

Bridging from Bronze to Silver...Continuing the Journey

Sandy Kingsley, Director of QAPI, Wilmac Corp.
Silver Quality Award Examiner
Dawn Murr-Davidson, Director of Quality Initiatives, PHCA
Silver Quality Award Examiner



Why should my organization take the next step in the Quality Award Journey?

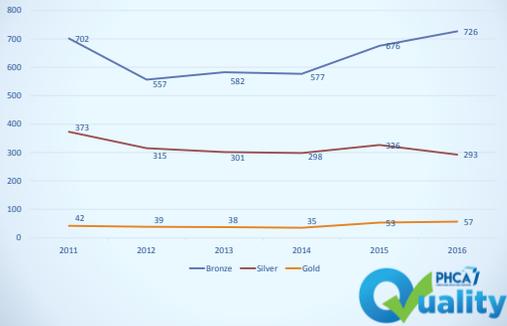


Quality Award Program Value Proposition

- Silver and Gold Quality Award recipients demonstrate better results than peers:
 - Five Star Rating
 - Health Outcomes
 - Financial Performance



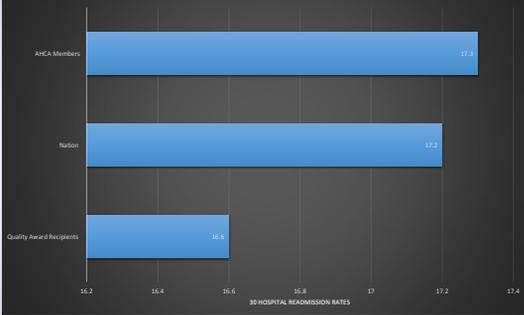
Total Number of Applications

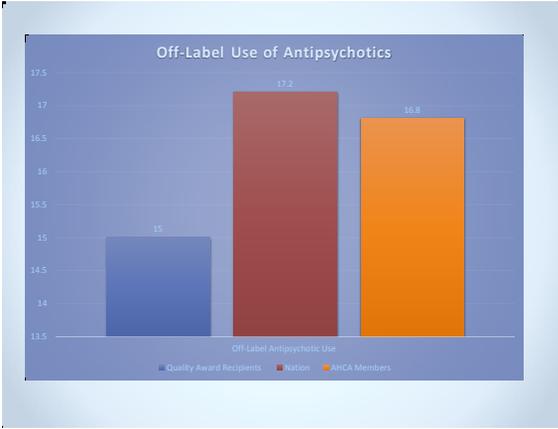


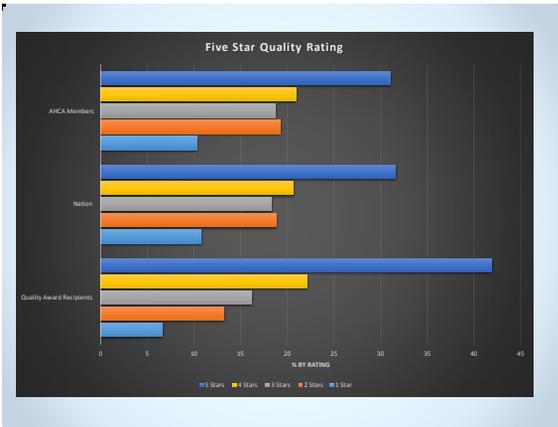
Number of Recipients

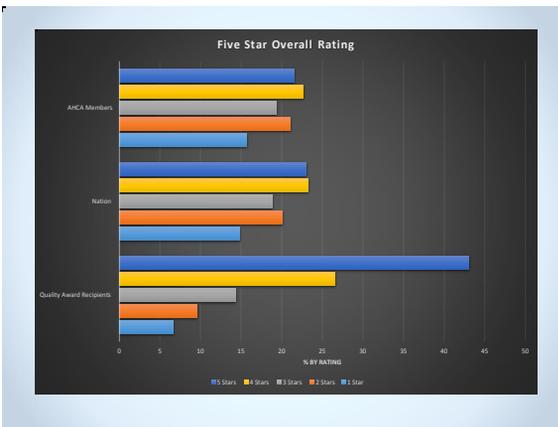


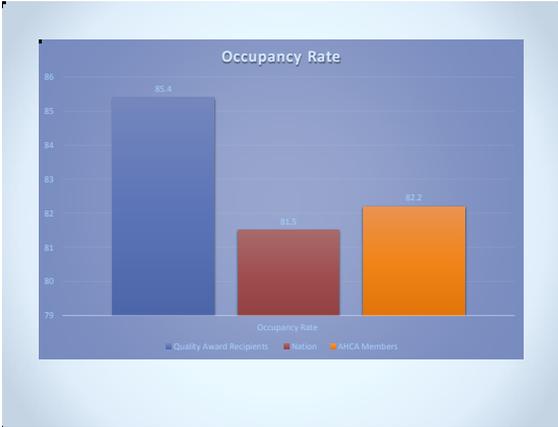
30 Day Hospital Readmissions



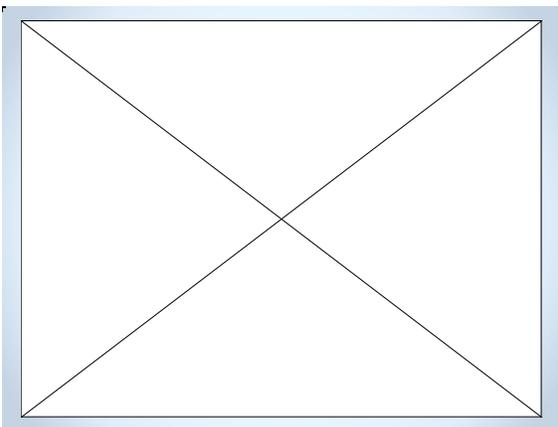


















Seven Critical Aspects of Baldrige



Six of Seven Critical Aspects are Interrelated Processes
 Seventh Aspect focus on Results

Note: These critical aspects are known as the Core Elements on the Silver Application

Baldrige Focus Areas

- **Core Values and Concepts:** Baldrige is based on a set of beliefs and behaviors which serve as the foundation for integrating key performance and operational requirements with a results-oriented framework that creates a basis for action, feedback and ongoing success.
- **Processes:** Methods your organization uses to accomplish work.
- **Results:** Three pronged approach to examining results
 - External View
 - Internal View
 - Future View
- **Linkages:** An essential element for understanding the connection between the Health Care Criteria categories.



Core Values and Concepts

- Systems perspective
- Visionary leadership
- Resident-focused excellence
- Valuing people
- Organizational learning and agility
- Focus on success
- Managing for innovation
- Management by fact
- Societal responsibility and community health
- Ethics and transparency
- Delivering value and results



Note: These core values and concepts are questions throughout the Silver Application



The Four Dimensions of Process

- **Approach:** How does your organization go about designing and selecting effective processes methods and measures?
- **Deployment:** How does your organization go about implementing your approach consistently across the organization?
- **Learning:** How does your organization assess progress and capture new knowledge, including looking for opportunities for improvement and innovation? Does your organization review its processes?
- **Integration:** How does your approach align with the needs of the organization ensuring that measures, information and improvement systems complement each other across the processes and work units to achieve organizational goals?

Note: These are the scoring criteria for each core element in the Silver Application



Results

- Results include all areas important to your organization
- There are four dimensions to evaluating results:
 - Levels: Current performance on a meaningful measurement scale
 - Trends: The direction and rate of change of your results
 - Comparisons: Performance relative to that of other, appropriate organizations such as competitors or organizations similar to yours and to benchmarks or health care industry leaders
 - Integration:
 - Are the results being tracked meaningful to the organization?
 - Are the results being utilized to support organizational goals and to revise plans?

