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**American Health Care Association**  
A Founding Partner in  
**Advancing Excellence in America's Nursing Homes**  
*A Campaign to Improve Quality of Life for Residents & Staff*

*Dear Facility Leaders:*

We at the American Health Care Association (AHCA) are proud to represent you and your interests in Washington, DC, and we are excited to share with you details of an exciting new campaign called *Advancing Excellence in America's Nursing Homes*. Enclosed you will find detailed information about the campaign, its goals, and how your facility can benefit from joining AHCA and other long term care stakeholders in this voluntary, but critically important effort to improve care quality.

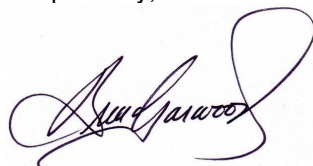
We strongly encourage your participation in *Advancing Excellence*.

As long term care professionals, you know the challenges our profession faces. Like other health care providers, we are already being asked to do more with less. The President's proposed budget for fiscal year 2008, for instance, includes substantial cuts to Medicare and Medicaid funding and Congressional leaders are looking toward increasing attention on oversight and federal regulations. We do not shrink from these challenges, but as veterans in health care advocacy, we know that highlighting your efforts in caring for 1.5 million frail, elderly, and disabled Americans is our best defense. *Advancing Excellence* gives us a way to quantify our progress in caregiving, as we promote your good works.

Much has changed in Washington, DC, over the years, but what has not changed in our 57 years as an organization is our commitment to improving the quality of care for America's frail, elderly, and disabled — a commitment we know you share.

We know and value the hard work you are doing in caring for America's frail, elderly, and disabled each day. We hope that you will help us to share that knowledge with others by joining the *Advancing Excellence in America's Nursing Homes* campaign.

Respectfully,



**Bruce Yarwood**  
President & CEO

**Advancing Excellence in America's Nursing Homes**  
*Goals Processes Outcomes*

*Putting*  
**Your Pledge**  
*Into Practice*

**Quality  
First**

*AHCA proudly announces*



**Advancing  
Excellence**  
in America's Nursing Homes

**A "How to" Guide**  
*Facility Edition*

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**American Health Care Association**



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# Chapter One

## Introduction

- The Basics of the Campaign ■
- Benefits of Participating and the Goals ■
- Processes and Leadership: A Winning Combination ■



## **The Basics of the Campaign**

### **Top Ten Questions a Facility May Have About ADVANCING EXCELLENCE IN AMERICA'S NURSING HOMES**

- 1. What is *Advancing Excellence in America's Nursing Homes*?**  
It's a campaign to improve quality of life for both residents and staff.
- 2. Why should my facility participate?**  
Because you care about improving quality for your residents.  
Because you care about improving your work environment.  
Because you want your existing quality improvement efforts to be recognized.  
Because you want to improve your next survey.  
Because customer satisfaction is important to you.  
Because staff satisfaction is important to you.  
Because you are an advocate for frail, disabled, elderly Americans in your care.  
Because you are a leader.
- 3. How will my facility benefit from joining *Advancing Excellence*?**  
Facilities participating in *Advancing Excellence* will find many benefits. By focusing on the goals of the campaign, facilities can improve on the clinical goals publicly reported on Nursing Home Compare and can make organizational improvements that can lead to better clinical, staffing, and other facility practices. Providers also will be publicly recognized for their efforts to improve care quality.
- 4. How is *Advancing Excellence in America's Nursing Homes* like—or how is it different—from other quality improvement efforts?**  
*Advancing Excellence* is like other quality improvement efforts because it builds on the work and goals of existing efforts such as the Nursing Home Quality Initiative (NHQI) and Quality First. *Advancing Excellence* is different in that, for the first time, a campaign is harnessing the efforts of a broad-based coalition representing providers, caregivers, medical and quality improvement experts, government agencies, workers and consumers to focus on specific quality improvement goals and moving the bar on care quality. Because it builds on existing efforts like NHQI and Quality First, providers will be familiar with and already committed to achieving the goals of *Advancing Excellence*.
- 5. What are the goals of *Advancing Excellence in America's Nursing Homes*?**  
*Advancing Excellence* seeks excellence in the quality of life and quality of care for the more than 1.5 million American nursing home residents by enhancing choice, strengthening the workforce, and improving clinical outcomes. To achieve that overarching goal, *Advancing Excellence* focuses on eight specific goals (see chart below) – four clinical quality goals that providers will recognize from public reports on Nursing Home Compare and four organizational improvement goals to help providers improve customer and staff satisfaction.

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**CLINICAL QUALITY GOALS**

Participating providers must choose at least one goal from Goals 1 – 4 below.

- 1. Reduce the prevalence of high risk pressure ulcers
- 2. Reduce the use of daily physical restraints
- 3. Improve the management and treatment of pain in long stay residents
- 4. Improve the management and treatment of pain in post acute residents

**ORGANIZATIONAL GOALS**

Participating providers must choose at least one goal from Goals 5 – 8 below.

- 5. Set annual quality improvement targets
- 6. Measure resident and/or family satisfaction
- 7. Measure and reduce workforce turnover
- 8. Adopt consistent assignment of staff

**6. Can my facility get help in working on these goals?**

Yes. In fact, the campaign has pulled together a series of tools designed to help providers better understand quality improvement processes and implement changes to improve clinical quality and organizational processes.

**7. How does my facility sign up?**

Once your facility determines which goals to focus on, you sign up online by filling out a Provider Registration Form found at [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org).

**8. What does my facility do once we have signed up?**

Once you have signed up by filling out the Provider Registration Form at [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org), you should review the process frameworks that correspond to the goals your facility has selected. Review current practices, make changes that are necessary, and chart your progress. Detailed explanations can be found in the Goals and Processes section of this toolkit.

**9. Who tracks our progress and how?**

You do. So does the campaign and ultimately, so does the public. Some of the goals are automatically tracked from reports gathered via the Minimum Data Set (MDS). Other goals require providers to track their own progress and report back to the campaign. Overall progress toward the campaign's eight goals is being tracked by the campaign website, which reports progress in the aggregate. Ultimately, the progress your facility makes in working with the *Advancing Excellence* campaign will be reported publicly online and in outreach to the media—both locally and nationwide.

**10. Does it matter if my facility joins *Advancing Excellence* or not?**

YES! Indeed, your participation in *Advancing Excellence in America's Nursing Homes* can make a critical difference in shaping the future of long term care regulations, funding and public policy, not to mention how the media and future long term care consumers view nursing homes.

## **Benefits of Participating and the Goals**

### **Benefits of Participating**

*Advancing Excellence in America's Nursing Homes* campaign is a first-of-its-kind effort to bring disparate groups together to leverage existing quality improvement initiatives. The campaign primarily focuses on continuous quality improvement practices and consistent measurement. It also builds relationships centered on a collective interest in improved quality by charting new courses for attaining better clinical outcomes, customer satisfaction, higher staff retention rates and a payment system that supports quality care.

*Advancing Excellence* presents a unique opportunity for long term care stakeholders to join together and work collaboratively as we have done on the national level. The foundation of *Advancing Excellence* is solid – it builds upon the federal government's web-based Nursing Home Quality Initiative (NHQI), Quality Improvement Organizations' 8th Scope of Work and the profession's Quality First initiative.

