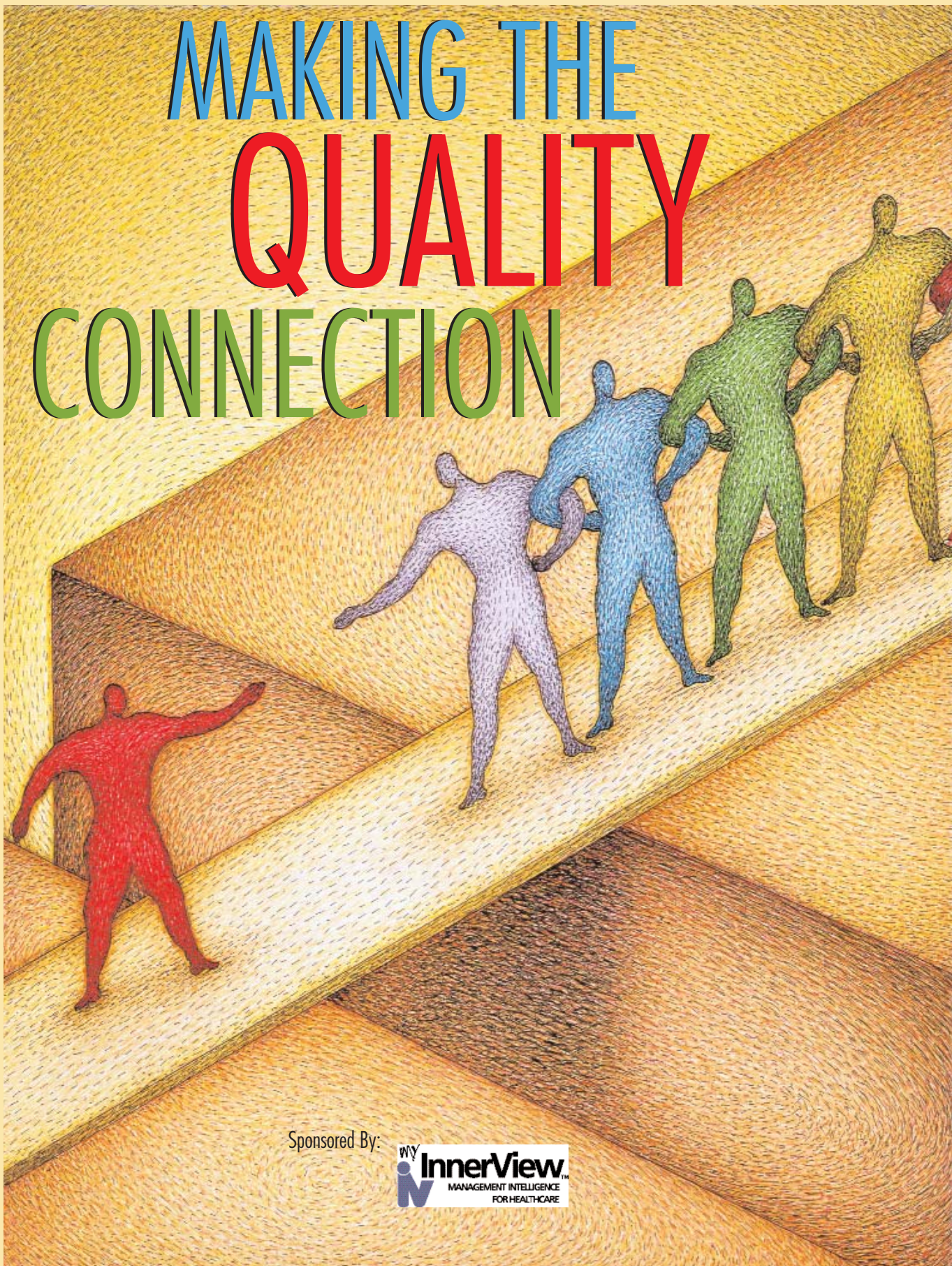


# MAKING THE QUALITY CONNECTION



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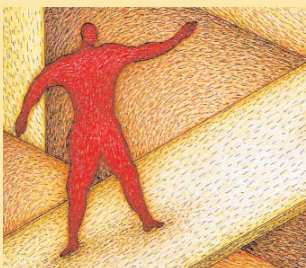
# DEFINING QUALITY

