
10 Elements of Resident-Centered Environment

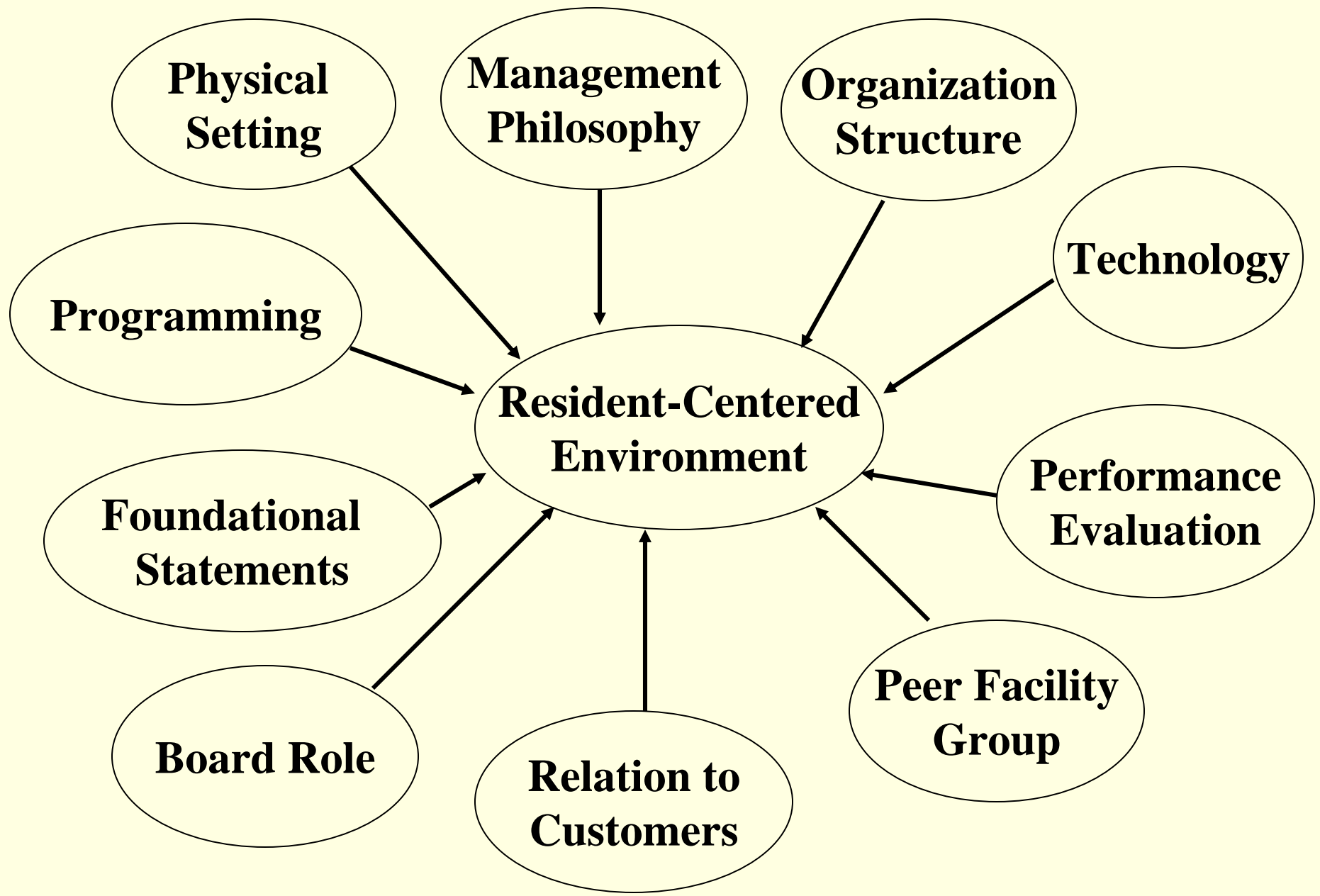
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Evergreen Journey

- Assumed we were resident-centered
- Began in 1987 to identify areas for improvement
- Improvements found in every aspect of the organization
- 10 elements identified – not a final list
- Circumstances made physical environment the starting point

Objectives of Presentation

- Help you see improvement opportunities for organization
- Identify what makes a good forest - not an analysis of individual trees
- Assist you to prioritize strategies for improving your organization
- Recognize journey as a paradigm shift

