

August 10, 2005

The Bridge to Reality

What will we hear if we *really* listen?

Improved satisfaction for residents and families as well as employees are two of the six expected outcomes identified in the Quality First covenant. Leading professional organizations recommend that a customer/employee satisfaction survey tool be in place, as well as a process for conducting and analyzing the satisfaction survey at least annually, as a base line.



But why is listening to residents, families and employees so important? What do we learn from collecting that data?

The enclosed article was written Dr. Leslie A. Grant, Ph.D., Sandra Potthoff, Ph.D, and Janice Gulsvig, B.S.N. Grant is Associate Professor of Healthcare Management in the Carlson School of Management at the University of Minnesota and Director of the Center for Aging Services Management. Potthoff, Ph.D., is Associate Professor of Healthcare Management and Director of the Master of Healthcare Administration Program in the Carlson School of Management at the University of Minnesota. Gulsvig, Vice President of My InnerView, is a registered nurse with 32 years of experience in healthcare — 23 in long-term care management. The article was based on data generated by My InnerView from 2004 surveys of nursing home family members and employees.



Facilities with ...

**higher
family
satisfaction**

have

**lower
nursing
assistant
turnover**

Turnover among direct care workers is not only costly, it undermines your day-to-day operations. Because turnover impacts performance in many other areas, it is a critical driver of quality.

Facilities with ...

**higher
employee
satisfaction**

have

**higher
family
satisfaction**

Employee satisfaction and family satisfaction go hand in hand. Liability and workers' compensation claims pose significant financial risks. Your risk exposures are better managed when you keep your employees and families satisfied.

Facilities with ...

**higher
satisfaction
among
families
and
employees**

have

**higher
occupancy
rates**

Poor satisfaction threatens the financial viability of your organization. Families who select your facility based on its good reputation have higher satisfaction than those who select your facility for other reasons.

Facilities with ...

**higher
satisfaction
among
families
and
employees**

have

**better
clinical
outcomes
related to falls,
pressure ulcers
and catheters**

Organizational processes that drive performance in one area are likely to impact performance in other areas. Providers who want to improve clinical outcomes can do so by focusing resources not only on clinical processes per se, but on other systems that drive overall performance.

“More and more providers say the way we’ve thought about quality is becoming obsolete.

It no longer serves the long-term care profession well. It’s far too narrow,” says Neil Gulsvig, President of My InnerView Inc., which offers a Web-based quality management system that provides leaders in skilled nursing, assisted living and independent housing with tools to measure, benchmark and improve performance.

“When you ask a family member or a resident what matters most to them, they don’t mention survey deficiencies,” Gulsvig continued. “State surveys tell you something about quality, but they don’t paint the whole picture. We need to ask ourselves some tough questions: What is it that residents, families and employees really want? How can we meet their changing expectations?”

“...it is critical that we provide empirical evidence that we are delivering a higher level of service.”

“We really need to start paying more attention to all the things that affect quality from their point of view,” says Gulsvig. “As addressed by *Quality First*, there is the necessity to provide empirical evidence that

we are providing a high level of quality in the care and the services we provide.”

In recent years CMS has broadened the quality paradigm by reporting about MDS-based quality indicators (QIs) and quality measures (QMs) in consumer report cards. While this is an important advance on the clinical side, we need to keep in mind that these measures are not as predictive of satisfaction as other measures such as work-force performance (employee turnover, retention and absenteeism).

New quality paradigm emerges

This emerging new quality paradigm requires new approaches to collecting and disseminating information about organizational performance. The new paradigm is more powerful because it recognizes the interdependence of key quality metrics across all organizational systems. By looking at performance across interdependent systems (such as leadership, organizational culture, clinical processes, human resources, management practices, environmental design, operations, information systems, etc.) providers can focus their resources on organizational processes that ultimately drive quality.

Bridging research and practice

This three-part feature bridges the gap between research and practice.

PART 1 reviews the current state of the science and state of the art when it comes to **conducting satisfaction surveys** in nursing facilities. The interdependence of resident/family and employee satisfaction, and other performance metrics in nursing facilities, is highlighted.

