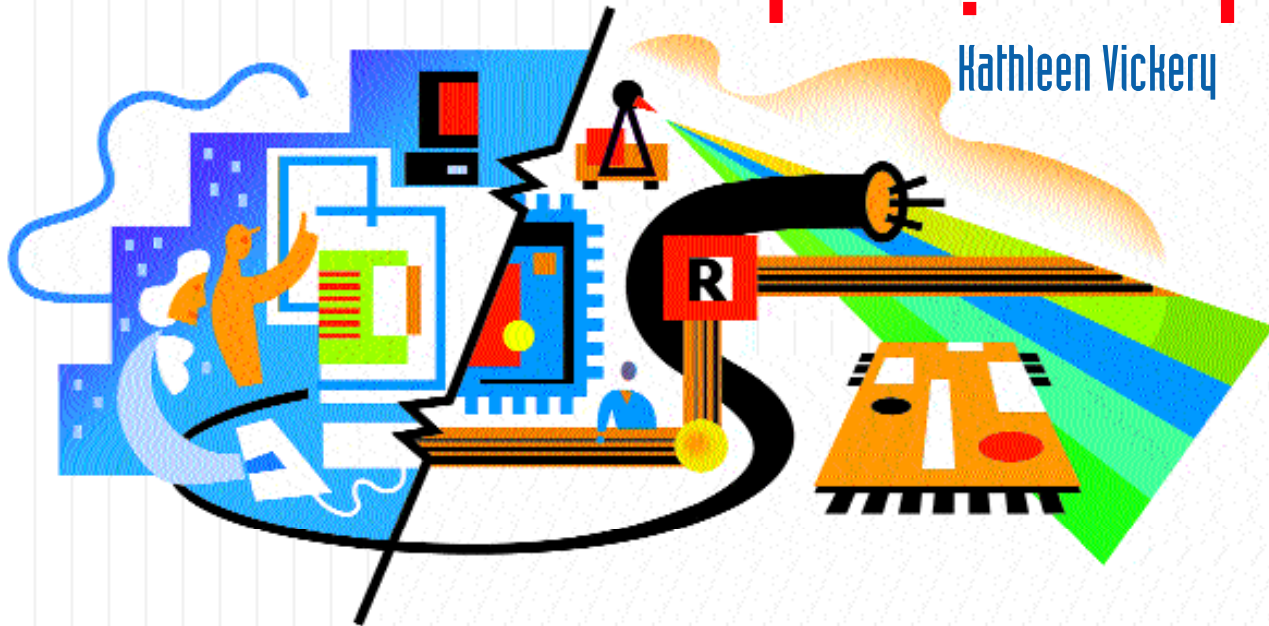


# Data Pave The Way To Quality

Kathleen Vickery



NEW APPROACHES TO QUALITY IMPROVEMENT GO BEYOND CLINICAL OUTCOMES TO IDENTIFY AND MEASURE CRITICAL FACTORS SUCH AS STAFF TURNOVER, MARKET SHARE, AND CUSTOMER PERCEPTIONS.

The excitement of InnerView's staff is palpable. Maybe, finally, they have come up with a way to accurately measure quality in nursing facilities that goes beyond the clinical to every aspect of the facility's operations—complete with prompt feedback of rigorously analyzed information that can help providers improve their processes and customers' satisfaction with quality of life and care.

It's all about data: the ways it can be gathered, analyzed, and, most of all, the myriad ways it can be put to use to help an entire state's-worth of nursing facilities improve their performance.

At Wisconsin-based InnerView, improving performance goes far beyond care delivery. Data are applied to bottom-line factors like staff turnover and absenteeism, share of

market and financial stability, public image, and occupancy rates.

And it all occurs in real time. A facility staff member inputs onto InnerView's Web site data that's already been gathered for surveys from satisfaction surveys and their other key performance measures. Instantaneously, the facility receives comprehensive analyses in the form of reports, profiles, charts, trends, summaries, and suggested actions that can be viewed online or printed out for distribution at upcoming quality or management meetings.

#### Programs Abound

There's certainly no shortage of quality-improvement initiatives for long term care these days, many coming

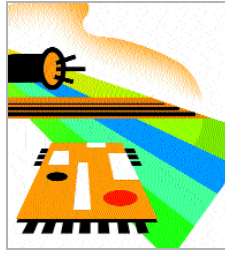
directly from the Centers for Medicare & Medicaid Services (CMS), including the Nursing Home Quality Initiative (NHQI) and its state-based National Quality Improvement Organization program.

It's refreshing to see a few coming from other sources as well: the "Quality First" initiative from AHCA, AAHSA, and the Alliance for Quality Nursing Home Care; the Missouri Quality

Improvement program run by the state's department of health; the American Medical Directors Association's (AMDA) "We Care: Implementing Clinical Practice Guidelines"; and the many quality-improvement programs developed by other state long term care associations.