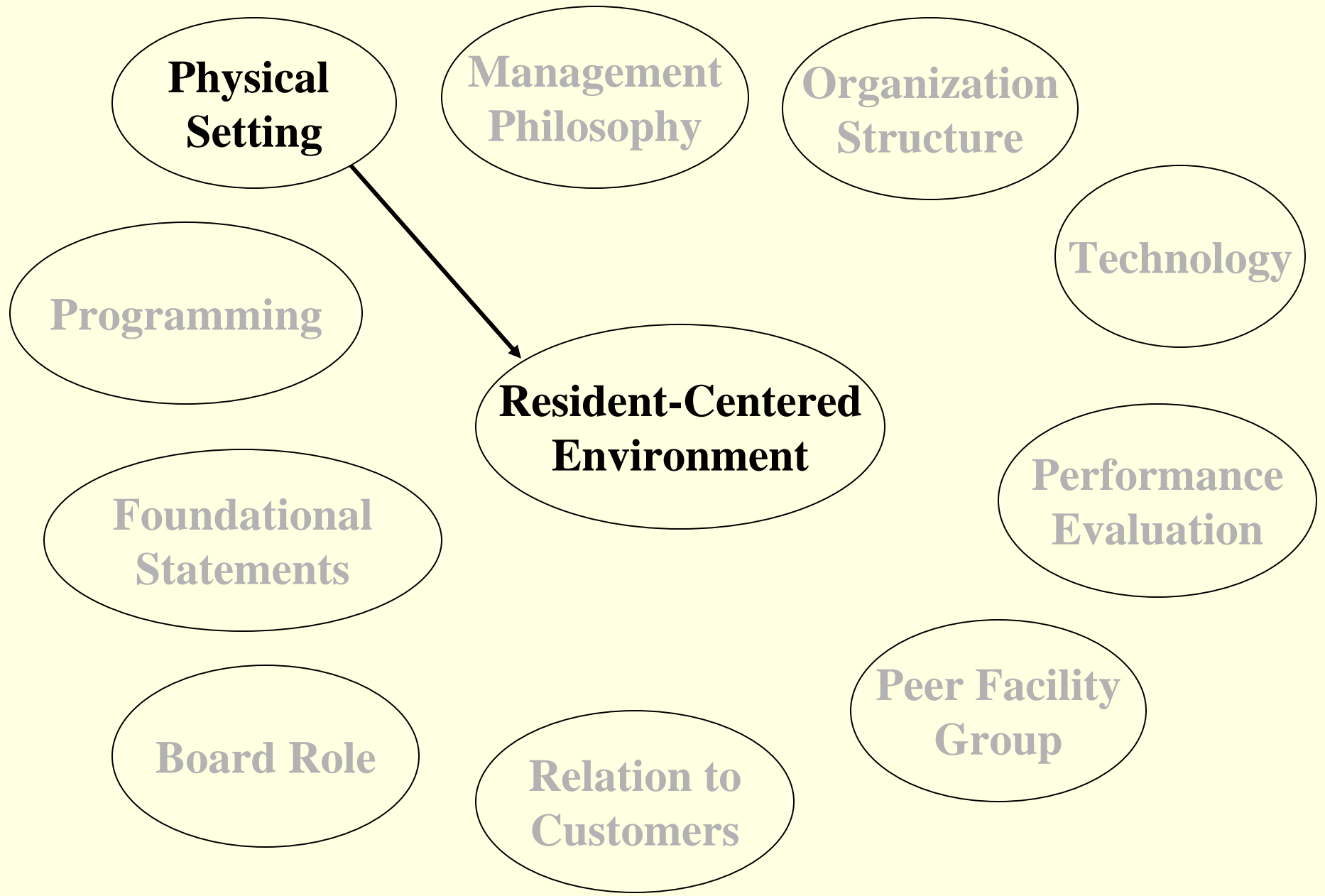


Resident-Centered Scorecard: becoming more resident-focused

- Assess your organization on each of the 10 elements
- Identify at least one element where improvement is needed
- Identify first steps to making a change in your organization

Resident-Centered Scorecard

	Not Resident Centered							Fairly Resident Centered			Very Resident Centered	
Physical Setting	1	2	3	4	5	6	7	8	9	10		
Management Philosophy	1	2	3	4	5	6	7	8	9	10		
Organization Structure	1	2	3	4	5	6	7	8	9	10		
Technology	1	2	3	4	5	6	7	8	9	10		
Performance Evaluation	1	2	3	4	5	6	7	8	9	10		
Peer Facility Group	1	2	3	4	5	6	7	8	9	10		
Relation to Customers	1	2	3	4	5	6	7	8	9	10		
Board Role	1	2	3	4	5	6	7	8	9	10		
Foundational Statements	1	2	3	4	5	6	7	8	9	10		
Programming	1	2	3	4	5	6	7	8	9	10		



Physical Setting

Traditional Approach – Medical Model SNF

- Hospital-like setting
- Designed for acute care
- Resident expected to be in bed
- No space for families and activities
- Laid out for professional staff

Physical Setting

Evergreen Approach –

Household/Neighborhood SNF

- 36 – 44 resident neighborhoods
- Four 9 - 11 resident households
- Decentralized resources for front-line staff
- Variety of interior and exterior social spaces
- Utilizes SAGE Design Principles

SAGE Design Principles

- Physical safety and psychological security
- Environment as therapeutic resource
- Holism and well-being
- Resident rights and personal autonomy
- Create communities
- Care provider options
- Function enhancing technology
- Creativity and evaluation

Physical Setting

Results –

- Reduced mortality rates
- Less deterioration
- Higher functioning
- Reduced behavioral problems
- Higher staff satisfaction and lower stress

