



2010
AHCA/NCAL National Quality Award
A Benchmark of Distinction

Silver - Achievement in Quality
General Information,
Instructions & Criteria



CONTENTS

CHAPTER 1: KEY REQUIREMENTS

New in 2010.....	2
Application Policies and Procedures.....	2
2010 Deadlines.....	2
Application Fees.....	2
Application Formatting.....	3

CHAPTER 2: GENERAL INFORMATION

Mission.....	4
Application Levels.....	4
Benefits of Participation.....	5
Eligibility to Apply.....	5
2010 Schedule.....	6
Confidentiality.....	6
AHCA/NCAL National Quality Award Staff & Board of Overseers.....	7

CHAPTER 3: STAFF TURNOVER

Evaluating Staff Turnover.....	8
Calculating Staff Turnover Percentages.....	8

CHAPTER 4: CALCULATING SURVEY RESULTS NF AND ICF/MR

Calculating Nursing Facility Standard Survey Results.....	9
Three-Year Average Nursing Facility Scope and Severity Data by State...	10
Calculating ICF/MR Facility Standard Survey Results.....	11
Three-Year Average ICF/MR Deficiency Data by State.....	11

CHAPTER 5: ON-LINE APPLICATION FORM..... 12

CHAPTER 6: GUIDELINES FOR PREPARING AWARD CRITERIA RESPONSES... 15

CHAPTER 7: SILVER – ACHIEVEMENT IN QUALITY CRITERIA..... 18

CHAPTER 8: GLOSSARY OF KEY TERMS..... 25

Chapter 1: Key Requirements

New in 2010!

➤ **Award Level Name Change:**

The Board of Overseers has approved name changes for each of the Step awards.

- Bronze – Commitment to Quality (formerly Step I)
- Silver – Achievement in Quality (formerly Step II)
- Gold – Excellence in Quality (formerly Step III)

➤ **Mandatory Participation in a National Quality Award educational program:** Participation in a National Quality Award educational program is required in order for an application to be considered by Examiners. This includes the free webinars for each award level held by the National Quality Award program in December and January of each year, and any other educational program that focuses on the National Quality Award process.

➤ **Acronym List:** If the application submitted uses a number of organization-specific acronyms, the applicant is strongly encouraged to submit a separate list, not counting against the total page limit, defining these organization-specific acronyms. The list should be included at the end of the application.

Application Policies and Procedures

➤ Applications will be accepted beginning February 1, 2010. Instructions for application submission and payment will be available on the National Quality Award website in January 2010:

(www.ahcancal.org/quality_improvement/quality_award/Pages).

➤ Applications must be submitted by the designated deadline – see below. Late applications will not be accepted.

➤ Submit only one application – only the first version of your application will be accepted, duplicate or updated applications will not be accepted.

2010 Deadlines

➤ Bronze – Commitment to Quality: February 26, 2010

➤ Silver – Achievement in Quality: March 31, 2010

➤ Gold – Excellence in Quality: March 31, 2010

Application Fees

➤ Bronze – Commitment to Quality: \$300

➤ Silver – Achievement in Quality: \$500

➤ Gold – Excellence in Quality: \$600

Application Formatting Requirements Checklist

The following format guidelines are very important. Failure to follow them will result in your application being disqualified (not considered for review by Examiners). Disqualified applications will not receive a feedback report. Please use this as a formatting checklist before submitting your application.

- The National Quality Award application system does not accept Microsoft Word 2007 documents. Microsoft 2007 applications must be converted into 97-03 word prior to uploading to our application system. Please note though, that converting a document to 97-03 word can create problems with tables and graphs and possibly alter page limits. **Please check your document before submitting!** You are responsible for the application that is submitted.
- The page limit for Silver (Step II) applications is 18-pages.** Silver applications in excess of 18-pages will be disqualified.
- New in 2010***, if the application submitted uses a number of organization-specific acronyms, the applicant is strongly encouraged to submit a separate list, not counting against the total page limit, defining these organization-specific acronyms. The list should be included at the end of the application.
- Applications must be 8 ½ x 11” page size, and must be formatted in Times New Roman 12-point font, with one-inch side, top, and bottom margins.
- All pages must be numbered.
- Applicants must complete all sections of the application ***and*** must label responses to correspond to appropriate section and subsection numbers of the criteria (i.e, 2.1.a, 2.3.d).
- Applications should be written in prose style using complete sentences.
- Applicants are encouraged to include charts, tables, and graphs to present evidence and results. Graphics need not adhere to the 12-inch font requirement, but must be clear, legible, properly labeled for interpretation, and directly associated with the criteria.

CHAPTER 2: GENERAL INFORMATION

Thank you for your interest in the AHCA/NCAL National Quality Award. This award is a distinction given to AHCA and NCAL member organizations for applying and demonstrating the principles of continuous quality improvement. Participation in the program is a learning experience that supports our members in their commitment to the Quality First initiative (www.ahcancal.org/quality_improvement/quality_first_initiative/Pages) and their ability to excel in the Advancing Excellence in Nursing Homes Campaign (<http://nhqualitycampaign.org/>).

Applicants will be evaluated based on criteria adapted from the Malcolm Baldrige National Quality Award (MBNQA) Health Care Criteria. These criteria provide a standard of quality for organizations seeking the highest levels of performance and competitiveness. In their totality, the criteria address all of the key requirements that long term care organizations must address to achieve excellence. By focusing on results and the conditions and processes that lead to results, the criteria offer a framework that organizations can use to guide their systems and processes toward ever-improving quality performance.

Mission

The mission of the AHCA/NCAL National Quality Award program is to support the application of continuous quality improvement in member organizations of AHCA and NCAL by promoting quality awareness and education and by recognizing significant achievements in quality improvement. The program also fosters networking among participating organizations by enabling them to share winning strategies and to communicate successful practices.

Application Levels

The AHCA/NCAL National Quality Award has been designed as a progressive, three step program. Organizations are able to apply for recognition and awards at three levels, each of which requires a more detailed and comprehensive demonstration of quality integration and performance:

Bronze – Commitment to Excellence (formerly the Step I award) – At the Bronze level, organizations describe their mission, characteristics, and key challenges that are embodied in the organizational profile section of the Baldrige criteria. The objective of this award level is to provide a context for understanding the organization and its approach to performance improvement. The criteria require that applicants provide a basic description of the organization, their mission/vision and how it is communicated across the organization, their stakeholder and key customer requirement, their supplier and partnering relationships, competitive factors, key performance measures, and their key challenges. Reviewed by independent Examiners, applicants who receive the Bronze award are able to describe their mission, characteristics, and key challenges and to recognize the relationship of these factors to their ability to achieve performance improvement.

Silver – Achievement in Quality (formerly the Step II award) – At this level, organizations that have previously received a Bronze award describe the approaches they systematically use and deploy to address important elements of the core values and concepts of the Baldrige criteria. The Silver level award is a critical learning step for applicants. By becoming familiar with the core values and concepts of quality, they begin to see the importance of consistency and alignment of organizational processes and results. The objective of this level is to demonstrate that the organization's leaders are able to learn the principles of performance improvement and apply them to their operating and service delivery systems using the context of the mission, characteristics, and challenges described in their organizational profile. Applicants who receive the Silver award provide an extensive assessment of their systematic approaches, performance measures, and sustainable organizational and process results that are linked to the key

customer requirements, success factors, and challenges they identified in their organizational profile. Results do not have to be superior, but they must be good or improving and clearly linked to process improvements. Having been recommended by a team of three independent and trained Examiners, the application must meet the final approval of a larger group of Senior Examiners.

Gold – Excellence in Quality (formerly the Step III award) – At this level, organizations that have previously received the Silver award address the Baldrige Health Care Criteria for Performance Excellence in their entirety. The objective of this level is to demonstrate superior performance in health care, customer satisfaction, financial, market, workforce, process, and leadership outcomes over time. Responses to the criteria must demonstrate an effective, systematic approach to all of the requirements in each category that is well deployed with evidence of fact-based and systematic evaluation, improvement, learning, and innovation. Each approach should show how it is aligned or integrated with the organizations needs as described in the organizational profile and other process areas. Applicants who receive the Gold award are recognized as some of the best performers in the long term care profession. They are prior recipients of the Bronze and Silver awards. Applicants who receive the Gold award address the Baldrige National Quality Program Health Care Criteria for Performance Excellence to demonstrate by approach, deployment, and level and consistency of results that they are achieving high levels of performance in health care, customer satisfaction, financial, market, workforce, process, and leadership outcomes over time. Independent award Examiners conduct a site visit to verify systems and performance and the final decision is made by the Board of Master Examiners.

