TOOLKIT FOR PERSON-CENTEREDNESS IN ASSISTED LIVING

University of North Carolina at Chapel Hill (UNC)
and the
Center for Excellence in Assisted Living (CEAL)

INFORMATIONAL GUIDE
AND
QUESTIONNAIRES OF PERSON-CENTERED PRACTICES IN ASSISTED LIVING (PC-PAL)

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QUESTIONNAIRES OF PERSON-CENTERED PRACTICES IN ASSISTED LIVING (PC-PAL)

Providing person-centered care is intended to be the guiding principle in health care and settings that provide long-term services and supports.

In assisted living and similar long-term care settings, "person-centered" practices are those that center around and are decided by the resident who lives there. Person-centeredness is a broad concept, which can make it challenging to assure and measure.

In June 2010, the Center for Excellence in Assisted Living (CEAL)[1] published an informational guide to promote person-centered care in assisted living. Later that year, CEAL partnered with the University of North Carolina at Chapel Hill (UNC) and community partners from other organizations (The Chelsea, English Rose Suites, The Green House Project, LeadingAge Georgia, National Center for Assisted Living, Pioneer Network, and Planetree) to develop questionnaires that can be used to benchmark and monitor person-centered practices in assisted living and similar long-term care settings.

This Toolkit begins with information about and a website link to CEAL's Informational Guide that provides guidance to inform person-centeredness in assisted living. It includes an in-depth framework of person-centered structures, processes, and outcomes along with numerous examples that clarify the "what" of person-centeredness.

The remainder of this toolkit provides the UNC-CEAL resident and staff questionnaires of Person-Centered Practices in Assisted Living (PC-PAL) and related information. These questionnaires can be used by communities to actually measure their person-centeredness, and to stimulate and inform quality improvement efforts. For ease of use, the PC-PAL questionnaires are included at the end of the Toolkit. They also are available at http://www.shepscenter.unc.edu and http://www.theceal.org.

The PC-PAL is available for use without charge, and was developed through a partnership of diverse stakeholders. Unlike many other questionnaires used in the field – and as explained in the Frequently Asked Questions (FAQs) that follow – it is research-quality and evidence-based.

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[1] CEAL is composed of representatives from AARP, Alzheimer's Association, American Assisted Living Nurses Association, American Seniors Housing Association, Assisted Living Federation of America, CCAL-Advancing Person-Centered Living, LeadingAge, National Center for Assisted Living, NCB (National Cooperative Bank), Paralyzed Veterans of America, and Pioneer Network.

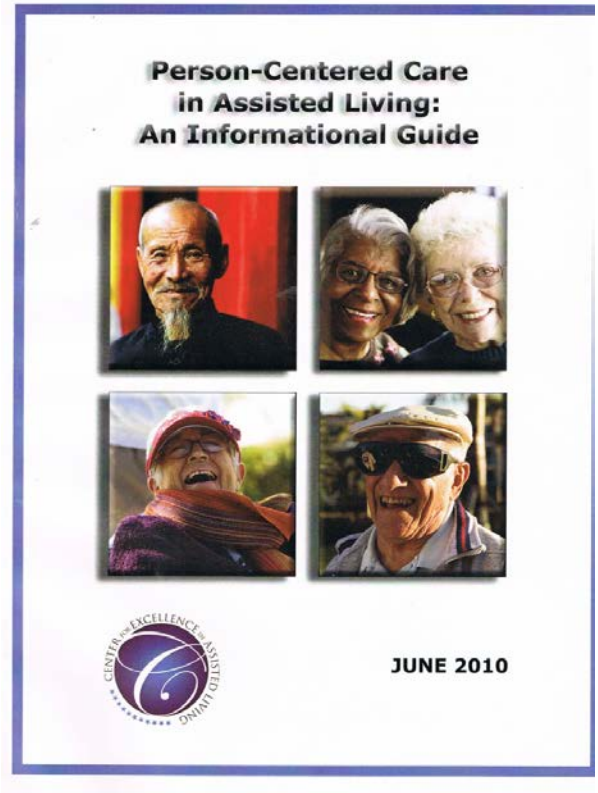
CEAL Informational Guide

CEAL's Informational Guide defines person-centered care as "a comprehensive and on-going process of transforming an entity's culture and operation into a nurturing, empowering one that promotes purpose and meaning and supports well-being for individuals in a relationship-based, home environment."

The Guide sets forth nine conceptual domains/building blocks of person-centered care:

1. Core values and philosophy
2. Relationships and community
3. Senior management/ownership/governance
4. Leadership
5. Workforce
6. Services
7. Meaningful life
8. Environment
9. Accountability

CEAL's Informational Guide is available at: http://www.theceal.org/component/k2/item/644



UNC-CEAL Questionnaires of Person-Centered Practices in Assisted Living (PC-PAL)

The questionnaires of Person-Centered Practices in Assisted Living (PC-PAL) were developed by the UNC-CEAL collaborative to benchmark and monitor person-centered practices. They are research quality, evidence-based questionnaires to help organizations measure their person-centered practices and inform their quality improvement efforts. The PC-PAL includes one questionnaire for completion by residents, and one for completion by staff. Information about a resource to inform person-centered practices is provided on the preceding page.

