

# Taking The Measure Of Quality In LTC

*Analyzing customer perceptions of quality is critical to actually providing quality services.*

**T**AKING THE MEASURE OF QUALITY in long term care requires a careful analysis of several factors that comprise a facility's success in meeting both the needs and expectations of its customers—patients and their families. Outcomes, as measured by performance against specific quality indicators (number of patients in pain, for example) are important, but so are the perceptions of customers and the processes in place to identify and measure what matters most to them.

Recent research shows that long term care providers that consistently achieve high levels of quality performance:

- Measure what matters most;
- Understand what affects the results being measured; and
- Integrate strategies to optimize and sustain quality performance.

The absence of a clear focus on any of these will result in erratic quality performance.

## Measure What Matters Most

The first step toward measuring what matters most in assessing quality is to acknowledge that quality is judged by the customers and defined by their expectations—not by provider or regulatory standards. Meeting or exceeding

customer expectations requires attention to three aspects of quality: technical, interpersonal, and amenities. These three aspects of quality represent the need to assess and serve the holistic and individual needs of the patient—a prescription for patient-centered care.

While described separately, these three aspects are interrelated in both perception and activity. Patients who

technical aspect of long term care quality focuses on clinical and patient safety outcomes. For example, the



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**S**erving patients' individual needs is a prescription for patient-centered care.



Source: Bernie Dana

are satisfied with the staff's respect and concern for their welfare (interpersonal) are more likely to cooperate in their clinical care and treatments (technical). Happiness with the living environment and the choices they are offered (amenities) can affect patients' appreciation of the staff (interpersonal).

- *Technical measure* Measuring the

Centers for Medicare & Medicaid Services (CMS)-mandated quality measures and quality indicators are related to the technical (clinical) aspect of quality. While these measures are being continuously improved based on the best available science, some long term care experts believe they more effectively measure the characteristics of the patient population in a facility rather than the quality outcomes related to standards of practice.

The most effective clinical and safety measures are those that relate the out-

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comes to the opportunity for the outcome to occur. A reduction in the prevalence of facility-acquired pressure ulcers may not be related to quality improvement if there are no longer any patients at risk for facility-acquired pressure ulcers.

■ **Interpersonal measure** Interpersonal measures are a more effective reflection of quality than technical measures when the primary objective is to provide patients with quality of life. This is especially true when patients have chronic illnesses or are nearing end of life and there is little hope of achieving or sustaining improvement in their physical function. In these situations, technical measures of outcome will not accurately determine if quality exists because little is known about normal decline.

Press-Ganey Associates analyzed the results of long term care customer satisfaction surveys to identify the top eight satisfaction measures that correlate to the customer's willingness to recommend the facility. The top six are all related to interpersonal and communication skills (management receptive to customers' ideas, treatment of visitors, nurses treat patients with dignity, nurses respond to customers' ideas about care, nurse assistants treat patients with dignity, and nurse assistants explain care). Only the last two relate more to technical areas.

One of the most effective ways to measure interpersonal quality is through well-designed and -administered patient and family satisfaction surveys. It is difficult to argue that the customer's judgment of quality is unreliable, particularly in relation to the interpersonal and amenity aspects of quality. The value of satisfaction surveys is supported by extensive research in more than 500 nursing facilities by Vivian Tellis-Nayak, a long term care research consultant. The research shows a strong relationship between very satisfied families and four factors: lower staff turnover, positive scores on clinical measures, better state/federal

survey results, and good business outcomes. Some researchers argue that the subjectivity of satisfaction survey results make them less accurate than technical measures of quality.

That argument dissolves when one examines the minimum data set's (MDS) shortcomings associated with its current structure, utility, and complexity and the number of human judgments that are required to form the basis of CMS' quality measures.

Staff satisfaction is another key measure of the interpersonal aspect of quality. Research by the Gallup organi-

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zation, conducted across a range of industries, shows that engaged employees correlate to loyal customers. The Gallup research also found that great managers were a vital link to having engaged employees. Rates of employee turnover (terminations compared to positions filled), retention (staff with more than one year of service compared to positions filled), and churning (terminations within six months compared to positions filled) are another way to measure staff satisfaction.

The interpersonal aspect of quality also relates to continuous learning by staff. This should be a part of the staff satisfaction measurement, but can also be measured more directly by the number of staff involved in education programs and the quality of those programs. The quality of the education programs can be measured by a staff

survey to determine if the training contributed to their personal or professional development. In addition, technical measures do not reveal whether a culture of quality exists to fuel sustained improvement.