All of these initiatives have proven to be extremely valuable. The NHQI-related initiatives often involve facilitating collaborative workshops that inspire new ideas and the sharing of best practices, working with individual facilities to identify weak areas in processes, and providing clinical resources to promote quality of care.



consultants. It's part and parcel of a good continuous quality improvement (CQI) program.

Long term care providers can better plan for the future, while improving their clinical outcomes, productivity, process-and-cost efficiency, and public image all through carefully collected and analyzed data integrated with an ongoing CQI program.

The Missouri program focuses on sending gerontological nurses with advanced degrees and members of the University of Missouri School of Nursing faculty to nursing facilities that have asked for help in solving clinical problems. The AMDA program is designed to test its "Clinical Practice Guidelines" toolkits.

Many quality initiatives focus on the clinical side of quality, rather than on the operational elements that also have a direct impact on quality of life.

Clinical quality is important, says Bernie Dana, chairman of AHCAs quality improvement subcommittee, "but what we're all wrestling with in long term care is that we put a lot of focus on regulatory compliance and clinical performance—which is a piece of quality—but the greater focus has to be on creating a systematic approach to quality throughout the organization." The CMS quality measures are "very strictly focused on clinical outcomes and resident characteristics," says Dana. "They're not focused on organizational performance. They don't deal with turnover rates or measuring and improving resident and employee satisfaction."

And yet numerous studies have shown that these very things, among other operational processes, can dramatically affect patients' quality of life and care.

### Systematic Quality Improvement

Systematic quality means integrating data-driven quality measurement into every aspect of a facility, say quality

### The Importance Of Inclusiveness

Riverview Healthcare Community, Coventry, R.I., had already had a quality improvement program in place for some time when John Gage came back from CQI leadership training. "The biggest impact I saw was excitement from other departments that they were being asked to participate," says Gage, who is Riverview's administrator. "Quality improvement programs usually focus on management and clinical people. But when we started to ask housekeepers and maintenance people, they got excited. They identified issues. We had what we called Safety Week and set up a resident's room (without the resident in it) with all kinds of hazards for tripping and falling and other things, and some of the housekeepers had some of the best insights into the room's hazards. And including everyone in the effort produced good overall morale."

But it's not easy to accomplish. It's essential that a facility's leadership be thoroughly trained in and committed to the approach's values and concepts in what can be a challenging implementation.

CQI requires a culture change that infuses its values into an organization's mission and strategic planning, while also:

- Identifying all customers and their needs;
- Communicating with and involving the help of all staff—management, clinical, housekeeping, maintenance, food service—so that they are alert to potential quality problems;
- Empowering all employees to improve quality where they can;
- Encouraging staff to tell leadership about ideas for quality improvement;
- Regularly generating data to measure quality improvement;
- Openly reporting data results to staff so that they can see the results of their efforts;
- Publicly disclosing the quality efforts and improvement measurements to all customers;
- Setting regular quality improvement goals;
- Promoting continuous learning; and
- Collaborating with other health care providers and other organizations to establish best practices.

"And that has to begin with how leaders think about quality," says Dana, noting that CQI must also involve "engaging and empowering employees; training them to improve quality; focusing on customer satisfaction through a facility's mission statement and practices; managing by fact rather than assumption; and effectively gathering the right data, analyzing it, and incorporating it in the process of making decisions," he says.

### Leadership Training

The Rhode Island Health Care Association's (RIHCA) training program is "an intensive series of workshops that are extremely interactive," says John Gage, administrator of Riverview Healthcare Community in Coventry, R.I., and chair of RIHCA's Quality First Committee. "It involves a

lot of sharing of stories, what kind of roadblocks people run into with changing cultures, how to turn that around, and the importance of leadership in making sure it stays on track,” he says.

The first two workshops in the Rhode Island program are for directors of nursing (DONs) and administrators, both of whom must attend every session. The following sessions include representatives from facilities’ action teams. One session is exclusively for medical directors, DONs, and administrators, “to make sure the medical directors are on board, talk about what has been done so far, and talk a little bit about liability—though we don’t want to scare away the medical directors,” says Gage.

Each facility identifies a quality issue it faces, develops a team, is given homework, then later returns to say who has been included on the team, how it is structured, and what the team’s focus and goals are. “The feedback on the program has been wonderful,” says Gage, “and we’re now in the process of developing Level Two of that series.”

The American College of Health Care Administrators (ACHCA) is working to include more CQI leadership training within its curriculum, says ACHCA President and Chief Executive Officer Mary Tellis-Nayak.

“The goal of our education is to support the Quality First covenant—to assist our members to know how to look at data, turn it into information, and change processes to produce better outcomes; in short, to institute performance improvement,” she says.

### **Carefully Collected Data**

With systematically gathered information, providers can develop baseline data on a wide variety of systems to give action teams and leadership something concrete to measure improvement against—provided the original data-gathering methods are re-used, notes Vivien Tellis-Nayak, vice presi-

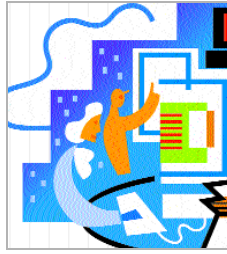
dent of research and development for InnerView.

