



## Pushing The Boundaries Of Quality

*Providers must adopt proactive measures to compete with the level of quality to which consumers have become accustomed.*

**W**HILE LONG TERM CARE (LTC) providers face increasing complexity amid decreasing resources, consumers of LTC services have grown more sophisticated in their knowledge, sources of information, and expectations of the profession. Skilled nursing facilities (SNFs) are admitting patients with multiple, chronic, and acute diseases who are demanding more comprehensive care by nursing staffs that are increasingly impacted by high turnover rates. This scenario, studies show, produces greater opportunity for omission or error in care delivery at a time when many SNFs have inadequate resources, systems, and processes to manage the growing complexity of the profession.

### Restoring Public Trust

Today's patients and their families expect providers to demonstrate high levels of performance. They are reviewing Centers for Medicare & Medicaid Services' (CMS) quality reports, examining alternative modes of care, and checking out a range of facilities in a highly competitive marketplace.

The perception of the quality experience that people encounter in their daily lives will, in turn, define the level of quality they expect from LTC providers. As baby boomers consider alternatives for their parents, they also

THOMAS A. RIEMENSCHNEIDER, MD, is president and chief executive officer of STA Healthcare, Twinsburg, Ohio.  
HELEN J. RAUB, RN, is vice president of clinical services.

**■ While providers strive to offer quality care, statistical comparisons indicate that many facilities are deficient when compared to the quality experienced by consumers in their daily lives.**

are making decisions about their own future needs and whether or not the profession can meet these needs.

While most providers strive to offer

quality care—and many market themselves as “high-quality” organizations—statistical comparisons indicate that many facilities are deficient when compared to the quality experienced by consumers in their daily lives.

For example, Six Sigma Quality, a quality management system used by industries such as manufacturing, airlines, food service, and health care, finds that while electronics manufacturers have reduced defects in TVs to only one per 333,333 sets manufactured, SNFs have reduced pressure ulcers to one patient in nine.

Programs like Six Sigma comprise integrated systems that enable users to achieve and demonstrate increasingly higher quality. The Six Sigma approach, for example, enables an organization to compare its quality standards against other organizations and industries.

Comparison of quality standards

**TABLE 1: CLIMBING THE 'SIX SIGMA' QUALITY LADDER**

While long term care trails other industries and services in eliminating defects, customers are holding the profession to the same standards.

Sigma Level	Industry	Product/Service	Standard
6 Sigma	Manufacturing	Electronics	1 defect/333,333 TVs
	Health care	Refrigerator controls Surgical anesthesia	1 defect/167,000 refrigerators 1 death/250,000 patients
5 Sigma	Airlines	Passenger safety	1 death/4,348 passengers
4 Sigma	Airlines	Baggage handling	1 lost bag/167 customers
	Restaurants	Bill accuracy	1 billing error/167 customers
	Hospitals	Patient safety	1 injury due to negligence/100 patients
3 Sigma	Gynecology	Hysterectomies	1 unnecessary procedure/6 patients
	Long term care	Skin management	1 pressure ulcer/9 patients
		Falls prevention	1 fall/8 patients
2 Sigma	Long term care	Bladder incontinence	1 bladder incontinence (may be incidental) without toileting plan/2 patients

Source: STA Healthcare

**TABLE 2: PRINCIPLES OF QUALITY-BASED SYSTEMS OF CARE**

	Shift from:	Shift to:
Organizational commitment	Intermittent review by assigned quality assurance manager	Total quality management involving entire organization
Emphasis of effort	Retrospective quality assurance	Continuous quality improvement
Focus of effort	Retrospective inspection to catch human error	Ongoing identification and improvement of faulty processes
Timing of effort	Retrospective analysis of quality indicators	Concurrent management of standardized care process with built-in quality/outcome measures
Outcomes of effort	Measure to acceptable standards	Measure against standards that are continuously raised once achieved
Emphasis of nursing care	Nurses manage paperwork to document adherence to regulatory standards	Nurses manage care to achieve optimal outcomes

Source: STA Healthcare

across manufacturing, service industries, and health care demonstrates that the quality of goods and services experienced by customers in their daily lives dramatically exceeds the current standards of the long term care profession. These differences influence customer expectations for care (*see Table 1, page 79*).

### Developing New Systems

The challenge for LTC providers is to define and implement new systems of care delivery that truly integrate proven principles of quality management; continuous quality improvement (CQI); standardized disease processes to limit variation; and recommitment of nursing effort, experience, and skills to delivery of care (*see Table 2, above*).

New systems of care should utilize standardized clinical tools for management, measurement, and demonstration of quality and outcomes. These clinical tools must fit into existing care delivery (the way busy caregivers work) and must do so without increasing the work burden on staff.

These basic principles, formulated by Deming and Juran, were successfully implemented in manufacturing and service industries and more recently are being implemented in acute care organizations. The long term care profession must develop new systems of care that truly integrate these principles within an aggressive strategy to manage quality and restore the public trust.

Development of new systems of care management must be based on accepted definitions.

**■ CQI means that an organization will continuously and forever commit to improving quality and outcomes to meet successively higher standards.**

The Institute of Medicine (IOM) defines quality care as, “the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge.”