Benefits of Participation

The goals of organizations that commit to the pursuit of excellence are to deliver ever-improving value to customers, improve organizational effectiveness, and engage in organizational and personal learning. Applicants of the AHCA/NCAL National Quality Award program can expect to receive several benefits that will assist in the effort to become a high-performing organization. These benefits include:

- A heightened ability to improve services and internal processes;
- Peer recognition as a quality champion in the long term care profession;
- Public recognition for efforts and achievements;
- Increased customer loyalty resulting from a demonstrable commitment to quality;
- An understanding of how to use the Malcolm Baldrige National Quality Award criteria as an assessment tool; and
- Feedback reports that identify strengths in the organizations quality systems, as well as areas that need improvement.

Eligibility to Apply

- The applying organization must be a member in good standing of AHCA/NCAL.
- Only long term care organizations may apply – skilled nursing facilities (SNFs), assisted living facilities (ALFs), intermediate care facility for individuals with mental retardation (ICFs/MR), developmental disability (DD) residential services providers, or state veterans homes. Multi-facility corporations may not apply; however, their individual facilities (organizations) may apply.
- Applicants with multi-levels of care may elect to apply for the entire organization or may apply for a distinct part of the organization. The distinct part of the organization must be a separately licensed level of care serving a particular market segment in a clearly defined physical location. In addition, the organization must declare that any award received is for the distinct part rather than for the organization as a whole.

- Nursing facilities or intermediate care facilities for the mentally retarded (ICF/MR) that have been cited for a regulatory deficiency at the Immediate Jeopardy (IJ) or Substandard Quality of Care¹ level on any Medicare/Medicaid certification survey² in the past three calendar years or prior to award notification in 2010, are not eligible to receive an award at any level.
- In addition to the basic survey requirement cited above, nursing facility and ICF/MR applicants are not eligible to receive the Silver or Gold award if the average score for their three most recent standard surveys exceeds their state's average survey deficiency score for 2007-2009 using the formula defined in Chapter 4 of the Silver and Gold application packet. Note that this requirement covers the three most recent standard surveys rather than the three calendar years of being free from IJ and Substandard Level of Care identified previously. These calculations include standard surveys only, and exclude complaint surveys.
- Applicants must participate in a National Quality Award educational program in the year that they apply for the award. The National Quality Award program provides free webinars on each award level in December and January, which are archived on the National Quality Award website for ongoing access. In addition, any other educational programs that focus on the National Quality Award process will satisfy this requirement.
- Organizations are welcome to use the application process and Examiner feedback reports to support their improvement activities even if they are not eligible to receive the award because of the survey requirements.

2010 Schedule

Online Application Form available on the National Quality Award web site	February 1, 2010
Bronze – Commitment to Quality Award Application Deadline	February 26, 2010
Silver – Achievement in Quality Award Application Deadline	March 31, 2010
Gold – Excellence in Quality Award Application Deadline	March 31, 2010
Application Assessment/Scoring	April – July, 2010
Silver Award Applicant Notification	June 15, 2010
Bronze Award Applicant Notification and Feedback	June 30, 2010
Gold Award Applicant Notification	August 30, 2010
Silver and Gold Feedback Reports Distributed	September 30, 2010

Confidentiality

All applications are confidential. Applicants are not expected to provide or reveal proprietary information regarding products, processes, or services. Examiners are assigned in a way to avoid conflicts of interest. All Examiners sign nondisclosure agreements. Information regarding participation, awards, or successful strategies may be released only after written approval from the applicant.

¹ **Substandard Quality of Care F-Tags:** An organization is marked substandard QOC if it receives a deficiency in Quality of Care (F309 – F334), Quality of Life (F240 – F258), or Resident Behavior and Facility Practices (F221 – F226) at scope and severity level of F, H, I, J, K, or L. "G" is excluded because it is isolated in nature.

² This includes any regulatory conducted according to federal "OBRA" regulations, including but not limited to standard (annual), complaint, federal surveys.

AHCA/NCAL National Quality Award Program Staff

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*Questions regarding award criteria,
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application and evaluation process.*

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*Questions regarding deadlines, the
application submission and payment
process, technical requirements and
recognition.*

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*General questions regarding the
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*Questions regarding application
submission and payment.*

AHCA/NCAL National Quality Award Board of Overseers

The AHCA Board of Governors established a Board of Overseers to oversee activities, ensure integrity, and sustain the vitality of the AHCA/NCAL National Quality Award Program. The 9-member Board includes the best quality expertise available in long term care. These individuals dedicate their time and service to providing continuous support and improvement to the National Quality Award program.

CHAPTER 3: STAFF TURNOVER

Evaluating Staff Turnover and Clinical Results

At the Bronze level, organizations will not be judged by the amount of turnover or the number of problems identified in their clinical indicator or improvement effort. The objective of this section is to demonstrate the capability to measure results from quality systems and processes. Silver and Gold applicants should address staff turnover as it relates to the specific criteria.

Calculating Staff Turnover Rates

The employee turnover rate should be calculated by dividing the number of employee terminations (regardless of cause) during the year by the average number of positions available during the year. This calculation is done without regard to whether the employee is full-time or part-time. The average number of positions available should be determined by counting the number of active employees on the payroll at the end of each quarter, and then computing the average for the four quarters. This method accounts for variation in the number of part-time and full-time employees (for example, some organizations have more students working during the summer). Applicants must count all terminations for a full 12-month period to compute an annual turnover rate.

Once complete, please enter your turnover rates for 2007-2009 in the *Survey and Turnover* section of your application.

	Number of Active Employees on Payroll 2007	Number of Active Employees on Payroll 2008	Number of Active Employees on Payroll 2009
Quarter 1			
Quarter 2			
Quarter 3			
Quarter 4			
Average of Quarters 1-4			

Number of Terminations in 2007	Number of Terminations in 2008	Number of Terminations in 2009

Staff Turnover Rate Calculation:

Number of Terminations per Year / Average Number of Active Employees per Year

2007: _____

2008: _____

2009: _____

CHAPTER 4: CALCULATING SURVEY RESULTS

NURSING FACILITY AND ICF/MR COMPARATIVE DEFICIENCY DATA – (SILVER AND GOLD LEVELS ONLY)

A. Nursing Facility Scope and Severity Comparative Data by State³

For your three most recent standard surveys (excluding life safety and complaint), please calculate your organization's score based on the following table. Your three most recent surveys may cover a 2-4 year time period, depending on the time between surveys. Once complete, please enter your scores in the *Survey and Turnover* section of your application.

1 point for each level A deficiency
 2 points for each level B deficiency
 3 points for each level C deficiency
 4 points for each level D deficiency
 5 points for each level E deficiency
 6 points for each level F deficiency
 7 points for each level G deficiency
 8 points for each level H deficiency
 9 points for each level I deficiency

Survey	Date of Survey	Organization Scores:	State Average Score ⁴ :
Most recent survey results			
First prior survey results			
Second prior survey results			
Three Survey Average Score			

³ Organizations with an average score exceeding the average score of their state, or organizations that have received an Immediate Jeopardy or Substandard Quality of Care level on any survey within the past three calendar years, may apply for but will not be eligible to receive a Silver or Gold award.

⁴ Refer to the table on page 10. The three year state survey average may not correspond directly with the dates of your three surveys. Even so, the program considers the data comparable for the purposes of determining eligibility for the National Quality Award.

Nursing Facility Three-Year State Average Deficiency Scores: 2007-2009

3-Year Average Deficiency Score		3-Year Average Deficiency Score	
Alabama	21.8	Montana	33.4
Alaska	27.9	Nebraska	30.1
Arizona	34.5	Nevada	31.4
Arkansas	37.6	New Hampshire	20.7
California	47.3	New Jersey	20.8
Colorado	45.0	New Mexico	32.6
Connecticut	35.0	New York	21.2
Delaware	52.1	North Carolina	16.5
District of Columbia	67.5	North Dakota	14.3
Florida	36.7	Ohio	24.4
Georgia	27.3	Oklahoma	48.3
Hawaii	32.0	Oregon	21.2
Idaho	37.8	Pennsylvania	20.6
Illinois	26.2	Rhode Island	12.5
Indiana	35.7	South Carolina	31.2
Iowa	25.0	South Dakota	20.2
Kansas	46.2	Tennessee	27.4
Kentucky	23.6	Texas	27.2
Louisiana	36.1	Utah	20.9
Maine	30.9	Vermont	30.3
Maryland	39.0	Virginia	33.8
Massachusetts	23.5	Washington	28.8
Michigan	39.0	West Virginia	37.3
Minnesota	42.3	Wisconsin	23.1
Mississippi	22.4	Wyoming	48.6
Missouri	37.3		

American Health Care Association, Health Services Research and Evaluation, September 2009

Source: CMS's Historical Online Survey Certification and Reporting System (OSCAR) Standard Health Surveys as of September 2009; reporting surveys conducted during the most recent three-year period.

