## Proposed Person-Centered Care Requirements

### Long Term Care Accreditation Program

**Standard HR.01.05.03**

1. Staff participate in education and training.

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<thead>
<tr>
<th>Element of Performance for HR.01.05.03</th>
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<td>4. Staff participate in education and training whenever staff responsibilities change. Staff participation is documented.</td>
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<td>5. Staff participate in education and training that is specific to the needs of the resident population served by the organization. Staff participation is documented. (See also PC.01.02.09, EP 3)</td>
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<td><strong>23. Staff participate in education and training that is specific to person-centered care, according to job responsibilities and performance expectations. Staff participation is documented. (See also LD.03.01.02, EP 3 and HR.01.07.01, EP 1 and EP 6)</strong></td>
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**Standard HR.01.07.01**

9. The organization evaluates staff performance.

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<tr>
<td>1. The organization evaluates staff based on performance expectations that reflect their job responsibilities.</td>
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<tr>
<td>2. The organization evaluates staff performance once every three years, or more frequently as required by organization policy or in accordance with law and regulation. This evaluation is documented.</td>
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<td>5. When a licensed independent practitioner brings a nonemployee individual into the organization to provide care, treatment, and services, the organization reviews the individual's competencies and performance at the same frequency as individuals employed by the organization. Note: This review can be accomplished either through the organization's regular process or an alternative process with input from the licensed independent practitioner who brought staff into the organization.</td>
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<tr>
<td><strong>6. The organization's performance expectations for staff include providing person-centered care and following person-centered workplace practices. (See also HR.01.05.03, EP 23)</strong></td>
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Introduction to Standard LD.03.01.02

Person-centered care seeks to create a less institutionalized and more person-centered environment. While the care, treatment, and services provided to residents contribute significantly to such an environment, perhaps the most important aspect of person-centered care is the role of the organization’s leaders regarding culture transformation.

Leaders set the example by promoting a culture that is based on building trust between management and staff; fostering teamwork; empowering, coaching, and developing others; nurturing relationships; and providing support. Leaders cultivate a person-centered environment by engaging residents, families, and staff in the culture transformation process that encompasses all of these perspectives.

Leaders have the opportunity to be the champions of systemic change that impacts care practices, workplace practices, and de-institutionalization of the physical environment. Examples of care practices include reorganizing work priorities to allow residents personal choice regarding when to wake up in the morning and when to go to bed at night, when to eat their meals, when to bathe and get dressed, and what activities to participate in each day. Person-centered care practices can also include a flexible dining experience for residents so they can live and eat on their own schedule and make their own choices.

Examples of workplace practices include involving staff in strategic planning; engaging staff in decision-making; scheduling with consistent assignments to promote long-lasting, close relationships; and empowering staff to develop self-directed work groups.

The aim of de-institutionalizing the physical environment is to encourage socialization, provide comfort, and promote wellness. Examples include creating neighborhood or household designs that make spaces feel more like “home” and aesthetically pleasing spa rooms that offer privacy and comfort, thereby enhancing the bathing experience. Residents are encouraged to personalize their living space to make it their own.

How person-centered care practices, workplace practices, and de-institutionalization of the physical environment are addressed is determined by each organization and those it serves. Ultimately, leaders who focus on a person-centered culture enrich the lives of those who live and work in the organization.

Standard LD.03.01.02

The leaders create and maintain a culture of person-centered care.

Element of Performance for LD.03.01.02

1. At a frequency determined by the organization, leaders evaluate the organization’s culture in providing person-centered care. *(See also Standard PI.01.01.01, EP 16 and EP 30)*

   Footnote*: The “Artifacts of Culture Change” tool is a valuable resource for assessing a long term care organization's person-centered culture, and assisting in culture change implementation and ongoing sustainability efforts. This tool can be found at: http://www.artifactsoculturechange.org/ACCTool/

2. Based on the organization’s culture evaluation, leaders work with residents, families, and staff to develop strategies that promote person-centered care.

3. Leaders work with residents, families, and staff to implement strategies that promote person-centered care. *(See also HR.01.05.03, EP 23)*
Element of Performance for PC.01.03.01

1. The organization plans the resident’s individualized care, treatment, and services based on needs identified by the resident’s assessment (including strengths and goals), reassessment, and results of diagnostic testing.

2. The resident’s written plan for care, treatment, and services is developed by an interdisciplinary team comprised of health care professionals, including the attending physician.

3. An interim plan for care, treatment, and services is developed and documented for each resident immediately after the resident is admitted.

4. The organization develops the resident’s plan for care, treatment, and services as soon as possible after admission in accordance with law and regulation, but no later than seven calendar days after the resident’s comprehensive assessments are completed.

5. The interdisciplinary team collaborates on the review and revision of the plan for care, treatment, and services.

6. The plan for care, treatment, and services identifies the following:
   - The care, treatment, and services, including interventions to facilitate the resident’s return to the community, or discharge or transfer to an appropriate level of care
   - The frequency at which care, treatment, and services will occur
   - The team members responsible for providing care, treatment, and services
   - For post acute care: Any advance directives of the resident

7. At 90-day intervals, or more frequently based on response to the resident’s condition, the interdisciplinary care team does the following:
   - Evaluates the resident’s progress toward meeting the goals of care, treatment, and services
   - Revises the plan for care, treatment, and services
   - Collaborates with the family in revising the plan for care, treatment, and services

8. The resident’s written plan for care, treatment, and services is based on the resident’s personal preferences and freedom of choice.
Standard PI.01.01
The organization collects data to monitor its performance.

**Element of Performance for PI.01.01**

1. The leaders set priorities for data collection. (See also LD.04.04.01, EP 1)
2. The organization identifies the frequency for data collection.
3. The organization collects data on the following: Performance improvement priorities identified by leaders. (See also LD.04.04.01, EP 1)
9. The organization collects data on the following: The use of restraints. (See also LD.04.04.01, EP 2)
12. The organization collects data on the following: Behavior management and treatment. (See also LD.04.04.01, EP 2)
13. The organization collects data on the following: Quality control activities.
   Note: Examples of topics for quality control activities include the delivery and content of food trays and laundry services.
14. The organization collects data on the following: Significant medication errors. (See also LD.04.04.01, EP 2; MM.08.01.01, EP 1)
15. The organization collects data on the following: Significant adverse drug reactions. (See also LD.04.04.01, EP 2; MM.08.01.01, EP 1)
16. The organization collects data on the following: Resident (and, as needed, the family) perception of the safety and quality of care, treatment, and services.
   **16.** The organization collects data on the following: Resident (and, as needed, the family) perception of the safety and quality of care, treatment, and services. Quality of care includes the organization’s provision of person-centered care, treatment, and services.
30. The organization considers collecting data on the following:
   - Staff opinions and needs
   - Staff perceptions of risk to individuals
   - Staff suggestions for improving resident safety
   - Staff willingness to report adverse events
   Note: If the organization has not collected data on this topic, consideration can be demonstrated through methods such as interviews or meeting minutes.