The campaign focuses on eight goals; participating providers select at least three goals, and then set targets for those goals. Clinical quality goal outcomes (Goals 1 - 4) will appear on the Nursing Home Compare Website and provide consumers additional information with which to compare results when evaluating nursing facilities. Organizational improvement goal results (Goals 5 - 8) will not be individually publicized; results will be posted only on the *Advancing Excellence* official Web ([www.nhqualitycampaign.org](http://www.nhqualitycampaign.org)) site as aggregate data.

With today's pressures of Medicaid under funding, staffing shortages and liability concerns, you may think *Advancing Excellence* will drain scarce resources, be burdensome to the staff or disrupt current systems for quality improvement. The American Health Care Association disagrees. A sustained, continuous quality improvement program allows more efficient use of both financial and human resources, greater staff operational focus, increased staff retention, better risk management and, as a bonus, a robust willingness by satisfied customers to recommend the facility to others.

Many nursing homes that provide quality care may not have developed effective, process-driven quality management systems to standardize aspects of the delivery of care and services to residents. Participation in the *Advancing Excellence* campaign, with its emphasis on goal setting and using a "process system" to establish consistent practice in attaining the quality improvement goals, will help your facility initiate these important processes.

### **The Eight Goals**

Participating providers of the *Advancing Excellence* campaign must select at least three of the eight goals, with one goal coming from the Clinical Goals, 1 – 4, and one from the Organizational Goals, 5 – 8. A brief description of the eight goals follows; for complete details visit the Campaign's official Web site at [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org) and review Campaign Goals & Objectives. Participants will have access to technical assistance and guidance from their state QIO and Local Area Network for Excellence (LANEs) as

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established by this campaign. Advancing Excellence goals are included in the 8<sup>th</sup> Scope of Work for the QIOs and are aligned with Quality First and AHCA/NCAL's Foundation for Quality (visit [http://www.ahca.org/quality/qf\\_implement.htm](http://www.ahca.org/quality/qf_implement.htm)).

**Clinical Quality Goals**

1. Reducing high-risk pressure ulcers;
2. Reducing the use of daily physical restraints;
3. Improving pain management for longer term nursing home residents; and
4. Improving pain management for short stay, post-acute nursing home residents.

**Organizational Improvement Goals**

5. Establishing individual targets for improving quality;
6. Assessing resident and family satisfaction with the quality of care;
7. Increasing staff retention; and
8. Improving consistent assignment of nursing home staff, so that residents regularly receive care from the same caregivers.

**COMMON GOALS**

Advancing Excellence's (AE) goals are familiar as they are common to several quality initiatives, even the profession's own Quality First program. Advancing Excellence brings together elements of - Quality First (QF), Nursing Home Quality Initiative (NHQI), the Quality Improvement Organization's (QIO) 8th Scope of Work (SOW), culture change (CC) and other state-based quality programs – into one, manageable program. (See the grid to the right for a comparison of the initiatives and common goals.)

<b>AE 8 Goals</b>	<b>QF</b>	<b>NHQI/ QIO SOW</b>	<b>CC</b>	<b>AE</b>
Pressure Ulcers	X	X		X
Physical Restraints	X	X		X
Chronic Pain	X	X		X
PAC Pain	X	X		X
Target Setting**		X**		X
Customer Satisfaction**	X	X**	X	X
Staff Retention**	X	X**	X	X
Consistent Staffing			X	X

\*\*The top 4 clinical goals are publicly reported by NHQI; Target Setting, Customer Satisfaction and Staff Retention are voluntary and not publicly reported.

**See Detailed Descriptions for Each Goal on Pages 18 – 39.**

*Tools and technical assistance will be available to facilities to help providers meet their performance targets. The Campaign's Technical Assistance Workgroup has identified resources to help providers that are available at [www.nhqualitycampaign.com](http://www.nhqualitycampaign.com).*



**ADVANCING EXCELLENCE – PUTTING QUALITY FIRST INTO PRACTICE.**

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*To help providers understand and appreciate the benefits for participating facilities, the profession, residents, their families and facility staff, please review the following:*

**Advancing Excellence Drives Continuous Quality Improvement**

- *Advancing Excellence* embodies a quality improvement process that relies upon a facility champion and leadership support to implement. The resulting process will help facility leaders and staff create a consistent approach to continuous quality improvement. You may find the lessons learned from participating in the Campaign's goals carry over to other key areas within the nursing facility.
- *Advancing Excellence* establishes a set of common measures, giving participating facilities the opportunity to learn from others, to share best practices and to be recognized for their efforts.
- *Advancing Excellence* promotes staff "ownership" and focused involvement through a QI process. Staff takes greater pride in work, it enhances teamwork, thus increasing job satisfaction and decreasing turnover.
- *Advancing Excellence* increases involvement and contact with physicians and the medical director.
- *Advancing Excellence* promotes enhanced customer satisfaction and increased referrals that impact revenue.
- *Advancing Excellence* will increase the competency level of direct caregivers as they work to reach the goals.
- *Advancing Excellence* places providers at the forefront of very visible national and state quality agendas, right where they need to be.

**For Providers, To Participate Is Also to:**

√ **Make a statement about quality.**

- Participating in *Advancing Excellence* is a way to demonstrate that we are dedicated to providing high quality care.
- The Campaign will provide tangible evidence of, and visibility for the quality care at our nursing home and it will increase the public's trust and confidence in our ability to deliver quality services. Joining the Campaign shows that you are continually striving to improve.
- A commitment to process, goal setting, evaluation and continuously addressing problems is a way to achieve a high census through resident and family satisfaction.

√ **Prepare for possible value-based payment systems.**

- *Advancing Excellence* **may** be a precursor to a "pay for performance," value-based payment system;
- Facilities should participate since a future value-based system *may* include targets similar to those used in *Advancing Excellence*.

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- Higher staff retention a consistent staff assignment system can reduce operating cost, improve employee satisfaction levels and help a facility flourish in a future value-based payment system environment if such a system is introduced.
  - An effective CQI system sharpens risk management practices that has the potential to decrease lawsuits, liability, fraud/abuse and false claim allegations.
- √ **Tell public officials that quality and satisfaction are high priorities.**
- Strong participation in *Advancing Excellence* and Quality First demonstrates that quality outcomes and customer satisfaction are high priorities for providers.
  - Showing that financial stability is critical to ensuring the highest quality care is available for all nursing home residents.
- √ **Help the profession's drive for trust and respect.**
- Having a solid majority of providers participate in *Advancing Excellence* reinforces your credibility.
  - Participating in quality initiatives creates a platform to discuss quality and to let any audience know that to fulfill your commitments – and their expectations of a quality environment – you require adequate resources and financial stability.
  - Proactively discussing issues surrounding delivery of quality care benefits providers participating in the *Advancing Excellence* campaign.
- √ **Define your facility identity.**
- Focusing squarely on quality sends a strong message about your identity as a provider of quality long term care services.
  - *Advancing Excellence* and other quality initiatives validate our integrity and reinforce our relationship to residents, their families and staff. Absent a positive message on quality, opportunists and critics will define and label the profession.

### **Your Participation is All-Important**

With its diverse coalition that includes CMS and consumer groups, **ADVANCING EXCELLENCE** brings extra credibility to participants. Even high performing facilities, that have probably already attained the targets for all goals, should join the campaign. Total facility participation will be measured in determining the success of the campaign. Facility leaders can use this opportunity to illustrate how they strive daily for quality outcomes, customer satisfaction and the public's trust. **ADVANCING EXCELLENCE** will give these efforts an enormous boost.