ERC Scorecard for Physical Setting

Traditional

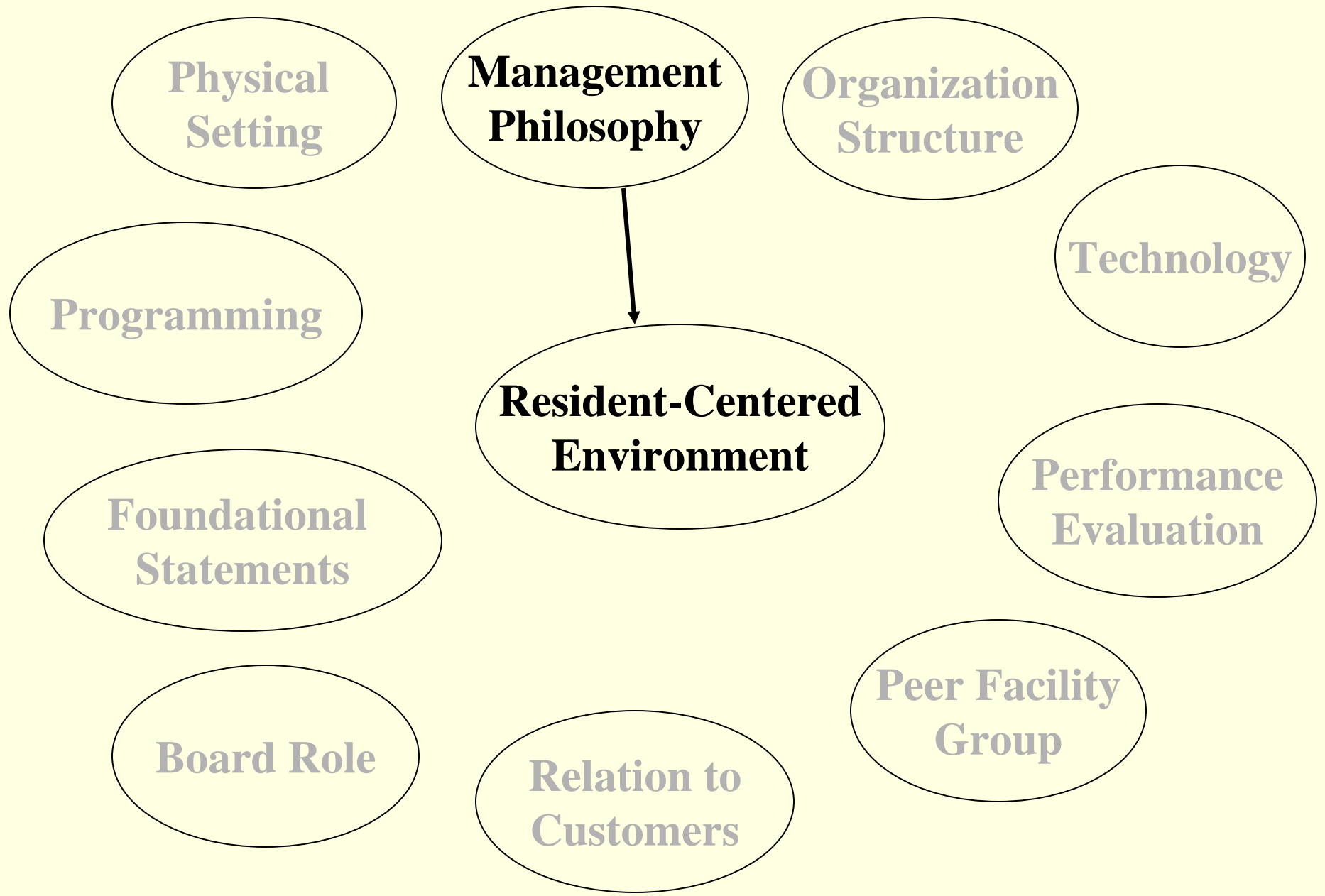
Ideal

Medical Model



**Household/
Neighborhood**

75% of SNF
beds converted



Management Philosophy

Traditional Approach-

- Direct and inspect model
- Specific tasks are assigned to each staff member through a functional job description
- Managers are expected to have all the answers
- Front-line staff not expected to make decisions

Management Philosophy

Evergreen Approach –

- Team-based organization
 - Unit/Department Teams
 - Standing Teams
 - Project Teams
- All employees educated in CQI
 - 30 hours
 - After 6 months employment

CQI topics

- Organizational change
- Internal and external customers
- Problem solving
- Communication skills
- Teamwork
- Data based decision making
- Effective meeting processes
- Application of CQI principles on the job

Management Philosophy

Results –

- Shared responsibility among all team members – quality is everyone's job
- Decisions are made closer to the residents
- Improvements generated at all levels
- Broad support of change
- Employee involvement
- Low employee turnover

