

INSTRUCTIONS:

1. Complete the table below by marking the box that most appropriately captures the current status of the described practice in your organization.
2. Tally up your score for each section, giving yourself:
 - 2 points** for every practice that is **fully implemented**
 - 1 point** for every practice that is **partially implemented**
 - 0 points** for every practice where this is no activity or it is not applicable.
3. Calculate your organization’s performance in each of the sections, and refer to the section of the Guide addressing those areas in which your percentage performance indicates the greatest opportunities for improvement.
4. Use the Prioritization Tool on Page 17 to prioritize implementation of initiatives.

	<i>Fully Implemented Throughout Organization</i>	<i>Partially Implemented (in progress or in place in some areas, but not all)</i>	<i>No activity</i>	<i>Not applicable</i>
SETTING THE STAGE, STRENGTHENING THE FOUNDATION, pg. 39				
The organization’s commitment to patient-centered care is formally and consistently communicated with patients, families, staff, leadership, and medical staff (e.g. mission, core values).				
Expectations for what staff can expect in a patient-centered environment are clearly stated and proactively shared.				
Patients and family members have been invited to share their experiences with your hospital in focus groups.				
A patient and family advisory council meets regularly and actively provides input to hospital leadership on hospital operations.				
Patients and family members participate as members on hospital committees.				
The input provided by patients and families is used to guide the organization’s strategic direction.				

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Patient-centered behavior expectations are included in all job descriptions and performance evaluation tools.				
Staff at all levels, clinical and non-clinical, have the opportunity voice their ideas and suggestions for improvement.				
Opportunities exist for both formal and informal interaction between leadership and staff, including staff working 2nd and 3rd shift.				
Opportunities exist for leadership to interact directly with patients and families.				
Managers are held accountable for “walking the talk” of patient-centered care.				
Physicians are held accountable for “walking the talk” of patient-centered care.				
Board members are provided opportunities to interact directly with patients and families.				
Total Score out of a Possible of 26		Percent of Total:	%	
COMMUNICATING EFFECTIVELY WITH PATIENTS AND FAMILIES, pg. 78				
Patients are made aware of how to raise a concern related to patient safety and/or their care while they are hospitalized.				
Patients and families are encouraged to ask questions, and systems are in place to capture questions that arise when caregivers are not present to answer them.				
Systems are in place to assist patients and families in knowing who is providing their care, and what the role is of each person on the care team.				
Total Score out of a Possible of 6		Percent of Total:	%	

	<i>Fully Implemented Throughout Organization</i>	<i>Partially Implemented (in progress or in place in some areas, but not all)</i>	<i>No activity</i>	<i>Not applicable</i>
PERSONALIZATION OF CARE pg. 91				
Patients are able to make requests for when meals will be served to accommodate their personal schedule and routine.				
Patients are able to make requests for when certain procedures will be performed to accommodate their personal schedule and routine.				
Resources are available to staff to educate them on different cultural beliefs/traditions related to health and healing.				
Food options are available to meet the preferences of different ethnic groups.				
Food is available for patients and families 24 hours a day.				
Total Score out of a Possible of 10		Percent of Total:		%
CONTINUITY OF CARE pg. 112				
Patients and families are able to participate in rounds.				
Patients and families are able to participate in change of shift report.				
Plans of care are written in language that patients and families can understand.				
Opportunities exist for patients and families to meet with multiple members of their health care team (including the nurse and physician) at one time.				
Tools are provided to patients to help them manage their medications, medical appointments and other health care needs.				
Patients and families are encouraged to participate in discharge planning from the beginning of hospitalization.				
Processes are in place to reinforce and assess comprehension of information and instructions provided at discharge.				