**Register to participate today at**

[http://www.nhqualitycampaign.org/star\\_index.aspx?controls=registration\\_prenh](http://www.nhqualitycampaign.org/star_index.aspx?controls=registration_prenh)

## **Processes & Leadership: A Winning Combination**

### **Goals, Processes, Outcomes**

A nursing facility without a quality management or “process” system to monitor the delivery of care and services operates on a system that puts staff, and often families, in a vicious cycle of constantly struggling with crises large and small. This way of doing business leaves facility leaders without the core knowledge or facts needed to be effective leaders; this work environment also contributes to staff turnover and other chronic facility problems.

To achieve consistently high levels of customer satisfaction and workforce excellence, a nursing facility needs to be methodical in following process procedures in how it approaches both clinical and organizational areas. This formula will facilitate a facility to consistently monitor and continuously improve -- or adapt -- processes when clinical or performance gaps are identified.

### **Quality is Local**

The whole profession will attain its collective goals as individual providers implement or strengthen a continuous quality improvement program. Rather than assuming everything is “just fine” or devising solutions based on assumptions, facility leaders are encouraged to improve customer satisfaction and performance by:

- Creating and communicating a person-centered mission statement
- Monitoring performance indicators
- Surveying for satisfaction of residents/families and employees
- Addressing all concerns in a timely manner
- Adapting processes to the person being cared for
- Using recommended clinical practices

Facility leaders can use the Advancing Excellence process frameworks as a guide or adapt the frameworks to any practice and expect staff to “assess, analyze, plan, implement and evaluate” situations regularly to identify the underlying reason that causes any measure to fluctuate. Only with leadership and persistent measurements will processes improve.

The collective impact of facility data will fuel a national discussion about the state of long term care in America. That discussion should focus on a person-first approach, continuous learning and process improvement, employee empowerment and staff satisfaction – and retention.

### **Leadership: Tips to Establish a Process Framework**

At its core, *Advancing Excellence* is all about developing or refining a continuous improvement system, framework or processes to achieve quality goals, thus making quality less of a goal than a consistent outcome. Quality becomes the outcome of an ongoing process that involves monitoring, continually improving or adapting services to accommodate an individual's changing needs or expectations.

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To engage in *Advancing Excellence*, a nursing facility must establish and sustain the use of tools and procedures to evaluate processes and develop strategies for continuous improvement especially where performance is not maximized.

To establish a continuous improvement process, facility leaders must make a long term commitment as well as an investment to provide continuous training to the staff so they will be equipped and empowered with the tools and processes they need to improve their own work processes. This can take substantial time to implement fully.

**These elements are necessary in establishing a process-based system:**

- Use a database tool to systematically track, report, and compare key process and organizational performance outcome measures (including clinical) to past performance.
- Target measures that are not reaching acceptable standards for improvement.
- Individuals and teams use a clearly defined step-by-step improvement process.
- Document improvement initiatives, including strategies developed to improve organizational or process performance.
- Train and document that employees at various levels and functions to use improvement tools and processes.
- In areas not meeting targets, research and use best practices.

**The first steps include:**

1. Establish a quality council or committee consisting of interdisciplinary team members, residents and families. The council should take time monthly to focus on CQI.
2. Ensure that Advancing Excellence or other CQI process is taught and used by individuals and teams throughout the facility.
3. Ensure that staff value "learning" and that they have access to LANEs or other resources to foster this trait.
4. Identify ways of benchmarking improvements and best practices in other areas of organizational performance not included in Advancing Excellence.
5. For setting clinical performance targets use the STAR Web site (see page 29).  
An aid for monitoring process on certain clinical conditions is the Nursing Home Improvement Feedback Tool (NHIFT) Web site (see page 29). NHIFT, pronounced "nifty," is a free, computer-based, process-of-care data collection tool that assists nursing homes in collecting data and viewing process measure scores for four clinical topics: depression, pain, physical restraints, and pressure ulcers. Using NHIFT a facility can track adherence to the recommended care processes and compare performance to its peers.

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*The following attributes are the basis for integrating leadership with “process” to achieve goals, positive outcomes, high retention and workforce excellence.*

***Leadership and Public Responsibility***

CREATE AN ENVIRONMENT OF INNOVATION AND LEARNING; COMMIT TO SUSTAINING A CONTINUOUS IMPROVEMENT PROCESS OVER THE LONG TERM; STRESS RESPONSIBILITY AND SERVICE TO THE COMMUNITY TO FOSTER INTERNAL AND EXTERNAL RESPECT AND GOODWILL.

***Person-centered***

ENGENDERS CUSTOMER AND STAFF SATISFACTION, LOYALTY AND RETENTION.

***Personal and Organizational Learning***

LEARNING SPAWNS AN ATTITUDE TO CONTINUOUSLY IMPROVE OR ADAPT CARE AND SERVICES AND FOSTERS A CAPACITY TO CHANGE.

***Agility***

THE ABILITY TO HANDLE CHANGE AND BE FLEXIBLE.

***Systems Perspective/Management by Fact/Focus on Results***

MAKE DECISIONS BY USING PERFORMANCE INDICATORS; FOCUS ON WHAT IS IMPORTANT TO MONITOR, RESPOND TO AND BUILD CUSTOMER SATISFACTION, PERFORMANCE RESULTS AND WORKFORCE EXCELLENCE. DON'T ASSUME OR GUESS.

***Manage for Innovation***

CREATE NEW VALUE FOR CUSTOMERS BY INTRODUCING TECHNOLOGIES OR PRACTICES THAT INCREASE SATISFACTION BY OFFERING GREATER ACCURACY, EFFICIENCY, RESPONSE TIME OR INTEROPERABILITY WITH OTHER CARE SETTINGS.

***Only with leadership and persistent measurements will processes actually and permanently improve.***



## Chapter Two

### Goals and Processes

■ How to Participate ■

■ Goals and Processes 1 through 8 ■

*How to use STAR*

*Legal Memo Related to Goal 5*

*Consistent Assignment Help*



## **Goals and Processes**

### **Leadership: Driving Success through Goals & Processes**

*Advancing Excellence* puts into practice the steps in a process that, if followed, lead to many good outcomes, especially consistency in practices among care and operations staff.

Leadership is a vital agent of success in a process system. Leaders set standards by words, actions, clear expectations and establishing a good measurement system to evaluate results and conveying the message that customer satisfaction and performance excellence are the responsibility of everyone on every shift. For a quality management system to be successful there needs to be a motivated staff and that can also be a potent agent of success.

### **Process Frameworks: Pathways to Achieving Goals**

A major resource developed specifically for this Campaign is the process frameworks built around each of the eight campaign goals. These offer providers a step-by-step outline for managing facility practices to achieve positive outcomes for residents and a better work environment for staff.

Adhering to the Advancing Excellence process framework means that a facility will:

- Review what is already being done to address a given goal, and the extent to which steps from the process framework are already being followed;
- Identify steps that could be followed more consistently than at present;
- Optimize its performance in specific steps in the process framework; and
- Take this opportunity to see if the facility's current approaches in various clinical and operational areas are consistent with current thinking and evidence-based standards.

The Advancing Excellence frameworks offer process pathways to help facilities sustain a quality improvement system. This system approach can also contribute to other benefits, such as:

- Achieving optimum care results and outcomes;
- Improved staff performance and satisfaction;
- Improved financial results;
- Reduction of risk and legal liability; and
- Increased likelihood for regulatory compliance.