**RESULTS
MATTER**



Results: Key Terms

- **Fact-Based:** Data and information driven
 - Examiners need to validate results based on information in the application
- **Systematic:**
 - Consistent and repeatable
 - Based on data
 - Provide opportunity for evaluation, improvement, innovation and knowledge sharing
- **Effective:** Refers to the extent to which a process addresses (or appears to address) its intended purpose
 - Examiners determine whether the process is likely to do what the criteria require
- **Learning:** Refers to acquiring of new knowledge through fact-based evaluation which leads to value-added cycles of improvement and innovation



Linkages

- Linking the criteria categories are an essential element of the systems perspective
 - Examples:
 - Do processes connect to results?
 - Is the need for data in the strategic planning process identified for improving operations?
 - Is there a connection between the strategic plan and the workforce plan?
 - Is there a link between market knowledge and the strategic plan?
 - Does the resident and other key stakeholder data establish action plans?



Step 2: Self-Assessment



Self-Assessment Overview

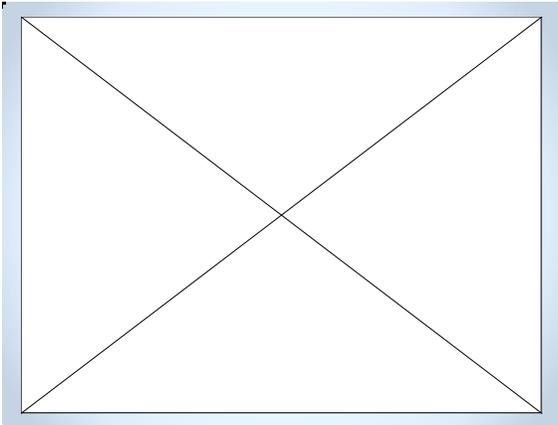
- Self-assessment as an organization is important or we can end up like this picture.
- AHCA/NCAL is piloting a self-assessment
- The self-assessment consists of several sections
- Today we are providing an overview of a few sample questions
- The Self-Assessment will serve as the foundation for the PHCA Silver Workshop



Self-Assessment Questions

- ✓ Organization has successfully achieved the Bronze Level Award
- ✓ Organization is a member in good standing with AHCA/NCAL





Category 2: Strategy

- Category examines HOW your organization develops STRATEGIC OBJECTIVES and ACTION PLANS, implements them and MEASURES progress.
- Basic Item:
 - How do you develop strategy?
- Overall Item Requirement:
 - Do you presently have written strategic objectives, related to goals and a timetable for achieving them?
 - Do these Strategic objectives specifically link to or address the strategic challenges of your organization?
 - Can you show evidence of evaluation of the strategy development process itself?



Category 2: Strategy Considerations

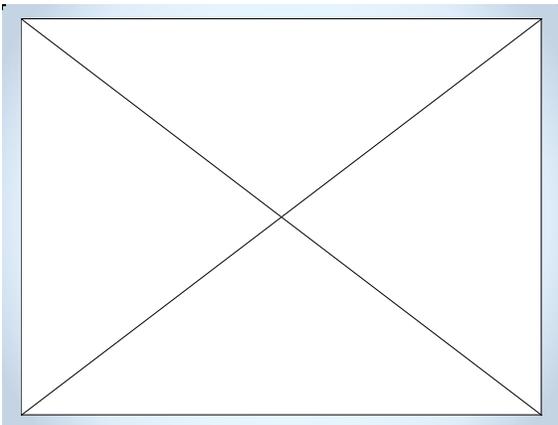
- Deals with the overall organizational strategy
- Might include changes in HEALTH CARE SERVICE offerings, PROCESSES for patients and/or other CUSTOMER ENGAGEMENT
- Describe the methods used to evaluate and improve the effectiveness of the strategy development process
- Strategy development refers to your organization's APPROACH to preparing for the future.
- STRATEGIC OBJECTIVES define in measurable terms what the organization needs to achieve to be successful and should focus on specific challenges, advantages and opportunities most important to the organization.



