Leadership Assessment Tool

Item	% non-PCC Administrators (n=2)	% PCC Administrators (n=9)
I readily admit mistakes when I make them	50.0%	33.3%
Make sure everything we do is true to our mission	50.0%	33.3%
Put residents and families first in every decision	100.0%	66.7%
Have stories about people or events who shaped who I am	100.0%	88.9%
Have 1 or 2 colleagues I rely on for honest feedback on my leadership	50.0%	33.3%
Focus on building staff strengths rather than worrying about weaknesses	100.0%	66.7%
I want the staff to find their work meaningful	100.0%	88.9%
When changes have to be made I wait as long as possible before putting the word out*	50.0%	55.6%
I think information is one of the best things you can give your employees	100.0%	66.7%
I know the names of all the staff	50.0%	33.3%
I listen closely and pay attention when others are talking	100.0%	55.6%
I try to be fun to be around	100.0%	44.4%
I want the employees to be loyal to this nursing home	100.0%	77.8%
I regularly ask the staff to contribute ideas and opinions	100.0%	77.8%
I look for input to challenge my beliefs	50.0%	22.2%
When something goes wrong I think the most important thing is finding the cause	50.0%	33.3%
I see mistakes primarily as a learning opportunity	100.0%	66.7%
I work side by side with the frontline staff if needed	100.0%	77.8%
I make sure we celebrate successes	100.0%	77.8%
I make sure our staff feel appreciated	100.0%	66.7%
I am the same person at home as I am at work	50.0%	22.2%
My core values and beliefs guide my business decisions	100.0%	100.0%

Table 2. High Agreement items from the Leadership Assessment Tool

Item	% non-PCC Administrators (n=2)	% PCC Administrators (n=9)
I can often be found walking around the facility, just looking and talking	100.0%	77.8%
I feel confident our staff know what to expect when they come to work	100.0%	33.3%
I examine everything we do to think about how we can improve	0.0%	55.6%
I look for new ideas everywhere I go	100.0%	66.7%
I take risks to change or improve this facility	50.0%	55.6%
I'm happiest when I have a new project or change going on	50.0%	22.2%
I feel like part of a family here	100.0%	77.8%
I make sure we have good teamwork here	100.0%	88.9%
I think it's fair for staff to say that something is "not my job"*	100.0%	88.9%
I can always be counted on to do what I say I will do	100.0%	66.7%
I keep abreast of practices in other settings like hospitals and home care	50.0%	33.3%
I'm relentless about staying focused on my vision for the future	50.0%	44.4%

*These items were scored with 50% or more saying "not at all like me."

In an effort to understand more about the homogeneity of responses we ran some additional analyses such as comparisons between the for-profit and not-for-profit administrators and the male and female administrators. We did find significant differences between the men and women on some of the items. All of the female administrators were in PCC facilities. When we removed them from the group and compared the male administrators from the PCC and traditional facilities, we found even greater homogeneity with seven of the items answered "just like me" or "not at all like me" by all of the respondents.

We recommend additional work with this tool, with the first step being to rewrite some of the items in a negative manner to avoid response set. It is also interesting to consider whether much of the leadership literature on transformation and other kinds of leadership has considered gender differences in describing the important behaviors and practices for effective leaders.

The Person-Centered Care Practices Tool

The person centered care practices tool was purpose developed for this study after a review of all the person-centered care assessment tools. We wanted a tool that focused on person-centered care rather than some of the artifacts of culture change such as removing nurses' stations. We borrowed topics and concepts largely from the P-CAT (Edvardsson, Fetherstonhaugh, Gibson, & Nay, 2010; Chappell, Reid, & Gish, 2007). Twenty-five items were asked, ranging from topics such as whether the staff participated in care planning, to whether they knew residents' favorite foods. The responses for each item ranged from "never" to "always" with a score of one for never and four for always. "Occasionally" was scored two, and "very often" scored three. Questionnaires were distributed to aides and other direct care nurses, and were collected when we left each facility at the end of the day. Eighty-five respondents participated in person-centered facilities, and 15 surveys were completed by staff in traditional facilities.