A facility is free to select and tailor practices to fit its unique operational situation. However, using the campaign's frameworks will establish a common ground and language for participants to compare process and outcomes, benchmark and share best practices. The Campaign's *Local Area Networks for Excellence* (LANEs) are particularly geared to facilitate the sharing of best practices (see Chapter 3, page 40).

**“PROCESS FRAMEWORKS ARE THE BROAD ROADMAPS TO  
SUCCESSFUL CAMPAIGN PARTICIPATION.”**

Visit the Process Framework Web site at:

[http://www.nhqualitycampaign.org/star\\_index.aspx?controls=nhTechAssist](http://www.nhqualitycampaign.org/star_index.aspx?controls=nhTechAssist)

Effective continuous quality improvement efforts use cross-functional and departmental teams to brainstorm quality improvements or to find solutions to “process” problems. A facility’s quality teams should use a consistent approach that incorporates a formula, such as Advancing Excellence’s process frameworks, to identify the root cause of problems as part of a continuous quality improvement process. Each of the Advancing Excellence process frameworks incorporates these four key steps in each goal to guide staff in looking at any situation they encounter:

- |   |  |
|---|--|
| <b>1. Problem Recognition, Assessment</b> | <b>2. Cause Identification &amp; Diagnosis</b> |
| <b>3. Management &amp; Treatment</b>      | <b>4. Monitoring</b>                           |

Next, within each of these four steps, the process framework is subdivided into three areas that guide staffers in the decision-tree process. The three areas are:

◇ **Process Steps** ◇ **Expectations** ◇ **Rationale / Reason** ◇

Thus, the building blocks of the campaign’s process frameworks are these steps:

**PROBLEM RECOGNITION / ASSESSMENT**

*STEPS; EXPECTATIONS; RATIONALE*  
INSPECT AND DOCUMENT REGULARLY; REVIEW OFTEN

**CAUSE IDENTIFICATION / DIAGNOSIS**

*STEPS; EXPECTATIONS; RATIONALE*  
REVIEW FOR ISSUES THAT CAUSE OR CONTRIBUTE TO THE CONDITION

**MANAGEMENT / TREATMENT**

*STEPS; EXPECTATIONS; RATIONALE*  
IMPLEMENT INTERVENTIONS CONSISTENT WITH NEEDS, RISK FACTORS, ETC.

**MONITORING**

*STEPS; EXPECTATIONS; RATIONALE*  
DOCUMENT PROGRESS; ADJUST INTERVENTIONS AS NEEDED

### **Make Choosing and Working on Goals a Team Effort**

Make choosing Advancing Excellence goals a collective decision by involving staff in the selection process to give everyone a vested interest in attaining the goals and empowering them in the *Advancing Excellence* processes. It is important to select goals carefully as they cannot be changed once selected. Suggested research for the goals includes:

- For the Goals 1-4, review your facility’s performance on the Nursing Home Compare Web site at [www.medicare.gov/nursinghomecompare.gov](http://www.medicare.gov/nursinghomecompare.gov) or your Quality Indicator (QI) Reports that compare your facility’s performance to others in the state or nation.

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- For Goals 5-8, do an internal analysis and prioritization; if your facility has already set targets on the STAR Web site (see page 26) then you are already working on Goal #5. If you are already doing resident/family satisfaction surveys, consider working on Goals 7 or 8.
- Consider and evaluate resources (materials/staff) needed to work on a goal and streamline to the extent possible the process for each goal.

After joining the Campaign, facility leaders should provide the process frameworks to all staff members who are involved in the day-to-day activities related to that goal.

With the framework in hand, direct staff members to review what they are already doing in an area, and the extent to which they are already following the steps in the process and to identify steps that could be followed more consistently or better than at present.

Other ideas about involving nursing facility staff in Advancing Excellence include:

- Create “Goal Managers” to oversee each goal and “Goal Recorders” to be in charge of recording or documenting information related to a goal.
- In communicating Advancing Excellence, reach out to the entire staff through meetings and communications and include shift change meetings.
- Consider assigning any staff member to be responsible for a goal or goals.
- Assign a staff person to be the liaison to the state’s LANE (see page 40).

### **A Reminder about Participation**

A facility needs to select, at a minimum, three of the eight goals, including at least one Clinical Quality goal (Goals 1 – 4) and one Organizational Improvement goal (Goals 5 – 8). A description of the eight goals and process frameworks begins on page 18; for more information visit the Campaign’s official web site at [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org) and review [https://www.nhqualitycampaign.com/star\\_index.aspx?controls=goals](https://www.nhqualitycampaign.com/star_index.aspx?controls=goals).

*★★ The collection of data for the Clinical goals, Goals 1 – 4, is automatic through the Nursing Home Compare Web site. However, further action steps are required upon completion of the registration form for the Organizational Improvement goals, Goals 5-8. Facilities will need to print their confirmation report for further information.★★*

Next Page

*How to Register for Advancing Excellence*



**ADVANCING EXCELLENCE – PUTTING QUALITY FIRST INTO PRACTICE.**

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Sample Only

## How to Register for Advancing Excellence

1. Go to the campaign's Web site at <http://www.nhqualitycampaign.org/>
2. In the left hand corner of select 'For Nursing Homes'
3. Scroll to bottom of page and select 'Register to Participate'

**Please review before selecting from the campaign goals below.  
Remember that you cannot change goals once selected.**

- A facility can work on as few as three or as many as eight goals (listed below).
- To be an official Advancing Excellence Participating Providers, a facility needs to select at least three goals.
- For clinical quality goals (Goals 1 - 4), you do not have to provide additional data since the MDS automatically collects and publicly reports the data on Nursing Home Compare.
- For organizational improvement goals (Goals 5 - 8), you will need to submit additional information. For example, if you select Goal 5, you must use the [STAR tool](#) to set/track clinical quality goals for the campaign's clinical quality goals (Goals 1-4).
- Facility-specific data on Goals 5-8 is confidential unless a facility requests otherwise. The campaign will use the data to report average progress on Goals 5-8 at the state, region and national levels. Unlike Goals 1 - 4 that use details readily available on Nursing Home Compare, facility-specific progress on Goals 5-8 will NOT be available to the public UNLESS a facility chooses to share this information by checking the authorization checkbox in the registration form. *BE FAMILIAR WITH THE LEGAL MEMO PERTAINING TO GOAL 5 ON PAGE 31.*
- Please review [detailed explanations](#) for each goal, its measurement and data submission, when applicable (i.e., Goals 5 - 8). Additional helpful information will be available after you submit your registration.

**Be sure to click the checkbox to the left of each goal that you wish to select.**

### **CLINICAL QUALITY GOALS**

### **ORGANIZATIONAL GOALS**

**Check at least one (1) goal below.**

**Check at least one (1) goal below.**

- |  |   |
|--|---|
| <input type="checkbox"/> 1. Reduce the prevalence of high risk pressure ulcers                   | <input type="checkbox"/> 5. Set annual quality improvement targets      |
| <input type="checkbox"/> 2. Reduce the use of daily physical restraints                          | <input type="checkbox"/> 6. Measure resident and/or family satisfaction |
| <input type="checkbox"/> 3. Improve the management and treatment of pain in long stay residents  | <input type="checkbox"/> 7. Measure and reduce workforce turnover       |
| <input type="checkbox"/> 4. Improve the management and treatment of pain in post acute residents | <input type="checkbox"/> 8. Adopt consistent assignment of staff        |

## Goal 1 Nursing home residents receive appropriate care to prevent and minimize pressure ulcers.

### Reducing the Incidence of Pressure Ulcers

Pressure ulcer management is a specialty long term care service, and all nursing homes should work to maintain or lower the incidence of high-risk pressure ulcers. Proven techniques can reduce and almost eliminate this uncomfortable and potentially dangerous condition.