Note: Weighted score computed by assigning values A=1, B=2, C=3, D=4, E=5, F=6, G=7, H=8, I=9, J=10, K=11, and L=12 based on the scope and severity of citations. The score on each standard survey conducted during the most recent three-year period was summed across all surveys within each state and this total was divided by the number of surveys during the period.

B. ICF/MR Conditions of Participation (COP) Deficiency Data by State⁵

For your three most recent standard surveys, please calculate your average organization deficiency score. Once complete, please enter your scores in the *Survey and Turnover* section of your application.

Survey	Date of Survey	Organization Scores:	State Average Score ⁶ :
Most recent survey results			
First prior survey results			
Second prior survey results			
Three Survey Average Score			

IFC/MR Three-Year State Average Deficiency Scores: 2007-2009

3-Year Average Deficiency Score		3-Year Average Deficiency Score	
Alabama	0.30	Montana	0.00
Arizona	0.24	Nebraska	1.71
Arkansas	0.09	Nevada	0.18
California	0.09	New Hampshire	0.00
Colorado	0.67	New Jersey	0.15
Connecticut	0.07	New Mexico	0.01
Delaware	0.00	New York	0.03
District of Columbia	0.33	North Carolina	0.10
Florida	0.37	North Dakota	0.03
Georgia	0.22	Ohio	0.06
Hawaii	0.07	Oklahoma	0.18
Idaho	0.14	Oregon	0.00
Illinois	0.11	Pennsylvania	0.04
Indiana	0.11	Rhode Island	0.00
Iowa	0.00	South Carolina	0.40
Kansas	0.12	South Dakota	0.00
Kentucky	0.33	Tennessee	0.21
Louisiana	0.03	Texas	0.08
Maine	0.08	Utah	0.14
Maryland	1.13	Vermont	0.00
Massachusetts	0.13	Virginia	0.07
Michigan	1.00	Washington	0.13
Minnesota	0.06	West Virginia	0.03
Mississippi	0.06	Wisconsin	0.09
Missouri	0.08	Wyoming	0.00

American Health Care Association, Health Services Research and Evaluation, October 2009. Source: CMS's Online Survey Certification and Reporting System (OSCAR) Intermediate Care Facilities for person with Mental Retardation/Developmental Disabilities standard health surveys as of October 2009; reporting surveys conducted during most recent three year period.

NOTE: Conditions of Participation citations are W102, W122, W158 W195, W266, W318, W406 and W459. The average number of COP deficiencies were computed by taking the total number of COP citations on each standard survey conducted during the most recent three-year period and summed across all surveys within each state and this total was divided by the number of surveys during the period.

⁵ Organizations with an average score exceeding the average score of their state, or organizations that have received an Immediate Jeopardy deficiency on any survey within the past three calendar years, may apply for but will not be eligible to receive a Silver or Gold award.

⁶ Refer to the table above. The three year state survey average may not correspond directly with the dates of your three surveys. Even so, the program considers the data comparable for the purposes of determining eligibility for the National Quality Award.

CHAPTER 5: ON-LINE APPLICATION FORM

SUBMISSION: For application submission and payment instructions, please visit (www.ahcancal.org/quality_improvement/quality_award).

DEADLINES: Silver and Gold Applications will be accepted beginning February 1, 2010, and must be posted electronically prior to 11:59PM EST on March 31, 2010. Note that the deadline is at **11:59 PM EST**, (10:59 PM CST, 9:59 PM MST, 8:59 PM PST).

FORMAT: This is an on-line application process. You will be required to enter the information gathered on the following two pages prior to uploading your application into our database. Please print this form and complete it prior to initiating the on-line application process so that you have the necessary information to be able to complete your submission. **Create a separate Microsoft Word document to address all Silver criteria.**

APPLICATION FORMATTING REQUIREMENTS: The application formatting guidelines are very important. Failure to follow them will result in your application being disqualified. Please use the application formatting requirements checklist on page 3 before submitting your application.

ORGANIZATION: For the purposes of the application and criteria, *organization* means the single facility or center that is applying for the award, not a multi-facility organization.

AUTHORIZATION: Prior to submitting your application, you will be asked to agree with the following statements:

- > Submission of this document certifies that the attached application is an accurate and true reflection of the application of the AHCA/NCAL award criteria to this organization (facility). The contact person identified above certifies that the content of this application is original to this organization and was not supplied by others, including the corporate office or parent company or external consultants (mission and related statements exempt). Furthermore, the contact person identified above understands that if this application is deemed by AHCA/NCAL not to meet these requirements, it will be disqualified and the application fee will be forfeited. Applications will be compared against other current and previous applications to screen for originality.
- > By submitting this application, I also understand that in the interest of improving the quality of care provided to all long term care residents nationwide, I may be called upon by AHCA/NCAL to share success stories, lessons learned, or practices identified and/or implemented that have led to improved quality. I also may be asked to serve as an Examiner, or as an informal mentor to other National Quality Award applicants. I understand that I am not obligated to serve in any of these capacities, but that in the spirit of the mission of the AHCA/NCAL National Quality Award Program, I will assist to the best of my ability in advancing quality improvement in long term care.

All fields are required. If you do not complete all fields, your application will not be submitted.

1. CONTACT INFORMATION

Important — Please specify the name of your organization *exactly as you would like it to appear on your award*. If you are chosen as a recipient, the organization name you provide here will be used on your award and in all written publications; you will not be given the opportunity to make a change. If you are part of a multi-facility organization, please enter the name of the parent company. **Please double check for spelling errors.**

Name of Organization: _____	
Six-Digit Federal Medicare/Medicaid Provider Number ⁷ (if none, write n/a): _____	
Name of Administrator: _____	Email: _____
Contact Person: _____	Email: _____
Address: _____	
City: _____	State: ____ Zip: _____ Phone: _____

2. DEMOGRAPHICS

Is your organization independently owned <i>or</i> part of a regional or national company? (Please check only one)
<input type="checkbox"/> Independently Owned
<input type="checkbox"/> Regional/National (Name of Parent Company: _____)
Is your organization a Not-For-Profit or a For-Profit? (Please check only one)
<input type="checkbox"/> Not-for-Profit
<input type="checkbox"/> For-Profit

Put an "X" next to the primary service(s) your organization provides that will be the focus of your responses to the criteria:	
<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> Assisted Living
<input type="checkbox"/> Nursing Facility/Assisted Living	<input type="checkbox"/> Residential Care for MR/DD

Please specify the scope of your application. Does your application cover a distinct part of your organization, or the entire organization?	
<input type="checkbox"/> I am applying for my entire organization	
<input type="checkbox"/> I am applying for a distinct part of my organization (please indicate below)	
<input type="checkbox"/> Nursing Facility	<input type="checkbox"/> Assisted Living
<input type="checkbox"/> Nursing Facility/Assisted Living	<input type="checkbox"/> Residential Care for MR/DD

⁷ Your six-digit federal provider number - often referred to as the "Medicare Number" - can be found on the top right corner of any recent CMS-Form-2567 (the statement of deficiencies). It can also be found on any recent OSCAR 3 & 4 Report.

Has your organization previously applied for a Silver (Step II) Award? Yes No

If yes, please list the year(s) in which you previously applied: _____

Please provide the year that your organization received its Bronze (Step I) Award. _____

3. PUBLICITY RELEASE

AHCA/NCAL publicizes names of award recipients in printed materials and at events. Do we have your permission to publicize your organization’s name, as indicated in Item 1 above, if you are an award recipient? Yes No

4. ELIGIBILITY — You must answer “Yes” to the first two questions to be eligible for an award.
Please note that participation in Quality First and Advancing Excellence is no longer a requirement.

Is your facility a member in good standing of AHCA/NCAL? Yes No

Have facility staff participated in an educational program focusing on the 2010 National Quality Award Program? Yes No

Is your facility pledged to *Quality First: A Covenant for Healthy, Affordable and Ethical Long Term Care*? Yes No

Is your organization participating in the *Advancing Excellence in America’s Nursing Homes Campaign*?⁸ Yes No

5. SURVEY AND TURNOVER RESULTS

Has your organization been cited for Substandard Quality of Care or Immediate Jeopardy level on any type of survey (see Chapter 4) in any of the last 3 calendar years or in 2010 prior to submission of this application?⁹ Yes No

Please tabulate and report your regulatory survey results for the last three most recent standard surveys, per Chapter 4.