Category 2 Example

Strategic Objective 2.1a	Goals 2.1a	Action Plan 2.2b	Measure 2.2b	Fig. #	Projection 2.2c
Achieve excellent quality results	AKOH quality measures will be at or below all state and national benchmarks.	QMs will be reviewed monthly by senior leadership and QA process will be employed to mitigate any negative trends or isolated incidents.	QM MGS 3.0 Casper reporting results	7.1.1 7.1.2 7.1.3 7.1.4 7.1.5	At or below national benchmark in 4 out of 5 key areas
Achieve excellent customer and family satisfaction results	Customer satisfaction surveys will maintain a 90% or higher satisfaction rating	ABAQIS surveys will be reviewed as completed and analyzed during monthly QA	Customer Satisfaction survey results	7.2.1	90% or more Positive trend over past 3 years.
	ABAQIS survey results to exceed 90% satisfaction and above national benchmarks	ABAQIS surveys will be reviewed as completed and analyzed during monthly QA	ABAQIS survey results	7.2.2	90% or more Positive trend since implementation
Be the employer of choice in our	Maintain 25% or less Turnover and	Monthly QA all voluntary and	Turnover and Retention Rates	7.2.2.1 7.2.2.2	Trending at 25% and 80%

Application Writing Tip: Use of Tables is very valuable and many times can assist the examiner, BUT it is important to follow the technical guidelines for table usage.



Category 4: Measurement, Analysis and Improvement

- Category examines HOW the organization measures, analyzes and then improves the organizational PERFORMANCE
- Basic Item Requirement:
 - How do the organization measure and analyze and then improve organizational performance?
- Overall Item Requirement
 - How do you use DATA (and information) to track daily operations and analyze overall organizational PERFORMANCE?
 - How do you use COMPARATIVE DATA?
 - How do you review and improve your organization's PERFORMANCE?
 - What are your KEY PERFORMANCE MEASURES?



Category 4: Measurement, Analysis, and Improvement Considerations

- Describe the methods used to evaluate and improve the effectiveness of the measurement, analysis and organizational performance improvement process
- Performance analysis includes:
 - Examining PERFORMANCE TRENDS—organizational, health care industry, and comparisons; cause and effect relationships and correlations
 - Analysis should support performance reviews, help determine root causes and help set priorities for resource use
 - DATA and information from the review of organizational PERFORMANCE should be used to support fact-based decisions
- Organizational Performance review should include KEY PERFORMANCE RESULTS, including those related to STRATEGIC OBJECTIVES and ACTION PLANS



Key performance results should be reported in Category 7.



Category 4: Example

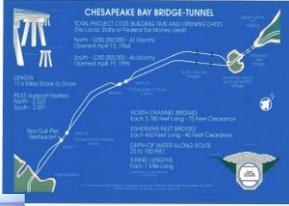
4.1.a. AROH measures, analyzes, reviews and improves performance through the use of data and information at all levels and in all parts of our organization during annual strategic planning, monthly QA meetings, and during daily stand up meetings. The data reporting tools and benchmarks for performance improvement are established during the initial launch of a PDSA during the QA process by the senior leadership team (see table P.1.b 3 and 2-1). The data and information is reviewed monthly during QA meetings to ensure that they are relevant and useful and the measures and sources are appropriate to measure improvement. For example, the senior leadership team determined that utilizing monthly staff turnover reports and annual satisfaction surveys were the best method and reporting tools to measure employee satisfaction and engagement. Other data could be analyzed including employee exit interviews and reasons for terminations to determine root cause and develop action plans, but the actual trending of satisfaction would be based on the overall turnover percentage. AROH also considers that outside information is highly important for benchmarking quality and improvement throughout an organization and industry. Therefore, we utilize QHCA trendtracker, CMS nursing home compare, MDS 3.0 quality measures and other non-Avarene sources to measure and trend our process and quality improvement.