**Data:** Collected via MDS

**Measurement:** National high risk pressure ulcer average, publicly reported and updated quarterly on Nursing Home Compare at:

[www.medicare.gov/nursinghomecompare](http://www.medicare.gov/nursinghomecompare)

Use of the descriptor "resident" applies to both chronic and short stay patients.

Baseline National Average, 2006: 13% 2008 National AE Campaign Target: <10%
--

*This process framework provides the scientific underpinnings for sound clinical assessment and effective care planning to help you to:*

- Take all needed steps to evaluate problems or performance gaps, e.g. assessment or repositioning that may raise the risk of acquiring pressure ulcers or impede healing.
- Identify issues that influence or contribute to the development or healing of pressure ulcers.
- Promote and use to the extent possible interventions that are consistent with resident needs, risk factors, related medical conditions, goals, etc.
- Regularly monitor existing pressure ulcers; adjust interventions as needed.
- Prepare staff to educate surveyors about care practices at the facility in the event there is a question during a survey.

### Process Framework for GOAL 1: PRESSURE ULCER CARE

#### Problem Recognition / Assessment

##### Care Process Steps:

##### 1. *Inspect/document resident skin condition upon admission.*

- Systematically assess skin condition from head to foot within 24 hours of admission or return from another facility.
- Identify/document existing pressure ulcers and other skin breakdown to permit additional assessment and management.
- Review transfer documents and medical records to identify previous interventions for existing pressure ulcers.

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**Advancing Excellence in America's Nursing Homes**

*Goals Processes Outcomes*

Goal 1 Continued

- 2. Evaluate resident skin condition periodically & identify changes.**
  - Inspect resident's skin at least weekly.
  - Regularly inspect skin over bony prominences for breakdown.
- 3. Identify (both initially and periodically) factors that can influence the risk of developing or healing a pressure ulcer.**
  - Look for specific physical and functional factors associated with the risk of developing a pressure ulcer or known to influence the healing of an existing pressure ulcer.
  - Use results of the pressure ulcer risk assessment to develop a plan to minimize each risk to the extent possible.
- 4. Inspect resident skin condition when s/he acquires a new risk factor for developing a pressure ulcer.**
  - Reevaluate a resident's skin when s/he develops a new risk factor known to be associated with an increased risk of skin breakdown.
- 5. Identify complications related to an existing pressure ulcer.**
  - Identify complications and functional / psychological consequences related to an existing pressure ulcer (e.g. pain, osteomyelitis).
- 6. Describe the characteristics of existing pressure ulcers.**
  - Document key characteristics (size, location, depth, stage, etc.); note the condition of the wound bed including evidence of healing such as granulation, the presence of eschar, and the status of surrounding skin).
  - Identify factors that indicate pressure ulcer healing or deterioration.

**Cause Identification / Diagnosis**

**Care Process Steps:**

- 7. Identify evidence to support a determination that an ulcer is not pressure-related.**
  - Inspect resident's skin at least weekly.
  - Collect and assess information, in conjunction with the practitioner, to determine the likely category (arterial/venous ulcer, etc.) and cause.
  - Document basis for conclusions that an ulcer is not pressure-related.
  - As needed, practitioners also evaluate the origin of the ulcer.
- 8. Review for issues, e.g., care process-related problems that influence or contribute to development or healing of pressure ulcers.**
  - Look for problems or gaps in performance of specific tasks (assessment, repositioning, etc.) that could increase the risk of acquiring, or impede healing, of a pressure ulcer.

**Management / Treatment**

**Care Process Steps:**

- 9. Implement the interventions identified in physician orders and the care plan.**
  - Individualize the approaches to prevent and treat pressure ulcers and manage pressure ulcer risk factors.
  - Apply relevant procedures and protocols consistently and correctly.
- 10. Implement interventions consistent with resident needs, risk factors, medical conditions, goals, values and wishes.**
  - Identify realistic pressure ulcer management goals.
  - Indicate the rationale for interventions and treatment plan.

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**Advancing Excellence in America's Nursing Homes**

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Goal 1 Continued

- 11. Address factors identified as being related to the development, presence, or healing of a pressure ulcer.**
  - Address physical, functional and psychosocial issues that affect, and are affected by, pressure ulcers (e.g., pain, decreased mobility, dependency for eating, and medication-related anorexia or lethargy).
  - If pressure ulcer healing is not anticipated, document factors, such as underlying medical conditions that impede healing.
- 12. Use relevant pressure reduction methods in accordance with established principles.**
  - Initiate pressure reduction measures consistent with relevant principles (e.g., the ability of the resident to maintain a position).
- 13. Turn and reposition the resident based on an individualized plan.**
  - Develop individualized approaches to turning and repositioning.
  - If staff believe that limitations (e.g., a resident's inability or unwillingness to cooperate) prevent consistently achieving or maintaining an effective change in position or pressure reduction, address these limitations and document related efforts.
- 14. Consistently manage specific aspects of care for residents with pressure ulcers.**
  - Provide ulcer care in accordance with relevant protocols or procedures based on generally accepted recommendations for LTC.
  - Work to maintain a resident's stable body weight, or indicate why this is not feasible (e.g., underlying medical illness) or desirable (overweight resident on a weight loss program).

**Monitoring**

**Care Process Steps:**

- 15. Monitor the progress of existing pressure ulcers, and adjust interventions based on relevant factors.**
  - Reassess an existing pressure ulcer weekly or as needed.
  - Describe pressure ulcers consistent with the initial evaluation and compare findings over time.
  - Address factors such as extent of healing, wound complications, pressure ulcer characteristics, medical stability, overall prognosis.
  - Explain decisions to change, maintain, or stop various interventions, based on the facility's procedures and resident-specific factors.
- 16. In residents with non-healing or progressively deteriorating wounds, assess for factors that impede healing, and adjust interventions accordingly or justify continuing with current plan.**
  - With physician and interdisciplinary team members, consider medical, mechanical, procedural and other factors that may affect healing, including frequency of turning and positioning, additional or different approaches to pressure reduction, and the presence of cellulitis or osteomyelitis.
  - Address factors that inhibit healing.

**To select Goal #1, complete the Nursing Home Participating Provider Registration:**

[https://www.nhqualitycampaign.com/star\\_index.aspx?controls=registration\\_nh](https://www.nhqualitycampaign.com/star_index.aspx?controls=registration_nh)

**Visit this Web site for the Process Frameworks for Goals 1 – 8:**

[http://www.nhqualitycampaign.org/star\\_index.aspx?controls=nhTechAssist](http://www.nhqualitycampaign.org/star_index.aspx?controls=nhTechAssist)



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## Goal 2 Nursing home residents are independent to the best of their ability and rarely experience daily physical restraints.

### Reducing Physical Restraint Use

Residents of nursing homes with high rates of physical restraint use may be at greater risk for injurious falls and other harmful outcomes, e.g., pressure ulcers, depression and mobility loss. Often, risk factors and underlying causes of symptoms can be addressed, making restraint use less necessary.