PART 2 looks at **what’s most important** when it comes to keeping your families and employees satisfied. Factors that matter the most to families and employees when it comes to their overall satisfaction in nursing facilities are identified.

PART 3 describes how you can more **effectively use information** from your satisfaction surveys to improve performance. Here, practical guidelines are offered for turning *data* into *knowledge*, *knowledge* into *information*, and *information* into a *plan* of action.

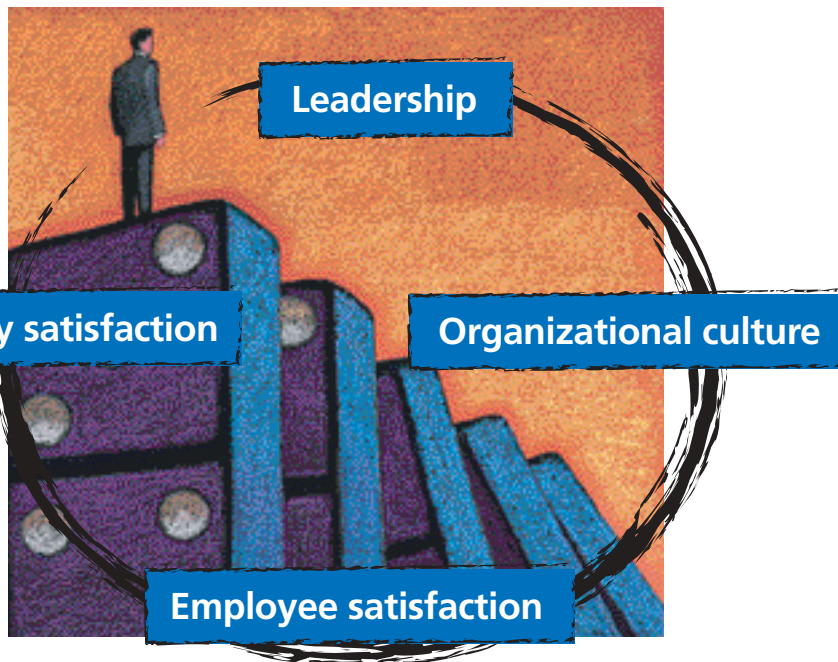
The Value of Feedback

Leslie A. Grant, Ph.D.

There is growing empirical evidence that shows just how important satisfaction among families and employees is to organizational performance in all areas — including clinical performance, workforce performance and financial performance. A 2004 study entitled “Organizational Predictors of Family Satisfaction in Nursing Facilities” (written by this author) shows just how strong a correlation exists between family and employee satisfaction.

Consider this: A perfect correlation equals one. No correlation equals zero. If you measure your weight in pounds and kilograms, there is a perfect correlation between these two metrics. If you weigh twice as much in pounds, you will weigh twice as much in kilograms. Now consider, if you drive your car at a constant speed, the distance you travel and the time it takes you to get back to where you started are perfectly correlated. If you drive twice as far, it will take you twice as long to get back to where you started.

Would you expect to find perfect correlations when studying independent phenomena like family and employee satisfaction in nursing facilities? Probably not. But believe it or not, the correlation between quality of the work environment as reported by employees and the level of satisfaction reported



by families is 0.99. That’s essentially a perfect correlation — which is incredible! Employees working in facilities with higher family satisfaction report that they have:

- Better work environments
- Better staff training
- Better staff supervision
- Better management

All of these factors are critically important to keeping your employees satisfied. These factors are just as important to keeping your families satisfied because employee and family satisfaction go hand in hand.

Key predictors of organizational performance

A correlational analysis of satisfaction and other performance metrics tracked by My InnerView's Quality Profile™ demonstrates that nearly all of the performance metrics are correlated with either family satisfaction, employee satisfaction or both. Although the strength of the correlations vary, family and employee satisfaction are correlated with organizational performance in areas such as clinical performance, workforce performance and financial performance.

