



August 14, 2009

Dear Personal Care Home Provider:

**RE: Best Practices**

We are pleased to announce and provide guidelines and instructions for submitting your nominations for the **2009 Georgia Best Practices in Personal Care Homes/Assisted Living Communities** program.

This program was created in March 2003 to recognize **Best Practices in Personal Care Homes/Assisted Living Communities** for Georgia providers. In cooperation with representatives of the personal care home/assisted living industry, we are again soliciting nominations that will be later reviewed by a panel of various professionals and the selections for Best Practices will be announced and recognized at a special awards program in November in Atlanta. Below are some questions and answers about the program.

**What Is the Goal of the Program?**

The goal of Best Practices is to explore ways that personal care homes/assisted living communities can:

- Learn from each other,
- Focus on quality,
- Share successful programs and ways to deliver services, and
- Replicate successful programs in their own homes/communities.

**Who is Sponsoring the Program?**

- Assisted Living Association of Georgia (ALAG) **(678-943-2617)**
- Georgia-Assisted Living Federation of America (Georgia-ALFA) **(678-990-0081)**
- Georgia Association of Community Care Providers (GACCP) **(678-943-2617)**
  - Aging Services of Georgia **(404-872-9191)**
  - Care Providers of Georgia **(404-373-2787)**
  - Georgia Department of Community Health, Healthcare Facility Regulation Division **(404-657-4076)**

**Why Should We Participate?**

- To obtain statewide recognition for developing and implementing best practices in the delivery of personal care homes/assisted living communities' services to residents.
- To help improve the quality of life and quality of care of personal care homes/assisted living communities in Georgia by sharing and encouraging the replication of best practices through communication and education.
- To receive a certificate for three hours of training that can be applied to the 16 hours of education required of direct care staff each year (offered for the first time in 2006).

**How Can We Participate?**

Simply complete the attached Nomination Application form and follow the attached *Guidelines & Instructions*.

**What is the Application Deadline?**

September 20, 2009

**Who is serving on the Review Panel?**

Various professionals in aging such as representatives from universities, Georgia Alzheimer's Association, Georgia Long Term Care Ombudsman Program, Healthcare Facility Regulation Division of Georgia Department of Community Health, and representatives from personal care homes/assisted living communities.

**When Will the Selections for Best Practices be Announced?**

October 1, 2009

**When Will the Selections for Best Practices be Recognized?**

November 5, 2009

**How Will the Selections for Best Practices be Recognized?**

During the **Best Practices Forum** on Thursday, November 5, 2009, at Redeemer Lutheran Church, 731 Peachtree Street, Atlanta from 9:00 a.m. to 2 p.m. (Registration 9:00 to 10:00; Program 10:00 a.m. sharp! to 2:00 p.m.) Check with your provider association or the Healthcare Facility Regulation Division website for further details.

*We Encourage Your Participation!*

We look forward to your support and participation in this program. If we can answer any questions that you have about the program, please feel free to give anyone of us a call.

Best regards,

*Victoria L. Flynn*

**Victoria Flynn**, Healthcare Facility Regulation Division, Personal Care Home Program

**Walter Coffey**, Aging Services of Georgia

**Shirley Lee**, Care Providers of Georgia

**Steven Neff**, ALAG and GACCP (Assisted Living Association of Georgia and Georgia Association of Community Care Providers)

**Genia Ryan**, Georgia-ALFA (Georgia-Assisted Living Federation of America)

# 2009 GEORGIA BEST PRACTICES IN PERSONAL CARE HOMES/ASSISTED LIVING COMMUNITIES

## Guidelines & Instructions

### INSTRUCTIONS

- Submit your original Nomination Application form and ten (10) copies of the nomination package by mail to the Healthcare Facility Regulation Division of the Department of Community Health **no later than September 20, 2009.**
- The nomination package cannot exceed six pages. (*The Nomination Application form, which includes the name of the nominated facility or community, is **not** included in the six-page maximum and will **not** be given to members of the Review Panel.*)
- No oversized items will be accepted; for example, no video tapes, scrapbooks, etc.
- Using the following format, please answer the questions contained in the next section of these instructions:
  1. Use plain white paper, 8 ½ x 11 inches, single copy only (no front and back pages).
  2. Questions and answers should be typed and double-spaced.
  3. With the exception of the Nomination Application form, **DO NOT** include any identifying information about your facility or community in the body of your nomination package, including any appendices attached.
  4. Limit your submission to the Nomination Application form and a maximum of six pages (*this includes the attached appendices described below*).
  5. You may attach appendices, which can include supporting documents or materials that accompany your best practice. You may also include photos. Be sure to include a statement that the facility has obtained releases from all residents whose pictures are to appear in the Best Practices book.

