

WHAT SHOULD I MEASURE AND WHY?

Supporting
A Quality
Agenda

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AN EVIDENCE-BASED Should Be Part Of The Everyday

Senior care leadership is keenly aware of the benefits of establishing a comprehensive quality agenda that becomes part and parcel of daily operational and personal interactions—high-quality resident care, improved workforce retention, increased organizational effectiveness, better use of available resources, and a positive impact on the success of the operation. Leadership also understands the need to monitor outcomes and evaluate data as a means of establishing a quality agenda.

But effectively integrating data into one's quality improvement initiatives remains a challenge. Operators are faced with an abundance of data from multiple sources—the collection and analysis of which may consume too much time, with too little result. Whether operating a skilled nursing facility, an assisting living community, or a campus with multiple lines of service, the value of understanding what data to use in evaluating the quality of care and service being delivered cannot be understated. While the research conducted was based upon data on performance in skilled nursing facilities, the findings can also benefit decision makers in assisted living communities as well.

Traditionally, quality has been defined primarily by levels of clinical outcomes and regulatory compliance. In keeping with current collaborative efforts such as the CMS Nursing Home Quality Initiative and the Advancing Excellence campaign, what

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In the senior care profession, this has been a question more easily posed than answered. Until now. My InnerView, an applied research company dedicated solely to the senior care profession, has conducted in-depth, empirical research that provides senior care leadership in long term care facilities with information they can use: a comprehensive, interrelated dataset consisting of five domains and their respective metrics, fundamental to establishing quality agendas that providers can utilize on an everyday basis to measure and improve quality.

the senior care profession is looking for today is an optimum set of inter-related and predictive data based on what matters most—which best represents and aligns the interests of all stakeholders and can be used by quality committees on a real-time basis to identify opportunities for improvement, take meaningful action, and evaluate ongoing performance.

Aligning Data With Strategy

Measure what matters to your organization. Too often the focus of daily efforts is not closely aligned with the strategic goals and objectives that have been set. If strategy is important for business success, then monitoring key metrics that give evidence of progress toward those goals and objectives makes perfect sense.

Thus step one in any evidence-based process is to clearly define your goals, your objectives, and your strategy. Having done that you are in a position to identify how you will measure your progress and what data you will need to do so.