*What do residents, families, and employees really want?*

“More and more providers say the way we’ve thought about quality is becoming obsolete. It no longer serves the long term care profession well. It’s far too narrow,” says Neil Gulsvig, President of My InnerView Inc., which offers a Web-based quality management system that provides leaders in

skilled nursing, assisted living, and independent housing with tools to measure, benchmark, and improve performance.

“When you ask a family member or a resident what matters most to them, they don’t mention survey deficiencies,” Gulsvig continues. “State surveys tell you something about quality, but they don’t paint the whole picture. We need to ask ourselves some tough questions: What is it that residents, families, and employees really want? How can we meet their changing expectations? We need to start paying more attention to all the things that affect quality from their point of view,” he says. “As addressed by Quality First, there is the necessity to provide empirical evidence that we are providing a high level of quality in the care and services we provide.”



*Improved satisfaction for residents and families as well as employees are two of the six expected outcomes identified in the Quality First covenant. Leading professional organizations recommend that a customer/employee satisfaction survey tool be in place, as well as a process for conducting and analyzing the satisfaction survey at least annually, as a baseline.*

*But why is listening to residents, families, and employees so important? What do we learn from collecting that data?*

In recent years, the Centers for Medicare & Medicaid Services has broadened the quality paradigm by reporting about MDS-based quality indicators and quality measures in consumer report cards.

While this is an important advance on the clinical side, we need to keep in mind that these measures are not as predictive of satisfaction as other measures such as workforce performance (employee turnover, retention, and absenteeism).

## Did You Know ... ?

- Facilities with higher family satisfaction have lower nurse assistant turnover.
- Turnover among direct care workers is not only costly, it undermines your day-to-day operations. Because turnover impacts performance in many other areas, it is a critical driver of quality.
- Facilities with higher employee satisfaction have higher family satisfaction.
- Employee satisfaction and family satisfaction go hand in hand. Liability and workers’ compensation claims pose significant financial risks. Your risk exposures are better managed when you keep your employees and families satisfied.
- Facilities with higher satisfaction among families and employees have higher occupancy rates.
- Poor satisfaction threatens the financial viability of your organization. Families who select your facility based on its good reputation have higher satisfaction than those who select your facility for other reasons.
- Facilities with higher satisfaction among families and employees have better clinical outcomes related to falls, pressure ulcers, and catheters.
- Organizational processes that drive performance in one area are likely to impact performance in other areas. Providers that want to improve clinical outcomes can do so by focusing resources not only on clinical processes per se, but on other systems that drive overall performance.

## Quality Paradigm Emerges

This emerging new quality paradigm requires new approaches to collecting and disseminating information about organizational performance.

The new paradigm is more powerful because it recognizes the interdependence of key quality metrics across all organizational systems.

By looking at performance across interdependent systems (such as leadership, organizational culture, clinical processes, human resources, management practices, environmental design, operations, information systems, etc.),

providers can focus their resources on organizational processes that ultimately drive quality.

This three-part feature bridges the gap between research and practice.

**Part 1** reviews the current state of the science and state of the art when it comes to conducting satisfaction surveys in nursing facilities. **Part 2** looks at what's most important when it comes to keeping your families and employees satisfied. And **Part 3** describes how you can more effectively use information from your satisfaction surveys to improve performance.



# Part 1: The Value Of Feedback

Leslie A. Grant, Ph.D.

There is growing empirical evidence that shows just how important satisfaction among families and employees is to organizational performance in all areas—including clinical performance, workforce performance, and financial performance. A 2004 study entitled “Organizational Predictors of Family Satisfaction in Nursing Facilities” (written by this author) shows just how strong a correlation exists between family and employee satisfaction.