IOM defines health outcomes as, “changes in the patient’s condition that follow therapeutic intervention.” Further, outcomes of care are multidimensional and include disease-specific clinical outcomes and quality indicators; patient, family, and staff satisfaction; functional improvement; utilization of health care resources; cost and reimbursement; and standardization of care processes.

Finally, CQI means that an organization will continuously and forever commit to improving quality and outcomes to meet successively higher standards. As each level of quality is achieved, the organization commits to the next higher standard.

## Quality First Initiative

The American Health Care Association, the American Association of Homes and Services for the Aging, and the Alliance for Quality Nursing Home Care have come together to implement “Quality First: A Covenant for Healthy, Affordable and Ethical Long Term Care”—designed as a collaborative effort to assist nursing facilities in improving their quality of care.



### Developing Systems Of Care

LTC providers must implement care systems that deliver high quality and superior outcomes, including the following components:

- Commitment of the organization to achieve a shared vision of quality management that empowers and challenges staff and administration.
- An integrated system of clinical

tools that includes the following standardized protocols and measurements:

- Standardized, disease-specific clinical processes that describe “best clinical practices” for specific, common disease entities;

- Standardized documentation processes that support and ensure accurate reporting of care delivered, outcomes achieved, and variation from standard care;

- Protocols to ensure that caregivers appropriately assess and respond to the needs of patients, including protocols for high-risk conditions such as falls and acute symptoms such as chest pain;

- Disease-specific outcomes measured at the point of care that define expected results of care delivery and provide an organized approach to measurement, management, and comparison of actual results against expected outcomes; and

- Standardized measurement; data collection; and analysis that ensures identification of variation from standard clinical care, determination of cause, and analysis of successful outcomes and recurring problems.

- A CQI process that enables frontline caregivers to analyze care delivered, assess results, and continuously improve processes of care to team-determined higher standards.

**TABLE 3: OUTCOMES OF A QUALITY-BASED SYSTEM OF CARE**

Patients	<ul style="list-style-type: none"> <li>■ Improved quality and outcomes of care</li> <li>■ Increased patient/family satisfaction</li> <li>■ Improved functional abilities</li> </ul>
Staff	<ul style="list-style-type: none"> <li>■ Improved pride, proficiency, retention</li> <li>■ Improved delivery and documentation of care</li> <li>■ Improved staff/MD trust and communication</li> </ul>
Organization	<ul style="list-style-type: none"> <li>■ Decreased utilization of hospital/ER</li> <li>■ Decreased liability claims</li> <li>■ Improved case-mix score</li> <li>■ Increased reimbursement</li> </ul>

Source: STA Healthcare

## Continuous review of the outcomes of care for the entire patient population empowers frontline caregivers to improve faulty clinical processes.

### Creating Quality Management-Based Systems

While assuming a commitment to quality principles, most LTC organizations do not have reliable systems to measure, manage, and demonstrate quality.

The present system of “flagging” quality indicators for which facilities are deficient results in retrospective “inspection and penalty” that identifies the “guilty” but does little to encourage caregivers to integrate quality management directly into care delivery.

Quality cannot be “inspected” into the services that caregivers provide; rather it must be designed into the systems that comprise those services.

Successful implementation of a CQI process depends on the ability of the organization to make fundamental shifts in attitudes, behaviors, and skills. Every component of the care delivery system and every daily care process must have quality management, quality indicators, and clinical outcomes designed into it.

In such a system, quality management is implemented prospectively for each patient. As care is delivered, caregivers measure outcomes and manage clinical variation at the point of care—before it requires more extensive intervention such as rehospitalization.

Standardized clinical processes with early prompts and reminders enable caregivers to continuously manage patient care to achieve specific clinical outcomes.

Continuous review of the outcomes of care for the entire patient population empowers frontline caregivers to improve faulty clinical processes and to set and achieve continually higher standards of care.

Through implementation of the right system, LTC organizations can achieve positive outcomes and measures of care that affirmatively impact patients, families, staff, physicians, and the organization itself (*see Table 3, this page*).

Two generations of potential clients (baby boomers and their parents) are examining the long term care profession with increased expectations. The degree to which LTC providers incorporate systems and processes of care to meet the expectations and needs of patients and their families will determine the future of this critical profession. ■

### For More Information

- The authors can be reached at (330) 405-7290 or via e-mail at [stahealthcare@aol.com](mailto:stahealthcare@aol.com).

- For more information on Quality First: A Covenant for Healthy, Affordable, and Ethical Long Term Care, log on to [www.ahca.org/quality/qf\\_index.htm](http://www.ahca.org/quality/qf_index.htm).

- AHCA publications ([www.ahca-publications.org](http://www.ahca-publications.org)) offers two other products of interest on this topic: “Quality Management Integration in Long Term Care” (\$75 for members, \$139 for nonmembers) and “Conducting Satisfaction-Based Customer Surveys” (\$25.95 for members, \$39.95 for nonmembers).

- Additional information on Six Sigma methodology can be found on the Web at [www.6-sigma.com](http://www.6-sigma.com).