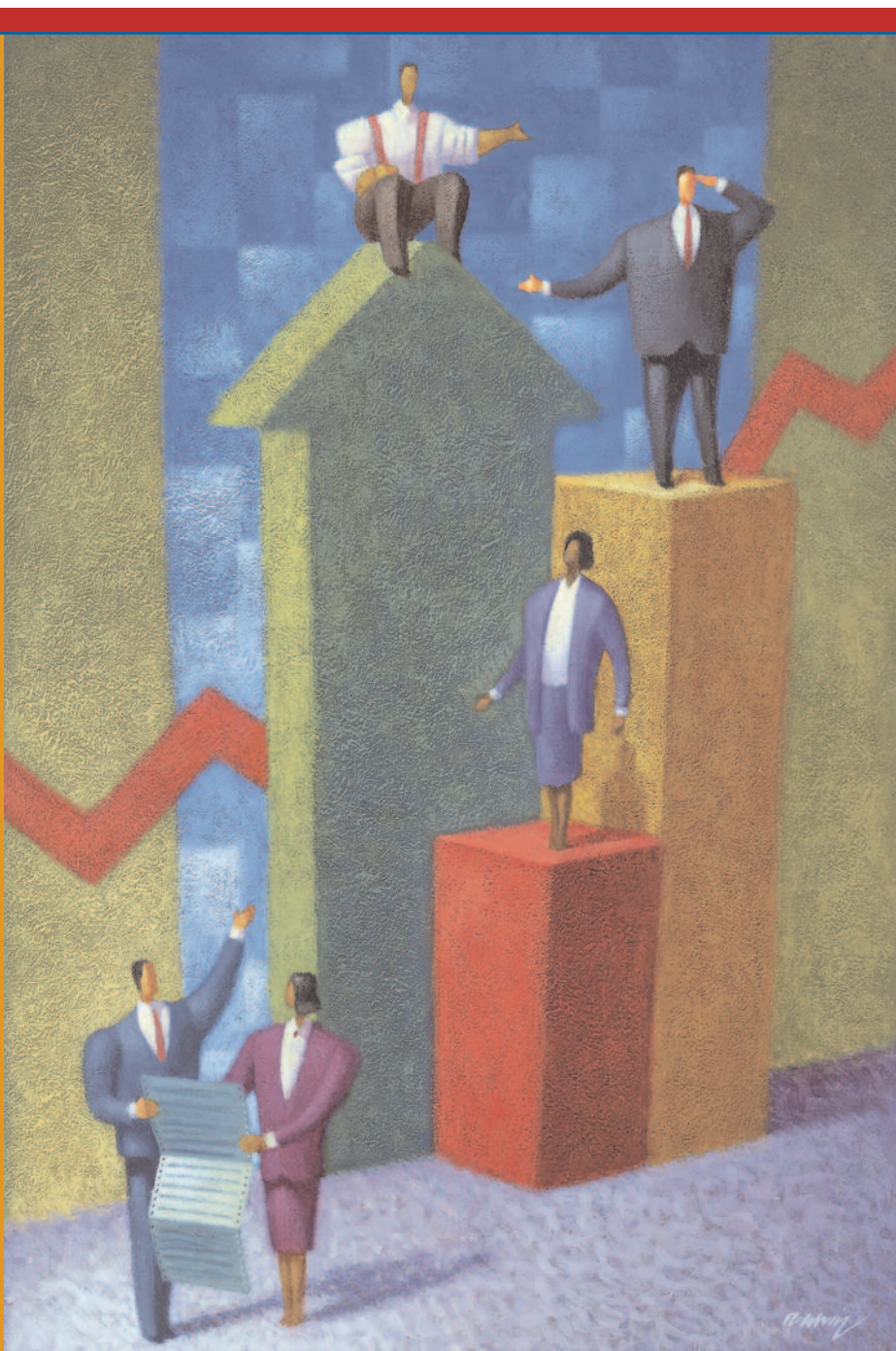
While strategic plans vary by organization, there are fundamental domains that should be considered by everyone and that work in tandem to contribute to organizational quality.

The Five Domains That Matter Most

What measures matter most to the formulation of an evidence-based, comprehensive quality agenda? And, further, what measures are predictive, interrelated, meaningful, readily avail-

QUALITY AGENDA

Game Plan.



able, and give something to providers they can take action on?

According to empirical research conducted by an expert team of researchers from the University of Minnesota and My InnerView—and consistent with the Advancing Excellence campaign and Malcolm Baldrige's Criteria for Performance Excellence—the following five inter-related and predictive domains will give providers the optimum data set necessary to establish an evidence-based, actionable quality agenda:

- Consumer (resident and family) satisfaction
- Employee satisfaction
- Workforce stability
- Clinical outcomes
- Regulatory performance

Does your strategic plan include these domains? As summarized below, the research suggests that these domains are critical elements for success and should be seriously considered as part of any strategic plan.

Research Findings

While current quality initiatives and in-depth marketing research indicate the driving force of customer satisfaction in defining excellence, it should not be assumed that clinical and regulatory measures are of any lesser importance. In fact, My InnerView research indicates that all of these five domains are interrelated and predictive of one another and should thus be viewed in combination with one another.

In researching what matters most,

My InnerView utilized its national database of nursing facility consumer and workforce metrics, combined with key metrics from regulatory and clinical outcomes databases. Correlations were readily evident.

Significant correlations were found between consumer satisfaction and

a powerful correlation between strong, supportive leadership and workforce satisfaction, which in turn drives consumer satisfaction. Quality improvement initiatives are dependent upon strong leaders who foster a culture of excellence and influence all aspects of organizational outcomes,

critical link between workforce satisfaction and organizational excellence.