### QUESTIONS TO BE ANSWERED

Using a maximum of six typed double-spaced pages in no less than 10-point type on white paper, please title your submission and answer the following questions:

1. In 100 words or fewer, describe your best practice. [For purposes of the Georgia program, a best practice is defined as: A practice involving the care of individuals residing in a personal care home. The practice has an innovative approach that improves on existing practice and positively improves or enhances the quality of life, independence, health, or social function of residents. The practice must have a high degree of success in the targeted population and the possibility of replication in other facilities or communities. **Best Practices submitted must conform to this definition.**]

2. What problem does your best practice address and what is its primary purpose?
3. What group(s) of residents and others are involved in your best practice and how does it work? (*Who and how many are helped? What are the benefits to these people? What methods or procedures/protocols are used to obtain results?*)
4. What has your best practice accomplished and how have you been able to determine the results? (*You can give numbers and/or use specific before-and-after examples.*)
5. What problems, obstacles, or challenges will other facilities be likely to face in replicating part or all of your best practice? Were there any adverse effects or any surprises in how things turned out? Do you know of any other facilities or communities that have tried this or a similar best practice idea?
6. What was the cost to implement your best practice (*include dollars, staff, supplies, equipment, etc.*)? How did you pay for it?
7. Why do you consider this best practice to be excellent and innovative?

### **CRITERIA AND EXPLANATIONS OF BEST PRACTICE PROGRAM SELECTION:**

Submissions will be ranked on the following criteria:

1. Shows originality, creativity, innovativeness, effectiveness;
2. Has positive impact on quality of care, quality of life, quality of health;
3. Has measurable outcomes;
4. Has sustainability;
5. Can be replicated;
6. Meets facility compliance status.

Submissions will be grouped according to the size/number of beds of the home as follows:

1. Small homes; 2-6 Beds
2. Small homes; 7-24 Beds
3. Medium homes; 25-49 Beds
4. Large homes; 50-79 Beds
5. Large homes; 80+ Beds

- Facilities may submit a nomination in each best practice topic (see attached list of Best Practice Topics) if they choose. However, only one best practice will be selected in each size category. Therefore, a maximum of five best practice awards will be given.
- A Review Panel will review and rate each Best Practice and may choose not to select any submission if it feels the nomination does not meet the given criteria.
- The best practice can be relatively new (need to document some degree of success) or something that has been in practice for a while.
- Please include letters of support or recommendations from persons familiar with your program and its degree of success. These letters may come from residents, family members, volunteers, consultants and service providers who are familiar

with your facility and its programs. NOTE: These letters are to be counted in the maximum number of six (6) pages and should not contain any identifying information.

- PLEASE NOTE: Be sure to keep a copy of your submission on disk as those Best Practices selected will be asked to forward the disk to the Healthcare Facility Regulation Division for development of the Best Practices book.