	Most Recent	1 st Prior	2 nd Prior	Facility Average	3 yr State Average
Results:					
Dates:					

Please report your organization’s staff turnover rate for the last 3 calendar years, using the formula in Chapter 3.

 2007 2008 2009

⁸ Not applicable for ALFs, developmental disability (DD) residential services providers or other non-Medicare/Medicaid certified providers.

⁹ Not applicable for ALFs, developmental disability (DD) residential services providers or other non-Medicare/Medicaid certified providers. For all others, you are still eligible to apply and receive a feedback report if you answer “Yes,” but you will NOT be eligible to receive a National Quality Award.

CHAPTER 6: GUIDELINES FOR PREPARING AWARD CRITERIA RESPONSES

GUIDELINES FOR RESPONDING TO PROCESS ITEMS:

Applicants are expected to show improvements or consistently good results in the areas that they have identified as important to the success of the organization. The following information, guidelines, and example relate to effective and complete reporting of results.

Criterion 2.1 through 2.7 ask you to describe “how” you address the core values and concepts that form the foundation for performance improvement and results. You are guided to address the overall question, but are given specific items to help you consider your organization’s *most important* processes related to this core value and concept. Your most important processes are the ones that yield fast-paced organizational performance improvement and contribute to key outcomes or performance results. Guidelines for organizing and reviewing your responses to these process items follow.

- 1. Write and review response(s) with the following guidelines and comments in mind. Some of your processes may not be mature enough to meet all of these issues, but you should describe as much as you can.**
 - *Show that approaches are systematic.*
Systematic approaches are repeatable and use data and information to enable learning. In other words, approaches are systematic if they build in the opportunity for evaluation, improvement, innovation, and knowledge sharing, thereby permitting a gain in maturity.
 - *Show deployment.*
Deployment information should summarize how your approaches are implemented in different parts of your organization. Sometimes it may be helpful to show deployment compactly by using tables.
 - *Show evidence of learning.*
Processes should include evaluation and improvement cycles, as well as the potential for breakthrough change. Process improvements should be shared with other appropriate units of the organization to enable organizational learning.
 - *Show integration.*
Integration shows alignment and harmonization among processes, plans, measures, and actions that generate organizational effectiveness and efficiencies.
 - *Show focus and consistency.*
There are four important considerations regarding focus and consistency: (1) the organizational profile provided by addressing the Bronze (Step I) criteria in section 2.0 should clearly identify your key customer requirements, the principal factors that determine competitive success, and the key challenges you face; (2) categories 2.1 through 2.7 should show how you focus on the areas you have identified in the profile; and (3) category 2.8 should show measurements and results that support your focus and demonstrate improvement in these areas.
 - *Respond fully to categories and items.*
A failure to address a category and the related items will be interpreted as a gap in your understanding and ability to apply the core values and concepts. It is better to state that you do not have an approach to address an item than to say nothing at all.

2. Cross-reference when appropriate.

As much as possible, responses to each category should be self contained. However, responses to different areas, including the profile, also should be mutually reinforcing. Therefore, it is appropriate to refer to responses in other areas rather than to repeat information. In such cases, key process information should be given in the area requesting this information. For example, your strategic planning process should be described in 2.2. Discussions about strategic plans elsewhere in your application would then reference, but not repeat, details given in your item 2.2 response.

3. Use a compact format.

Applicants should make the best use of the 18 application pages permitted. Applicants are encouraged to use flowcharts, tables, and “bullets” to present information concisely.

GUIDELINES FOR RESPONDING TO RESULTS ITEMS:

Silver - Achievement in Quality applicants are expected to show improvements or consistently good results in the areas that they have identified as important to the success of the organization and to those requested by the criteria. The following information, guidelines, and example relate to effective and complete reporting of results.

1. Focus on the most critical organizational performance results.

Results reported should cover the most important requirements for your organization’s success, highlighted in your organizational profile (section 2.0) and responses to the core values and concepts (sections 2.1 to 2.7).

2. Note the meaning of the four key requirements from the scoring guidelines for effective reporting of results data:

- *Performance* levels that are reported on a meaningful measurement scale.
- *Trends* to show directions of results and rates of change, and the extent of deployment.
- *Comparisons* to show how results compare with those of other, appropriately selected organizations.
- *Integration* to show that all important results are included, segmented (e.g. by important resident or stakeholder, workforce, process and healthcare service groups), and as appropriate, related to key performance projections.

3. Include trend data covering actual periods for tracking trends.

No minimum period of time is specified for trend data. However a minimum of three historical data points generally is needed to ascertain a trend. Trends might span five years or more for some results. Trends should represent historic and current performance and not rely on projected (future) performance. Time intervals between data points (week, month, quarter, year) should be meaningful for the specific measure(s) reported. For important results, new data should be included even if trends and comparisons are not yet well established.

4. Use a compact format—graphs and tables.

Many results can be reported compactly by using graphs and tables. Graphs and tables should be labeled for easy interpretation. Results over time or compared with others should be “normalized” (i.e., presented in a way, such as using ratios, that takes into account size factors). For example, reporting safety trends as a percentage of staff reporting injury would be more meaningful than reporting the total number of injuries if the number of staff has varied over the time period or if you are comparing your results to facilities or benchmarks that are differing in size.

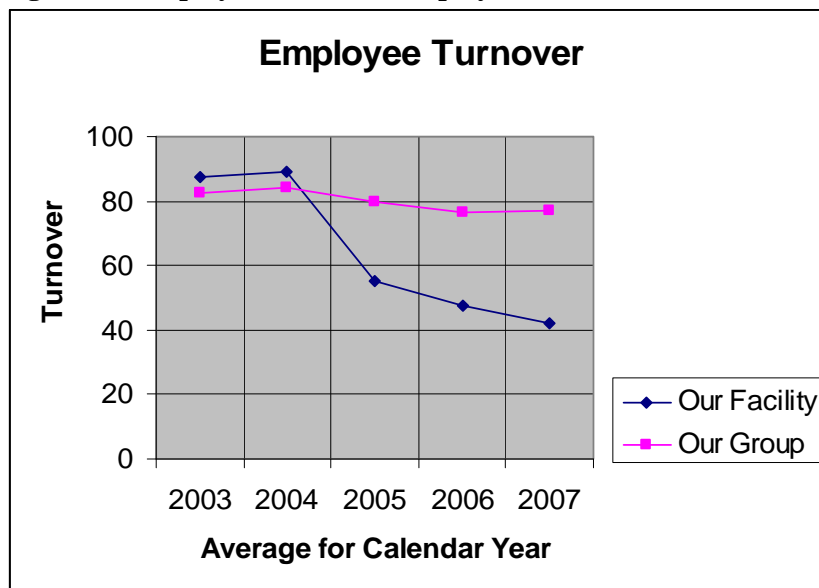
5. Integrate results into the body of the text and interpret where appropriate.

Discussion of results and the results themselves should be close together in an award application. Trends that show a significant beneficial or adverse change should be explained.

The following graph illustrates data an organization might present as part of a response to valuing staff. In the Bronze profile, the organization has indicated the importance of recruiting and retaining a qualified staff. The employee turnover rate is a key measure. The graph illustrates a number of characteristics of clear and effective results reporting.

- A figure number is provided for reference to the graph in the text.
- Both axes and units of measure are clearly labeled.
- Trend lines report data for a key organizational success factor—employee turnover.
- Results are presented for several years.
- An arrow indicates that a downward trend is good for this measure.
- An appropriate comparison is shown clearly.
- A “best practice” target is shown.

Figure 3 – Employee Turnover Employee Turnover



6. Interpret the graphed results.

- The following comments would be appropriate for the graph shown above:
- The turnover rate in Figure 3 is measured by the number of terminations during the calendar year as a percentage of the average number of employees at the end of each quarter. This measurement is consistent with our comparison group.
- The current overall organization performance level is good as compared to the best practice target we have established. Our organization shows an excellent improvement trend. This conclusion is supported by the comparison with a benchmark level showing the average for 18 facilities in our corporate group.
- The significant improvement in 2005 corresponds to implementation of new orientation procedures and a mentoring program developed by benchmarking the best practices of a high performance facility in our state.