Consider this: A perfect correlation equals one. No correlation equals zero. If you measure your weight in pounds and kilograms, there is a perfect correlation between these two metrics. If you weigh twice as much in pounds, you will weigh twice as much in kilograms. Would you expect to

find perfect correlations when studying independent phenomena like family and employee satisfaction in nursing facilities? Probably not. But believe it or not, the correlation between quality of the work environment as reported by employees and the level of satisfaction reported by families is 0.99. That's essentially a perfect correlation—which is incredible!

Employees work-

ing in facilities with higher family satisfaction report that they have:

- Better work environments
- Better staff training
- Better staff supervision
- Better management.

All of these factors are critically important to keeping your employees satisfied. These factors are just as important to keeping your families satisfied because employee and family satisfaction go hand in hand.

## Key Predictors Of Organizational Performance

A correlational analysis of satisfaction and other perform-

**Facilities with higher family satisfaction** do better on certain performance metrics. Facilities with satisfied families have:

- More residents without falls
- More residents without acquired pressure ulcers
- More residents without acquired catheters
- Less CNA turnover
- Less nurse turnover
- More CNA stability (or longevity on the job)
- More nurse stability
- Less CNA absenteeism (i.e., fewer “no shows” or “call-ins”)
- Less nurse absenteeism
- Higher occupancy

**Facilities with higher employee satisfaction** do better on certain performance metrics. Facilities with satisfied employees have:

- More residents without falls
- More residents without acquired pressure ulcers
- More residents without acquired catheters
- Less nurse turnover
- More nurse stability
- Less CNA absenteeism
- Less nurse absenteeism
- Higher occupancy

ance metrics tracked by My InnerView's Quality Profile™ demonstrates that nearly all of the performance metrics are correlated with either family satisfaction, employee satisfaction, or both. Although the strength of the correlations vary, family and employee satisfaction are correlated with organizational performance in areas such as clinical performance, workforce

performance, and financial performance.

What this means is simple: Nursing homes with satisfied employees and satisfied families have better perform-

ance across the board. What is striking about these results is just how important workforce performance is to quality. Many of the same factors that underlie employee satisfaction also predict family satisfaction. These data underscore the importance of satisfaction since occupancy is correlated with both family and employee satisfaction. These data

provide empirical evidence for the interdependence of care systems that drive quality. Facilities with higher family satisfaction do better in terms of clinical, workforce, and financial performance. Each of these factors—like a single game piece in a spiral of dominoes—can have tremendous impact if performance in one system shifts.



## Part 2: Understanding Expectations

Leslie A. Grant, Ph.D.

Given the importance of satisfaction to your organization, how can you keep your residents, families, and employees satisfied? To explore this question, we analyze My InnerView's database for 2004. By the end of 2005, My InnerView's database will reflect feedback from over 100,000 family respondents and 100,000 employee respondents in 49 states and the District of Columbia.

A correlational analysis identifies those factors that make the biggest difference when it comes to families recommending a nursing facility to others. For employees, we identify those factors that matter the most when it comes to employees recommend-

ing the nursing facility as a place to work. How families and employees recommend the facility to others is generally considered the best indicator of "global" satisfaction.

### Getting Positive Employee Recommendations

Factors related to positive employee recommendations of the facility as a place to work are listed from 1 (most pre-

dictive) to 18 (least predictive). Factors highest on the list have the strongest correlations with positive employee recommendations, while those lowest on the list have the weakest correlations.

It's interesting to see that management tops the list when it comes to getting good employee recommendations. It matters whether management cares about their employees and actually listens.

Also at the top of the list are three factors dealing with supervision—supervisors care, show an appreciation for a job well done, and provide important work-related information. Employees also feel they need training to deal with difficult residents and families.