- Spelling is not marked down on an application, but does impact the Examiners overall impression during review. Proof reading, proof reading, proof reading.
- Follow Technical requirements on the use of ACRONYMS or Spell Out



Step 3: Formulate a Plan



Step 3: Formulate a Plan

- Start Early
- Read the Application
- Conduct a Self-Assessment
 - Remember the Journey
- Utilize a Team Approach
- Create an Action Plan
- Mark Calendars and Stay on Track
- Utilize the videos available on the AHCA Web Site
- Attend the PHCA Workshop



Application Overview

- Elements of the Application
 - Organization Profile
 - Six Baldrige Interrelated Process Categories
 - Seventh Baldrige Category—Results, Results, Results
- Review Application Deadlines and Fees
 - Page 4 of the Application Booklet
 - Intent to Apply Deadline: Thursday, November 17, 2016 at 8pm EST
 - Application and Payment Deadline: Thursday, January 26, 2017 at 8pm EST
- Review Application Policies and Eligibility
 - Page 6 of the Application Booklet
- Review Submission Process
 - Page 15 of the Application Booklet



Step 4: Results, Results, Results

Key Takeaway: The amount and quality of results reported have a significant impact on the score.

**RESULTS
MATTER**



Four Dimensions of Results

- **Levels:** Current performance on a meaningful measurement scale
- **Trends:** The direction and rate of change of your results
- **Comparisons:** Performance relative to that of other, appropriate organizations such as competitors or organizations similar to yours and to benchmarks or health care industry leaders
- **Integration:** Results being tracked are meaningful for the organization and support organizational goals with consideration to revisions in plan if required



Concepts Utilized to Evaluate Results

- **Importance:** Do the results reported address important requirements identified in the Organizational Profile and Process Items?
- **Levels:** Is current performance on a meaningful measurement scale?
- **Trends:** What is the direction and rate of change in results?
- **Comparison:** Is the performance relative to that of other appropriate organizations and to benchmarks or industry leaders?

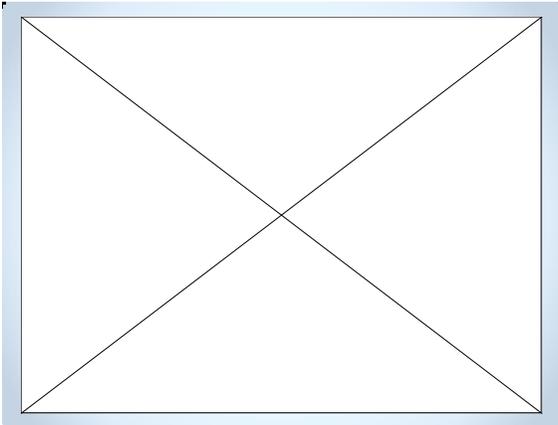


2017 Criteria

Silver applicants are required to report on 10 specific measures in the Results Section

- 30-Day Rehospitalization
- Antipsychotic Rate
- 5-Star Quality Measure Rating
- Overall Customer Satisfaction
- Customer Willingness to Recommend to Others
- Staff Turnover/Retention
- 5 Star—Staffing Measure Rating
- 5 Star Overall Rating
- 5 Star—Survey Measure Rating
- Financial and/or market Results connected to a center's organizational profile





Category 7: Results

- **7.3 Workforce-Focused Results** examine organization results such as **WORKFORCE** environment and/or **WORKFORCE ENGAGEMENT**.
- **Basic Item Requirement:**
 - What are your workforce focused **PERFORMANCE** results?
- **Overall item Requirement:**
 - Provide at least the two required **KEY** work-force focused **RESULTS**, including **WORKFORCE** environment and/or **WORKFORCE ENGAGEMENT**, include comparative data as appropriate.



