

Quality and Quality Awards

A Baldrige-Based Approach

Alana M. Wolfe- AHCA/NCAL National Award Program Master
Examiner and Board of Overseers Chair
National Director of Performance Excellence- Sunrise Senior
Living

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Financial Disclosure

I have served as a paid Appeal Reviewer within the past 2 years.

I have no conflicts of interest to disclose.

I have no financial interest in any product or service discussed in this presentation.

Alana M. Wolfe

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Learning Objectives

1. Recognize the Category criteria concepts and content.
2. Identify Best Practices for Centers and Quality Award applications
3. Identify your center's approaches and where they are applicable within the application.
4. Understand the requirements for description of your processes.



From Bronze to Silver to Gold

The first step in the National Quality Award Program is the Bronze application, also known as the Organizational Profile, which describes the key business factors of your organization.

The second step in the National Quality Award Program is the Silver – Achievement in Quality Award. A requirement of the program is to receive a Bronze – Commitment to Quality Award before applying at the Silver level. At this level, applicants continue to learn and develop effective approaches that help improve performance and health care outcomes. The Silver guidelines are based on the Baldrige Health Care Criteria for Performance Excellence. In addition to the Organizational Profile, applicants provide a thorough assessment of their systematic approaches and the deployment of these approaches. The Silver program provides a clear pathway for recipients moving to the Gold – Excellence in Quality Award.



Why the QA Journey?



- Sunrise Senior Living Initiative
- Baldrige Criteria of Performance Excellence – assess our performance
- Means to differentiate our community in an extremely competitive market

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Sunrise of Gurnee- 2018 Gold AL Recipient



2014 QAPI Rollout
2015 Bronze Award
2016 Silver Award
2017 Gold Preparation
2018 Gold Application

Learnings Along the Way:

Strategic Challenges/Advantages
Documented Strategic Plan
Leadership Succession Planning
Stand Up Agenda Revision
Resident Council Satisfaction Progress Reviews
Buddy System for Team Members
External Comparisons for TM and Experience
Survey Results

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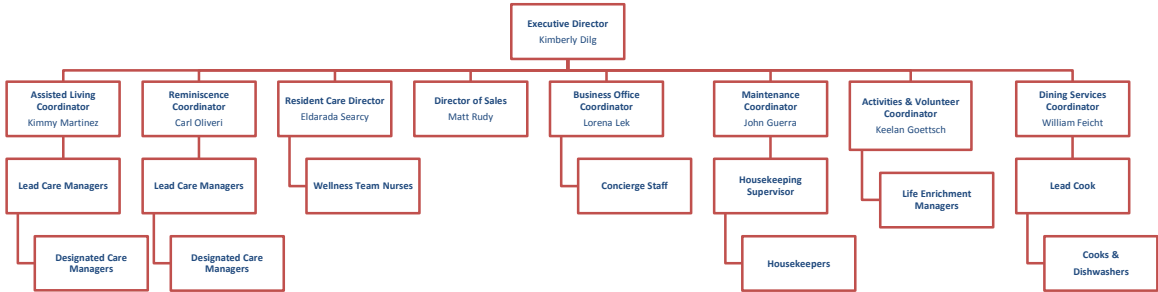
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An Amazing Team- 80 members



KEY BENEFITS

Increased Understanding and Value of Metrics	Team Engagement	Celebrating Achievements	Structure of Baldrige Framework
<p>“Measure what you manage, manage what you measure”</p>	<ul style="list-style-type: none"> • Introduction of QAPI • Training • Application of Knowledge • Driven by results/outcomes 	<ul style="list-style-type: none"> • Increased Satisfaction • Contributing Viable Solutions – Joy in Service • Differentiator/leader in providing “best in class” care • Servant leadership 	<ul style="list-style-type: none"> • Leadership • Strategy • Customer Experience • Work Force • Operations • Results



External Market	Improved Methods	APIE – Embedded in our Culture	ADLI
<ul style="list-style-type: none"> • Recognition as a leader • Curiosity about our culture and processes • Influential in customer buying decisions • Increased exposure and awareness to professional partners 	<ul style="list-style-type: none"> • Gathering data • Retaining / organizing • Analyzing metrics • Accessibility • Trending for comparisons 	<ul style="list-style-type: none"> • Assessment • Planning • Implementation • Evaluation <div data-bbox="768 625 901 761" style="text-align: center;"> </div>	<ul style="list-style-type: none"> • Approach • Deployment • Learning • Integration

4. Measurement, Analysis, and Knowledge Management

IMPROVEMENT AND KNOWLEDGE ASSETS

4.1 Measurement, Analysis, and Improvement

Basic—Basic response that may include introduction to overall responses below.

- Use data to measure organizational performance
- Use data to analyze organizational performance
- Use data to improve organizational performance

Overall

- Key performance measures to track daily operations
- Key performance measures for track overall organizational performance
- Review organizational performance
- Use review findings to identify priorities for improvement
- Use comparative data

Learning - Evaluate and improve the requirements above



Key Performance Measures

Figure 4.1-2 Key Organizational Performance Measures

People	Product	Profit
TM Turnover (M) TM Satisfaction (A) TM Retention/Development (M) TM Incidents (M) TM Training Compliance (M) Resident/Family Satisfaction (A) Resident/Family Concerns (D) Formal Grievances (D)	Falls (W) Wounds (W) Weight Loss (M) Antipsychotic Usage (M) Call Response Time (M) Medication Errors (M) SCC Dashboard- Assessments (D) IDPH Survey Outcomes (A)	**Net Operating Income (M) **House Profit (M) *Bad Debt (M) *Budget Variances (W) *Productive Labor Hours (D) Referrals (W) Occupancy (M)
A=Annually Q=Quarterly M=Monthly W=Weekly D=Daily/ * Short-term Financial **Long-Term Financial		