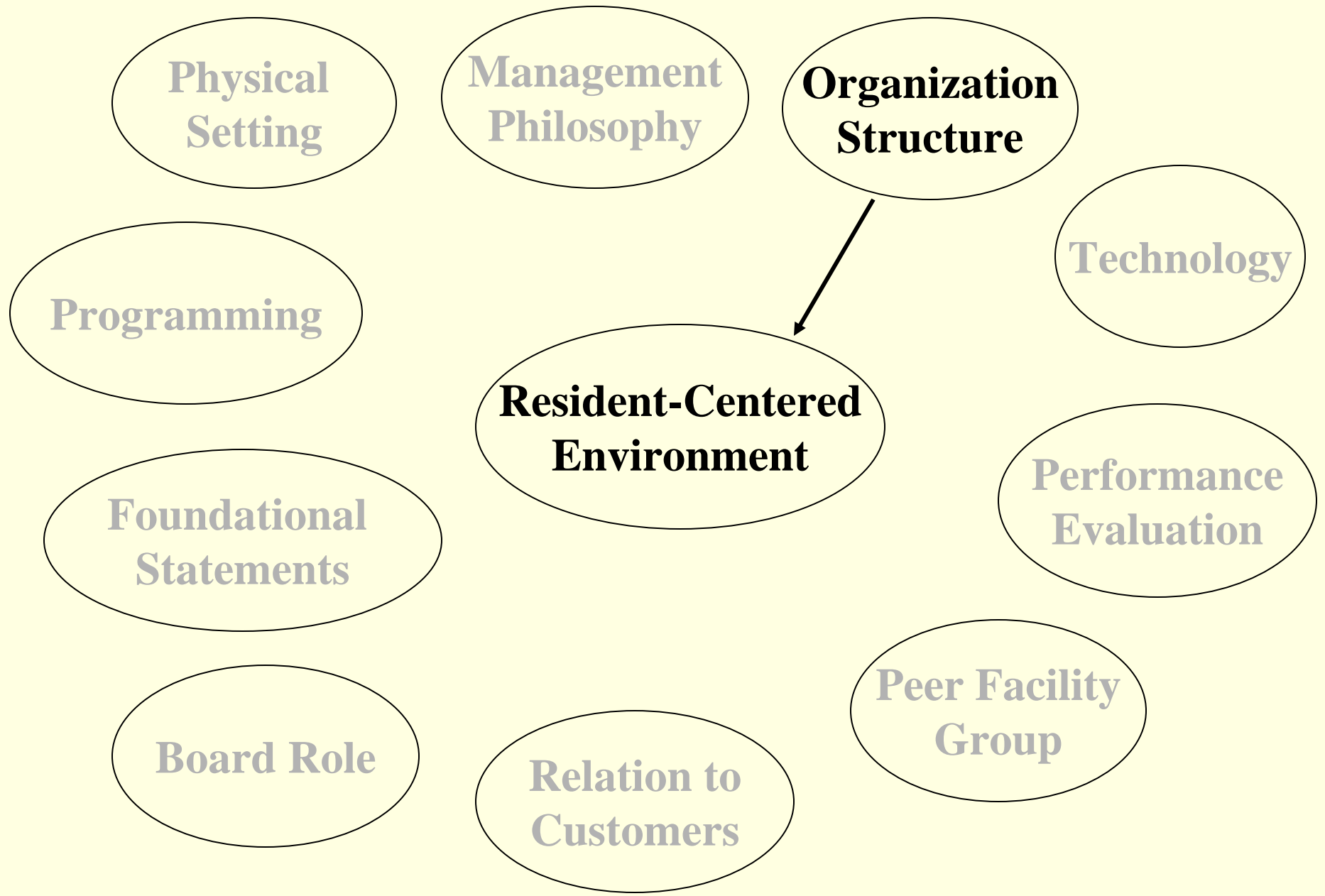
ERC Scorecard for Management Philosophy

Traditional
Direct/Inspect



Ideal
**CQI/
Teamwork**

Utilized CQI for
15 years



Organization Structure

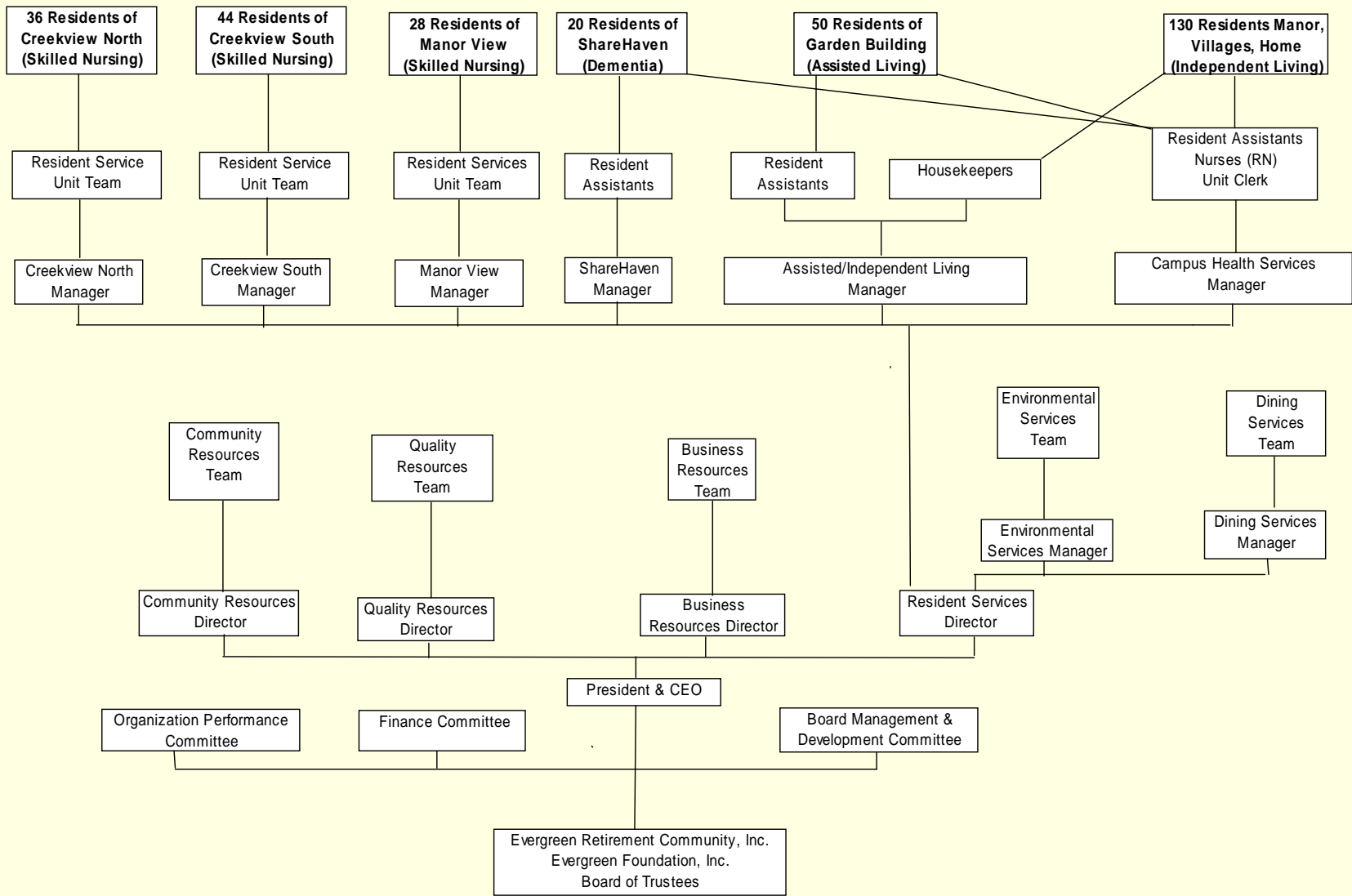
Traditional Approach –

- Hierarchical structure where the customer does not appear on organization chart
- Staff organized in functional departments
- Governance and CEO at the top of chart
- Issues resolved at top