Data were entered into SPSS software for analysis. In preparation for an exploratory factor analysis two items were removed based on correlations with other items. One was correlated below .30 with all items and another was correlated above .75 with two other items. Promax factor analysis of the remaining items resulted in a six-factor solution that explained 69.2% of the variance. Seven items were removed because they did not load on any factor at .60 or above. The six factors and the item loadings for the remaining 16 items are shown in Table 3.

Table 3. Person-Centered Care Practices Factors and Sub-Scale Reliabilities

Item	Factor Loading	Sub-scale Coefficient Alpha
Do you have a good understanding of the residents you are caring for?	.609	Factor 1—Knowing Residents, alpha=.683
Do you find it hard to talk to residents because you don't know enough about them?	-.824	
Do you feel like you know each resident as a unique individual?	.804	
Are residents able to decide when they want to eat?	.879	Factor 2—Resident Choice, alpha=.705
Are residents able to decide how they want to bathe (e.g. tub, shower)?	.729	
How often do you ask residents about how they want things done?	.628	
How often do you participate in care planning for residents?	.646	Factor 3—Org. support for care, alpha=.683
Do you have the time you need to learn the histories of the residents?	.572	

Table 3. Person-Centered Care Practices Factors and Sub-Scale Reliabilities

Item	Factor Loading	Sub-scale Coefficient Alpha
Do your supervisors consider your preferences when making decisions about resident care?	.731	
How often do you share personal information you learn about residents that may help other staff members?	.715	
Are you able to calm residents if they become upset?	.713	
Are residents able to make their own choices, even if it puts them at risk?	.726	Factor 4—Resident Risk, single item, no alpha.
Do you feel the residents have enough to do during the day?	.937	Factor 5—Organizational Pace, alpha=.738.
Do you have enough time to allow residents to do things for themselves?	.703	
Do you know what the residents you care for like?	.697	Factor 6—Resident Preferences, alpha=.649
Do you know residents' favorite foods?	.566	

Note: Alpha for all 16 items in a single scale is .832

Because of the high coefficient alpha for all the items combined into a single scale we feel confident in computing a person-centered care facility score for each facility. For 16 items the range of possible scores is 16 to 64 with the highest score indicating the most person-centered practices; the average was 47.4 in traditional facilities, and 49.2 in the person-centered facilities. The only item that differed significantly between the person-centered and traditional facilities was the item "Do you have enough time to allow residents to do things for themselves?" This item averaged 3.08 in the traditional facilities and 2.82 in the PCC facilities. An analysis of variance, with a liberal significance level of .10 found discrimination among the individual facilities on three items—having the time to learn the histories of the residents (p=.075), knowing each resident as a unique individual (p=.086), and knowing residents' favorite foods (p=.081).

This tool provides a starting point for measuring person-centered care but unfortunately it did not distinguish among the traditional and person-centered facilities in our study. It seems from our results that despite choosing facilities that scored relatively low on overall culture change, the staff in these facilities provides very individualized care. The largest differences between the two types of facilities were on the items where PCC is built into the organizational structure. These include such things as aides participating in care planning, residents having choice on when to eat and the type of bath, and sharing information about residents with other staff. These items were all higher in the PCC facilities, although not significantly so. A next step for this tool would be testing in a larger number of facilities since our ability to see significant differences may be due to the small sample and not to any limitations of the tool.

The 28 items assessing leadership in the facility provide additional insight regarding differences between leaders in each of these 10 facilities. Eight of the 28 items showed significant differences between the PCC and traditional facilities regarding staff perceptions of leaders. Responses to these items were also coded with a one for "Never" and four for "Always." Table 4 shows the means for these items in each facility type.