Unlike other questionnaires that often are used, the PC-PAL is research-quality. For one thing, the questionnaires are "valid" – meaning that they are scored similarly to other measures that assess similar concepts (in this case, culture change and person-directed care). The items (1) were developed based on a comprehensive literature review, focus groups, and in-depth discussions among collaborative members including assisted living administrators, providers, residents, family members, organizational experts, and researchers; (2) purposefully include some oppositely-worded items to avoid the tendency to go on "autopilot" and choose the same answer regardless how the item is worded; (3) were tested with more than 350 residents and staff from 19 varied assisted living communities; and (4) were psychometrically analyzed using standard techniques to develop questionnaires, to identify the concepts and items that reflect person-centeredness ***from the perspectives of residents and staff***.

Many hundreds of items were identified by the UNC-CEAL team as relevant to person-centeredness – markedly more than could reasonably be included in a questionnaire. After careful consideration, 75 items were tested for inclusion in the Resident PC-PAL, and 102 items were tested for inclusion in the Staff PC-PAL. The analyses further reduced the number of items to those that most strongly reflect person-centeredness from the perspectives of residents and staff. It's important to stress that even if seemingly important items are not included in the PC-PAL, the PC-PAL identifies and measures the *areas* of person-centeredness considered relevant from the perspectives of residents and staff; understood this way, the items that are included measure these important areas presumably better, and at least as well, as other items do.

Resident PC-PAL (49 items): Analysis found that residents identified four areas that reflect person-centeredness in assisted living:

1. Well-being and Belonging (measured with 18 items on the PC-PAL)
2. Individualized Care and Services (measured with 12 items)
3. Social Connectedness (measured with 10 items)
4. Atmosphere (measured with 9 items)

The area of atmosphere includes items that reflect what residents consider to be the opposite of person-centeredness – items such as being ignored and not feeling welcomed. In this way, the items indicate the areas that are least desirable in terms of person-centeredness.

Of note, the residents were asked about, but less strongly considered 26 additional items as central to person-centeredness. The PC-PAL does not include these items, but they are provided as supplemental items in the event some find them helpful for use. In addition, other items considered important by an assisted living community may be included as supplemental items, but should not be included in the overall PC-PAL score.

Staff PC-PAL (62 items): Analysis found that staff identified five areas that reflect person-centeredness in assisted living:

1. Workplace Practices (measured with 23 items on the PC-PAL)
2. Social Connectedness (measured with 16 items)
3. Individualized Care and Services (measured with 8 items)
4. Atmosphere (measured with 8 items)
5. Caregiver-Resident Relationships (measured with 7 items)

Of note, the staff were asked about, but less strongly considered 40 additional items as central to person-centeredness. The PC-PAL does not include these items, but they are provided as supplemental items in the event some find them helpful for use. As above, in addition, other items considered important by an assisted living community may be included as supplemental items, but should not be included in the overall PC-PAL score.

UNC-CEAL Questionnaires of Person-Centered Practices in Assisted Living (PC-PAL)
Frequently Asked Questions (FAQs) When Using the PC-PAL Questionnaires

1. I see the questionnaire provides instructions, but wonder whether I need to give additional instructions when I ask residents and staff to complete it. What do you suggest?

The questionnaire is designed to stand-alone, but you may choose to add a cover letter that includes some of the same language provided on the cover of the questionnaire. Most importantly, to encourage truthful reporting, it may be helpful to point out that resident and staff names are not requested.

2. How do I score the PC-PAL questionnaires?

The scores for each area (and the overall score) are obtained by adding the scores for the items in that area (or, for the overall score, by adding all items); dividing that number by the number of items that were answered in that area (or, again, by the number of items answered overall); and multiplying the answer by 25. The resulting score will be between 25 and 100, with higher scores indicating more person-centeredness.

To simplify scoring, at the end of each area you'll see the following shaded section:

OFFICE USE ONLY	SCORE = (□ / ○) X 25 = _____

Here's how to use the shaded section:

a. Sum the scores for the items in that area; write that number in the box. □

b. Count the number of items that were answered in that area; write that number in the circle. ○
(Do NOT count items left blank or answered "don't know/DK".)

c. Divide the number in the box (the sum) by the number in the circle (the number of items), and multiply that number by 25; enter it on the line. _____

You will end up with a number between 25 and 100.

The higher the score, the more person-centered the score is.

The next page provides a scoring example.

II. Individualized Care and Services These questions are about the **care and services** that caregiving, administrative, and other community staff provide you.						
	To what extent do you disagree or agree that...	Strongly disagree ▼	Disagree ▼	Agree ▼	Strongly agree ▼	Don't know ▼
1	I was welcomed when I moved in and provided information about activities and services here.	1	2	(3)	4	DK
2	Caregivers, administrative, and other staff introduced me to residents who have common interests so we could develop friendships.	1	2	3	4	DK
3	Caregivers, administrative, and other staff treat me with respect and dignity.	1	2	3	(4)	DK
4	Caregivers respect and know my abilities, life history, needs, and personal preferences.	1	2	(3)	4	DK
5	Caregivers, administrative, and other staff address me using my preferred name.	1	2	3	(4)	DK

a. Sum the scores for the items (3+4+3+4); this equals 14. Write '14' in the box.
b. Count the number of items answered (notice the second item was skipped). Write '4' in the circle.
c. Divide the number in the box (the sum, 14) by the number in the circle (the number of items, 4) -- 14/4 = 3.5; then, multiply that number (3.5) x 25 = 87.5.