What this means is simple: *Nursing homes with satisfied employees and satisfied families have better performance across the board.*

Facilities with higher family satisfaction do better on certain performance metrics. Facilities with satisfied families have:

- More residents without falls
- More residents without acquired pressure ulcers
- More residents without acquired catheters
- Less CNA turnover
- Less nurse turnover
- More CNA stability (or longevity on the job)
- More nurse stability
- Less CNA absenteeism (i.e., fewer “no shows” or “call-ins”)
- Less nurse absenteeism
- Higher occupancy

Facilities with higher employee satisfaction do better on certain performance metrics. Facilities with satisfied employees have:

- More residents without falls
- More residents without acquired pressure ulcers
- More residents without acquired catheters
- Less nurse turnover
- More nurse stability
- Less CNA absenteeism
- Less nurse absenteeism
- Higher occupancy

What is striking about these results is just how important workforce performance is to quality. Many of the same factors that underlie employee satisfaction also predict family satisfaction. These data underscore the importance of satisfaction since occupancy is correlated with both family and employee satisfaction.

These data provide solid empirical evidence for the interdependence of core organizational systems that drive quality. Facilities with higher family satisfaction do better in terms of clinical, workforce and financial performance. Each of these factors — like a single game piece in a spiral of dominoes — can have tremendous impact if performance in one system shifts.

Understanding Expectations

Leslie A. Grant, Ph.D.

Given the importance of satisfaction to your organization, how can you keep your residents, families and employees satisfied? To explore this question, we analyze My InnerView's database for 2004. By the end of 2005, My InnerView's database will reflect feedback from over 100,000 family respondents and 100,000 employee respondents in 49 states and the District of Columbia.

A correlational analysis identifies those factors that make the biggest difference when it comes to families recommending a nursing facility to others. For employees, we identify those factors that matter the most when it comes to employees recommending the nursing facility as a place to work. How families and employees recommend the facility to others is generally considered the best indicator of "global" satisfaction.

Getting positive employee recommendations

Factors related to positive employee recommendations of the facility as a place to work are listed from 1 (most predictive) to 18 (least predictive). Factors highest on the list have the strongest correlations with positive employee recommendations, while those lowest on the list have the weakest correlations.

It's interesting to see that management tops the list when it comes to getting good employee recommendations. It matters whether management cares about their employees and actually listens. Also at the top of the list are three factors dealing with supervision - supervisors care, show an

WHAT MATTERS MOST TO EMPLOYEES

- | | |
|----|---|
| 1 | Management cares about employees |
| 2 | Management listens to employees |
| 3 | Help with job stress or burnout |
| 4 | Workplace is safe |
| 5 | Supervisor cares about you as a person |
| 6 | Supervisor shows appreciation for job well done |
| 7 | Supervisor gives you important information |
| 8 | Adequate equipment and supplies provided |
| 9 | Training to deal with difficult families |
| 10 | Training to deal with difficult residents |
| 11 | Performance evaluations done with fairness |
| 12 | Staff communicate between shifts |
| 13 | Staff given orientation to do their job |
| 14 | Pay comparison to other facilities |
| 15 | Staff given in-service training |
| 16 | Work makes a difference in people's lives |
| 17 | Staff treats residents with respect |
| 18 | Co-workers work together as team |

appreciation for a job well done and provide important work-related information. Employees also feel they need training to deal with difficult residents and families.

If you want to keep your staff satisfied, you will do well to focus your efforts on developing a management team with good interpersonal and supervisory skills. Interestingly, competitive pay comes in at 14 out of 18 factors. This research shows that pay is important, but it's not just about pay. Far more important are factors related to having supportive human-resource management practices related to your top management team and supervisory staff.

Getting positive family recommendations

Factors associated with getting positive family recommendations are listed from those most correlated with positive family recommendations to those least correlated with positive family recommendations.

Many factors found most important to good family recommendations are related to staff: Competency, caring about the resident, meeting choices and preferences, responding to concerns and being respectful.

Global family satisfaction is largely driven by factors related to staffing issues. For satisfied families, efforts should focus on recruiting competent employees (especially nurses and nursing assistants) who care about their work and can have good relationships with residents. Interestingly, four of the top 10 factors — choice, respect, safety and friendships — are all related to quality of life. These findings underscore the fact that quality from the perspective of families is not based on a single objective factor. Families take multiple factors into account when recommending your facility to others.