Total Score out of a Possible of 14	Percent of Total:			%
	<i>Fully Implemented Throughout Organization</i>	<i>Partially Implemented (in progress or in place in some areas, but not all)</i>	<i>No activity</i>	
ACCESS TO INFORMATION, pg. 137				
A process is in place by which patients and family may request additional information on their diagnosis, treatment options, etc.				
Patients have access to their medical record while they are being treated, and are assisted in understanding the information contained within.				
Patients are made aware of the opportunity to review their medical record with the support of a health care professional.				
Patients are able to contribute their own progress notes in their medical record.				
Patient education materials appropriate for readers of varying literacy levels and for speakers of different native languages are readily available.				
Patients and families have access to a consumer health library.				
A process is in place to disclose unanticipated outcomes to patients (and family as appropriate).				
Total Score out of a Possible of 14			Percent of Total:	%
FAMILY INVOLVEMENT, pg. 145				
“Family” is defined by the patient.				
Visitation is flexible, 24-hour and patient-directed. (Exceptions may include behavioral health)				
Formalized training/education is available for a patient’s loved one who may be providing routine care following discharge.				
A process is in place by which a family member or patient may initiate a rapid response team.				

	<i>Fully Implemented Throughout Organization</i>	<i>Partially Implemented (in progress or in place in some areas, but not all)</i>	<i>No activity</i>	<i>Not applicable</i>
Family members are able to remain with the patient during codes and resuscitation.				
Support is provided to patients and families involved in an adverse event.				
Comfortable spaces, equipped with a variety of positive diversions, are available throughout the facility for family use.				
Overnight accommodations are available to loved ones wishing to stay overnight with a patient.				
Support is provided to patients' informal caregivers.				
Total Score out of a Possible of 18			Percent of Total:	%
ENVIRONMENT OF CARE, pg. 170				
The following spaces create a first impression of “welcome,” “comfort” and “healing:”				
• Main Lobby				
• Emergency Department Entrance				
• Parking Lots/Garage				
• Information Desk				
• Unit-based nurses' stations				
Patients are afforded privacy during check-in, changing and treatment.				
For hospitals with semi-private rooms, accommodations are available for patients to have a private conversation.				
Patients are able to adjust the lighting and temperature within their room on their own.				
Patient rooms have views to the outdoors				
Lounge areas are available in which patients and visitors may congregate.				

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A range of diversionary activities, beyond the television, are available to patients and families.				
Overhead paging has been eliminated (with the exception of emergent needs).				
Pleasant smelling, non-toxic cleaning products are used.				
Signage reflects primary languages of populations served, and uses icons to aid in comprehension.				
Patients can easily find their way from the parking areas to their destination.				
Total Score out of a Possible of 30		Percent of Total:	%	
SPIRITUALITY, pg. 179				
Resources are available to staff to educate them on different religious beliefs/traditions related to health and healing.				
Spiritual assessments look beyond a patient's faith traditions to also capture what comforts and centers them.				
Space is available for both quiet contemplation and communal worship.				
Total Score out of a Possible of 6		Percent of Total:	%	
INTEGRATIVE MEDICINE, pg. 185				
Complementary and integrative therapies are available based on patient interest and community utilization patterns.				
Total Score out of a Possible of 2		Percent of Total:	%	

CARING FOR THE COMMUNITY, pg. 192				
	<i>Fully Implemented Throughout Organization</i>	<i>Partially Implemented (in progress or in place in some areas, but not all)</i>	<i>No activity</i>	<i>Not applicable</i>
Space is made available within the facility for community groups to meet.				
Free health-related lectures, wellness clinics, health fairs, etc. are routinely offered to the public.				
Total Score out of a Possible of 4		Percent of Total:	%	
CARE FOR THE CAREGIVER, pg. 195				
Staff's stress-reduction and wellness needs are addressed.				
Staff is routinely acknowledged for their good work by leadership, by peers and by patients and families.				
Staff have opportunities to provide input into ways to enhance the work environment.				
Space is available for staff to decompress between patients and/or cases.				
Support is provided to staff involved in an adverse event.				
Healthy food is available to all staff, including those who work on weekends and on nights.				
Total Score out of a Possible of 12		Percent of Total:	%	