A score of 87.5 is not a bad score, but does show some room for improvement in the area of Individualized Care and Services because the total possible score is 100.

OFFICE USE ONLY SCORE = ([14] / (4)) X 25 = 87.5

At the end of the PC-PAL, you'll see a larger shaded scoring section to help you obtain the overall PC-PAL score. This score works the same way as in the individual areas.
a. Add all of the numbers in the boxes together.
b. Add all of the numbers in the circles together.
c. Divide the number in the box by the number in the circle, and then multiply this number by 25.

Again, you will end with a number between 25 and 100. Higher scores reflect more overall person-centeredness.

Because not all organizations have the capacity to score questionnaires and generate reports, the University-based developers offer this service.

Downloadable versions of the questionnaires can be found at the university website (http://www.shepscenter.unc.edu/program/aging-disability-and-long-term-care/), and contact information to discuss scoring and report generation is available at PC-PAL@unc.edu.

3. Why should I care about scores for the separate areas of the PC-PAL or for individual items?

All four of the areas identified by the residents, and all five of the areas identified by the staff, were considered ***by them*** to reflect person-centeredness. If an organization is interested in making their practices more person-centered, improvement might be indicated in only some, but not all, areas – or, in relation to certain items. Understanding the scores for each area and item is useful for this purpose.

4. Is it worth comparing the scores of residents and staff on the PC -PAL?

There may be interest in comparing the scores of the residents and staff, especially in the three areas they both considered to reflect person-centeredness (Social Connectedness, Individualized Care and Services, and Atmosphere).

5. What is a "good" score on the Resident PC-PAL and the Staff PC-PAL?

Ideally, but not practically, every resident and every staff member would assign the highest rating to each item, meaning that they would have the "best" possible score of 100. In the development of the PC-PAL, the average overall score on the Resident PC-PAL was 75 on a scale from 25-100 (with 100 being the highest possible score), and the average overall score on the Staff PC-PAL (62 items) was 80. Thus, these communities had room to improve their person-centeredness, and could use these results to identify the areas in which there is room for improvement.

6. I can't possibly provide "person-centeredness" in as comprehensive a way as is suggested on the questionnaires, so I won't get the highest possible score. How can I justify that?

No assisted living community is expected to have the highest score on all items, and in fact the PC-PAL was developed to indicate areas where improvement might be considered. Also, while the residents and staff identified the PC-PAL items as those that indicate person-centeredness, they did not suggest that all items were equally important.

7. Why isn't there a questionnaire for family members to complete? Can they complete the resident PC-PAL?

Development of the Family PC-PAL is in the planning phase. Until that time, families can complete the Resident PC-PAL, either considering their own response to each item, or the response they expect their relative would provide. However, because families weren't involved in the testing of the Resident PC-PAL, it's important to keep in mind that those items might not reflect how the families themselves think of person-centeredness.

8. Many residents in our community have physical or cognitive impairment, and some have dementia. How can I use this with them?

Many residents with physical or cognitive impairment, and some with dementia, may be able to complete the resident questionnaire, but in some instances, support may be needed. For example, some residents may need someone to read the questions to them or help them mark their answers. In cases where a resident is unable to complete the questionnaire, a family member can complete the Resident PC-PAL on their behalf, keeping in mind the response to the question above.

9. My organization includes a nursing home. Can I use the PC-PAL questionnaires for our nursing home residents and staff?

Yes, the PC-PAL questionnaires can be used in other settings as well, especially when the residents, families, and goals of care are similar to those in assisted living. However, the 49 items of the Resident PC-PAL were chosen by assisted living residents from a total of 75 items that most reflect person-centeredness from their perspective, and it is possible that some of the 26 omitted items may be considered more important in other settings. (The same point is true of the 62 items in the Staff PC-PAL that were chosen from 102 items). That's why we provide the supplemental questionnaire items – they may be of interest not only to assisted living providers, but also to providers in other settings.

10. How do I make sense of scores if residents say we're doing a good job, but staff don't (or vice versa)?

It's not uncommon for different groups of people to think about things differently, because they're experiencing things differently. Given the different roles and responsibilities of staff, it's reasonable to assume that they have different perspectives. If the resident and staff scores differ, it doesn't mean that one is right and the other is wrong; it merely means that there's reason to want to understand each group's perspectives more fully.

11. How many residents and staff need to complete the PC-PAL to know their combined answers reflect most everyone in my community?

Not every resident or staff is likely to complete the PC-PAL, so two considerations are important: (a) that those who complete the PC-PAL are a good representation of the entire group (for example, that not only the most satisfied/dissatisfied people complete it); and (b) that enough people complete the PC-PAL. For both the resident and staff versions of the PC-PAL, it's suggested that at least 30 people respond, and more are desirable because more responses provide scores that better represent the entire community.