CHAPTER 7: SILVER – ACHIEVEMENT IN QUALITY CRITERIA

Core Values and Concepts

The Silver - Achievement in Quality application criteria are adapted from the core values and concepts included in the Malcolm Baldrige National Quality Award Program. Understanding and embracing these core values and concepts is an important part of the shift in thinking that is required to move towards performance excellence. Applicants should carefully read the Baldrige core values and concepts (http://www.quality.nist.gov/HealthCare_Criteria.htm) before proceeding with this application. Definitions of key words can be found in the Glossary section of this document, beginning on page 25.

All criteria must be addressed in your application to qualify for the award. Each criterion has been assigned a weight to reflect its importance in the judging process; therefore each criterion does not contribute equally to the evaluation of an application. For the purposes of these criteria, *organization* means the single facility or center that is applying for the award, not a multi-facility organization.

2.0. ORGANIZATIONAL PROFILE

The organizational profile is a snapshot of your organization, the key influences on how you operate, and the key challenges you face. It is used by the Examiners to understand your organization and what you consider important. Your application will be assessed using the criteria requirements in relation to your organization's environment, relationships, influences, and challenges as presented in your organizational profile. While this information is similar to the Bronze (Step I) application criteria, you must make sure your information is current and relevant to your current operation.

P.1 Organizational Description: What are your key organizational characteristics? Describe your organization's operating environments and your key relationships with residents, stakeholders, suppliers and partners.

Within your response, include answers to the following questions:

a. ORGANIZATIONAL ENVIRONMENT

- (1) What is the organization's environment: urban, suburban, rural, etc.?
- (2) What are the applicant's major health care services (e.g., skilled nursing, subacute, assisted living, etc.)?
- (3) What is the organization's mission/vision statement (verbatim) and the specific methods used to communicate it across the organization?
- (4) What is the organization's workforce profile? Identify your key workforce groups by position (e.g., professional nurse, nursing assistant, cook, dietary aide, housekeeper), the desired number in each position, and a general description of the education level and/or professional requirements for each position. Consider using a table to provide your response.
- (5) What are the organization's major equipment and technologies (e.g. computers, transfer equipment, automated dispensers, alarm devices, etc.)?
- (6) What is the regulatory environment under which the organization operates? What are the applicable health care delivery, occupational health and safety, physical plant, payment and reimbursement regulations?

b. ORGANIZATIONAL RELATIONSHIPS

- (1) What are the organization's principal stakeholder groups? Include customers and other groups most affected by the organization's services, actions, and success. What are the differences in requirements and expectations among stakeholder groups? In addition to residents, identify three other principal stakeholders in the first column of the table below. In the second column, identify the important requirements that each of these principal stakeholder groups has of the organization. In the third column, identify the processes that

your organization uses to learn of these important stakeholder requirements. Your responses should be complete and clear.

Four Principal Stakeholder Groups	Requirements this Group has of the Organization	How the Organization Learned of these Requirements
1. Residents	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

- (2) What are the key types of suppliers of goods and services, including other health care providers?
- (3) From the above, what are the most important types of suppliers of goods and services?
- (4) What are the limitations, special business relationships, or special requirements that may exist with some or all suppliers and partners?
- (5) What are the organizational structure and key management links to the parent company if the applicant organization is owned by a parent organization? Respond “NA” if the applicant is not owned by a parent organization.

P.2 Organizational Situation: What is your organization’s strategic situation? Describe your organization’s competitive environment, key strategic challenges and advantages, and your system for performance improvement.

Within your response, include answers to the following questions:

a. COMPETITIVE ENVIRONMENT

- (1) What is the organization’s position (relative size) within the local market environment? Include numbers and types of competitors.
- (2) What are the principal factors that determine competitive success in the local market?
- (3) What are your key available sources of comparative and competitive data from within the long term care profession? What limitations, if any, are there in your ability to obtain this data? *(Consider your access to comparative data provided by national surveys, published research on turnover rates, the federal nursing home compare website, state health care associations, your multi-facility organization, state data bases for cost reports and census data, "secret shopper " initiatives, etc. Some organizations may not have access to much comparative data because of the category of long term care organization, location, or ownership. While a specific number of sources is not required, applicants should show some initiative in finding something that will help them assess their position in their competitive environment.)*

b. STRATEGIC CONTEXT

- (1) What are at least two major strategic challenges or advantages for the organization (e.g., entry into new markets or segments, human resource recruitment and retention, new alliances with suppliers, physicians, or other partners, introduction of new technologies, changes in the health care environment that impact the organization’s delivery of services, changes in strategy, or other challenges or advantages)?
- (2) What are the reason(s) why it is important that the organization address these challenges or advantages?

c. PERFORMANCE IMPROVEMENT SYSTEM

- (1) What are the key elements of your performance improvement system? *In your response, describe the key steps and/or tools that you typically use for process improvement or innovation. To qualify for the Bronze award level, you must be able to articulate the*

approach you generally use to improve a performance outcome. At the Silver award level, applicants should be able to describe a specific methodology that they systematically use throughout the organization for process improvement and innovation. This may be a methodology such as FOCUS-PDSA, Six Sigma's DMAIC, or another approach that has been developed or adopted by the organization from other resources such as Advancing Excellence.

- (2) What are the organization's key organizational performance measures?

2.1. VISIONARY LEADERSHIP, SOCIAL RESPONSIBILITY, AND COMMUNITY HEALTH

How does your organization's leadership system embody the core values and concepts of visionary leadership, and social and community health responsibility? Your description of the leadership system should include, but not be limited to, responses as to how the administrative and operational leaders systematically:

- a. Establish organizational vision and values and deploy the organization's vision and values to the staff, key suppliers, partners, residents, and other customers.
- b. Create an environment for continuous performance improvement, the accomplishment of the mission and strategic objectives, innovation, and workforce learning.
- c. Inspire and motivate the staff to develop, learn, and contribute innovative solutions to problems.
- d. Identify and use performance measures to inform staff about strategic objectives and actions needed to create value, and to balance the needs and expectations of the customers and other stakeholders.
- e. Promotes and monitors ethical behavior.
 - Identify how ethical behavior is promoted and monitored in all stakeholder transactions and interactions.
- f. Practice good citizenship and contribute to the health of the community, including:
 - A description of specific methods by which compliance with federal, state, and local regulations is assured and exceeded and the ways in which information gained via inspections is used in process improvement.
 - Examples of how leadership and staff are active in contributing to the health needs of the community, including on-going efforts to promote or support community health and services. Describe recognitions for positive community visibility and connectedness.
 - How information about your organization is shared with the public to support consumer choice.

2.2 FOCUS ON THE FUTURE

How does the organization plan for a future of sustainable performance excellence as a long term commitment to its stakeholders? Your description of how you plan for the future should include, but not be limited to, responses to describe how the organization systematically:

- a. Collects and analyzes data and information to determine its strategic challenges and advantages as identified in 2.0.P.2.b.1.
 - Identify the data and information routinely analyzed.
 - Show the relationship of this data and information to the principal factors that determine competitive success in the local market (i.e., 2.0.P.2.a.2).
- b. Develops and deploys strategic objectives.
 - Describe how strategic objectives are developed using the data and information identified in 2.2a.

- Describe how the planning process aligns the strategic objectives to the mission, the principal factors that determine competitive success, and the strategic challenges and advantages.
 - Identify the organization's current strategic objectives and the timetable for accomplishing them.
 - Describe how strategic objectives are deployed across the organization.
- c. Develops and deploys action plans to achieve the strategic objectives.
- Describe how the organization assures that adequate staff time, equipment, supplies, and other financial resources are available to support the accomplishment of the action plans.
 - Provide examples of action plans, showing who is responsible, how they are deployed, when the action is required, and resources needed.

2.3 CUSTOMER-FOCUSED EXCELLENCE

How does the organization focus on providing value and satisfaction to the resident and other primary customers in delivering services? Describe how the strategies and processes embrace the core concept of customer-focused excellence. In responding, give particular attention to the principal stakeholders identified in 2.0.b. Your description of how you strive for customer-focused excellence should include, but not be limited to, responses to describe how the organization systematically:

- a. Determines the satisfaction and value perceived by its key customers in relation to all aspects of health care service, including those not related directly to resident care.
- b. Understands and acts promptly on current resident and customer expectations and needs.
- c. Uses information from residents, other customers, partners, and the community to improve both the range and quality of services.
- d. Adapts technology to better meet the needs and expectations of residents and other key customers.

