



2010
AHCA/NCAL National Quality Award
A Benchmark of Distinction

Bronze – Commitment to 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: ON-LINE APPLICATION FORM..... 9

CHAPTER 5: BRONZE – COMMITMENT TO QUALITY CRITERIA..... 12

CHAPTER 6: GLOSSARY OF KEY TERMS..... 15

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 Bronze (Step I) applications is 5-pages.** Bronze applications in excess of 5-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, P.1.a.2, P.2.b.3).
- 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 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

Timothy Case

AHCA/NCAL National Quality Award
Program Administrator
Timothy Case Associates, Inc.
752 Jean Louise Circle
Central Point, OR 97502
E-mail: tcase3362@charter.net

Questions regarding award criteria, deadlines, feedback reports, and the application and evaluation process.

Courtney Krier

AHCA/NCAL National Quality Award
Program Manager
American Health Care Association
1201 L St., NW
Washington, DC 20005
Phone: (202) 898-2857
Fax: (202) 842-3860
E-mail: ckrier@ahca.org

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

Chris Condeelis

Senior Director of Quality and
Professional Development
American Health Care Association
1201 L St., NW
Washington, DC 20005
Phone: (202) 898-2810
Fax: (202) 842-3860
E-mail: ccondeelis@ahca.org

General questions regarding the AHCA/NCAL National Quality Award Program.

Adrienne Riaz-Khan

Coordinator of Quality and Professional
Development
American Health Care Association
1201 L St., NW
Washington, DC 20005
Phone: (202) 898-6332
Fax: (202) 842-3860
E-mail: ariaz-khan@ahca.org

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: ON-LINE APPLICATION FORM

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

DEADLINES: Bronze applications will be accepted beginning February 1, 2010, and must be posted electronically prior to 11:59PM EST on February 26, 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 Bronze 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 ³ (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

³ 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.

Please specify the scope of your application. Does your application cover a distinct part of your organization, or the entire organization?

I am applying for my entire organization

I am applying for a distinct part of my organization (*please indicate below*)

Nursing Facility

Assisted Living

Nursing Facility/Assisted Living

Residential Care for MR/DD

Has your organization previously applied for a Bronze (Step I) award? Yes No

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

3. PUBLICITY RELEASE

AHCA/NCAL publicizes names of award recipients in printed materials and at events. Do you 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*?⁴ 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 2) in any of the last 3 calendar years or in 2010 prior to submission of this application?⁵ Yes No

Please report your organization's staff turnover rate for the last 3 calendar years, using the formula in Chapter 3 of the General Information & Instructions.

2007

2008

2009

⁴ Not applicable for ALFs and developmental disability (DD) residential services providers.

⁵ Not applicable for ALFs and developmental disability (DD) residential services 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 5: BRONZE – COMMITMENT TO QUALITY CRITERIA

ORGANIZATIONAL PROFILE

The Bronze award application is an overview of the applicant’s organization. For the purposes of these criteria, *organization* refers to the single facility or center that is applying for the award, not a multi-facility organization. The intent of the criteria is for the applicant to address what is most important to the organization and the key factors that influence how the organization operates. The application provides the foundation on which the more complex and in-depth Silver and Gold applications may be written and submitted in subsequent years.

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 stakeholders 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 is 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 one clinical quality indicator did the organization improve by applying the key elements of your performance improvement system? The indicator should be clearly clinical in nature, not merely a process measure that impacts a clinical indicator. Using the key steps and/or tools of your performance improvement system, describe the process by which this indicator was improved, including what specific changes were made. Include data illustrating the improvement. *IFC/MR facilities only: Given the largely non-clinical nature of IFC/MR services, these facilities may report on improvement of a non-clinical indicator in response to this criteria.*
- (3) **Assisted Living Facilities (ALFs) and developmental disability (DD) residential services providers only:** Because you are unable to report survey data, please report briefly on a *second* quality improvement effort. This effort need not necessarily be clinical in nature. Describe the process by which improvement was attained, including what specific changes were made. Include data illustrating the improvement.
- (4) What are the organization's key organizational performance measures?

END OF BRONZE – COMMITMENT TO QUALITY CRITERIA

CHAPTER 6: 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.