As a practical matter, many assisted living communities have a small number of residents and staff. In these communities particularly, it's best to have as many residents and staff participate as possible, and also to assure that those who do participate are similar to those who don't.

12. I like some of the supplemental items. How can I use those?

The supplemental items can be used the same way as the PC-PAL items. They should not be scored along with the PC-PAL items, though, as they were not found to reflect person-centeredness to the residents and staff as well as the other items do. Instead, they should be scored separately. Of note, the fact that they are supplemental does not mean that they are not important; instead, the analysis indicated that the other items more strongly reflected the overall areas of person-centeredness.

13. I know there are other measures of person-centeredness. How does the PC-PAL relate to those, and why is this questionnaire any better than those?

Strengths of the PC-PAL questionnaires include the comprehensive literature review and involvement of experts – including assisted living residents and family members – during the development of the items. Then, the items were tested with 350 residents and staff from 19 assisted living communities of varying size and type, and analyzed by university researchers to determine which items most strongly reflect person-centeredness from the perspectives of residents and staff.

The resulting questionnaires include the 49 (Resident PC-PAL) and 62 (Staff PC-PAL) items that constitute a comprehensive assessment of person-centeredness.

Responses on the Resident PC-PAL were compared to a measure composed of 17 items reflecting "culture change" in nursing homes,[1] combined with 13 items relevant to assisted living, and all PC-PAL areas were scored similarly to this measure (in research terms, all correlations were significant at the $p < .05$ level). This means the Resident PC-PAL is a valid measure of person-centeredness from the resident perspective – that is, it measures what it intends to measure.

Staff PC-PAL responses also were compared to another measure – the Person-Directed Care Measure, and were scored similarly to that measure's Personhood, Knowing the Person, and Management Structure subscales (in research terms, all correlations were significant at the $p < .01$ level).[1] Consequently, the PC-PAL is considered to be a valid measure of person-centeredness from the staff perspective – as above, it measures what it intends to measure.

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[1] For more information about these analyses, contact the University researchers at PC-PAL@unc.edu.
The nursing home culture change items to which the Resident PC-PAL was compared were obtained from: Doty, M.M., Koren, M.J., & Sturla, E.L. (2008). Culture change in nursing homes: How far have we come? Findings from The Commonwealth Fund 2007 National Survey of Nursing Homes. Available at: http://www.commonwealthfund.org/~/media/Files/Publications/Fund%20Report/2008/May/Culture%20Change%20in%20Nursing%20Homes%20%20How%20Far%20Have%20We%20Come%20%20Findings%20From%20The%20Commonwealth%20Fund%202007%20Nati/Doty_culturechangenursinghomes_1131%20pdf.pdf .
The scale to which the Staff PC-PAL questionnaires were compared is described in this reference: White, D.L., Newton-Curtis, L., & Lyons, K.S. (2007). Development and initial testing of a measure of person-directed care. *The Gerontologist 48* (Special Issue I), 114-123.

UNC-CEAL Supplemental Questionnaire Items

Resident Items

1. I am told when to wake up, eat, sleep, and do other things.
2. Policies and practices for the assisted living community are decided without my input.
3. I can keep a pet here if I want to.
4. I can stay here even if my health care needs increase.
5. If I am in the hospital, I can choose to have caregivers update other residents about how I am doing.
6. Grief and healing support is available to residents, families, caregivers, and other staff after someone dies.
7. No one here has asked me about my end-of-life choices, such as a do not resuscitate order.
8. The same caregivers usually help me with my morning care.
9. There are too few caregivers to meet my needs.
10. Caregivers often speak to me in an unclear or hurried manner.
11. Caregivers treat finishing their work as more important than meeting my needs and personal preferences.
12. Caregivers know and respect what time I like to wake up, go to sleep, and eat, and what things I like to do during the day
13. Caregivers notice changes in my mood, such as if I am feeling anxious or depressed.
14. Caregivers seem happy with their jobs.
15. Residents choose the music and television programs that are played in public areas.
16. If residents have a roommate it is because they choose to.
17. I can suggest, organize or lead activities and events.
18. Group activities are held for caregiver and administrative staff convenience, instead of for resident enjoyment.
19. After a resident dies, his or her life is honored and remembered.
20. A variety of drinks and snacks are available when I want them.
21. I can be involved in planning meals when I want to be.
22. My family members can have input into policies and practices here.
23. Caregivers and administrative staff invite family members to activities and encourage them to participate.
24. Caregivers and administrative staff ignore my family's concerns.
25. Residents complete satisfaction surveys at least once a year, and the results are shared with everyone.
26. I am unsure of my rights and who to call if my rights aren't honored.