Organization Structure

Evergreen Approach –

- Residents at the top of the organizational chart
- Resident Service Unit (RSU) Team reports to one manager
- RSU Teams supported by specialized teams – Quality Resources, Business Resources, and Community Resources
- Governance and CEO at the bottom of chart



Organization Structure

Results –

- Fewer interdepartmental issues
- Better communications
- Decisions made by teams
- More initiatives under way
- Combined positions

ERC Scorecard for Organization Structure

Traditional

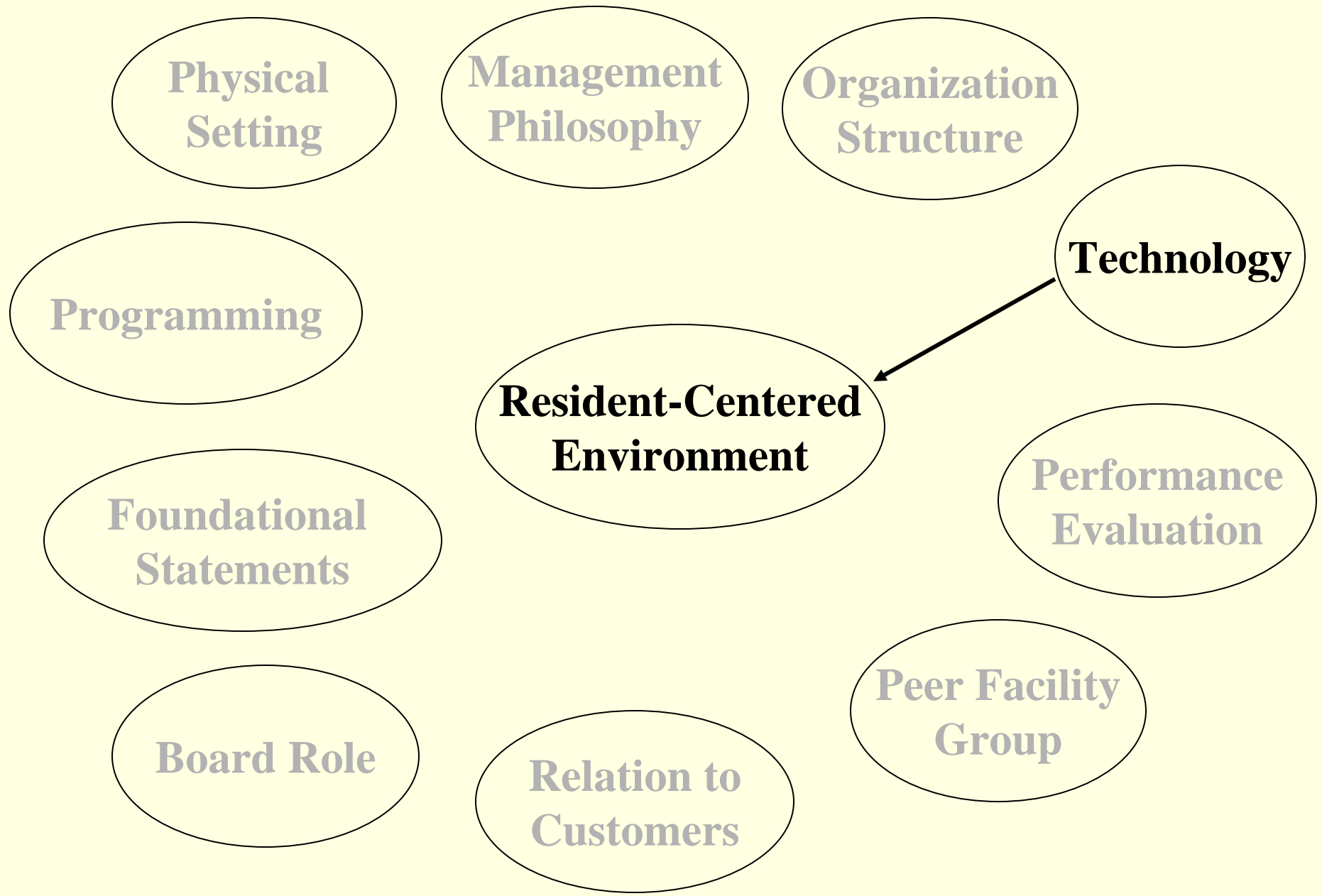
**Board
at top**

Ideal

**Residents
at top**



In place for 7
years



Technology

Traditional Approach –

- Technology not used in LTC due to cost and culture
- Manual systems for documentation
- No technology support staff on-site

Technology

Evergreen Approach –

- Use of wireless phone system by direct care staff
- Computerization of MDS data and other clinical indicators
- In-house network administrator and software support coordinator to assist in the utilization of technology
- Planning for use of portable devices for documentation

Technology

Results –

- Reduced staff time finding assistance for resident care
- Reduced staff time spent returning physician calls
- Improved efficiency and quality of the organization's documentation
- Increased data sharing internally and externally

ERC Scorecard for Technology

Traditional

No technology

Ideal

**Daily use
by all staff**



Full implementation for
communications; partial for
clinical documentation



Performance Evaluation

Traditional Approach –

- Focus on operational inputs
 - Number and qualification of staff
 - Care policies
 - Documentation
- Primary measure
 - Results of annual state survey