With the right data, providers can enhance their public image, occupancy rates, and outcomes by identifying, analyzing, and defining ways to meet the customer needs that they consider most important. These same data can

also indicate which items are the best predictors of success, he says. Data can identify problem areas, allowing action teams and leadership to develop methods to improve those areas.

Family and staff satisfaction surveys appear to be especially important data-gathering tools. “Family, resident, and

staff satisfaction is an essential measure of quality of life, which has not yet been addressed by CMS,” says Vivien Tellis-Nayak. “But it cannot be ignored by administrators.”



Vivien Tellis-Nayak’s research has identified several top predictors of how well a facility will do in terms of quality of care, staffing, and bottom line. One is how families answer questions about their overall satisfaction and whether they would recommend the facility to others.

Another predictor is absenteeism—a measure of staff commitment—and another is how long the administrator and DON have been at the facility. “Regardless of how well-trained or motivated they are, the facility does better if [leaders] remain than if they are moved,” Vivien Tellis-Nayak says. “The leadership carries the burden of

quality on their backs. They create a culture of caring.”

Minnesota has been conducting customer satisfaction surveys for three years, says Pam Guyer, director of quality improvement and regulatory affairs at Care

Providers of Minnesota. “We do include [data] from facilities that use their own satisfaction surveys, although our research director ascertains which questions correlate with our survey,” she says.

The surveys are analyzed, and a report is generated for each facility that compares each element to the overall range and median of all participants.

“We have seen quality improvement over the three years, but we haven’t had that analyzed formally because this survey isn’t administered by an outside agency, and so it’s not scientifically

gathered,” Guyer says. “We are hoping that we might be able to contract with an outside agency next year.”

When data are gathered on a broad array of operational aspects, using their results can improve operational efficiency, reduce waste, cut costs, and improve productivity, says Guyer. But providers should not rely solely on data to resolve care- or outcomes-related concerns. Rather, they should seek the input of consumers and collaborate with private and public sectors to gather information and develop better approaches, she says.

### Reward High Achievers

To continuously boost employee morale, providers should establish a reward system for people who consistently meet or exceed performance standards in a way that results in better-quality services, some experts say.

This is also important to organizations promoting quality programs among their members. The Florida Health Care Association, which already has a quality award program, plans a further process for recognizing outstanding facilities based on:

- Length of services of certified nurse assistants, DONs, and administrators;
- Months without a substandard quality-of-care citation;
- Months without a complaint;
- Months with a deficiency-free environment; and
- Months with quality indicators that are below the statewide average.

AHCA’s Quality Award program has three steps and is based on the Baldrige National Quality Award criteria. Since its inception in 1996, nearly 1,500 applications for this award have been processed, and 370 facilities have qualified as recipients, including assisted living and intermediate care facilities for people with mental retardation.

Care Providers of Minnesota is just one of several state associations that are making customer satisfaction data available to the public. Care Providers

posts the data on its public Web site, says Guyer. The site “provides links to [facility-specific] pages that give details of some of the facilities’ quality measures, such as the results of the customer satisfaction survey,” she says.

“Once we enter the survey data on the facilities’ pages, it can’t be changed, but a facility can change the rest of its page and give information about its quality efforts,” Guyer says. “They can also post pictures of their facility, talk about their facility’s main components, give bed openings for discharge planners, or post job openings.”

### **A Challenging Task**

The prospect of implementing such a comprehensive program and culture change can be quite daunting. But facility leaders who have implemented it successfully say it works. One state facility’s CQI program eliminated a 30 percent spike in the number of patients with pressure ulcers; reduced use of nutritional supplements from \$5,700 per quarter to \$1,100; reduced mainte-

nance calls per patient per year from 13 to nine, saving \$60,000 per year; and virtually eliminated problems with missing personal laundry items.

Despite the challenges, implementing a CQI program is no longer a choice for long term care facilities, says David Schulke, executive vice president

of the American Health Quality Association. Dana concurs. “Having the elements of a quality management system formally in place won’t necessarily guarantee spectacular outcomes,” he says. “But a facility cannot achieve and sustain performance excellence without them.” ■

### **For More Information**

The following resources are available by visiting [www.ahca.org](http://www.ahca.org) and clicking on the “Quality First” site.

- “Conducting Satisfaction-Based Customer Surveys: A Guidebook for Long Term Care Providers” Focuses on practical implementation and provides the knowledge, process, and tools needed to launch a new assessment activity or re-engineer an existing activity.

- “Quality Management Integration in LTC.” Provides an innovative new model for making systemwide evaluations and lasting improvements in care provisions, management, and staff relationships.

- “Residents Have the Answers: Improving Quality of Life in Long Term Care.” Video and guide contain an easy-to-follow, four-step process for achieving a better quality of life for residents.