UNC-CEAL Supplemental Questionnaire Items

Staff Items

1. Residents are welcomed when they move in and provided information about activities and services here.
2. Caregivers, administrative, and other staff treat residents with respect and dignity.
3. Caregivers, administrative, and other staff address residents using their preferred name.
4. Residents feel a sense of belonging here.
5. Residents can keep a pet here if residents want to.
6. Overall, residents are satisfied, feel comfortable, and feel a sense of belonging here.
7. Residents are involved in planning their care and services
8. Residents receive care and services according to their life history, personal preferences, and goals.
9. If a resident is in the hospital, they can choose to have caregivers update other residents about how they are doing.
10. No one here asks residents about their end-of-life choices, such as a do not resuscitate order.
11. Grief and healing support is available to residents, families, caregivers, and other staff after someone dies.
12. Overall, residents are satisfied with the care and services here.
13. The caregivers are caring and compassionate.
14. The same caregivers usually help the same residents with their morning care.
15. There are too few caregivers to meet resident needs.
16. Caregivers use practices other than medications to address residents' behavioral challenges.
17. Residents sometimes hear caregivers talking about other residents, including about their health.
18. When residents are in pain or discomfort, caregivers take steps to relieve it.
19. Overall, residents are satisfied with the caregivers and how we treat them.
20. Residents choose the music and television programs that are played in public areas.
21. If residents have a roommate it is because they choose to.
22. Residents' needs for private space are met.
23. It feels like home for the residents.
24. Caregivers and administrative staff don't know what is meaningful to residents.
25. Mealtimes are pleasant and enjoyable for residents.
26. Overall, residents don't like the food that is served.
27. Residents can bring guests to meals.
28. A variety of drinks and snacks are available to residents when they want them.
29. The dining room is very crowded.
30. When residents move in, their families are welcomed and provided information about the activities and services.
31. Residents' family members can have input into policies and practices here.

32. Caregivers and administrative staff invite residents' family members to activities and encourage them to participate.
33. Residents complete satisfaction surveys at least once a year, and the results are shared with everyone.
34. Resident feedback and complaints are welcomed and responded to.
35. Overall, residents are satisfied that their rights are respected, that their concerns are answered, and that their satisfaction matters.
36. I'm held responsible if the care I provide doesn't meet residents' needs and personal preferences.
37. I provide care according to residents' cultural preferences and expectations.
38. I know when a resident's condition has changed.
39. I complete satisfaction surveys at least once a year, and the results are shared with all staff.
40. I do not feel a sense of belonging.

RESIDENT PERSON-CENTERED PRACTICES IN ASSISTED LIVING

(RESIDENT PC-PAL)

This questionnaire is a product of the University of North Carolina at Chapel Hill (UNC) and the Center for Excellence in Assisted Living (CEAL) Collaborative, a national community-based participatory research partnership.

It was developed with funding from the National Institute on Aging.

Collaborative Studies of Long-Term Care

University of North Carolina at Chapel Hill

"Person-centered" practices are those that center around and are decided by you. The extent to which practices are "person-centered" is of great interest to people who live in, work in, manage, and regulate assisted living.

This questionnaire is designed to gather information from the people who live here. Your responses will help us learn about how we are doing with our person-centered practices.

The questionnaire has fewer than 50 questions, and will take you 15 minutes or less to complete.

Your responses are confidential and you are not asked to provide your name. The responses we receive from everyone will be combined together to help us understand and improve our services, and there will be no way to identify you individually.

Thank you for taking the time to complete this questionnaire.

Organizations that support use of the PC-PAL

AANA American Assisted Living Nurses Association · ALFA Creating the Future of Senior Living · American Seniors Housing Association · LeadingAge · NCAL National Center for Assisted Living · PLANETREE

INTRODUCTION:

This questionnaire asks your opinion about the place in which you live — meaning, this assisted living community.

For each statement, circle the number in the column that best describes how strongly you disagree or agree with that statement. If you don't know the answer to a statement, circle 'DK' in the last column.

Here is an example of how to mark your response if you "agree" with a statement:

To what extent do you disagree or agree that…	**Strongly disagree ▼**	**Disagree ▼**	**Agree ▼**	**Strongly agree ▼**	**Don't know ▼**
I feel good today.	1	2	(3)	4	DK

Let's get started!

I. Well-Being and Belonging

These questions are about things that relate to your feelings of **well-being and belonging** in this assisted living community.

	To what extent do you disagree or agree that…	**Strongly disagree ▼**	**Disagree ▼**	**Agree ▼**	**Strongly agree ▼**	**Don't know ▼**
1	I feel a sense of belonging here.	1	2	3	4	DK
2	My needs for private space are met.	1	2	3	4	DK
3	It feels like home.	1	2	3	4	DK
4	Outdoor areas are easy to get to, and are safe, attractive, and have comfortable seating.	1	2	3	4	DK
5	The activities here are meaningful to me.	1	2	3	4	DK
6	There are opportunities and a place here for me to practice the religious or spiritual beliefs I choose.	1	2	3	4	DK
7	Mealtimes are pleasant and enjoyable for me.	1	2	3	4	DK

I. Well-Being and Belonging (continued)

	To what extent do you disagree or agree that…	**Strongly disagree ▼**	**Disagree ▼**	**Agree ▼**	**Strongly agree ▼**	**Don't know ▼**
8	I can bring guests to meals.	1	2	3	4	DK
9	The administrator and other leaders are present and approachable.	1	2	3	4	DK
10	My complaints and feedback are welcomed and responded to.	1	2	3	4	DK
11	Overall, I am satisfied, feel comfortable, and feel a sense of belonging here.	1	2	3	4	DK
12	Overall, I am satisfied with the care and services here.	1	2	3	4	DK
13	Overall, I am satisfied with the caregivers and how they treat me.	1	2	3	4	DK
14	Overall, I am satisfied with the environment and surroundings.	1	2	3	4	DK
15	Overall, I am satisfied with the activities here and how they are provided.	1	2	3	4	DK
16	Overall, I am satisfied with religious and spiritual opportunities and practices here.	1	2	3	4	DK
17	Overall, I am satisfied with the meals here and how they are served.	1	2	3	4	DK
18	Overall, I am satisfied that my rights here are respected, that my concerns are answered, and that my satisfaction matters.	1	2	3	4	DK