Data collected over nearly two years indicated that turnover, stability, and satisfaction of staff predict a broad range of other performance parameters (including family and resident satisfaction, clinical outcomes, and occupancy rates). Research indicates that facilities with higher employee satisfaction have:

- Fewer falls, acquired pressure ulcers, and acquired catheters
- Less nurse turnover
- Better retention of nursing staff
- Less nurse and CNA absenteeism
- Higher occupancy

Ultimately, these five domains—consumer satisfaction, employee satisfaction, workforce stability, clinical outcomes, and regulatory compliance—work in tandem. Strong leadership drives quality initiatives that result in well-trained employees satisfied with their workforce environment and supported by management that cares.

This gives rise to more satisfied residents and families, as well as improved clinical metrics and regulatory outcomes. And, in turn, it generates higher rates of occupancy and greater facility sustainability and profitability.

When developing your strategic plan, consideration of the relationship of performance in each of these domains is critical. As the research suggests, performance in one area can have a profound impact upon performance in other related areas.

Key Metrics Within The Domains

Each provider may have individual metrics within these domains that are found to be significant indicators of quality. As a supplement to these indicators, My InnerView recommends consideration of the following metrics that—based upon years of empiric research; testing within a wide variety of analytical models; and consultation with panels of providers,



'The primary goal in establishing a dataset to measure quality outcomes is to act upon those data.'

key performance parameters. For example, top providers (defined as the top 10 percent of facilities on the percentage of "excellent" recommendations) reported fewer pressure ulcers, lower nurse turnover, higher nurse retention, and greater rates of occupancy and employee satisfaction. Analysis shows that the organizational systems that underlie excellence in consumer satisfaction drive excellence in performance parameters, ranging from clinical outcomes to human resource and financial performance.

Data also support a strong correlation between consumer and workforce domains. Research indicates that lower staff turnover, higher staff retention, and higher workforce satisfaction correlate to higher levels of consumer satisfaction. Indeed, competent and caring staff consistently predict resident and family satisfaction and are the most important factors in determining a resident or family member's willingness to recommend a facility.

Leadership matters. This is not new news. What we have long felt to be true we now know to be true. There is

including information systems, human resources, clinical systems, operations, and environmental design.

The quality agenda is truly dependent upon the leadership that drives it forward—those who set the agenda, create an environment that supports change, provide communication that keeps employees informed of the quality improvement process, and include employees as an important part of the improvement process.

Facilities with strong leadership are found to have:

- Higher nurse and certified nurse assistant (CNA) retention rates
- Greater resident, family, and employee satisfaction
- Better performance in clinical metrics such as antipsychotic drug use, acquired pressure ulcers, and weight loss
- Higher occupancy rates

Further research, conducted as part of the Georgia Quality Initiative in which My InnerView collected data, created feedback reports, and provided evidence-based management training to providers, indicates the

consumers, and subject matter experts for validation—give clear indication of being strongly correlated with valid measurement of quality outcomes.

The following metrics are deemed valid based upon the following qualifications. They:

- Do not unfairly advantage or disadvantage any particular type of facility.
- Indicate consistent top performance across models.
- Represent a multidimensional approach across five quality domains.
- Are representative of predictive and constructive validity.

