



Engaging Staff in Individualizing Care

Quick Organizational Self-Assessment

INSTRUCTIONS: Please rate where you are on a scale of 1—10, (1 = Never; 10 = Always) now and then revisit after you have worked on it for a period of time. Please discuss this with staff and residents to get their perspectives.

Facility Name:	Completed by (Name and Position)		
Organizational Practice	Rate (1-10) Now	Will work on	Rate (1-10) in 6 mos.
Individualized Care from the MDS Section F			
1. Residents choose their own bedtime			
2. Residents choose between a tub bath, shower, bed bath, or sponge bath			
3. Residents do their favorite activities			
Individualized Care from QIS Resident Interview			
4. Residents make decisions regarding food choices/ preferences			
5. Residents choose when to get up			
6. Residents are involved in decisions about their daily care			
Relational Coordination			
7. Daily CNA documentation aligns with MDS on Mood, Customary Routines, and Functional Status, and QIS Resident Interview (Web. One)			
8. CNAs and nurses have consistent assignments; residents have no more than 10 CNAs taking care of them in a given week (Webs. One and Two)			
9. CNAs participate actively in care plan meetings (Web. Two)			
10. CNAs and nurses have a start of shift huddle (Web. Two)			
11. At shift hand-off, CNAs and nurses from both shifts huddle (Web. Two)			
12. CNAs, nurses, and others on the care team huddle for quality improvement and problem-solving (Web. Three)			
Customary Routines, Quality of Life and Relational Coordination to Inform Quality of Care for:			
13. Promoting mobility and reducing falls with injury (Web. Four)			
14. Individualizing dining (Web. Five)			
15. Making smooth transitions in care (Web. Six)			
16. Reducing use of anti-psychotic medications (Web. Nine)			
17. Preventing and healing pressure ulcers (Web. Eleven)			
18. Promoting mental health (Web. Ten)			