OFFICE USE ONLY

WELL-BEING AND BELONGING SCORE = (☐ / ◯) X 25 = _____

II. Individualized Care and Services

These questions are about the **care and services** that caregiving, administrative, and other community staff provide you.

	To what extent do you disagree or agree that…	**Strongly disagree ▼**	**Disagree ▼**	**Agree ▼**	**Strongly agree ▼**	**Don't know ▼**
1	I was welcomed when I moved in and provided information about activities and services here.	1	2	3	4	DK
2	Caregivers, administrative, and other staff introduced me to residents who have common interests so we could develop friendships.	1	2	3	4	DK
3	Caregivers, administrative, and other staff treat me with respect and dignity.	1	2	3	4	DK
4	Caregivers respect and know my abilities, life history, needs, and personal preferences.	1	2	3	4	DK
5	Caregivers, administrative, and other staff address me using my preferred name.	1	2	3	4	DK
6	I am involved in planning my care and services.	1	2	3	4	DK
7	I receive care and services according to my life history, personal preferences, and goals.	1	2	3	4	DK
8	I have the privacy I want when I receive my medications.	1	2	3	4	DK
9	Caregiving and medication staff consider my personal preferences about when they give me my medications.	1	2	3	4	DK
10	Caregivers encourage and help me direct my own care.	1	2	3	4	DK
11	Caregivers provide the help I need to do what I want to do when I want to do it.	1	2	3	4	DK
12	The caregivers are caring and compassionate.	1	2	3	4	DK

OFFICE USE ONLY

INDIVIDUALIZED CARE AND SERVICES SCORE = (☐ / ◯) X 25 = _____

III. Social Connectedness

These questions are about **connections with people and involvement in activities** inside and outside of this community.

	To what extent do you disagree or agree that…	**Strongly disagree ▼**	**Disagree ▼**	**Agree ▼**	**Strongly agree ▼**	**Don't know ▼**
1	When I am in pain or discomfort, caregivers take steps to relieve it.	1	2	3	4	DK
2	I have the opportunity to go outdoors as much as I want to.	1	2	3	4	DK
3	I can take part in daily activities and spend time with other people, as little or as much as I want.	1	2	3	4	DK
4	There are different types of activities that are interesting to do here.	1	2	3	4	DK
5	Many types of caregiving and administrative staff spend time with me doing interesting activities.	1	2	3	4	DK
6	There are activities here that include people from outside the community, including children.	1	2	3	4	DK
7	There are social events that everyone (residents, families, caregivers, and administrative staff) can enjoy together.	1	2	3	4	DK
8	Transportation is provided to go to places and activities outside of the assisted living community.	1	2	3	4	DK
9	When I moved in, my family was welcomed and provided information about the activities and services.	1	2	3	4	DK
10	Overall, I am satisfied with my family's inclusion in this assisted living community.	1	2	3	4	DK

OFFICE USE ONLY

SOCIAL CONNECTEDNESS SCORE = (☐ / ◯) X 25 = _____

IV. Atmosphere

These questions are about the **overall feeling** of this assisted living community. As you have been doing, circle the number in the column that best describes how strongly you disagree or agree.

	To what extent do you disagree or agree that…	**Strongly disagree** ▼	**Disagree** ▼	**Agree** ▼	**Strongly agree** ▼	**Don't know** ▼
1	I sometimes hear caregivers talking about other residents, including about their health.	4	3	2	1	DK
2	Caregivers ignore my concerns.	4	3	2	1	DK
3	The environment does not feel welcoming.	4	3	2	1	DK
4	I am not allowed to personalize my room as much as I want to.	4	3	2	1	DK
5	It is noisy at night.	4	3	2	1	DK
6	It is difficult to get around here.	4	3	2	1	DK
7	Caregivers and administrative staff don't know what is meaningful to me.	4	3	2	1	DK
8	The dining room is very crowded.	4	3	2	1	DK
9	Overall, I don't like the food that is served here.	4	3	2	1	DK

OFFICE USE ONLY

ATMOSPHERE SCORE = (☐ / ◯) X 25 = _____

Thank you for completing this questionnaire!

OFFICE USE ONLY

WELL-BEING AND BELONGING ☐ ◯

INDIVIDUALIZED CARE AND SERVICES ☐ ◯

SOCIAL CONNECTEDNESS ☐ ◯

ATMOSPHERE ☐ ◯

(☐ / ◯) X 25 = _____

STAFF PERSON-CENTERED PRACTICES IN ASSISTED LIVING

(STAFF PC-PAL)

This questionnaire is a product of the University of North Carolina at Chapel Hill (UNC) and the Center for Excellence in Assisted Living (CEAL) Collaborative, a national community-based participatory research partnership.