**Data:** Collected via MDS

**Measurement:** National physical restraint average publicly reported and updated quarterly on Nursing Home Compare

[www.medicare.gov/nursinghomecompare](http://www.medicare.gov/nursinghomecompare).

Use of the descriptor "resident" applies to both chronic and short stay patients.

Baseline National Average, 2006: 7% 2008 National AE Campaign Target: <5%
--

*This process framework provides the scientific underpinnings for sound pressure ulcer clinical assessment and effective care to help you:*

- Implement steps to evaluate the use of physical restraints in relation to the condition or problem for which it is used or proposed.
- Systematically identify and manage causes of falling, problematic behavior, or other risks that may result in the use of physical restraints.
- Regularly monitor the problem or situation for which restraint devices are used, as well as for complications that may arise.
- Better inform staff to support care provided when challenged by surveys and others, and to support needed changes to current systems or processes.
- Immediately evaluate new admissions for the need for continued use of restraints.
- Advise families about restraint use and that the facility uses a systematic approach in determining the need for a physical restraint.

### Process Framework for GOAL 2: RESTRAINT MANAGEMENT

#### Problem Recognition / Assessment

##### Care Process Steps:

1. **Seek and document a history of the symptom for which a restraint has been used, or for which use is contemplated.**
  - Define in detail the issue or problem for which a restraint is being used or proposed.
  - For new admissions, review transfer documents, physician orders and the medical record to determine the reasons for any restraint use.

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*Goals Processes Outcomes*

Goal 2 Continued

**Cause Identification / Diagnosis**

**Care Process Steps:**

**3. Seek causes of situations or problems for which restraints are used or proposed.**

- Identify likely cause(s) of falling, problematic behavior, or other problems or risks for which a restraint is being used or is proposed.
- Follow a recognized protocol or guideline to identify and manage causes of problematic behavior (such as adverse consequences related to medications or fluid and electrolyte imbalance).
- If a restraint is initiated without knowing the cause of the underlying problem, pursue an appropriate assessment of the cause and alternative approaches to its management.

**Management / Treatment**

**4. Address identified or probable causes of symptoms, or explain why they could not or should not be managed by other means.**

- Consider and manage, to the extent possible, underlying causes of the symptoms and risks; try other appropriate symptomatic and cause-specific interventions to address symptoms and risks, before initiating a restraint.
- Identify and document the basis for deciding that a restraint is needed to manage a risk or situation, either instead of or in addition to other approaches and when re-evaluation of restraint use is needed.
- If a restraint is used, identify how a selected device is relevant to a specific medical symptom for that individual.

**Monitoring**

**Care Process Steps:**

**5. Monitor for impact of the restraint on the individual and on the problem or risk for which it was used.**

- For any restraint use, reevaluate the status of the underlying problem or risk, until the problem or risk has resolved or it is concluded that it will not resolve readily.
- For prolonged restraint use, document periodically why the device is still indicated as an intervention, indicate any other approaches that were and evaluate why other interventions have not addressed the problem or risk.
- Reconsider periodically whether the problem or risk for which a restraint is being used is significant enough to warrant continued use of a restraint.
- Evaluate for progression of symptoms after a restraint is tapered or stopped, and consider other approaches if symptoms remain or return.

**6. Monitor for complications related to the use of a restraint and stop or adjust the use of the restraint accordingly.**

- Take measures to try to minimize restraint-related complications, monitor closely for their occurrence, and stop or adjust restraint use if they occur.
- Monitor the appropriate application and use of restraints, as part of quality improvement activities.

**To select Goal #2, complete the Nursing Home Participating Provider Registration:**

[https://www.nhqualitycampaign.com/star\\_index.aspx?controls=registration\\_nh](https://www.nhqualitycampaign.com/star_index.aspx?controls=registration_nh)

**Visit this Web site for the Process Frameworks for Goals 1 – 8:**

[http://www.nhqualitycampaign.org/star\\_index.aspx?controls=nhTechAssist](http://www.nhqualitycampaign.org/star_index.aspx?controls=nhTechAssist)

**Goal 3**

**Residents who live in nursing homes longer than 90 days infrequently experience moderate or severe pain.**

**AND**

**Goal 4**

**People who come to a facility after staying in the hospital only sometimes experience moderate to severe pain.**

**Reducing the Incidence of Pain**

There is growing awareness about how to treat moderate to severe pain. Most residents, including those at the end of life, can benefit from proper pain management and many non-pharmacologic options are available but underutilized. Many protocols have identified desirable approaches to pain management, including proper selection and dosage of analgesics.

**Data:** Collected via MDS

**Measurement:** National chronic pain and post-acute pain averages, publicly reported and updated quarterly on Nursing Home Compare

[www.medicare.gov/nursinghomecompare](http://www.medicare.gov/nursinghomecompare)

Use of the descriptor "resident" applies to both chronic and short stay patients.

Goal 3

Baseline National Average: 6%  
2008 National Campaign Target: <4%

Goal 4

Baseline National Average, 2006: 23%  
2008 National Campaign Target: <15%

***This process framework provides the scientific underpinnings for sound clinical assessment and effective care planning to help you to:***

- Take all needed steps to evaluate complaints, and to consistently describe and document pain.
- Systematically investigate and identify underlying causes of pain.
- Promote and use to the extent possible interventions consistent with resident needs, risk factors, related medical conditions, goals, values and wishes.
- Regularly monitor for complaints and signs of chronic or post-acute pain, and adjust interventions based on relevant factors.
- Prepare staff to educate surveyors about care practices at the facility in the event there is a question during a survey.

Process Framework Next Page

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## Process Framework for GOALS 3 & 4: PAIN MANAGEMENT

### Problem Recognition / Assessment

#### Care Process Steps:

- 1. Initiate pain assessment within 24 hours of admission or recognition of a condition change.**
  - Systematically identify individuals having pain.
  - Provide specific guidance (for example, via protocols, guidelines, or policies and procedures) for *all* staff to recognize and assess pain, identify causes, and manage and monitor pain.
- 2. Identify the significance of risk factors that could relate to pain or the risk for having pain.**
  - Review known diagnoses and conditions that could be causing, contributing or predisposing an individual to pain.
- 3. Identify and document characteristics of pain.**
  - Use a consistent approach to describe and document pain in enough detail (onset, location, duration and intensity) to permit adequate evaluation of the situation.
  - Individualize approaches to assessing pain based on actors such as cognitive function.
- 4. Notify a practitioner of the presence of symptoms that may represent pain.**
  - When pain is suspected or identified, involve a practitioner to help identify causes and appropriate interventions, unless the situation is readily resolvable with basic interventions.

### Cause Identification / Diagnosis

#### Care Process Steps:

- 5. Seek to identify or clarify specific causes of pain.**
  - Based on information gathered through sources including interview, record review, and examination, identify causes of pain and/or perform an additional investigation for causes, as warranted.

### Management / Treatment

- 6. Identify pain management goals.**
  - Collaborate with staff, practitioners, the resident and his/her family to identify goals for pain management.
- 7. Manage pain and its underlying causes.**
  - Review the causes and characteristics of an individual's pain, and options (including non-pharmacologic measures) for managing pain.
  - Implement a plan to manage a resident's pain, based on the findings from the assessment and cause identification stages.
  - Appropriately manage pain and treatable causes in a timely manner.
  - Utilize recognized options for pain management, as identified in pertinent protocols and guidelines, or have a clinically valid reason for other approaches.
  - Implement pain management plan consistently.