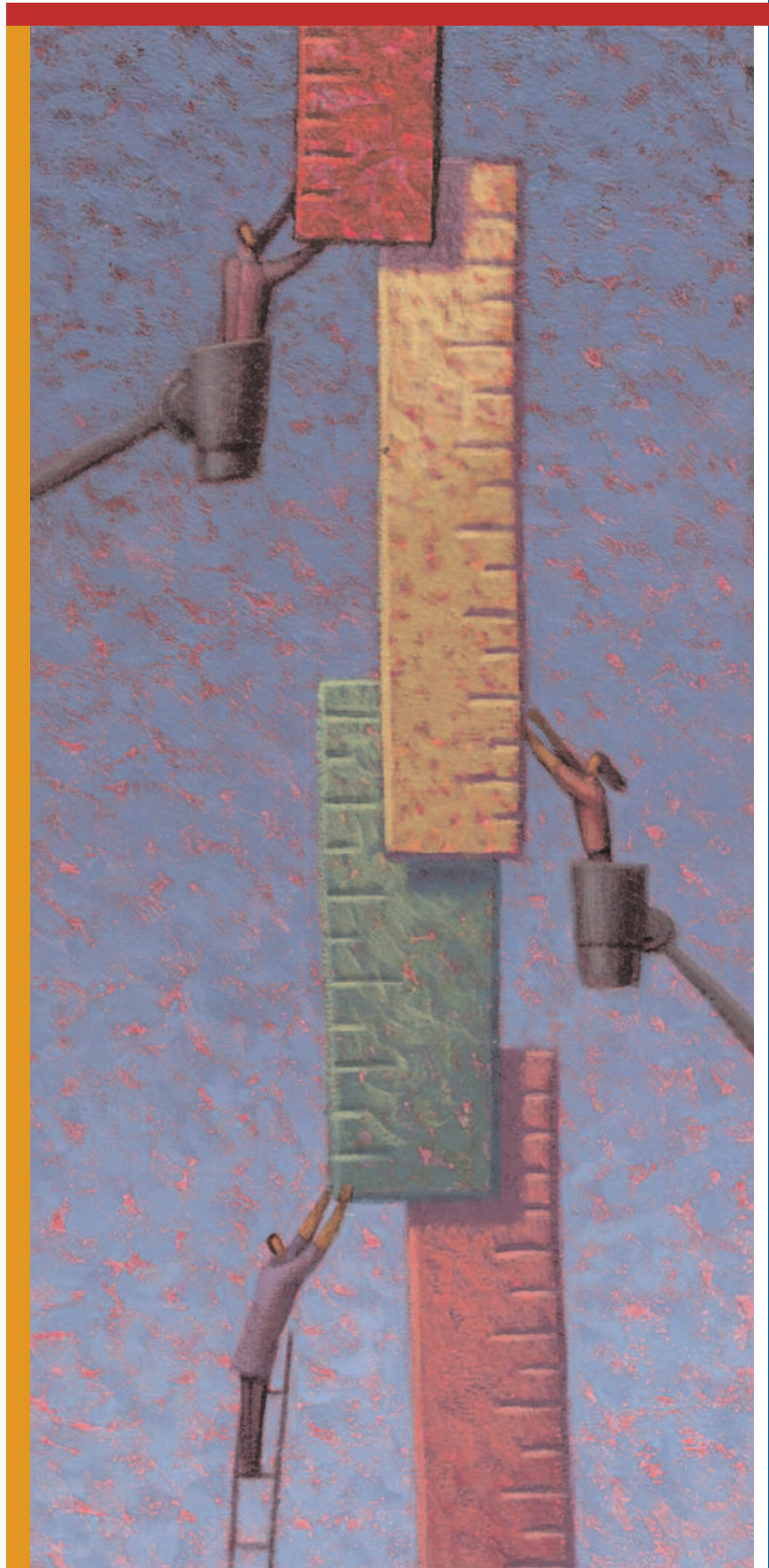
Resident And Family Satisfaction

To directly measure the consumer experience, integrate the voice of the consumer, and differentiate between the needs and expectations of the resident as compared to the family member, it is recommended that your consumer satisfaction instrument include assessment of the level of satisfaction in the following areas. This recommendation is based upon findings from the “2007 National Survey of Consumer and Workforce Satisfaction in Nursing Homes”:

- Competency of staff
- The extent to which staff demonstrate a caring attitude toward residents
- Respectfulness of staff toward residents
- Safety of facility
- Responsiveness of management
- Quality of life, service, and care

Employee Satisfaction

Critically correlated with consumer satisfaction, this domain should determine what drives employee satisfaction and provides a greater understanding of employee needs. It is recommended that your employee satisfaction instrument include assessment of the level of satisfaction in the following areas. This recommendation is based upon findings from the “2007 National Survey of Consumer and



Workforce Satisfaction in Nursing Homes.”