OBRA 1987 changed focus to resident outcomes

Performance Evaluation

Evergreen Approach –

- Quality assurance part of daily operations
- All staff involved
- Focus on outcomes
 - Residents
 - Finances
 - Staff
- Outcomes becoming basis of individual and team evaluation

Performance Evaluation

Quality assurance process

- Quality indicators
- Daily audits
- Mock surveys
- Staff competencies
- Wellspring accountability
- Resident and staff surveys

Performance Evaluation

Results –

- Better staff understanding of our standard of care
- Excellent state surveys
- High occupancy
- High resident satisfaction scores

ERC Scorecard for Performance Evaluation

Traditional

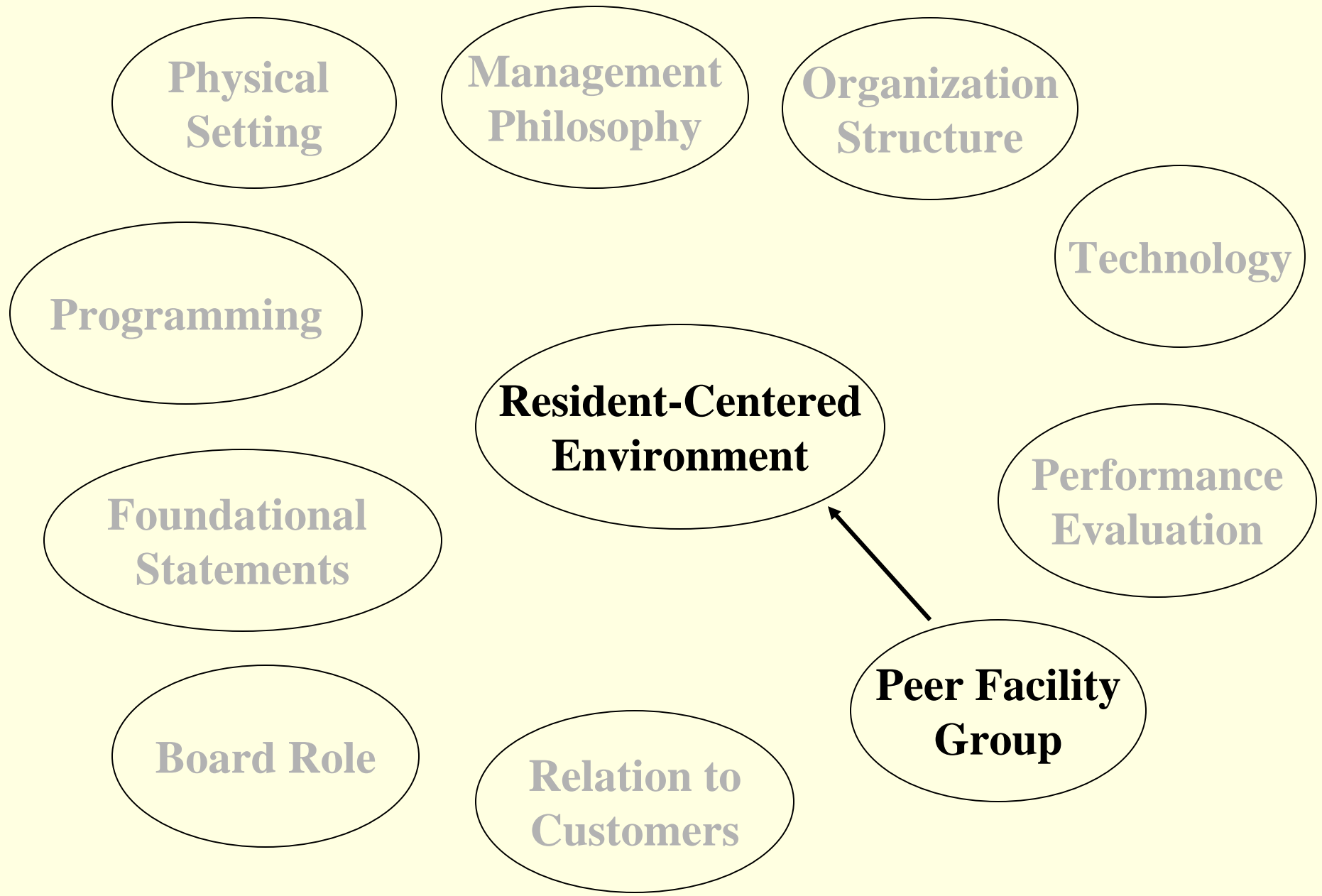
**Input-based/
External
Evaluation**



Ideal

**Outcome-based/
Participant
Evaluation**

System in place -
improvement continues



Peer Facility Group

Traditional Approach –

- Culture depends on CEO and DON
- Limited interaction with other like facilities
- No voluntary information sharing and accountability
- “Lone Ranger” related to resource access
- No collegial relationships for front-line staff

Peer Facility Group

Evergreen Approach – Wellspring Model

- Like facilities interacting, sharing information, and resources
- Accountability for facility performance
- Mutual support for improvement
- Continuous training of front-line and management staff
- Quality improvement permeates entire organization

Peer Facility Group

Results –

- Comparable benchmark facilities
- Better resident outcomes
- No increased cost
- Improvements generated by front-line staff