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Goals 3 & 4 Continued

**Monitoring**

**Care Process Steps:**

**8. Periodically reassess the status of an individual's pain.**

- Reassess individuals with pain and those at risk for pain to identify the degree of comfort, the status of underlying causes and the effectiveness of interventions.
- Reassess individuals receiving long-term analgesics for symptoms of pain, effects and side effects of medications, and continuing indications for analgesics and for current doses.

**9. If pain does not respond adequately to selected interventions, reevaluate the approaches.**

- If pain relief goals are not being attained or maintained, review the situation, including current interventions, and consider pertinent additional or alternative approaches, or provide a clinically valid reason for maintaining the current regimen.

**10. Identify the significance of risk factors that could relate to pain or the risk for having pain. Monitor for significant effects, side effects and complications of pain medications.**

- When using analgesics, adjust medications and doses to meet pain management goals, while minimizing risks and side effects such as lethargy, confusion, anorexia and increased falling.

**To select Goal #3 or #4, complete the Nursing Home Participating Provider Registration:**

[https://www.nhqualitycampaign.com/star\\_index.aspx?controls=registration\\_nh](https://www.nhqualitycampaign.com/star_index.aspx?controls=registration_nh)

**Visit this Web site for the Process Frameworks for Goals 1 – 8:**

[http://www.nhqualitycampaign.org/star\\_index.aspx?controls=nhTechAssist](http://www.nhqualitycampaign.org/star_index.aspx?controls=nhTechAssist)

## Goal 5 Most nursing homes will set individualized targets for the publicly reported clinical quality measures.

### Benefits of Setting Targets

Nursing homes that regularly set quality improvement targets are more likely to be committed to improving the quality of care to their residents. Many facilities are already working on improving the clinical campaign goals, and have goals toward which they are working; using the official STAR Web site allows them to formally set goals and easily track progress. Setting targets should not take long and identifying areas for improvement and setting goals are key steps toward implementing a plan for the facility. Targets establish a system to evaluate the effectiveness of interventions.

**Data:** Self Report (Participating nursing homes selecting this goal must visit the *Setting Targets – Achieving Results (STAR)* web site to register and set targets for the clinical campaign goals <http://www.nhqi-star.org/>.)

**Measurement:** The percentage of nursing homes setting annual targets for the clinical campaign goals using the STAR web site.

Baseline National Average, 2006: 50% 2008 National AE Campaign Target: <90%
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### *This process framework will help you to:*

- Evaluate how goals are currently set for improving performance and how performance is reviewed.
- Develop an action plan to address specific care targets and other aspects of care to achieve those targets.
- Monitor progress toward goals and evaluate the effectiveness of the action plan.
- Reinforce and encourage the use of a standardized approach to problem solving and improvement.
- Prepare staff to educate surveyors about care practices at the facility in the event there is a question during a survey.

## Process Framework for GOAL 5: TARGET SETTING

### Problem Recognition / Assessment

#### Process Steps:

1. **Assess ability to use the Nursing Home STAR Site to set targets for aspects of care covered by quality measures.**
  - Systematically assess the ability to use the Nursing Home STAR Site to set performance targets, including how data is currently being collected and

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Goal 5 Continued

analyzed, how goals are currently being set and how frequently performance is being reviewed.

- Consider assessing the ability to use the Nursing Home STAR Site to set targets for additional aspects of care covered by quality measures, such as depression.

**Problem Identification**

**Process Steps:**

**2. Assess ability to use the Nursing Home STAR Site to set targets for aspects of care covered by quality measures.**

- Systematically assess the ability to use the Nursing Home STAR Site to set performance targets, including how data is currently being collected and analyzed, how goals are currently being set and how frequently performance is being reviewed.

**3. Consider factors that could influence the ability to utilize the STAR Site for target setting.**

- Review known factors (already identified or suspected) that are affecting the ability to use the Nursing Home STAR Site for target setting, e.g., information systems, and leadership/staff stability and competency.

**4. Identify underlying factors that influence the ability to utilize the STAR Site for target setting.**

- Review the above information, noting any trends and patterns, and identify factors that influence the ability to use the Nursing Home STAR Site for target setting.
- Conduct additional fact gathering to identify and clarify trends and patterns.
- Conduct a root cause analysis of a specific trend or pattern to identify solutions.

**Management / Implementation**

**Process Steps:**

**5. Establish realistic targets for quality measures (QMs) utilizing the STAR Site.**

- Review known factors (already identified or suspected) that are affecting the ability to use the Nursing Home STAR Site for target setting, e.g., information systems, and leadership/staff stability and competency.
- Utilize the existing Nursing Home STAR Site Toolkit.
- Assess the most recent QI/QM reports or QM scores.
- Compare current QM data to national and state benchmarks and set targets.

**6. Develop an action plan as indicated to set QM targets and address aspects of care for which a facility has set targets.**

- Involving both operational and clinical leadership, use the findings identified during the cause identification steps (steps 2 and 3) to help develop an action plan to use the Nursing Home STAR Site.

**7. Implement action plan as written.**

- Action plans include the identification of specific interventions to be implemented, specific time frames and staff responsible.
- Communicate action plan details to staff, residents and families, as appropriate.

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Goal 5 Continued

**Monitoring**

**Process Steps:**

**8. Evaluate implementation of the action plan.**

- Evaluate the effectiveness of action plan implementation, including:
- Whether interventions are implemented as written; within identified time frames; and by the appropriate staff members;
- Identify results/findings related to implementation of the action plan and have any unanticipated barriers been encountered.
- Use QM scores to evaluate progress in achieving established targets.
- As appropriate, reevaluate action plan implementation between scheduled evaluation times. Update and revise the action plan as needed.

**9. Monitor progress over time in attaining QM targets.**

- Periodically monitor whether targets continue to be met or exceeded.
- Use STAR to help review QM target data, progress, trends, etc.

**To select Goal #5, complete the Nursing Home Participating Provider Registration:**

[https://www.nhqualitycampaign.com/star\\_index.aspx?controls=registration\\_nh](https://www.nhqualitycampaign.com/star_index.aspx?controls=registration_nh)

**Visit this Web site for the Process Frameworks for Goals 1 – 8:**

[http://www.nhqualitycampaign.org/star\\_index.aspx?controls=nhTechAssist](http://www.nhqualitycampaign.org/star_index.aspx?controls=nhTechAssist)

Next Page

*Setting Targets – Achieving Results (STAR)*

Goal 5 Continued



## ***Setting Targets – Achieving Results (STAR)***

The nursing home Setting Targets - Achieving Results (STAR) site allows providers to set targets for the following quality measures: physical restraints, high-risk pressure ulcers, depression, chronic care pain, post-acute care pain and post acute care pressure ulcers. Registered nursing homes can view their quality measure scores, select appropriate targets and track their progress over time. Registration on this site is free and available to all Medicare and/or Medicaid certified nursing homes. A facility setting targets on STAR is completing Goal #5 of Advancing Excellence.

The STAR site was developed by [quality improvement organizations \(QIOs\)](#) under contract to CMS. This site is for a nursing home's internal use; as a result, registration on this site is confidential. A facility's name and targets will not be shared with state survey and certification agencies. CMS will only view aggregate or de-identified data.