2.4 MANAGEMENT BY FACT

How does the organization select, manage, analyze, and use data and information to assess and improve performance? Your description of how you manage by fact should include, but not be limited to, responses to describe how the organization systematically:

- a. Gathers, uses, and deploys data and information to monitor the performance of key strategic objectives and related action plans. In your response, identify the key organizational performance measures and the strategic objectives and the principal factors for competitive success that are linked to each key strategic objective.
- b. Gathers, uses, and deploys comparative data. Information and benchmarks to support operational and strategic planning and decision making. Explain the source of comparative data and how benchmarks are derived.
- c. Gathers, uses, and deploys performance indicators to evaluate key processes, both clinical and non-clinical, that are routinely monitored. Identify the key processes to which the performance indicators relate and the process for developing, using and sharing this key information.
- d. Analyzes data and information to determine trends, projections, and cause and effect that otherwise might not be evident if data were not evaluated.

2.5 WORK FORCE ENGAGEMENT AND ORGANIZATIONAL/PERSONAL LEARNING

How does the organization embed in its operations both organizational and personal learning to gain marketplace sustainability and workforce motivation to excel? Your description of how you embody and exemplify organizational and personal learning should include, but not be limited to, responses that describe how the organization systematically:

- a. Identifies and disseminates lessons learned from staff and resident input, health care research, best-practice sharing, and continuous quality improvement efforts. Include any specific external resources you use for learning.
- b. Approaches staff development at all levels, specifically training requirements for all staff and leaders, and opportunities for personal learning and practice of new skills. Identify on-going training and development programs and innovative ways you deliver training that exceed regulatory requirements.
- c. Engages staff in quality improvement. Provide examples.

2.6 VALUING STAFF AND PARTNERS

How does the organization build internal and external partnerships to create a basis for mutual investment and respect, and to better accomplish overall organizational goals? Your description of how you embody and exemplify valuing staff and partners should include, but not be limited to, responses as to how the organization systematically:

- a. Creates flexible, high performing work practices tailored to the staff. Provide examples.
- b. Recognizes efforts of staff, both individually and as teams, beyond the normal compensation system.
- c. Creates an environment that encourages appropriate risk taking and innovation.
- d. Creates a supportive environment for a diverse workforce.
- e. Improves flexibility, responsiveness and knowledge sharing between departments and other segments of the organization.
- f. Develops and sustains partnerships with entities outside the organization such as customers, suppliers, professional associations, other health care providers, third party payers, community and social service organizations. Provide examples.

2.7 SYSTEMS PERSPECTIVE, MANAGING FOR INNOVATION, & AGILITY

How does the organization effectively interconnect the individual components of its performance management system to view the organization as a whole and to ensure consistency of plans, processes, measures, and actions in order to maximize agility, encourage innovation, and achieve performance excellence? The description of how you embody and exemplify a systems perspective, agility, and managing for innovation should include, but not be limited to, responses as to how the organization systematically:

- a. Ensures alignment of processes, measures, and action plans across departments and throughout various organizational levels to improve performance and customer satisfaction.
 - Describe key work processes.
 - Describe how the organization manages these processes to ensure that they are consistent with your strategic objectives and action plans described in 2.2.
 - Describe how action plans are integrated across departments and organizational levels to improve performance and customer satisfaction.
- b. Makes meaningful change to improve your services, programs, processes, operations, care delivery model, and business model to create new value for your stakeholders.
 - Give examples of innovative changes made in the last year to improve resident care and quality of life, organization of work, and business results.
- c. Builds agility—a capacity for rapid change and flexibility.
 - Describe how the workforce is cross-trained and empowered to be flexible.
 - Describe how work systems and processes are simplified to reduce response times to changes in customer needs and expectations. Give one or two examples.

2.8 FOCUS ON RESULTS AND CREATING VALUE

The Focus on Results Category examines your organization’s performance and improvement in all key areas – health care outcomes, customer outcomes, financial and market outcomes, workforce outcomes, process effectiveness outcomes, and leadership outcomes. Before completing this section read carefully the Guidelines for Responding to Result Items section of the “Guidelines for Preparing Responses” included in the application materials on pages 15-17.

Applicants are expected to report results for many areas previously identified as important to accomplishing the organization’s mission. Good organizational performance levels for some areas of importance to the item requirements should be evident. Some trend data should be reported, and a majority of the trends presented should be positive. Early stages of obtaining comparative information should be evident.

RESULTS are reported for many areas of importance to the accomplishment of your organization’s MISSION.

What are your organization’s key results that create value for your key stakeholders? Explain how you use these key measures to drive performance improvement, or cross reference to relevant examples in other sections of the application.

- a. Health care outcomes:

Give at least three (3) key clinical outcome results over appropriate time frames. At least one of the outcomes should clearly show improvement over time across at least three data points. Identify the strategies and specific changes used to improve this outcome. Assisted Living Facilities (ALFs) and Developmental Disability Residential Services providers (DD) may choose to substitute non-clinical process outcome results. If available, show your outcomes in comparison to competitors or to state or national averages, whichever seems most appropriate.
- b. Government survey performance outcomes:

Provide government/state survey (deficiency) results over time (minimum of the last 3 surveys, but preferably 4 or 5 surveys). This requirement applies only to skilled nursing, ICF/MR, and others for which compliance with routine government compliance inspections is required. If available, show your outcomes in comparison to competitors or to state or national averages, whichever seems most appropriate.

c. Other outcomes:

In addition to the results reported above, provide a minimum of five (5) additional results drawn from the areas below. The results chosen and reported should cover the most important requirements for your organization's success, highlighted in your organizational profile (section 2.0) and responses to the core values and concepts (sections 2.1 to 2.7). If possible, choose results to report for which you can provide comparative data from competitors and other long term care facilities. Whenever possible, show your outcomes in comparison to competitors or other long term care organizations. You must at least show early stages of efforts to gather and use comparative data. You are encouraged to identify performance benchmarks or targets within your results reporting.

Resident- and stakeholder-focused results

- Report your current levels and trends in key measures or indicators of resident, family and other stakeholder and partner satisfaction and dissatisfaction. Show how these results compare with the performance of your competitors and other nursing homes or long term care facilities.

Financial and marketplace results

- Report current levels and trends in key measures or indicators of financial performance, including financial return, financial viability, or budgetary performance as appropriate.
- Report current levels and trends in key measures or indicators of marketplace performance, including market share or position, market and market share growth, and new markets entered, as appropriate.

Workforce-focused results

- Report staff turnover and/or retention rates (minimum of 3, but preferably 4-5 years). Show how these results compare with the performance of your competitors and other nursing homes or long term care facilities.
- Report current levels and trends in key measures of employee satisfaction for the past four to five years. Show how these results compare with the performance of your competitors and other nursing homes or long term care facilities.
- Report current levels and trends in key measures of workforce and leadership development.
- Report current levels and trends in key measures of workforce health, safety and security, and workforce services and benefits, as appropriate. Include worker's compensation claims and grievances over a four to five year period.

Process effectiveness results

- Report current levels and trends in key measures of occupancy.
- Report current levels and trends in key measures of work system performance such as supplier and partner performance, job simplification, changing supervisory ratios, med-pass, and cycle time reduction.
- Report current levels and trends in key measures of preparedness for disasters or emergencies.

Leadership results

- Report results for your key measures of accomplishment for your strategic and action plans outlined in 2.2.
- Report results for key measures of ethical behavior.
- Report results for key measures of promoting or supporting community health and services.

Other results

- As deemed appropriate for the applicant's individual organization.

END OF SILVER - ACHIEVEMENT IN QUALITY CRITERIA

CHAPTER 8: GLOSSARY OF KEY TERMS

This Glossary of Key Terms defines and briefly describes terms used throughout the Malcolm Baldrige Health Care Criteria booklet that are important to performance management.

Action Plans

The term “action plans” refers to specific actions that respond to short- and longer-term strategic objectives. Action plans include details of resource commitments and time horizons for accomplishment. Action plan development represents the critical stage in planning when strategic objectives and goals are made specific so that effective, organization-wide understanding and deployment are possible. In the Criteria, deployment of action plans includes creating aligned measures for all departments and work units. Deployment of action plans requires analysis of overall resource needs and creation of aligned measures for all departments and work units. Deployment might also require specialized training for some staff or recruitment of personnel. Deployment also might require specialized training for some staff members or recruitment of personnel.

Alignment

Alignment refers to consistency of plans, processes, information, resource decisions, actions, results, analysis, and learning to support key organization-wide goals. Effective alignment requires common understanding of purposes and goals and use of complementary measures and information for planning, tracking, analysis, and improvement at three levels: the organizational level, the key process level, and the department and work unit level. Refer to Integration for further explanation.

Analysis

Analysis refers to assessments performed by an organization or its work units to provide a basis for effective decisions. Overall organizational analysis guides process management toward achieving key organizational performance results and toward attaining strategic objectives. Despite their importance, individual facts and data do not usually provide an effective basis for actions or setting priorities. Actions depend upon understanding cause/effect relationships. Understanding such relationships comes from analysis of facts and data.