Category 7.3 Considerations

- Results reported should relate to PROCESSES described in Category 5
- Workforce RESULTS reported in this item should relate to WORKFORCE groups and segments discussed in P.1.a(3)
- Sources of comparative data must be identified

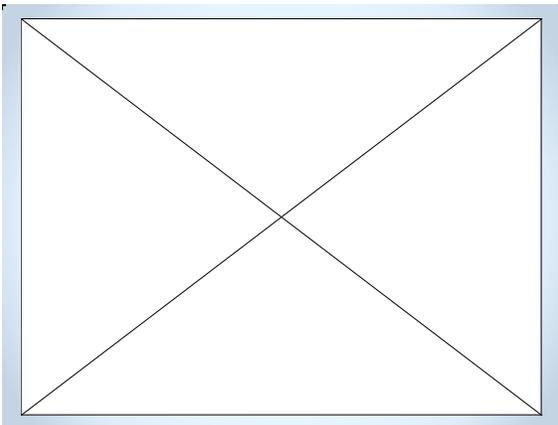


Category 7.3 Example

Pg 7.2.2.3 Employee Results of Satisfaction Survey			
ABOUT MY SUPERVISOR	2010	2011	2012
My direct supervisor participates in promoting my self development	61	81	87
My direct supervisor communicates valuable performance feedback	63	88	86
My direct supervisor is an effective leader	67	90	85
My direct supervisor cares about listening to the concerns of staff	64	88	84
My performance evaluation is completed timely	60	79	84
My direct supervisor provides appropriate recognition when I excel	68	89	89
My direct supervisor treats me with dignity and respect	71	92	89
ABOUT MY JOB	2010	2011	2012
I feel that I am learning and growing on the job	61	88	87
I feel that we provide high levels of service to our residents	59	91	92
I feel that I/we have adequate resources to do my job	32	63	80
I know what is expected of me in my position	60	95	89
I received adequate job specific orientation	48	95	90
I received adequate general orientation	52	89	87

What is missing in this example?





Category 7: Results

- Item 7.5 Financial and/or Market Results examines the financial and/or organizational results.
- Basic Item Requirement:
 - What are your financial and/or marketplace PERFORMANCE RESULTS?
- Overall Item Requirements:
 - Provide at least two of your KEY financial and/or marketplace PERFORMANCE RESULTS by market SEGMENT, include comparative DATA.



Category 7.5 Considerations

- Responses might include aggregate MEASURES of financial return, such as return on investment (ROI), operating margins, profitability or profitibility by market
- Measures of financial viability, such as liquidity, debt to equity ratio, days cash on hand, asset utilization, cash flow and bond ratings might also be included as appropriate.
- Marketplace performance results might include market share or position, market growth and new markets entered.



Comparative data source must be identified.



Step 5: Avoid Common Pitfalls

- Follow the Technical Requirements
- Utilize the Online Application Form Checklist
 - Pages 16-18 in the Application Booklet
- Refer to the Guidelines, Key Terms and Glossary
- Review the Guidelines for Responding to Process items
 - Page 21-22
- Review the Guidelines for Responding to Result Items
 - Page 22-25
 - Explain Results
 - Include Comparative Data
- Assume the examiner does not understand your organization or healthcare



Recap of Five Steps to Build the Bridge from Bronze to Silver

- Learn about the Baldrige Framework
 - The Quality Award process is a journey
- Complete a Self-Assessment
 - Readiness for Applying
 - Learning as a criteria for scoring
- Remember Results Matter
- Avoid Common Pitfalls
- Formulate a Plan
 - Next Steps



Next Steps

- Start now
 - Know your AHCA Web Site Access
 - Applications are available
 - Watch for AHCA Video Series on Silver Awards (Soon to be released)
 - Register for PHCA Silver Award Workshop
- Review the Technical Requirements
- Translate the Bronze Application (Organizational Profile) into the Organizational Profile for the Silver Application
 - Revise and update elements and reflect current state of the organization
 - Respond to remaining organizational profile questions
- Create an action plan

NOTE: If a prior Silver Award Application was submitted refer to the feedback report.



The Journey of Two Bridges