WHAT MATTERS MOST TO FAMILIES

1	Staff is competent
2	Staff cares about resident
3	Quality of care by nursing (RNs/LVNs/LPNs)
4	Resident's choices and preferences are met
5	Management responds to suggestions and concerns
6	Quality of care by nursing assistant (CNAs/NAs)
7	Staff treats resident with respect
8	Adequate number of nursing staff to meet needs
9	Facility is safe for resident
10	Opportunities for friendships with staff
11	Room and surroundings are clean
12	Resident is groomed
13	Resident and family is kept informed
14	Quality of resident's dining experience
15	Security of resident's personal belongings
16	Resident's need for privacy is met
17	Quality of laundry services
18	Meaningful activities are offered
19	Quality of rehabilitation therapy
20	Opportunities for friendships with other residents
21	Quality of meals
22	Resident's religious and spiritual needs are met

Improving Satisfaction

Sandra J. Potthoff, Ph.D., and Janice Gulvig, B.S.N.

Let's say you've completed satisfaction surveys of your residents, families or employees. You now have your feedback report in hand showing your survey results. So what are the specific actions you can take to improve resident, family and employee satisfaction?

A look at the basic steps in effective problem solving can help identify opportunities for improving satisfaction. These six steps offer guidelines that can be adapted to address the unique needs within your organization.

STEP 1: Interpret your feedback report with your leadership team and quality assurance committee

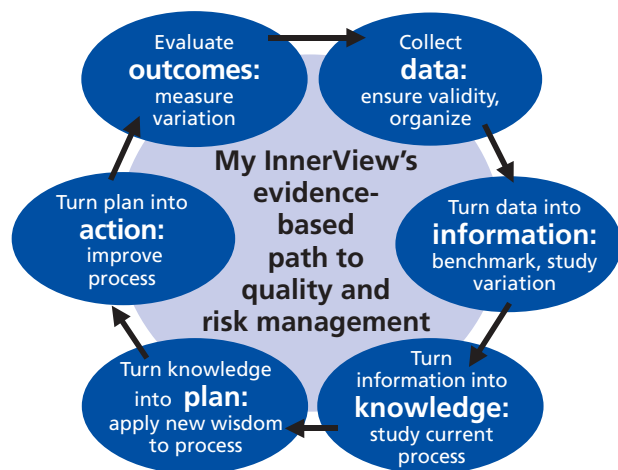
STEP 2: Prioritize your improvement efforts

STEP 3: Share results with your staff, residents, families and board

STEP 4: Obtain input from staff, residents, families and stakeholders

STEP 5: Identify causes, and develop and implement solutions

STEP 6: Monitor your results



STEP 1: Interpret your feedback report

Feedback reports of satisfaction survey results help you understand your organizational strengths and where opportunities exist for improvement. Your leadership team and quality assurance committee must interpret what the report is telling you about your organization. Most reports show the percentage of respondents that score your facility using a specific range (for example, from poor to excellent) on each survey item.

To identify where you are doing well, look for items that show high satisfaction, for example a large percentage of respondents responded "excellent." To identify opportunities for improvement, look for items that show low satisfaction (for example, a small percentage of respondents answered "excellent" or a large percentage answered "poor"). If you have set performance targets for your facility, look for those areas where your performance is falling short of your targets.

If the company that helped you conduct your satisfaction surveys has data from other facilities, you may be provided with benchmarking data for each item, showing how your performance compares to your peer facilities. Look for items that show that you are performing better than peer facilities to which you are being compared. Look for items that show you are performing worse than the peer facilities to which you are being compared.

When you have completed interpreting your feedback report, you should have identified the top items for your facility's quality improvement efforts. Based on your interpretation, you should create a document that summarizes those items where your facility is doing well, as well as items where your facility needs improvement.

STEP 2: Prioritize your improvement efforts

Based on the list of areas where improvement is warranted, prioritize which areas your organization will tackle first. Improvement cannot be achieved unless the organization focuses on a few key areas at a time.