Anecdotal

The term “anecdotal” refers to process information that lacks specific methods, measures, deployment mechanisms, and evaluation, improvement, and learning factors. Anecdotal information frequently uses examples and describes individual activities rather than systematic processes. An anecdotal response to how senior leaders deploy performance expectations might describe a specific occasion when a senior leader visited all of the organization’s facilities. On the other hand, a systematic process might describe the communication methods used by all senior leaders to deliver performance expectations on a regular basis to all organizational locations and work force members, the measures used to assess the effectiveness of the methods, and the tools and techniques used to evaluate and improve the communication methods. See also the definition of “systematic”.

Approach

Approach refers to the methods and processes used by the organization to embrace the core values and concepts. Approaches are evaluated on the basis of the appropriateness of the approach to the requirements and its alignment with organizational needs and key success factors.

Benchmarking

The term “benchmarks” refers to processes and results that represent best practices and performance for similar activities, inside or outside an organization’s industry. Organizations engage in benchmarking to understand current dimensions of world-class performance and to achieve discontinuous (nonincremental) or “breakthrough” improvement. Benchmarks are one form of comparative data. Other comparative data organizations might use include information obtained from other organizations through sharing or contributing to external reference databases, information obtained from the open literature (e.g., outcomes of research studies and practice guidelines), data gathering and evaluation by independent organizations (e.g., CMS, accrediting organizations, and commercial organizations) regarding industry data (frequently industry averages), data on competitors’ performance, and comparisons with other organizations providing similar health care services.

Clinical Quality Indicator

A clinical quality indicator is a measure of a specific clinical factor, either negative or positive, which is typically measured and expressed in terms of frequency of occurrence or prevalence of condition within a population.

Cross-Functional

Cross-functional refers to working, sharing information, or solving process problems across departments or work units. Most work processes involve people assigned to more than one department or work unit. Cross-functional quality improvement teams consist of people from all of the departments involved in the process. Cross-functional training means that staff learns to perform the work of positions other than their own. For instance, staff may learn to perform both housekeeping and laundry functions and rotate between those duties to give the employee and the organization more versatility.

Comparative data

“Comparisons” refers to your performance relative to appropriate comparisons, such as competitors or organizations similar to yours; your performance relative to benchmarks or industry leaders. “Relevant Comparisons” refer to competitors or organizations similar to yours

Cycle Time

Cycle time refers to the time required to fulfill commitments or to complete tasks. Time measurements play a major role in the core values and concepts because of the great importance of time performance in improving overall performance. Cycle time refers to all aspects of time performance. Cycle time improvement could include test results reporting time, order fulfillment time, length of stay, billing time, and other key process times.

Deployment

Deployment refers to the extent to which an organization's approach is applied to systematically embrace the core values and concepts. Deployment is evaluated on the basis of the breadth and depth of application of the approach throughout the organization. Refer to the Scoring Guidelines.

Effective

The term “effective” refers to how well a process or a measure addresses its intended purpose. Determining effectiveness requires (1) the evaluation of how well the process is aligned with the organization’s needs and how well the process is deployed or (2) the evaluation of the outcome of the measure used.

Empowerment

Empowerment refers to giving staff the authority and responsibility to make decisions and take appropriate actions. Empowerment results in decisions being made closest to the customer or the business “front line,” where resident/patient needs and work-related knowledge and understanding generally reside. Empowerment is aimed at enabling staff to help customers on first contact, to improve processes and increase productivity, and to better the organization's health care and other performance results. Empowered staffs require information to make appropriate decisions; thus, an organizational requirement is to provide that information in a timely and useful way.

Goals

The term “goals” refers to a future condition or performance level that one intends to attain. Goals can be both short- and longer-term. Goals are ends that guide actions. Quantitative goals, frequently referred to as “targets,” include a numerical point or range. Targets might be projections based on comparative or competitive data. The term “stretch goals” refers to desired major, discontinuous (nonincremental) or “breakthrough” improvements, usually in areas most critical to your organization’s future success. Goals can serve many purposes, including clarifying strategic objectives and action plans to indicate how you will measure success and fostering teamwork by focusing on a common end and encouraging “out-of-the-box” thinking (innovation) to achieve a stretch goal providing a basis for measuring and accelerating progress.

Health Care Services

Health care services refer to all services delivered by the organization to residents/patients that involve professional clinical/medical judgment.

High Performance Work

High performance work refers to work approaches used to systematically pursue ever higher levels of overall organizational and staff performance, including quality, productivity, innovation rate, and time performance. High performance work results in improved service for residents/patients and other stakeholders. Approaches to high performance work vary in form, function, and incentive systems. Effective approaches frequently include: cooperation between administration/management and the staff, including work force bargaining units; cooperation among work units, often involving teams; self-directed responsibility/staff empowerment; staff input to planning; individual and organizational skill building and learning; learning from other organizations; flexibility in job design and work assignments; a flattened organizational structure, where decision making is decentralized and decisions are made closest to the patient or the business “front line;” and effective use of performance measures, including comparisons. Many high performance work systems use monetary and non-monetary incentives based upon factors such as organizational performance, team and/or individual contributions, and skill building. Also, high performance work approaches usually seek to align the design of organizations, work, jobs, staff development, and incentives.

Innovation

Innovation refers to making meaningful change to improve housing, services, and/or processes that create new value for stakeholders. Innovation involves the adoption of an idea, process, technology, or product that is considered new or new to its proposed application. Successful organizational innovation is a multi-step process that involves development and knowledge sharing, a decision to implement, implementation, evaluation, and learning. Although innovation is often associated with health care research and technological innovation, it is applicable to all key organizational processes that would benefit from breakthrough improvement and/or change.

Integration

The term “integration” refers to the harmonization of plans, processes, information, resource decisions, actions, results, and analyses to support key organization-wide goals. Effective integration goes beyond alignment and is achieved when the individual components of a performance management system operate as a fully interconnected unit. See also the definition of “alignment.”

Measures and Indicators

The terms “measures and indicators” refer to numerical information that quantifies input, output and performance dimensions of processes, programs, projects, services and the overall outcomes. Measures and indicators might be simple (derived from one measurement) or composite. Some users of these terms prefer “indicator” when the measurement relates to performance but is not a direct measure of such performance, e.g. the number of complaints is an indicator of dissatisfaction but not as direct a measurement of it as satisfaction survey data would be or (2) when the measurement is a predictor of some more significant performance e.g. increased resident satisfaction might be a leading indicator of an increase in overall occupancy.

Organization

The term organization refers to an individual facility or building. All aspects, departments, and units of the facility are incorporated by the term organization. The term organization does not include corporate offices and/or other facilities within a multi-facility company.

Patient

Patient refers to the person receiving health care, including preventive, sub-acute, chronic, rehabilitative, and all other traditional long term care services. Other terms organizations use for patient include resident, consumer, or client. Most long term care facilities prefer to use the term “resident” because of the focus on the quality of the patient’s daily life as well as their medical services.

Performance Measures

Performance measures are output results obtained from processes and services that permit evaluation and comparison relative to goals, standards, past results, and other organizations. Performance might be expressed in non-financial and financial terms.

The Core Values and Concepts address three types of performance: (1) resident/patient and other customer-focused, including health care, performance; (2) financial and marketplace; and (3) operational. Resident/patient and other customer-focused performance refers to performance relative to measures and indicators of patients/stakeholders' perceptions, reactions, and behaviors, and to measures and indicators of health care and service performance important to patients/stakeholders. Examples of patient and other customer-focused performance include patient loyalty, customer retention, complaints, and customer survey results. Examples of health care performance include falls, pressure sores, weight loss, and use of psychotropic medications.

Financial and marketplace performance refers to performance measured by cost and revenue, including asset utilization, asset growth, and market share. Examples include returns on investments, bond ratings, debt-to-equity ratio, returns on assets, operating margins, and other profitability and liquidity measures.

Operational performance refers to organizational, staff, and supplier performance relative to effectiveness and efficiency measures and indicators. Examples include cycle time, productivity, waste reduction, accreditation results, and legal/regulatory compliance. Operational performance might be measured at the work unit/department level, key process level, and organizational level.