It was developed with funding from the National Institute on Aging.

Collaborative Studies of Long-Term Care

University of North Carolina at Chapel Hill

"Person-centered" practices are those that center around and are decided by the person, meaning the resident who lives in assisted living. The extent to which practices are "person-centered" is of great interest to people who live in, work in, manage, and regulate assisted living.

This questionnaire is designed to gather information from the staff members who work here. Your responses will help us learn about how we are doing with our person-centered practices.

The questionnaire will take you 15 minutes or less to complete.

Your responses are confidential and you are not asked to provide your name. The responses we receive from everyone will be combined together to help us understand and improve our services, and there will be no way to identify you individually.

Thank you for taking the time to complete this questionnaire.

Organizations that support use of the PC-PAL

AANA American Assisted Living Nurses Association · ALFA Creating the Future of Senior Living · American Seniors Housing Association · LeadingAge · NCAL National Center for Assisted Living · PLANETREE

INTRODUCTION:

This questionnaire asks your opinion about the assisted living community where you work.

For each statement, circle the number in the column that best describes how strongly you disagree or agree with that statement. If you don't know the answer to a statement, circle 'DK' in the last column.

Here is an example of how to mark your response if you "agree" with a statement:

To what extent do you disagree or agree that…	Strongly disagree ▼	Disagree ▼	Agree ▼	Strongly agree ▼	Don't know ▼
I feel good today.	1	2	(3)	4	DK

Let's get started!

I. Workplace Practices

These questions are about **what it's like to work** in this assisted living community.

	To what extent do you disagree or agree that…	Strongly disagree ▼	Disagree ▼	Agree ▼	Strongly agree ▼	Don't know ▼
1	The administrator and other leaders are good teachers and role models for me.	1	2	3	4	DK
2	The administrator and other leaders are present and approachable.	1	2	3	4	DK
3	The administrator and other leaders help me gain new knowledge and skills.	1	2	3	4	DK
4	I've received training that helps me assist residents according to their personal preferences and goals.	1	2	3	4	DK
5	The administrator and other leaders know me as an individual, and show that they care about my needs and well-being.	1	2	3	4	DK
6	The expectations that the administrator and other leaders have of me are sometimes unclear.	4	3	2	1	DK
7	The administrator and other leaders recognize and reward me when I do a good job.	1	2	3	4	DK
8	My performance is reviewed at least once a year.	1	2	3	4	DK

I. Workplace Practices (continued)

		Strongly disagree ▼	Disagree ▼	Agree ▼	Strongly agree ▼	Don't know ▼
9	My performance review includes how well I help residents according to their personal preferences and goals.	1	2	3	4	DK
10	My salary is fair and similar to what other assisted living communities near here pay.	1	2	3	4	DK
11	I have freedom to try new approaches that I think will improve care or relationships here.	1	2	3	4	DK
12	I am able to provide the care a resident wants without having to ask my supervisor.	1	2	3	4	DK
13	I have the time and resources I need to get to know residents' needs and personal preferences.	1	2	3	4	DK
14	I regularly attend staff meetings where we talk about resident needs and personal preferences.	1	2	3	4	DK
15	I know my rights as an employee and who to call if those rights aren't honored.	1	2	3	4	DK
16	My feedback is welcomed and responded to.	1	2	3	4	DK
17	The staff work well together.	1	2	3	4	DK
18	The workload is distributed fairly among staff.	1	2	3	4	DK
19	There is a process for caregivers and other staff to give feedback about resident goals being met.	1	2	3	4	DK
20	Relationships among caregivers and other staff are valued.	1	2	3	4	DK
21	Overall, residents are satisfied with the meals here and how they are served.	1	2	3	4	DK
22	Overall, I am satisfied with the administration and leadership.	1	2	3	4	DK
23	Overall, I am satisfied working here.	1	2	3	4	DK

OFFICE USE ONLY

WORKPLACE PRACTICES SCORE = (☐ / ◯) X 25 = _____

II. Social Connectedness

These questions are about residents' **connections with people and involvement in activities** inside and outside of this community.

	To what extent do you disagree or agree that…	**Strongly disagree ▼**	**Disagree ▼**	**Agree ▼**	**Strongly agree ▼**	**Don't know ▼**
1	Outdoor areas are easy for residents to get to, and are safe, attractive, and have comfortable seating.	1	2	3	4	DK
2	Residents have the opportunity to go outdoors as much as they want to.	1	2	3	4	DK
3	Residents can take part in daily activities and spend time with other people, as little or as much as they want.	1	2	3	4	DK
4	There are different types of activities that are interesting for residents to do here.	1	2	3	4	DK
5	Many types of caregiving and administrative staff spend time with residents doing interesting activities.	1	2	3	4	DK
6	Residents can suggest, organize, or lead activities and events.	1	2	3	4	DK
7	There are activities here that include people from outside the community, including children.	1	2	3	4	DK
8	There are social events that everyone (residents, families, caregivers, and administrative staff) can enjoy together.	1	2	3	4	DK
9	The activities are meaningful to residents.	1	2	3	4	DK
10	Transportation is provided for residents to go to places and activities outside of the assisted living community.	1	2	3	4	DK
11	There are opportunities and a place for residents to practice the religious or spiritual beliefs they choose.	1	2	3	4	DK
12	After a resident dies, his or her life is honored and remembered.	1	2	3	4	DK
13	Overall, residents are satisfied with the environment and surroundings.	1	2	3	4	DK
14	Overall, residents are satisfied with the activities and how they are provided.	1	2	3	4	DK
15	Overall, residents are satisfied with religious and spiritual opportunities and practices here.	1	2	3	4	DK
16	Overall, residents are satisfied with their families' inclusion in this assisted living community.	1	2	3	4	DK