- Extent to which management listens to, understands, and attempts to meet the needs of employees
- Caring, respectful, and supportive environment, including management of job stress and burnout
- Workplace safety



- Quality of training
- Adequate equipment and supplies

Workforce Stability

Closely correlated with organizational performance, clinical and regulatory outcomes, and consumer satisfaction, this domain—along with employee satisfaction—ascertains the level of employee commitment, an element critical to the quality of care and service.

The following metrics are suggested as a means to evaluate performance in the workforce domain:

- Rates of nurse and CNA absenteeism—absenteeism is measured as a leading indicator for turnover
- Rates of nurse and CNA turnover
- Rates of nurse and CNA retention
- Onboarding and initial training techniques—measured by evaluating satisfaction levels with the onboarding experience and by evaluating retention of new employees vs. retention of long-term employees
- Presence of clinical systems, human resources, operations, and environmental design systems

Clinical Outcomes

The research model utilized all 13 of the minimum data set-derived Quality Indicators and Quality Measures. Findings of the research showed clear correlations between employee satisfaction and these clinical outcomes. The MDS-derived Quality Indicators include: daily

‘Indeed, competent and caring staff consistently predict resident and family satisfaction.’

activities (decreasing), physical restraints, pressure ulcers (high-risk), influenza and pneumococcal vaccination, severe/moderate pain, depression/anxiety, incontinence, catheters, time in bed/chair, decreased mobility, urinary infections, and weight loss/gain.

While your quality agenda may not include a review of all these metrics on a monthly basis, it is recommended that they each be included routinely at some level of frequency.

Regulatory Performance

The research model was based on a weighting of survey deficiencies by scope and severity to arrive at a survey deficiency score for the annual regulatory survey. A cornerstone of past skilled nursing facility quality performance models, this domain is important to both payers and regulators.

The facility-level quality agenda should include, at a minimum, a review of survey deficiencies that includes scope and severity, action plans developed in response to those deficiencies, and progress toward res-

olution. Sustainability of the solution is also important to monitor.

Deciding What To Measure

As you begin to integrate evidence-based management techniques with your current quality agenda, keep in mind the following key points:

1. Your strategy should drive what you measure. Focusing your improvement activities on what matters most to your organization allows you to channel valuable time and resources in a planned and organized way, thereby minimizing the time spent on measuring things that bring little or no value to your organization.

2. Empirical evidence exists to support the value of including five key domains in your strategic objectives. These domains are critical to the health and financial success of your organization:

- Consumer satisfaction
- Employee satisfaction
- Workforce stability
- Clinical outcomes
- Regulatory compliance

3. These domains should be represented in your quality agenda on a regular and recurring basis. Specific metrics have been suggested as part of your ongoing monitoring of performance.

4. The primary goal in establishing a dataset that can be used to measure quality outcomes is to act upon those data. By winnowing data down to that which you can act upon, you save precious time and resources. If you are measuring something and you’re not sure why, perhaps it is time to reconsider that metric. To sum it up, data should be actionable.

5. Keep an eye on data and the improvement process throughout the year. Quality agendas are not meant to be separate from how you do your work — shelved away only to be brought out again for the next quality meeting. A true evidence-based quality agenda is based upon, and part of, the work you do every day.

6. Aim for the visionary “Big Q” quality perspective that, according to Joseph Juran in “Juran on Leadership for Quality” (1989), aligns all functions and resources of the organization to contribute to performance excellence and customer satisfaction. Choose data that are efficient and easy to gather, that represent the voice of the customer and employee, align the interests of all stakeholders, and capitalize on readily available internal and publicly shared sources of government regulatory and clinical data. Meaningful and interdependent data provide you with a better opportunity to drive your quality agenda in an organized way.