If you want to keep your staff satisfied, you will do well to focus your efforts on developing a management team with

### What Matters Most To Families

1. Staff is competent
2. Staff cares about resident
3. Quality of care by nursing (RNs/LVNs/LPNs)
4. Resident's choices and preferences are met
5. Management responds to suggestions and concerns
6. Quality of care by nurse assistants (CNAs/NAs)
7. Staff treat resident with respect
8. Adequate number of nursing staff to meet needs
9. Facility is safe for resident
10. Opportunities for friendships with staff
11. Room and surroundings are clean
12. Resident is groomed
13. Resident and family are kept informed
14. Quality of resident's dining experience
15. Security of resident's personal belongings
16. Resident's need for privacy is met
17. Quality of laundry services
18. Meaningful activities are offered
19. Quality of rehabilitation therapy
20. Opportunities for friendships with other residents
21. Quality of meals
22. Resident's religious and spiritual needs are met

### What Matters Most To Employees

1. Management cares about employees
2. Management listens to employees
3. Help with job stress or burnout
4. Workplace is safe
5. Supervisor cares about you as a person
6. Supervisor shows appreciation for job well done
7. Supervisor gives you important information
8. Adequate equipment and supplies provided
9. Training to deal with difficult families
10. Training to deal with difficult residents
11. Performance evaluations done with fairness
12. Staff communicate between shifts
13. Staff given orientation to do their job
14. Pay comparison to other facilities
15. Staff given in-service training
16. Work makes a difference in people's lives
17. Staff treat residents with respect
18. Co-workers work together as team

good interpersonal and supervisory skills. Interestingly, competitive pay comes in at 14 out of 18 factors. This research shows that pay is important, but it's not just about pay. Far more important are factors related to having supportive human-resource management practices related to your top management team and supervisory staff.

### Getting Positive Family Recommendations

Factors associated with getting positive family recommendations are listed from those most correlated with positive family recommendations to those least correlated with positive family recommendations.

Many factors found most important to good family recommendations are related to staff: competency, caring

about the resident, meeting choices and preferences, responding to concerns, and being respectful. Global family satisfaction is largely driven by factors related to staffing issues.

For satisfied families, efforts should focus on recruiting competent employees (especially nurses and nurse assistants) who care about their work and can have good relationships with residents.

Interestingly, four of the top 10 factors—choice, respect, safety, and friendships—are all related to quality of life.

These findings underscore the fact that quality from the perspective of families is not based on a single objective factor. Families take multiple factors into account when recommending your facility to others.



## Part 3: Improving Satisfaction

*Sandra J. Potthoff, Ph.D., and Janice Gulsvig, RN, BSN*

Let's say you've completed satisfaction surveys of your residents, families, or employees. You now have your feedback report in hand showing your survey results. So what are the specific actions you can take to improve resident, family, and employee satisfaction? A look at the basic steps in effective problem solving can help identify opportunities for improving satisfaction.

### STEP 1: Interpret your feedback report with your leadership team and quality assurance committee.

Feedback reports of satisfaction survey results help you understand your organizational strengths and where opportunities exist for improvement. Your leadership team and quality assurance committee must interpret what the report is telling you about your organization. Most reports show the percentage of respondents that score your facility using a specific range (for example, from poor to excellent) on each survey item.

To identify where you are doing well, look for items that show high satisfaction; for example, a large percentage of respondents responded "excellent." To identify opportunities for improvement, look for items that show low satisfaction (for example, a small percentage of respondents answered "excellent," or a large percentage answered "poor"). If you have set performance targets for your facility, look for those areas where your performance is falling short of your targets.

If the company that helped you conduct your satisfaction surveys has data from other facilities, you may be

provided with benchmarking data for each item, showing how your performance compares to your peer facilities. Look for items that show that you are performing better than peer facilities to which you are being compared; also look for items that show you are performing worse.

When you have completed interpreting your feedback report, you should have identified the top items for your facility's quality improvement efforts. Based on your interpretation, you should create a document that summarizes those items where your facility is doing well, as well as items where your facility needs improvement.

### STEP 2: Prioritize your improvement efforts.

Based on the list of areas where improvement is warranted, prioritize which areas your organization will tackle first. Improvement cannot be achieved unless the organization focuses on a few key areas at a time.