ERC Scorecard for Peer Facility Group

Traditional

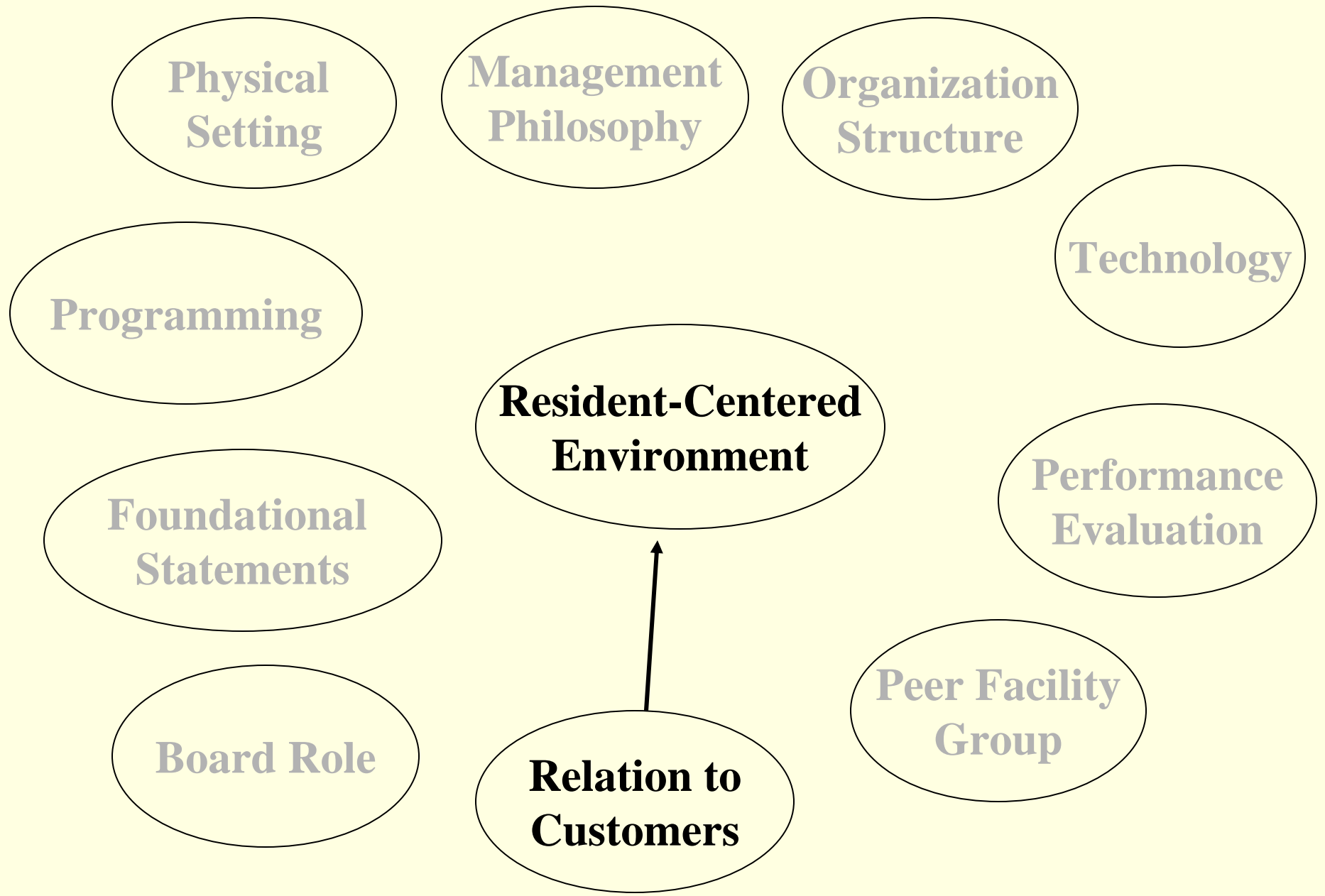
Go Alone



Ideal

**Accountable
Partnership**

Wellspring Model
continuing to develop



Relation to Customers

Traditional Approach –

- Customers kept at an arm's length from operational decisions
- Health care facilities relate to residents in a paternalistic way
- Presume Board provides good direction
- Presume staff have needed knowledge and skills

OBRA 1987 raised expectations for resident involvement related to care and service

Relation to Customers

Evergreen Approach –

- Residents are partners in making decisions
 - Personal decisions through care planning
 - Organizational decisions through Residents Council
 - Governance decisions through Residents on Board of Trustees

Relation to Customers

Results –

- Residents have a sense of ownership in all issues at all levels
- Residents have structured process to influence decisions
- Residents help staff identify changes needed
- Residents are “givers” as well as “receivers”
- Residents are our most effective marketing resource