■ **Amenity measures** A comfortable, secure, and pleasant living environment with individualized attention and respect contributes significantly to a patient or family member's judgment of quality. Patient and family feedback using satisfaction surveys is an appropriate way to measure the quality of a facility's amenities. Patient councils or focus groups can be used to help identify ways to improve these areas.

### Understand What Affects The Results Being Measured

To improve quality results, providers must understand what drives them. Experts in quality say, "If you don't know how you got good results, you have no reason to be proud of them." In other words, anyone can get lucky.

■ **Level of technical care** The state of medical science and technology at any particular time determines the norms of good technical care. Medical directors, nurses, and other professionals must be continuously learning about evidence-based practices related to the care needs of their patients. When their clinical and safety results are not at a high level of performance, they must have a process in place to determine how to improve their practices or the consistency of the application of the existing practices.

■ **Values and ethical principle** The interpersonal aspect of quality is governed by the values and ethical principles that guide relationships throughout the organization. These values and principles are most often derived from the culture of the organization shaped by its leaders. The values and ethical principles can change if the leaders are willing to learn and grow. Recent research shows that the 2004 American Health Care Association Step 2 and Step 3 Quality Award recipients

included facilities that focused on a culture of trust, service, and employee empowerment, with managers who demonstrate a personal commitment to mutual respect and performance excellence.

■ *Quality of amenities* Providers often link their ability to develop satisfying amenities to the availability of human, physical, and financial resources.

While these factors will have some affect on timing, it is most often the provider's customer focus, flexibility, and innovation that determine the quality of the amenities. These factors are driven by values. High-performance providers say that "where there is a will, there is a way." They streamline their systems and reduce rework and waste to find resources to improve amenities.

■ *Structure, process, outcomes* Information about the presence or absence of quality can be acquired by examining these three areas.

Structure relates to the organizational environment, including the human, physical, and financial resources available to the provider. Structure can be used as an indirect measure of quality when its features are known to affect the probability of good performance. The study commissioned by CMS to validate the quality indicators found that patient outcomes are affected by facility staffing and policies (all features of structure). Research in Florida indicates that quality outcomes are affected by structural issues such as turnover of key leaders, change in patient characteristics, and decline in staffing levels.

The two primary ways to directly assess quality are process and outcome. Process consists of the activities that occur in the delivery of care and services. Long term care processes are usually a combination of both technical and interpersonal activities. Process includes the standards of care and practices, patient care assessment, and other health-care-related practices.

Process also includes the provider's activities related to the delivery of environmental, dietary, social, and recreational services. As a service, process is usually judged by the customer based on reliability, responsiveness, assurance, and empathy.

Outcome is the change in a patient's

highest level of functional well-being (physical, physiological, social, psychological, and satisfaction) that can be attributed to the health care and services they receive. Process measures are usually viewed as leading indicators (predictive of results) while outcome measures are lagging indicators (reac-

tive to results).

Health planners and policy makers lean toward outcome measures as the better measure of quality. Health care clinicians and quality professionals lean toward process. The argument for measuring outcomes is that they seem to be inherently valid because it is easy

to determine good from bad results. The argument for relying on process is that the mere presence or absence of a process that is clearly associated with good results can be accepted as evidence of good or bad quality, regardless of the outcome. Over a period of several years, the long term care survey

agency and provider associations in Michigan have agreed to recognize that negative outcomes may occur despite appropriate care. The groups have agreed to use the American Medical Directors Association's clinical practice guidelines as a basis for determining if appropriate care is in place, rather than just relying on outcomes.

### **Integrate Strategies To Optimize And Sustain Quality Performance**

It is not enough to understand and measure quality. Strategies for improvement must be developed and aligned to optimize quality for the customer while meeting the needs of other stakeholders.

Effective strategies include the ability to improve care and services by achieving good financial and market results over time. Properly aligned strategies will also include fulfilling ethical and social responsibilities and other policies of governance such as fiscal accountability, ethical behavior, legal compliance, and community support.

Measuring only one aspect of quality, such as clinical or regulatory results and processes, can lead to strategies that have a negative effect on another aspect of quality.

There is a broad spectrum of organizational performance measures that should be integrated into the development of strategies for quality improvement (*see diagram, page 4*). Research shows that high-performance providers systematically use patient-centered strategic planning as the catalyst for continuous improvement. ■

### **For More Information**

■ All questions and responses to this article should be directed to [Quality1@ahca.org](mailto:Quality1@ahca.org). Please include the words "Measuring Quality" in the subject line.