There are a number of criteria that can be used to determine where to focus your efforts. Clearly, priority for action will be driven by your organization's strategic quality goals. Other criteria can include choosing an area that looks like it would be easiest to fix so that a quick success can energize staff, residents, and families for future improvement efforts. Or, one could choose to first work on an area that is most problematic in your organization. If some areas are highly correlated with global or overall satisfaction, this can be another criteria used to prioritize your actions.

Finally, identifying available resources for quality improvement efforts can determine the priority.

At the conclusion of this step, you should have a prioritized list of what your organization will be working on.

**STEP 3:** *Share results with staff, residents, families, and board.*

Your staff, residents, and families need to understand that the input they provided by completing the surveys has been heard and is being used to plan improvements in the facility. Prepare a brief, factual presentation and hand-out based on your feedback report and action priority list that can be shared with your staff, residents, families, and board.

Address the following questions:

- What are the strengths in our organization that we should celebrate?
- What are the areas in which we need to improve, and how have we prioritized them?
- Where do we want to be relative to where we are today?
- How will we get there in our improvement process?
- What ideas do you have for addressing our needs?

Use the sharing process as a means to solicit feedback and gather ideas, not as a one-way communication to solely inform your stakeholders.

**STEP 4:** *Obtain input from staff, residents, families, and stakeholders.*

Feedback reports do not identify the reason your organization is performing poorly on an item. Until you understand why a problem exists, you can't implement solutions that will address the root causes of the problem.

Understanding why requires more in-depth investigation by talking with those who are closest to the process—residents, families, employees, and other relevant stakeholders. Having an outside person conduct the focus groups is beneficial so that participants feel completely free to express their opinions.

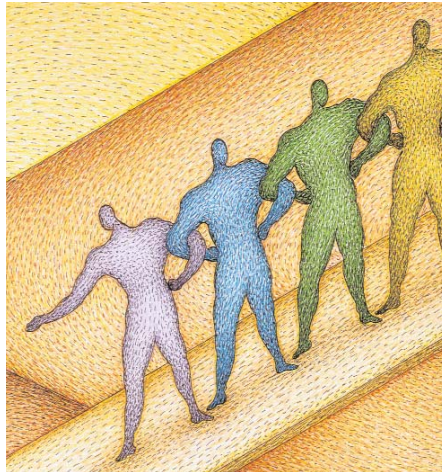
Focus groups that ask participants to identify symptoms, causes, and potential solutions are useful in understanding why you are scoring poorly.

For example, let's say your survey results show that your facility is scoring poorly on its dining experience and quality of meals. Focus groups with residents and families can help identify the symptoms (meals are cold, not enough variety in the menu, food service staff not friendly, etc.). Participants can give their perceptions of the potential causes (inoperable equipment, not enough staff, lack of training, etc.) and suggest alternative solutions (repair

equipment, schedule staff at appropriate times, review food service educational materials).

Using the feedback from the focus group, a team of staff knowledgeable about the processes involved in meals and the dining experience can then identify potential root causes by asking why that symptom exists. This team should ask why again for each answer they are given to get to the most likely potential root causes.

For some problems, feedback obtained from the focus groups may provide the leadership team with enough information to move forward on piloting and implementing solutions without more in-depth analysis. For example, if equipment prevents meals from being served hot, it should be fixed immediately.



**STEP 5:** *Identify causes, and develop and implement solutions.*

Form a team of staff knowledgeable about the area targeted for improvement. If the team is not trained in basic quality-improvement methods, a trained team leader may be needed to facilitate the improvement effort.

The team's charge is to investigate the potential root causes that have been identified with more in-depth data gathering. Thinking back to the example on meals, is there a problem with all meals being cold or just particular meals? Is the problem with cold meals caused by the way the food is served? Is it caused by the way the residents are brought to the dining room? Once the team has documented root causes, potential solutions should be tested and implemented.

To avoid "paralysis by analysis," the team should pilot solutions quickly to learn what works and what doesn't, rather than spend months collecting data and planning elaborate solutions that may not be feasible. For example, if a solution to improve the dining experience is to change the process by which residents are brought to the dining room, work with a small group of residents to pilot-test the solution to learn if the process is feasible.