Table 4. Staff Ratings on Leadership Items Between PCC and Traditional Nursing Homes

Item	Mean (sd) in PCC facilities	Mean (sd) in traditional facilities	Sig. level
Are you aware of the facility's mission?	1.11 (.379)	1.38 (.506)	.020
I feel like the administrator knows me as a person.	2.38 (1.011)	3.23 (1.013)	.012
It would be hard for me to leave this nursing home to work somewhere else.	3.38 (.815)	2.85 (1.068)	.105
I tell the administrator my ideas or opinions.	2.37 (.959)	3.07 (1.072)	.036
I know what the priorities are here.	3.53 (.687)	3.92 (.277)	.045
The managers let us know we are appreciated.	2.88 (.919)	3.36 (.842)	.070
The administrator acts in a way that is consistent with what he/she says.	3.30 (.802)	3.71 (.611)	.069
You can count on the administrator to do what he/she says.	2.87 (.966)	3.43 (.756)	.044

Only one item showed more positive responses among the PCC facilities—the item assessing loyalty states "It would be hard for me to leave this nursing home to work somewhere else." All others showed more positive leadership outcomes in the traditional facilities, with 20 items showing no significant differences. This finding is consistent with those from the leadership assessments which noted no pattern of differences between leaders in different kinds of facilities.

Qualitative Interviews

Our qualitative interviews uncovered a number of interesting themes and provide rich illustrations of the way these leaders conduct themselves and lead their organizations. The first set of common themes across these high-performing facilities focuses on effective leadership practices.

1) Be passionate about caring for elders and families

   Lead with a mission of placing elders at the center of all you do.

2) Be approachable, visible, and available

Lead by walking around, talking with residents, staff, and seeing what is going on every day.

3) Have processes to get and use input from staff

Ask for input, create settings and processes to get that input, and use it once you have gathered it.

4) Have personal connections to staff

Build relationships with staff--know their names and something about them.

5) Trust staff

Hire the right people and let them do what they are hired to do.

6) Have vision for the future

Strive to be better and always look for things to improve.

7) Have fun

Make your facility a fun place to live and work.

We also asked these leaders to talk about becoming person-centered and effective leadership for change. Themes that were addressed in these conversations include:

1) Ask residents for input about what they would like to change.

2) Ask staff for input about what they think should change.

3) Start small—some leaders thought that starting with a few small successes provides the proof that a change can be accomplished.

4) Start big—other leaders thought that person-centered care is a change in the way the staff thinks about providing care so it must be a complete change accommodating everything that is done.

5) Let go of those who do not want to come along. Some staff does not like change and will resist a move towards PCC. Accept that change and this kind of caregiving may not be for everyone and let people go if needed.

6) Don't expect staff to do what you won't do. Pitch in, model appropriate care and do whatever it takes to support new ways of approaching resident care.

7) Grant wishes. Most of the leaders had a story about a particular situation or special wish from a resident that they were able to accommodate under PCC. Support staff in finding these special wishes and coming up with ways to grant them.

8) Reinforce and remind. It is easy for institutional care to creep back into decision-making if everyone isn't vigilant. Create opportunities to reinforce what is going well, and look critically at where care does not put the resident at the center. Recognize that this work is never done and must always be monitored by thinking about the resident's point of view.

As with the leadership assessments, the themes discussed in the traditional facilities were similar to those in the PCC facilities. One traditional facility provided Alzheimer's care and philosophically felt that routine and regular schedules were helpful in managing residents with dementia. They felt that choice and preferences could be overwhelming for residents and instead focused on learning what residents liked and then regularly providing it.

Both of the more traditional facilities, as evidenced in the PCC practices tools and leadership assessments, provided a level of person-centered care, though not always in the same ways we found in the other facilities.

Always Events

We also asked all these leaders and staff members to talk about Always Events™. Although none of the people we interviewed were familiar with this idea by name, most facilities could list expectations that were articulated as expectations for staff behaviors and interactions with residents and families.

The following list includes the most commonly mentioned practices expected from staff.

