

Defining Quality In Long Term Care

Facilities that focus on regulatory compliance and clinical measures often miss the essence of quality, which is satisfying patient needs and wants.

This is the first in an ongoing series of articles designed to assist the long term care community in implementing the goals of Quality First

She was 87 years old and in the hospital for only the second time in her life. Now, the doctor was saying that she would be discharged to a nursing facility within two days. Only one of the three facilities in her community had a vacancy, but the discharge planner said it was a quality facility because it was “deficiency-free” on its last federal survey.

The next week was confusing for the patient and her family. She was admitted to a four-bed ward, the only area in the nursing facility certified for Medicare. She was very alert, but all of her roommates were confused. The staff got her up at 6:00 a.m. each morning to have breakfast because “that is what we do on this wing.” They gave her therapies three times a week despite her complaints that she was weak and it hurt too much. They kept giving her chocolate Ensure after she said she preferred vanilla. She learned to turn the call light on early when she needed bathroom assistance because sometimes they barely made it in time. During treatments and personal care,

the nurse assistants and nurses talked to each other as if she were not there. Seldom did anyone ask her what she wanted or what she would like to do.

The patient died four weeks later after spending several days in the hospital, and the nursing facility was notified not to hold her bed any longer. When a family member went to the facility to pick up the patient’s personal things, the nurse directed him to a storage room where he found the belongings in a black garbage bag. No condolences were offered. It was as if she had never been there. All of this happened in a “quality” facility.

PERCENTAGE OF LTC FACILITIES THAT WERE AT FOUR DIFFERENT STAGES OF QUALITY MANAGEMENT (August 2003)

Stages Of Quality Management*	SNFs	Residential Care Facilities
Stage 1: Conformance quality (regulatory compliance)	74percent	43percent
Stage 2: Customer satisfaction	15percent	43percent
Stage 3: Continuous quality improvement	9 percent	11percent
Stage 4: Performance excellence	2 percent	3 percent

Source: American Health Care Association state affiliates
*As described in “Managing Customer Value” (Gale, 1994)

A Need For Change

In 2001 the Institute of Medicine (IOM) committee on improving quality in long term care identified three specific areas that are relevant for assessing quality:

- Providers must serve both the



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health and social needs of patients;

- The potential and actual role of consumers must be considered an essential element; and

- The physical environment must contribute to the safety and functional mobility of patients, as well as to their overall quality of life.

Long term care provider associations collectively announced a comprehensive initiative called Quality First in 2002. The program, committed to significantly improving facility

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performance, was a way for long term care providers to validate their desire to be accountable for providing quality services using meaningful measures.

In addition, new models for resident-centered care like the Eden Alternative, WellSpring, and best practices shared through the Pioneer Network are continuing to emerge in an effort to fundamentally change the culture, processes, and outcomes in the long term care arena. But these calls for change and new models have not produced a consensus definition for “quality” in long term care.

Politicians, consumer advocates, lawyers, the news media, and consumers tend to follow the government’s lead in judging long term care quality by counting process deficiencies and clinical outcomes failures. While the clinical perspective is important, this one-dimensional approach to quality contributes to the frustrations of both customers and caregivers.

The problem is that long term care patients don’t always fit neatly into evidence-based guidelines on clinical practices. Take for example a skilled nursing facility (SNF) patient who requested a hot dog in a bun. After preparing and presenting the whole hot dog as requested, the nurse cut it up into small pieces and watched the patient carefully as she enjoyed it. Since the patient had an order for pureed food, however, the facility received a citation because it did not comply with the required clinical guidelines.

Unfortunately, most providers have focused primarily on regulatory com-

pliance and clinical measures as the standard for quality. In August 2003, the executive directors of the American Health Care Association state affiliates estimated the percentage of SNFs and residential care facilities that were at each of four different stages of quality management (Gale, 1994). The consensus result showed that most providers need to move quickly to transform their quality focus and strategies (*see table, page 43*).

A Definition Of Quality

A definition of long term care quality should become the foundation for research, improvement activities, policies, and measures that encourage providers to move toward performance excellence.

The following definition of quality is

an excellent beginning point for this dialogue: the totality of service features and characteristics that meet or exceed customer needs and expectations.

This definition is adapted from the official quality definition used by the American National Standards Institute and the American Society for Quality and from the popular definition, “meeting or exceeding customer expectations,” that evolved by the late 1980s in many customer-focused organizations.

This definition also correlates with five of the rules that IOM has identified for redesigning health care processes:

- *The patient is the source of control* The health system should be able to accommodate differences in patient preferences and encourage shared decision making.

- *Customization based on patient needs and values* The system of care should be designed to meet the most common types of needs but have the capability to respond to individual patient choices and preferences.