OFFICE USE ONLY

SOCIAL CONNECTEDNESS SCORE = (☐ / ◯) X 25 = _____

III. Individualized Care and Services

These questions are about the **care and services** that caregiving, administrative, and other community staff provide to residents.

	To what extent do you disagree or agree that…	**Strongly disagree ▼**	**Disagree ▼**	**Agree ▼**	**Strongly agree ▼**	**Don't know ▼**
1	Caregivers, administrative, and other staff introduce residents to others who have common interests so they can develop friendships.	1	2	3	4	DK
2	Caregivers respect and know residents' abilities, life history, needs, and personal preferences.	1	2	3	4	DK
3	Residents can stay here even if their health care needs increase.	1	2	3	4	DK
4	Residents have the privacy they want when they receive their medications.	1	2	3	4	DK
5	Caregiving and medication staff consider residents' personal preferences about when they give their medications.	1	2	3	4	DK
6	Caregivers encourage and help residents direct their own care.	1	2	3	4	DK
7	Caregivers provide the help residents need to do what residents want to do when residents want to do it.	1	2	3	4	DK
8	Caregivers notice changes in resident mood, such as if they are feeling anxious or depressed.	1	2	3	4	DK

OFFICE USE ONLY INDIVIDUALIZED CARE AND SERVICES SCORE = (☐ / ◯) X 25 = _____

IV. Atmosphere

These questions are about the **overall feeling** of this assisted living community. As you have been doing, circle the number in the column that best describes how strongly you disagree or agree.

	To what extent do you disagree or agree that…	**Strongly disagree ▼**	**Disagree ▼**	**Agree ▼**	**Strongly agree ▼**	**Don't know ▼**
1	Residents are unsure about their rights and who to call if their rights aren't honored.	4	3	2	1	DK
2	Caregivers ignore resident concerns.	4	3	2	1	DK
3	The environment does not feel welcoming for the residents.	4	3	2	1	DK
4	Residents are not allowed to personalize their room as much as they want to.	4	3	2	1	DK

IV. Atmosphere (continued)

		Strongly disagree ▼	Disagree ▼	Agree ▼	Strongly agree ▼	Don't know ▼
5	It is noisy at night.	4	3	2	1	DK
6	It is difficult to get around here.	4	3	2	1	DK
7	Group activities are held for caregiver and administrative staff convenience, instead of for resident enjoyment.	4	3	2	1	DK
8	Caregivers and administrative staff ignore families' concerns.	4	3	2	1	DK

OFFICE USE ONLY ATMOSPHERE SCORE = (☐ / ◯) X 25 = _____

V. Caregiver-Resident Relationships

These questions are about the **relationships that residents and caregivers** have with one another, and with the assisted living community in general. As before, circle the number in the column that best describes how strongly you disagree or agree.

	To what extent do you disagree or agree that…	Strongly disagree ▼	Disagree ▼	Agree ▼	Strongly agree ▼	Don't know ▼
1	Residents are told when to wake up, eat, sleep, and do other things.	4	3	2	1	DK
2	Policies and practices for the assisted living community are decided without residents' input.	4	3	2	1	DK
3	Caregivers often speak to residents in an unclear or hurried manner.	4	3	2	1	DK
4	Caregivers treat finishing their work as more important than meeting resident needs and personal preferences.	4	3	2	1	DK
5	Caregivers know and respect what time residents like to wake up, go to sleep, and eat, and what things residents like to do during the day.	1	2	3	4	DK
6	Caregivers seem happy with their jobs.	1	2	3	4	DK
7	Residents can be involved in planning meals when they want to be.	1	2	3	4	DK

OFFICE USE ONLY CAREGIVER-RESIDENT RELATIONSHIPS SCORE = (☐ / ◯) X 25 = _____

Thank you for completing this questionnaire!

OFFICE USE ONLY

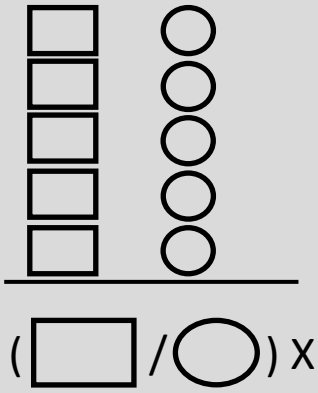
WORKPLACE PRACTICES

SOCIAL CONNECTEDNESS

INDIVIDUALIZED CARE AND SERVICES

ATMOSPHERE

CAREGIVER-RESIDENT RELATIONSHIPS



(□ / ○) X 25 = _____