Process

Process refers to linked activities with the purpose of producing a product or service for a customer (user) within or outside the organization. Generally, processes involve combinations of people, machines, tools, techniques, and materials in a systematic series of steps or actions. In some situations, processes might require adherence to a specific sequence of steps, with documentation (sometimes formal) of procedures and requirements, including well-defined measurement and control steps. In many service situations, particularly when stakeholders are directly involved in the service, process is used in a more general way—to spell out what must be done, possibly including a preferred or expected sequence. If a sequence is critical, the service needs to include information to help stakeholders understand and follow the sequence. Service processes involving stakeholders also require guidance to the providers of those services on handling contingencies related to stakeholders' likely or possible actions or behaviors. In knowledge work such as health care, strategic planning, research, development, and analysis, process does not necessarily imply formal sequences of steps. Rather, process implies general understandings regarding competent performance such as timing, options to be considered, evaluation, and reporting. Sequences might arise as part of these understandings.

Productivity

Productivity refers to measures of efficiency in the use of resources. Although the term is often applied to single factors such as staffing (labor productivity), machines, materials, energy, and capital, the productivity concept applies as well to the total resources used in producing outputs. The use of an aggregate measure of overall productivity allows a determination of whether or not the net effect of overall changes in a process—possibly involving resource tradeoffs—is beneficial.

Requirements

Requirements refer to the specific care, service, behaviors, actions, interventions, and interactions that persons, groups, or other organizations need from the health care service being used. An example of key customer requirements (in this case, inpatient hospital customers) from a winning Baldrige Health Care application is: “Staff include patients in decisions regarding their treatment; Quality of care is given; Staff respond to concerns and complaints; Staff work together to care for patients.” Requirements are determined and validated through a variety of methods that involve customer input.

Resident

See definition of Patient.

Results

Results refer to outcomes achieved by an organization from the systematic approach and deployment of strategies, processes, and systems. Results are evaluated on the basis of current performance; performance relative to appropriate comparisons; rate, breadth, and importance of performance improvements; and relationship of results measures to key organizational performance requirements. Results are often shown in the form of tables and graphs depicting changes over time, such as years, quarters, or months.

Senior Leaders

Senior Leaders refer to decision makers and managers who have direct input in strategic planning, development, and implementation of processes, and evaluation of performance levels of the facility and staff. Depending on the individual facility, this may include department managers, vice presidents, regional managers, corporate staff, administrators, charge nurses, or others.

Staff

Staff refers to all people who contribute to the delivery of an organization's services, including paid staff (e.g., permanent, part-time, temporary, and contract employees supervised by the organization), independent practitioners (e.g., medical director, therapists, and specialists/consultants), volunteers, and health profession students (e.g., nursing students).

Stakeholder

Stakeholders consist of persons, organizations, or agencies that have a vested interest in the performance of the organization. Stakeholders in a long term care organization could include the patients, residents, families, attending physicians, referring hospitals or other health care providers, staff, stockholders or trustees, community, insurers/third-party payors, supporting health care professionals, patient advocacy groups, and government health agencies. Volunteers are often considered stakeholders because they gain a vested interest by contributing valuable services to the organization and its customers. "Principal stakeholders" refers to a few groups with the greatest level of interest in the organization. Principle stakeholders are determined by each organization according to its unique situation.

Strategic Advantages

The term "strategic advantages" refers to those marketplace benefits that exert a decisive influence on an organization's likelihood of future success. These advantages frequently are sources of an organization's current and future competitive success relative to other providers of similar health care services. Strategic advantages generally arise from either or both of two sources: (1) core competencies, which focus on building and expanding on an organization's internal capabilities, and (2) strategically important external resources, which are shaped and leveraged through key external relationships and partnerships. When a health care organization realizes both sources of strategic advantages, it can amplify its unique internal capabilities by capitalizing on complementary capabilities in other organizations. See the definitions of "strategic challenges" and "strategic objectives" below and on the next page for the relationship among strategic advantages, strategic challenges, and the strategic objectives an organization articulates to address its challenges and advantages.

Strategic Challenges

The term "strategic challenges" refers to those pressures that exert a decisive influence on an organization's likelihood of future success. These challenges frequently are driven by an organization's future collaborative environment and/or competitive position relative to other providers of similar health care services. While not exclusively so, strategic challenges generally are externally driven. However, in responding to externally driven strategic challenges, an organization may face internal strategic challenges. External strategic challenges may relate to patient and stakeholder or health care market needs or expectations; health care service or technological changes; or financial, societal, and other risks or needs. Internal strategic challenges may relate to an organization's capabilities or its human and other resources. See the definitions of "strategic advantages" and "strategic objectives" (below) for the relationship among strategic challenges, strategic advantages, and the strategic objectives an organization articulates to address its challenges and advantages.

Strategic Objectives

Strategic objectives refer to an organization's major change opportunities and/or the fundamental challenges the organization faces. Strategic objectives are generally externally focused, relating to significant customer, market, service, or technological opportunities and challenges. Broadly stated, they are what an organization must change or improve to remain or become competitive. Strategic objectives set an organization's longer-term directions and guide the allocation or re-distribution of resources. See the definition of action plans for the relationship between strategic objectives and action plans and for an example of each.

Strategic Planning

The process to determine or re-assess the vision, mission and goals of an organization and then map out objective, measurable, ways to accomplish the identified goals. Strategic Planning typically focuses on results to be achieved in a 3, 5, and 7 or more year time span as contrasted with operational planning which typically focuses on results to be achieved in one year or less. Strategic plans should be updated through an annual process with major reassessments occurring at the end of the 3, 5 and 7 year periods.

Sustainability

The term “sustainability” refers to your organization’s ability to address current organizational needs and to have the agility and strategic management to prepare successfully for your future organizational, market, and operating environment. Both external and internal factors need to be considered. The specific combination of factors might include health care-wide and organization-specific components. Sustainability considerations might include workforce capability and capacity, resource availability, technology, knowledge, core competencies, work systems, facilities, and equipment. Sustainability might be affected by changes in the marketplace and patient and stakeholder preferences, changes in the financial markets, and changes in the legal and regulatory environment. In addition, sustainability also has a component related to day-to-day preparedness for real-time or short-term emergencies. In the context of the Baldrige Health Care Criteria, the impact of your organization’s health care services and operations on society and the contributions you make to the wellbeing of environmental, social, and economic systems are part of your organization’s overall societal responsibilities. Whether and how your organization addresses such considerations also may affect its sustainability.

Systems

Systems typically consist of a related set of processes that, when combined, produce a key outcome (e.g. payroll system, care planning system, etc.). See the definition of Process to better understand their relationship to systems.

Systematic

The term “systematic” refers to approaches that are well ordered, are repeatable, and use data and information so learning is possible. In other words, approaches are systematic if they build in the opportunity for evaluation, improvement, and sharing, thereby permitting a gain in maturity. For use of the term, see the Scoring Guidelines.

Trends

The term “trends” refers to numerical information that shows the direction and rate of change for an organization’s results. Trends provide a time sequence of organizational performance. A minimum of three historical (not projected) data points generally is needed to begin to ascertain a trend. More data points are needed to define a statistically valid trend. The time period for a trend is determined by the cycle time of the process being measured. Shorter cycle times demand more frequent measurement, while longer cycle times might require longer time periods before meaningful trends can be determined. Examples of trends called for by the Health Care Criteria include data related to health care outcomes and other health care service performance; patient, stakeholder, and workforce satisfaction and dissatisfaction results; financial performance; marketplace performance; and operational performance, such as cycle time and productivity.

Value

Value refers to the degree of worth relative to cost and relative to possible alternatives of a product, service, process, asset, or function. Organizations frequently use value considerations to determine the benefits of various options relative to their costs, such as the value of various product and service combinations to customers. Organizations seek to deliver value to all their stakeholders. This frequently

requires balancing value for stakeholders, such as patients, third-party payors, stockholders, staff, and the community.

Work Processes

The term “work processes” refers to your most important internal value creation processes. They might include health care service design and delivery, patient support, supply chain management, business, and support processes. They are the processes that involve the majority of your organization’s workforce and produce patient and stakeholder value. Your key work processes frequently relate to your core competencies, to the factors that determine your success relative to competitors and organizations offering similar health care services, and to the factors considered important for business growth by your senior leaders.

Work Systems

The term “work systems” refers to how the work of your organization is accomplished. Work systems involve your workforce, your key suppliers and partners, your contractors, your collaborators, and other components of the supply chain needed to produce and deliver your health care services and your business and support processes. Your work systems coordinate the internal work processes and the external resources necessary for you to develop, produce, and deliver your health care services to your patients and stakeholders and to succeed in your marketplace. Decisions about work systems are strategic. These decisions involve protecting and capitalizing on core competencies and deciding what should be procured or produced outside your organization in order to be efficient and sustainable in your marketplace.