There are a number of criteria that can be used to determine where to focus your efforts. Clearly, priority for action will be driven by your organization's strategic quality goals. Other criteria can include choosing an area that looks like it would be easiest to fix so that a quick success can energize staff, residents and families for future improvement efforts. Or, one could choose to first work on an area that is most problematic in your organization. If some areas are highly correlated with global or overall satisfaction, this can be another criteria used to prioritize your actions. Finally, identifying available resources for quality improvement efforts can determine the priority.

At the conclusion of this step, you should have a prioritized list of what your organization will be working on. This list should not include solutions that will be implemented, but items where your improvement efforts will be focused.

STEP 3: Share results with staff, residents, families and board

Your staff, residents and families need to understand that the input they provided by completing the surveys has been heard and is being used to plan improvements in the facility. Prepare a brief, factual presentation and handout based on your feedback report and action priority list that can be shared with your staff, residents, families and board.

Address the following questions:

- What are the strengths in our organization that we should celebrate?
- What are the areas in which we need to improve and how have we prioritized them?
- Where do we want to be relative to where we are today?
- How will we get there in our improvement process?
- What ideas do you have for addressing our needs?

Use the sharing process as a means to solicit feedback and gather ideas, not as a one-way communication to solely inform your stakeholders.

STEP 4: Obtain input from staff, residents, families and stakeholders

Feedback reports do not identify the reason your organization is performing poorly on an item. Until you understand why a problem exists, you can't implement solutions that will address the root causes of the problem. Understanding why requires more in-depth investigation by talking with those who are closest to the process — residents, families, employees and other relevant stakeholders. Having an outside person conduct the focus groups is beneficial so that participants feel completely free to express their opinions.

Focus groups that ask participants to identify symptoms, causes and potential solutions are useful in understanding why you are scoring poorly. For example, let's say your survey results show that your facility is scoring poorly on its dining experience and quality of meals. Focus groups with residents and families can help identify the

symptoms (meals are cold, not enough variety in the menu, food service staff not friendly, etc.). Participants can give their perceptions of the potential causes (inoperable equipment, not enough staff, lack of training, etc.) and suggest alternative solutions (repair equipment, schedule staff at appropriate times, review food service educational materials).

Using the feedback from the focus group, a team of staff knowledgeable about the processes involved in meals and the dining experience can then identify potential root causes by asking why that symptom exists. This team should ask why again for each answer they are given to get to the most likely potential root causes.

For some problems, feedback obtained from the focus groups may provide the leadership team with enough information to move forward on piloting and implementing solutions without more in-depth analysis. For example, if equipment prevents meals from being served hot, this should be fixed immediately.

STEP 5: Identify causes, and develop and implement solutions

Form a team of staff knowledgeable about the area targeted for improvement. If the team is not trained in basic quality-improvement methods, a trained team leader may be needed to facilitate the improvement effort.

The team's charge is to investigate the potential root causes that have been identified with more in-depth data gathering. Thinking back to the example on meals, is there a problem with all meals being cold or just particular meals? Is the problem with cold meals caused by the way the food is served? Is it caused by the way the residents are brought to the dining room? Once the team has documented root causes, potential solutions should be tested and implemented.

To avoid "paralysis by analysis," the team should pilot solutions quickly to learn what works and what doesn't, rather than spend months collecting data and planning elaborate solutions that may not be feasible. For example, if a solution to improve the dining experience is to change the process by which residents are brought to the dining room, work with a small group of residents to pilot test the solution to learn if the process is feasible. Since small changes in one system are likely to impact other systems, pay close attention to any new glitches in the process and identify new solutions to resolve them.