1. Smile, be pleasant and cheerful, make eye contact and greet residents and families whenever they see them in the halls.
2. Ask visitors if they need help or directions. Find out why they are in the building.
3. Always ask residents about their preference anytime there is more than one option.
4. Always knock on residents' doors.
5. Offer meal and/or food choices.
6. Always respond to a resident call light.
7. Make sure everyone is happy and doesn't have unmet needs.
8. Always treat others with courtesy and respect.
9. Maintain privacy and dignity.
10. Have fun, make this an enjoyable place to live and work.
11. Find a way to grant a wish, solve a problem, and fulfill resident needs. Never say "we can't do that."
12. Remember that we are working for the residents—they always come first.
13. Before leaving the resident's room ask if they need anything else and linger a moment.
14. Take time to stop and listen to residents and families.
15. Always tell residents what you are doing, what care you are giving, what is going to happen next.
16. Be responsive, follow up, do what you promised to do.
17. Never say "that's not my patient."
18. Call them by name, not "hon" or "sweetie."

The most common items were being smiling and pleasant, greeting, directing and assisting visitors, answering call lights, asking residents if they need anything else before leaving the room, and offering preference and choice.

DISCUSSION

Our work gathered data from staff, from residents, from families and from leadership teams in PCC and traditional facilities. We learned a great deal about effective leadership practices, and developed two preliminary tools for assessing leadership and person-centered practices. Our work was inconclusive in finding practices that differentiated leaders in these two types of facilities but did find some differences in what traditional and PCC administrators focused on, and believed about the best way to provide care for their residents. Our findings suggest that changing minds about the value of putting residents first is a first necessary component of implementing person-centered care in nursing homes. Our results show a remarkable consistency across both traditional and PCC facilities, suggesting that many of the things that contribute to satisfied residents and families and effective leadership are found in areas that are not captured by culture change or defined by our current person-centered and culture change indicators. As one of our interviewees said, “It’s about more than taking out nurses’ stations or offering menu choices.”

This work provides an important starting point for additional tool refinements of our leadership and person-centered care surveys. We plan a full report based on our qualitative analyses and hope to publish some brief articles about the development of the PCC and leadership tools. We welcome the opportunity to share our work with the Picker Center or the larger Planetree organization.

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Appendix

ADMINISTRATOR LEADERSHIP ASSESSMENT

Facility Name_____

For each item below, place a check in the circle next to the answer that best matches how well the statement describes you.

I can list my 3 greatest strengths.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I can list my 3 greatest weaknesses.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I readily admit mistakes when I make them.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I make sure that everything we do is true to our mission.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I put residents and families first in every decision we make.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I look to other administrators for models of how I should lead.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I have some special stories about people or events who shaped who I am today.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I have one or two colleagues who I rely on for honest feedback about my leadership.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I focus on finding and building the strengths of our staff.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I want the staff to find their work meaningful.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

When one of our employees has troubles, I feel troubled too.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

When changes have to be made I wait as long as possible before putting the word out.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I think that information is one of the best things you can give employees.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I know the names of all the staff.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I can tell you something personal about most of the staff (e.g., kids' names, where they are from, where they went on vacation).
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I pay close attention to what others are saying when they are talking.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I try to be fun to be around.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I have clearly defined expectations for how things should be done here.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I want the employees to be loyal to this nursing home.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I regularly ask the staff to contribute ideas and opinions.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I look for input to challenge my beliefs.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I have a clear set of organizational priorities.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

When something goes wrong I think the most important thing is finding the cause.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I primarily see mistakes as a learning opportunity.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I work side by side with the direct care staff if needed.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I make sure we celebrate our successes.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I make sure our staff feels appreciated.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I am the same person at home as I am at work.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

My core beliefs and values guide my business decisions.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I can often be found walking around the facility, just looking and talking.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I feel confident that our staff knows what to expect when they come to work.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I examine everything we do to think about how we can improve.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I look for new ideas everywhere I go.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I take risks to change or improve this facility.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I'm happiest when I have a new project or when change is going on.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I feel like part of a family here.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I make sure we have good teamwork here.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I think it's fair for staff to say that something is "not my job."
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I can always be counted on to do what I say I will do.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I keep abreast of new practices in other settings like hospitals and home care.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I'm part of a community of professionals engaged in creating systems of long-term care.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