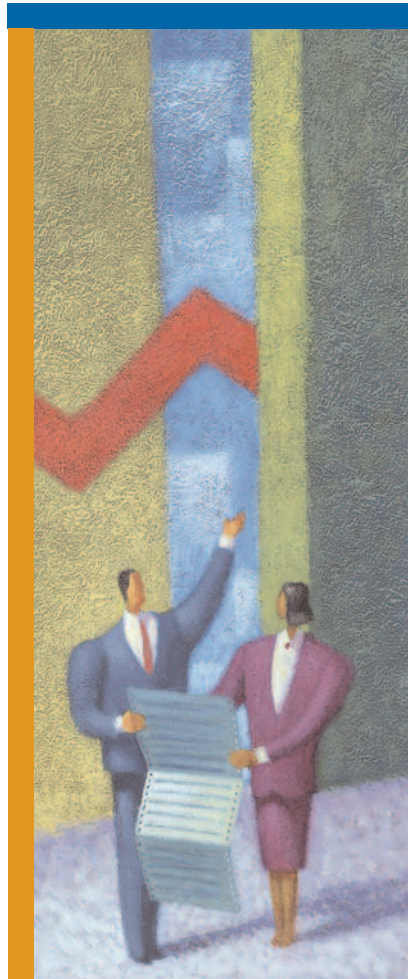
7. Make sure that all employees understand their role and responsibility in achieving the goals that have been set. In keeping with the “Big Q” perspective, alignment of all internal resources with stated goals and objectives drives performance excellence.

8. Recognize that running an effective quality improvement process that aligns your strategy with your actions, measures your progress, places a premium on improvement, and fosters performance improvement across multiple domains is, in fact, advancing excellence. In so doing, the paradigm shifts from thinking of Advancing Excellence and other such initiatives as “more work to do,” to thinking of it as “the way we do our work.”

Putting It All Together

Begin to examine the data and resources you have at hand. Utilize the above guidelines to determine the manner in which you select the data that matter most and the manner in which you integrate that data into your quality agenda initiatives. Remember, choose data you can easily access and act on and that have meaning across all spectrums of care and stakeholder interest.

While you may find metrics that specifically address the needs of your



Utilize this model to address transparency and public accountability demands that advance consumer-driven purchasing trends.

consumers and employees, give serious consideration to the five interrelated domains addressed above and the metrics within. Utilize this model as a foundational element as you move forward to address transparency and public accountability demands that advance consumer-driven, value-based purchasing trends.

Recognize the interdependent nature of these metrics—when you monitor one metric, you monitor them all. And keep in mind the necessity of instituting a quality agenda that integrates data collection of what matters most on a regular basis. Keep an eye on the data and a pulse on the process. Life, care, and quality in senior care facilities happen on a daily basis—so too should quality assessment and the actions needed to bring about improved quality of life and customer satisfaction.

Model For A Composite Score

In the process of testing and validating interrelated domains and metrics that could be readily integrated into the daily quality agendas of facilities, My InnerView has developed a composite score index based upon the aforementioned five domains.

Each domain consists of metrics that have been tested for validity and utilizes data weighting and risk adjustment to ensure a valid, empirical and balanced score. The score takes the complicated and disparate information of the interrelated metrics and turns it into a single number that gives providers an easy means of digesting standardized data related to quality outcomes measures.

This score provides a good platform for providing transparency within organizations as a means to evaluate individual facilities and set performance goals. It also serves as a possible mechanism for public disclosure in advance of the growing value-based purchasing and accountability demands of senior care stakeholders.

This article was written by Brad Shiverick, CPHQ, Chief Quality Officer for My InnerView. For more information, visit www.myinnerview.com or call (715) 848-2713. My InnerView is an applied research company that promotes evidence-based management practices in U.S. senior care organizations.

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what they
are saying?

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