## **BEST PRACTICE TOPICS**

- **Assessments** -- Assessments are defined as the process of determining the appropriateness of a resident's admission; his/her initial and ongoing needs and the ability of the facility to meet those needs. This may include such areas as assessment and communication with the resident, family and current caregivers; the process for training staff and involving them in the assessment process; personalized techniques; the reassessment process; orientation of the new resident to the facility and to the community in which it is located.
- **Activity Programming** -- Projects submitted should include creative, innovative, personalized activities and programs that are meaningful to each individual resident and generate participation by many residents. Activities may be adaptable to different functional levels. These may include activities for groups as well as for individuals.
- **Community Support/Volunteerism** -- Many personal care homes have developed meaningful relationships in the communities in which they do business. Volunteers have played a major role in interacting with residents and programs in various ways. Projects may include creative ways to use volunteers, community members and community resources as well as ways to relate to the community at large.
- **Direct Care Professionals** -- Projects submitted may include innovative ways to select and retain excellent staff. This may include such areas as how staff are empowered and work as teams, providing training opportunities so staff can develop their skills, and ways to motivate staff and recognize staff for their contributions and accomplishments.
- **Special Care Programs** -- Special care programs provide unique services to residents who need additional attention in many ways. Projects submitted may include areas of staff training, design and layout of physical areas, ways to secure the environment and make it safe, specific programming planning and ways to involve families/responsible parties in care and planning for the future.

**GEORGIA'S 2009 BEST PRACTICES PROGRAM FOR  
PERSONAL CARE HOMES/ASSISTED LIVING COMMUNITIES**

**Nomination Application**

**Submitted from:** *(Please print.)*

Personal Care Home/Assisted Living Community Name	
Address	City, State, Zip
Phone	Fax

**Person submitting application:** \_\_\_\_\_  
Name and Title Phone Number

**Number of licensed personal care home beds/units:** \_\_\_\_\_

**Best Practice topic for this submission:** *(check only one per form)*  
*(Make additional copies as necessary. Please submit one original Nomination Application form per topic selected.)*

- |   |   |
|---|---|
| <input type="checkbox"/> Assessments                    | <input type="checkbox"/> Direct Care Professional |
| <input type="checkbox"/> Activity Programming           | <input type="checkbox"/> Special Care Program     |
| <input type="checkbox"/> Community Support/Volunteerism |   |

**PCH size for this entry:** *(check only one per form)*

- |   |  |
|---|--|
| <input type="checkbox"/> 2-6 Beds – Small home    | <input type="checkbox"/> 50-79 Beds – Large home |
| <input type="checkbox"/> 7-24 Beds – Small home   | <input type="checkbox"/> 80+ Beds – Large home   |
| <input type="checkbox"/> 25-49 Beds – Medium home |  |

**Title of Best Practice:** \_\_\_\_\_

Please see the *2009 Georgia Best Practices in Personal Care Homes/Assisted Living Communities **Guidelines and Instructions*** for directions in submitting Best Practices Nominations.

**The submission deadline is Thursday, September 10, 2009. Be sure to omit any identifying information from the materials submitted with the application.**

Please return the original Nomination Application form and **ten (10) copies** of the application package *(Best Practice description and supporting materials)* to:

**Healthcare Facility Regulation Division  
Georgia Department of Community Health  
Attn.: PCH Best Practices Nomination  
2 Peachtree Street, NW, Suite 31-447  
Atlanta, GA 30303-3167**

*2009 Best Practices in  
Personal Care Homes and Assisted Living  
Facilities:*

**Presentation and Awards Luncheon**

**Thursday, November 5, 2009  
9:00 AM – 2:00 PM (Registration 9-10 AM)**

**Redeemer Lutheran Church  
731 Peachtree Street  
Atlanta, GA**

**\$30.00 Per Person – Registration received by October 20, 2009\*  
\$40.00 Per Person - Registration received after October 20, 2009**

**Please print or type information clearly, Thank you.**

Name of Attendee: \_\_\_\_\_  
\_\_\_\_\_

PCH/AL Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Attendees: \_\_\_\_\_ @ \$30.00\* (per person) = \_\_\_\_\_

To register, please check the association you are affiliated with, and send payment to that association at the address given or to GAHSA if not a member of any association listed below.

**Pre-register by 10/20/09 or register on site on the day of the luncheon.**

**Georgia-ALFA**

115 Grayson Industrial  
Parkway, Suite 6  
Grayson, GA 30017  
(P) 678-990-0081  
(F) 678-990-0082

**ALAG**

**GACCP**

P.O. Box 3364  
Gainesville, GA  
30503  
(C) 678-943-2617

**Aging Services  
of Georgia**

607 Peachtree Street  
Atlanta, GA 30308  
(P) 404-872-9191  
(F) 404-872-1737