When choosing a new employee, I would choose the more experienced one over someone who exhibits more passion for working with older adults.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

I'm relentless about staying focused on my vision for the future.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

If I learn something that helps this nursing home improve I can't wait to share it with other administrators.
○ Not at all like me
○ Not much like me
○ Somewhat like me
○ Quite a lot like me
○ Just like me

FACILITY PRACTICES QUESTIONNAIRE

For each item below, put a mark in the circle next to the answer that best describes the answer to each of the questions.

Facility Name_____

Q3 Do the staff here discuss how to give person-centered or resident-centered care?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q4 How often are you assigned to care for the same residents?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q5 How often do you participate in care planning for residents?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q6 How often do families participate in care planning for residents?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q7 Do you have the time you need to learn the histories of the residents?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q8 Do you have a good understanding of the residents you are caring for?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q9 Do you know what the residents you care for like?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q10 Do you find it hard to talk to residents because you don't know enough about them?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q11 Do you feel like you know each resident as a unique individual?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q12 How often do you work with other staff to try new ways to address residents' difficult behaviors?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q13 How often do you share, with other staff members, personal information you learn about residents that may help other staff members?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q14 Do your supervisors consider your preferences when making decisions about resident care?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q15 Do you feel that the residents have enough to do during the day?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q16 Do you have enough time to allow residents to do things for themselves?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q17 How often do you spend time with residents, just talking or being with them?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q18 Are residents able to decide when they want to eat?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q19 Are residents able to decide how they want to bathe (e.g. tub bath or shower)?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q20 Do you know residents' favorite foods?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q21 How often do you ask residents about how they want things done?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q22 Are residents able to make their own choices, even if it puts them at risk?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q23 Do you help residents accomplish what they want to accomplish?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q24 Are you able to calm residents if they become upset?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q25 How often do you have conversations with residents about things other than their care?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q26 Do you feel good about the quality of care you are able to provide at this facility?

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

The following questions ask for your general opinions about this nursing home, the way things are done, and the leaders here. Please place a check in the circle that most closely describes how often each statement would be true here.

Q28 Our administrator shows that he/she understands his/her own strengths and weaknesses.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q29 Our administrator admits mistakes when they occur.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q30 Are you aware of the facility's mission?

- ❍ Yes
- ❍ Somewhat
- ❍ No

Q31 What we do and the way we do it is guided by our organization's mission.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q32 I consider the resident's perspective when making decisions.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q33 Our administrator shares personal stories about his/her past.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q34 We are encouraged to find our strengths and build on them.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q35 I feel satisfied and rewarded from the work I do here.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q36 The managers here are supportive of me.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q37 The management openly shares information with us.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q38 I feel like the administrator knows me as a person.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q39 We have fun working here.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q40 I know the kind of care that I am expected to give.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q41 It would be hard for me to leave this nursing home to work somewhere else.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q42 I tell the administrator my ideas or opinions.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q43 I feel it is OK to disagree with the administrator.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q44 I know what the priorities are here.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q45 When something goes wrong, we work to find out the cause.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q46 I feel afraid when I make a mistake.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q47 The leaders or supervisors pitch in and help us when we need it.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q48 The managers let us know we are appreciated.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q49 The administrator is a good role model for how to treat the residents.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q50 I know what to expect when I come to work.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q51 We try out new ways of doing things.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q52 It feels like a family here.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q53 I feel like I'm part of a team.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q54 I say that doing something or caring for someone is "not my job."

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Q55 You can count on the administrator to do what he/she says.

- ❍ Never
- ❍ Occasionally
- ❍ Very Often
- ❍ Always

Thank you for completing this questionnaire! Your time and opinions are appreciated. Place your completed survey in the envelope provided and return it to large envelope before the end of your shift.