- *The need for transparency* The health care system should enable patients and their families to make an informed decision when selecting a provider or treatment by providing information that describes the system’s performance on safety, evidence-based practice, and patient satisfaction.

- *Anticipation of needs* The health system should anticipate patient needs, rather than simply react to events.

- *Continuous decrease in waste* The health system should not waste resources or patient time.

Customer-Centered Quality

The definition posited above identifies the “customer” as the principal judge of quality. It recognizes the importance of customer perceptions regarding the value—both benefits and cost—of the services. Compelling research correlates customer satisfaction with clinical care, quality of life, staff retention, and market and financial performance (Tellis-Nayak, 2003).

Providers must also differentiate the service features and characteristics of health and social programs and the physical environment to best meet the needs and expectations of key market segments such as cognitive, dementia, chronic, short-stay, and end-of-life. In some cases, customers may lack the technical knowledge to determine what services are best or to judge their quality. This may result in customers’ needs exceeding their expectations. Even so, this definition affirms customers’ right to be informed, respected, and in control of decisions regarding their services.

The term “customer” in this case refers to the ultimate users of the service—the resident or patient, family, and guardian. Physicians, government agencies, accreditation agencies, and

Quality: the totality of service features and characteristics that meet or exceed customer needs and expectations.

other external providers are partners in providing quality. It is clear that customers want the government to provide oversight and set minimum performance standards for long term care providers. However, they do not want the government standards to supplant their individual needs and preferences.



Systems Must Be Aligned

The definition of quality recognizes that no single process outcome or segment of outcomes will provide quality. Rather, it is the totality of features and characteristics that must meet or exceed customer needs and expectations. A beautiful new facility with private rooms does not provide quality if the clinical practices are poor. Sound clinical practices do not produce quality if delivered without respect for the resident’s preferences and dignity.

Quality should always be considered in terms of a systems perspective, which requires alignment of strategies and resources to improve value for all stakeholders. As such, it is process rather than people that is the root cause of quality problems. For example, a dietary department had set a goal to expand resident choices by providing breakfast from 7:00 a.m. to 9:00 a.m. After two months, the program was cancelled because residents kept coming at 7, despite the expanded hours. As it turns out, the social services department had not been alerted about the new breakfast schedule and had never identified the individual preferences of each resident. Nursing staff, also unaware, continued to get residents up for the “usual” breakfast time—7:00 a.m.

The goal would have greatly benefited the residents, but the strategies and resources were not aligned. It was not the fault of any one department, but of the system as a whole.

A systems perspective recognizes the two economic aspects of quality: design quality and performance quality.

Design quality provides the customer-satisfying features that create a preferred provider position in the marketplace, hence enhanced revenue.

Quality performance lowers cost by improving process effectiveness, the speed of delivery (cycle time), and the productivity of workers. The combination of higher revenue and lower costs provides assurance that the system will continue to meet and exceed customers’ needs and expectations.

Providers with a systems perspective of quality understand the need to invest in activities designed to prevent poor-quality results rather than increasing inspection activities or paying for failure costs. Taking shortcuts in the planning process, employee orientation and training, and selection of good supplies will lead to system failures. The typical response to a system failure is to add a higher-cost inspection activity such as assigning someone to review and correct chart errors. Failure costs relate to high-cost activities such as healing a preventable pressure ulcer and losing customer revenue as a result of dissatisfaction.

Taking Action On Quality

Providers that embrace this definition of long term care quality can improve quality within the current revenue system. Vanilla Ensure is not more expensive than chocolate Ensure. Getting residents up at 6:00 a.m. when they prefer to sleep until 8:00 a.m. relates more to priorities than cost. Also consider that:

- Permanent staffing assignments

will dramatically increase the ability of care staff to anticipate the needs and wants of residents.

- Empowering staff with the skills and resources to listen and respond to customer concerns will improve staff fulfillment and customer satisfaction.
- Developing the management and relational skills of supervisors increases productivity and employee satisfaction.

- Improving the communication and hospitality skills of all staff creates a better environment for residents, guests, and staff.

- Productivity improves when leadership shifts resources from inspection to prevention activities.

- Creating ways for residents to be helpful, nurturing, and responsible adds to their quality of life and may reduce their

need for medication.

Beginning the dialogue on how to define long term care quality carries over to the next logical step in the process: identifying an appropriate “family” of performance measures that encourage providers to achieve quality excellence. This combination will help providers, health care organizations, quality organizations, and regulators to make sure that the voice of the customer is being heard as they design, deliver, measure, and assess the effectiveness of long term care services. ■

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For More Information

- All questions and responses to this article should be directed to Quality1@ahca.org. Please include the words “Quality Definition” in the subject line.