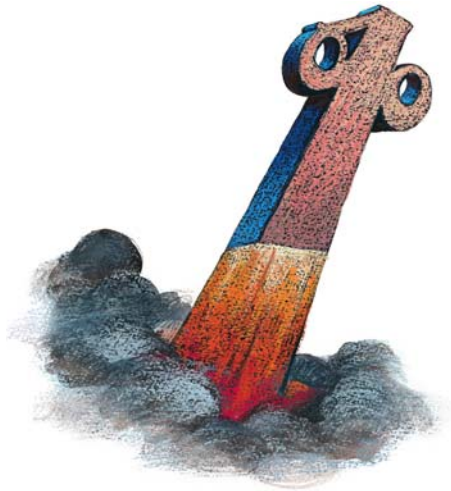
When the solution is ready to be implemented full-scale, a work plan and communications plan should be developed and shared with staff and residents to ensure everyone understands what the changes entail. Typically, staff wants to know how changes in organization processes affect their job duties; residents want to know how change impacts their daily lives.

STEP 6:
Monitor your results

Once new processes are in place, it is important to solicit feedback from residents and employees to identify potential problems. Audits should be conducted to determine if the solution is fixing the problem.

For some solutions, there may be a lag time before its effect can be measured. Be sure to communicate your organization's successes. Thank and congratulate your staff and residents for their hard work or efforts.

Once the solution is proven, it should become standard operating practice. Procedures, protocols and policies should be documented. A process for ongoing monitoring should be included.



Celebrate Your Successes

If you are successful in implementing and sustaining the improvements, your next satisfaction feedback report should show improved scores in the areas in which you focused your quality-improvement efforts. As you empower your organization to take action and provide the necessary resources for improvement efforts, you create a culture of excellence that demonstrates a commitment to quality at all levels of your organization.

CASE STUDY

The Georgia Quality Initiative was formed in 2003 to bring together a number of long-term care stakeholders to support quality-improvement efforts throughout Georgia. My InnerView conducted a statewide survey of employees in October 2003 and again in October 2004.

The feedback reports from the 2003 employee satisfaction surveys identified supervisory skills as an area where opportunities for quality improvement existed in Georgia nursing facilities. In response, the American Association for Retired Persons (AARP) sponsored a series of half-day training sessions aimed at supervisory-skills development at locations throughout the state. Supervisory staff from 340 out of 348 Georgia nursing facilities attended these sessions.

The 2004 employee satisfaction survey reports showed statistically significant improvements in supervisory skills throughout the state. Significant improvements were seen statistically in two other areas of employee satisfaction: (1) How performance evaluations are completed; and (2) How employees are supported in dealing with job stress and burnout.

Between 2003 and 2004, dramatic improvements were seen in the retention rates for CNAs. In September 2003, 61% of nursing assistants had been on the job for at least one year. By September 2004, 65% had been working for at least one year. Clinical metrics also showed positive trends.

“Overall I believe that Georgia caregivers are doing a better job on the measures we consider critical for quality of care in a nursing home,” says Neil L. Pruitt, Jr., Chairman of the Georgia Nursing Home Association board. “What this means is that we are seeing more stability with our CNAs, less reliance on restraints, reduced incidence of weight loss and fewer residents acquiring catheters. We feel these findings, in addition to high family satisfaction ratings, are very important developments.”

“We recognized that all the stakeholders in Georgia’s nursing home community would have to work together for real, sustained improvements to occur in our nursing homes,” says Tim Burgess, Commissioner, Department of Community Health. “By focusing on key performance indicators, the profession in Georgia has a solid foundation on which to continue to improve the quality of care and quality of life for nursing home residents across the state.”

The Georgia experience demonstrates how one state went about improving supervisory skills among frontline staff. The impact of this initiative on employee satisfaction, workforce performance and clinical performance illustrates how the principles of evidence-based management can be used to improve organizational performance in nursing facilities throughout an entire state like Georgia.



Neil Gulsvig, President
My InnerView Inc.

2620 Stewart Avenue, Suite 16 • Wausau, WI 54401
(715) 848-2713 or e-mail neil@myinnerview.com

Questions about My InnerView research?

Leslie A. Grant, Ph.D., Associate Professor and
Director for the Center for Aging Services Manage-
ment, Department of Healthcare Management
3-150 Carlson School of Management
321 19th Avenue South • Minneapolis, MN 55455
(612) 624-8844 or e-mail lgrant@csom.umn.edu