Since small changes in one system are likely to impact other systems, pay close attention to any new glitches in the process, and identify new solutions to resolve them.

When the solution is ready to be implemented full-scale, a work plan and communications plan should be developed and shared with staff and residents to ensure everyone understands what the changes entail. Typically, staff want to know how changes in organizational processes affect their job duties; residents want to know how change impacts their daily lives.

## STEP 6: Monitor your results.

Once new processes are in place, it is important to solicit feedback from residents and employees to identify potential problems. Conduct audits to determine if the solution is fixing the problem. For some solutions, there may be a lag time before effects can be measured. Be sure to communicate successes. Congratulate staff and residents for their hard work or efforts. Once the solution is proven, make it a standard practice. Procedures, protocols, and policies should be documented, including a process for ongoing monitoring.

### Celebrate Your Successes

If you are successful in implementing and sustaining the improvements, your next satisfaction feedback report should show improved scores in the areas in which you focused your quality-improvement efforts. As you empow-

er your organization to take action and provide the necessary resources for improvement efforts, you create a culture of excellence that demonstrates a commitment to quality at all levels of your organization. ■

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*This article was written by DR. LESLIE A. GRANT, PH.D., SANDRA J. POTTHOFF, PH.D., and JANICE GULSVIG, RN, BSN. Grant is Associate Professor of Healthcare Management in the Carlson School of Management at the University of Minnesota and Director of the Center for Aging Services Management. Pottboff is Associate Professor of Healthcare Management and Director of the Master of Healthcare Administration Program in the Carlson School of Management at the University of Minnesota. Gulsvig is Vice President of Operations for My InnerView. The article was based on data generated by My InnerView from 2004 surveys of nursing home family members and employees.*

## Case Study

The Georgia Quality Initiative was formed in 2003 to bring together a number of long term care stakeholders to support quality-improvement efforts throughout Georgia. My InnerView conducted a statewide survey of employees in October 2003 and again in October 2004.

The feedback reports from the 2003 employee satisfaction surveys identified supervisory skills as an area where opportunities for quality improvement existed. In response, AARP sponsored a series of half-day training sessions aimed at supervisory-skills development at locations throughout the state. Supervisory staff from 340 out of 348 Georgia nursing facilities attended these sessions.

The 2004 employee satisfaction survey reports showed statistically significant improvements in supervisory skills throughout the state. Significant improvements were seen statistically in two other areas of employee satisfaction: 1.) How performance evaluations are completed; and 2.) How employees are supported in dealing with job stress and burnout.

Between 2003 and 2004, dramatic improvements were seen in the retention rates for CNAs. In September 2003, 61% of nurse assistants had been on the job for at least one year. By September 2004, 65% had been working for at least one year. Clinical metrics also

showed positive trends. “Overall I believe that Georgia caregivers are doing a better job on the measures we consider critical for quality of care in a nursing home,” says Neil L. Pruitt Jr., Chairman of the Georgia Nursing Home Association board. “What this means is that we are seeing more stability with our CNAs, less

reliance on restraints, reduced incidence of weight loss, and fewer residents acquiring catheters. We feel these findings, in addition to high family satisfaction ratings, are very important developments.”

“We recognized that all the stakeholders in Georgia’s nursing home community would have to work together for real, sustained improvements to occur in our nursing homes,” says Tim Burgess, Commissioner, Department of

Community Health. “By focusing on key performance indicators, the profession in Georgia has a solid foundation on which to continue to improve the quality of care and quality of life for nursing home residents.”

The Georgia experience demonstrates how one state went about improving supervisory skills among frontline staff. The impact of this initiative on employee satisfaction, workforce performance, and clinical performance illustrates how the principles of evidence-based management can be used to improve organizational performance throughout an entire state like Georgia.

*‘We recognized that all the stakeholders in Georgia’s nursing home community would have to work together for real, sustained improvements to occur in our nursing homes.’*