ERC Scorecard for Relation to Customers

Traditional

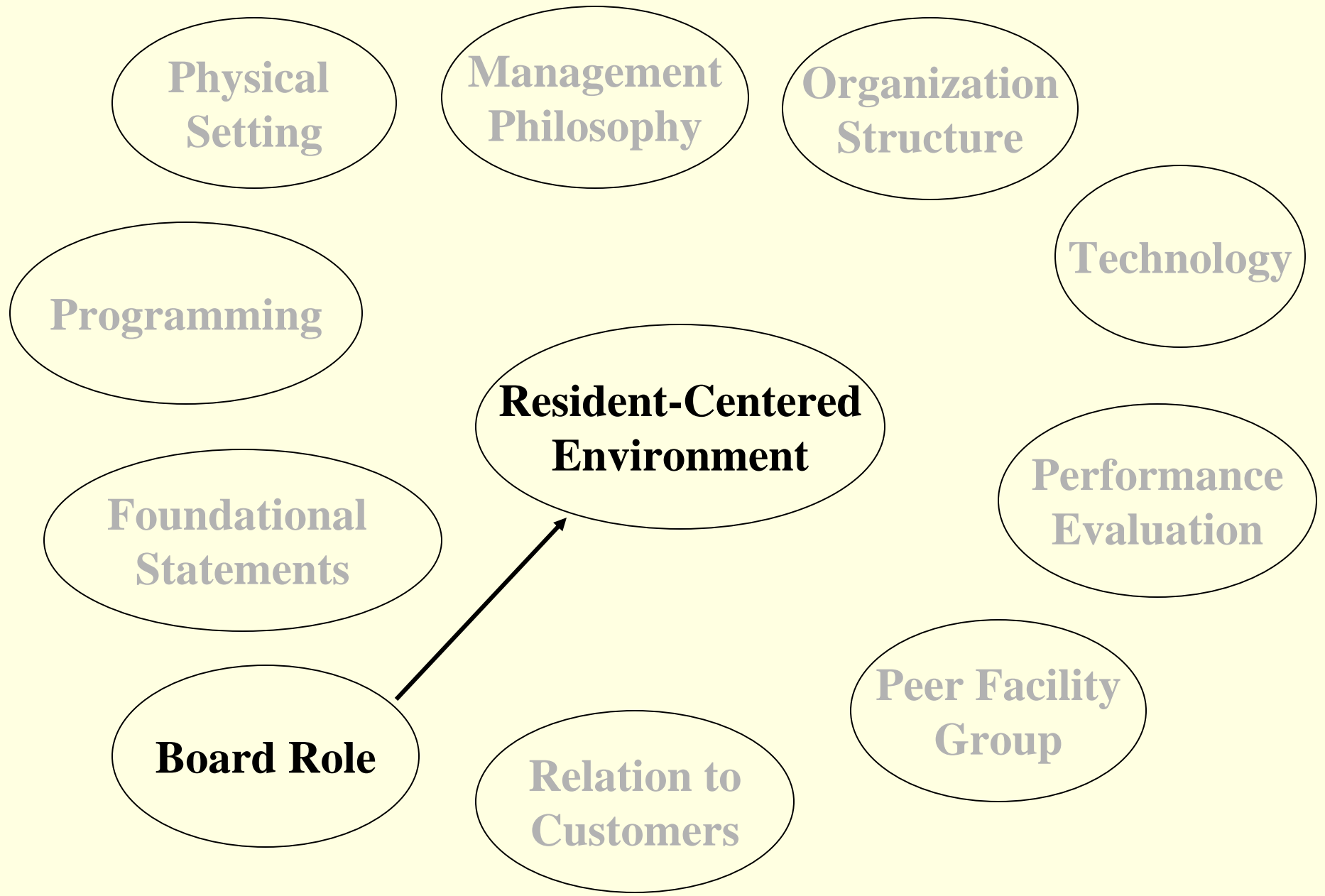
Paternalistic

Ideal

**Accountable
Partnership**



Strong Residents Council for
28 years and Residents on
Board for 5 years



Board Role

Traditional Approach –

- Board members selected for expertise in staff functional areas
- Board lacks technical knowledge in long-term care
- Board micro-manages staff or staff manages board

Board Role

Evergreen Approach –

- Use concepts of Policy Governance
 - Unique complementary roles for Board and staff
 - Roles matched to knowledge base, connections, and time available

Board Role

- Serve as stewards of moral owners upholding vision and values
- Connect organization to larger community
- Define “Ends” to be achieved
 - Beneficiaries
 - Benefits
 - Cost and revenue sources
- Select CEO and define operational “Limits”
- Monitor
 - Progress towards “Ends”
 - Compliance with “Limits”

Staff Role

- Provide expertise to operate organization
- Responsible for “Means” to achieve “Ends”
- Stay within “Limits” defined by Board
- Inform Board regularly of
 - Progress towards “Ends”
 - Compliance with “Limits”

Board Role

Results –

- Board in control without being controlling
- Less time required for Board responsibilities
- Staff has:
 - Expectations
 - Accountability
 - Freedom
- Partnership between Board and staff

ERC Scorecard for Board Role

Traditional

Pragmatism

Ideal

**Policy
Governance**



Developing
visioning/connecting
ability



Foundational Statements

Traditional Approach –

- Vision and mission statements not differentiated
- Vision and mission statements about the organization

Foundational Statements

Evergreen Approach –

- Vision statement defines the ultimate desired state of the resident
- Mission statement defines the primary approach to achieve the vision
- Vision and mission statements are parts of integrated foundational statements which are basis of strategic plan

Foundational Statements

Results –

- Organizational focus is on resident outcomes
- Vision is basis for
 - Targets (3 – 5 years)
 - Milestones (1 year)
- Mission is basis for
 - Strategic Direction (3 – 5 years)
 - Strategic Programs (1 year)

ERC Scorecard

Foundational Statements

Traditional

Organization
focused



Ideal

Resident
focused

Foundational statements
part of Governance
Policy Manual



Programming

Traditional Approach –

- Often focused on filling resident time
- Only “activities” department is responsible
- Secondary to medical care

Programming

Evergreen Approach –

- Focus is Wellness
 - Maintaining and expanding meaningful relationship with:
 - Family and friends
 - Other residents
 - Staff
 - Larger community
 - Children
 - Nature
- Offer meaningful activities based on each residents' interest, abilities and potential
- All staff responsible

Programming

Resources -

- Household, Neighborhood, and organization wide programs
- Intergenerational programs with on-site child care center
- Fitness programs including aquatics
- Variety of indoor/outdoor settings
- Activity carts matched to interests and abilities
- Individual activity boxes

Programming

Results –

- Residents are
 - Using abilities
 - Developing potential
 - Maintaining meaningful relationships
 - Making new relationships
 - Involved in meaningful activities
 - Increasing wellbeing

ERC Scorecard for Programming

Traditional

Filling Time



Expanding interest
options and staff
involvement

Ideal

**Meaningful
Relationships
and Activities**

Summary

The journey to being resident-centered will continue forever. We need the help of other organizations on the journey to help us further define and refine the elements and the implementation methods.