Figure 4.1-1 Performance tracking	
Meeting Forum	Data and Information Details
Daily Stand-Up	Discussion of staffing/coverage, daily labor targets, scheduled move-ins/move-outs, conversions, incidents/accidents, grievances and concerns All Hands On Deck assignments (Indicators of all Strategic Objectives)
Weekly Meeting	SCC RCD, RC, ALC, BOC, and ED meet to review the actual vs. recommended report, define discrepancies and root cause, delegate action plan to resolve. (actual vs. recommended discrepancy)
Weekly Coordinator Meeting (Management Meeting)	Coordinator and ED meet and discuss events or occurrences that may impact Performance prior to overall review Department Heads with allotted budgets Review Cost/Spending/Variations, action plans and progress. (Strategic Objective- TM-Turnover, Engagement, Resident/Family Turnover, Engagement)
Weekly Sales Meeting	ED and Director of Sales (DOS) meet to review lead base, inventory management, occupancy, Move-ins, Move-outs, EBD presentations, Top 10 success, "Housekeeping" report to measure follow-up activities for every lead base. (Strategic Objective- Occupancy)
Weekly At Risk Meeting	ED, RCD, RC, ALC, AVC, and DOS meet to identify and discuss residents at risk due to clinical, financial, or satisfaction that may impact residential status or occupancy levels. (Strategic Objectives- Antipsychotic Usage, Falls, Weight Loss, Occupancy)



Quality Assurance Performance Improvement

Figure 4.1-3 QAPI Agenda and KPI/KPM Review

Process Improvement Plans/ Performance Improvement Projects (PIPs):

- Updates from Committees

Regulatory

Clinical Indicators

Internal and External Assessments and Audits:

Customer Satisfaction and Engagement:

Team Member Satisfaction and Engagement

Safety and physical plant systems:



4.2 Information and Knowledge

Basic—Basic response that may include introduction to overall responses below.

- Manage information
- Manage organizational knowledge assets

Overall

- Ensure quality of data
- Ensure availability of data
- Share best practices to promote learning and improvement

Learning - Evaluate and improve the requirements above

Quality of Data and Information

Figure 4.2-1 Quality of Organizational Data and Information

		Accuracy	Validity	Integrity	Reliability	Currency
SCC & E-Mar	Limited trained Users, Password Restricted, Pre-populated Fields, Auto Approval, RN-required lock approval (assessments), alerts for incomplete data/missing fields, real time access 24/7, weekly maintenance and system check, weekly billing vs. actual checks	X	X	X	X	X
Kronos & ADP Payroll	Team Member direct password portal access, Team member confirmation of time/hours and account information, Exception Reports to Adjust time for errors and missed punch, Required supervisor approval for adjustments, benefit utilization tracking included,	X	X	X	X	X
APIM A/R	Vendor Account Set-Up, Authorized Users, Auto alert for outstanding invoices, auto-reconciliation with rejected non-balance, 30-day alerts, missing information flags, automated submission with posting 48 hours	X	X	X	X	X
Teamlink Intranet	Authorized access, password restricted, limited user uploads, document tracking with version identification, auto archive old files/documents, Routine oversight, Policy reconciliation and update schedule	X	X	X	X	X
OBIEE & Comsys	Limited access, password protected, limited authorized entry, weekly rent roll checks, interconnected with dual process checks, rolling 12 months with scheduled updates, set parameters, variance flags	X	X	X	X	X

Figure 4.2-2 Knowledge and Information Transfer

* = collect and transfer

	Team Members	Residents	Families	Suppliers	Partners	Collaborators
Teamlink	x					
SCC Communication Board	x					
Daily Stand-Up	x					
*Crossover & Huddles	x					
*Cross Training	x					
*Mentor/Job Coach/EDIT/DCIT	x					
Town Hall Meeting	x				x	x
Policies and Procedures	x	x	x	x	x	x
Website	x	x	x	x	x	x
Monthly Newsletter	x	x	x			
*Resident Council		x	x			
*Family Events		x	x		x	x
*ISP Meetings	x	x	x		x	
*Contracting				x	x	x
Monthly Edu/CEU	x				x	x
*Weekly EBD Presentations					x	x
*Monthly Continuum of Care Meeting				x	x	x



Overcoming Barriers

- Review framework criteria
- Consultation with clarification of criteria
- Identify processes, data, and team members
- Timelines for completing each category
- Review with team for feedback
- Consultation for feedback
- Visual progress / metrics to engage team members
- Budget planning/ adjustments

Quality Award Portal

Our newest resource for Quality Award Applicants, Recipients, and Examiners!

Applicants

View, write, and submit your Quality Award applications and associated fees.



Examiners

Submit an Examiner application and review applications once selected.

Log in and get started today! <https://ahcancal.smartsimple.com>

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Become a Quality Award Examiner - Apply Today!

Examiner Benefits Include:

- ✓ Networking
- ✓ Professional Development
- ✓ Continuing Education Units (CEU's)
- ✓ In- Person and Virtual Education in Baldrige Criteria
- ✓ Role in Improving Long Term Care Performance
- ✓ Discounted Registration at AHCA/NCAL conferences

Getting Started

Quality Award Website: www.ahcancal.org/qualityaward

Contact Email: qualityaward@ahca.org



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