### **Tips on Registering and Using STAR**

The STAR site allows a facility to set targets for the following quality measures: physical restraints, high-risk pressure ulcers, depression and chronic care pain. Nursing homes can view their quality measure scores, select appropriate targets and track their progress over time. Of course by setting targets on STAR a facility is completing one of the eight measurable goals outlined in the Advancing Excellence campaign.

1. Open a Web browser and go to [www.nhqi-star.org](http://www.nhqi-star.org).
2. Create an account using your Medicare/Medicaid provider number by clicking on 'Create an Account' in the top navigation bar.
3. Once you create an account, enter the requested information to complete your facility's profile. Click 'Save' to store your information.
4. Click on 'My Data Comparison' in the left navigation bar to view your facility's QM trend reports.
5. To browse targets, click 'My Target Setting' in the left navigation bar and select a performance-based or fill-in-the-blank method for target setting.
6. You can track progress towards your targets by revisiting the 'My Data Comparison' page.)

### **How to Set STAR Targets**

On the My Target Setting pages for each QM, you can select various performance-based methods to see what your target would be with each method -- or you can enter a target of your own choice. Whatever target-setting method you choose, think critically about the target. Think about your current QM scores, your QM trend reports, and what your nursing home plans to focus on during the next year. What can your nursing home achieve in four quarters? Your targets should be achievable, but targets should also encourage your nursing home to "raise the bar" for quality.

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Goal 5 Continued

### Performance-Based

The performance-based methods, described below, are ways to choose a target using either your own QM score or scores of your high performing peers:

- ***National or State Averages:*** Choose national or state averages as your target to aim for what nursing homes are already achieving.
- ***Percentile Ranking:*** The percentile ranking method allows you to see the cutoff scores for various percentile rankings of nursing homes nationwide (10th percentile, 20th percentile, etc.). For example, if you select the 10th percentile ranking for the High-Risk Pressure Ulcer QM, you will see the score you need to perform as well as, or better than, the top 10 percent of nursing homes nationwide.
- ***Percent Improvement:*** This method allows you to specify any percent of improvement (for example, 20%) and apply that to your current QM score.
- ***Achievable Benchmarks of Care – 30% or 50%:*** Another method that shows you what high performing nursing homes are already achieving is the Achievable Benchmarks of Care (ABC) method, used in national target-setting efforts such as the Healthy People 2010 initiative. ABC scores are calculated using scores from high-performing nursing homes nationwide whose residents make up a given percentage of the total nursing home resident population. For example, if you select the ABC 30% method, your target will be the average QM for the best nursing homes nationwide who include 30% of the nation's resident population. If the best nursing homes with 30% of the nation's resident population are achieving, on average, a Depression QM score of 6%, your target will be 6%.

#### Links to STAR

STAR Homepage: [https://www.nhqi-star.org/STAR\\_index.aspx](https://www.nhqi-star.org/STAR_index.aspx)

Create an Account Page: [https://www.nhqi-star.org/star\\_index.aspx?controls=CreateAccount](https://www.nhqi-star.org/star_index.aspx?controls=CreateAccount)

Public Quality Measure Data Page:  
[https://www.nhqi-star.org/star\\_index.aspx?controls=publicData](https://www.nhqi-star.org/star_index.aspx?controls=publicData)

STAR Help Page: [http://www.nhqi-star.org/star\\_index.aspx?controls=help](http://www.nhqi-star.org/star_index.aspx?controls=help)

#### Link to NHIFT

For monitoring processes on certain clinical conditions use the Nursing Home Improvement Feedback Tool (NHIFT) Web site. NHIFT is a free, computer-based, process-of-care data collection tool that assists nursing homes in collecting data and viewing process measure scores for four clinical topics: depression, pain, physical restraints, and pressure ulcers. The NHIFT Web site can be accessed at <http://www.medqic.org/dcs/ContentServer?pagename=Medqic/MQPage/Homepage>

Goal 5 Continued

## **Legal Considerations for Selecting Goal #5**

*(Developed by AHCA's Legal Committee)*

Please note that when participating in Goal #5, Target Setting, a facility may opt to ***have its actual targets kept either confidential or publicly reported***. Within the context of any applicable state statutes and regulations, it is possible that publicly reporting a facility's individual targets, which are driven or monitored by the facility's Quality Assessment & Assurance Committee (QA&A) committee, could jeopardize document protection under 42 U.S.C. §§ 1395i-3(b)(1)(B) and 1396r(b)(1)(B) and 42 C.F.R. § 483.75 ( o )(3). AHCA's Legal Committee reviewed this issue and provides the following assessment:

- Providers should consider a potential loss of quality assurance privilege when deciding whether to select the option to report publicly the facility's clinical targets when electing Goal #5 – setting targets using the Setting Targets Achieving Results (STAR) program. Setting targets is a QA&A activity and release of this information may increase a facility's liability risks, including, without limitation, during regulatory investigations, non-regulatory investigations and civil actions.
- Providers should seriously consider what group/committee at the facility manages the information surrounding the Campaign goals they select. Normally, the facility QA&A committee would be given this task, but since goal information will be shared with Local Area Networks of Excellence (LANEs), which will include representative(s) from survey agencies, consumers and other outside entities and agencies, facilities are cautioned about practices that provide QA&A information to these third party entities, as there are no measures or agreements in place that prevent third parties from using QA&A information once it has been disclosed to them.
- Providers need to become aware of any jurisdiction-specific laws, such as state statutes and regulations, and state and federal case law, on QA&A information to determine the impact these laws will have on a facility's decision to publicly report clinical targets and manage quality Campaign goals through the facility's QA&A committee. Among possible issues to consider is whether a disclosure of some information constitutes waiver of the privilege such that all QA&A information is subject to disclosure to adverse parties.

The intent of this section is to allow providers to make informed choices about the Campaign with the lowest associated risk. Providers should consult with their attorney for legal advice.

###

## Goal 6

**Nearly all nursing homes assess resident and family experience of care annually in order to inform their quality improvement activities.**

### Benefits to Surveying for Resident Satisfaction

Knowing your residents and families' wants and needs will help you provide a better product or service. Only through knowing your customers' expectations can you identify areas for improving resident quality of life, family satisfaction as well as fostering a person-centered approach to care.

**Data:** Self-Report (Participating nursing homes selecting this goal must identify which satisfaction tool is being used, and when the survey was administered. Data are entered yearly.)

**Measurement:** The percentage of nursing homes annually administering satisfaction surveys. Use of the descriptor "resident" applies to both chronic and short stay patients.

Baseline National Average, 2006: 20%  
2008 National AE Campaign Target: <80%

### *This process framework will help you to:*

- Systematically evaluate resident satisfaction by determining target population and developing a standardized approach to distribute the survey, collect the data and analyze it.
- Identify causes that contribute to low satisfaction.
- Develop and focus action plans to set and achieve higher satisfaction goals.
- Monitor the action plan to ensure that it is being implemented as intended.
- Prepare staff to educate surveyors about care practices at the facility in the event there is a question during a survey.

## Process Framework for GOAL 6: RESIDENT SATISFACTION

### Problem Recognition / Assessment

#### Process Steps:

**1. Assess customer (resident and/or family) satisfaction regularly and as indicated.**

- Systematically assess customer (resident and/or family) satisfaction by determining whether the surveys will be conducted internally or by an external agency, and identifying which target resident populations will be surveyed.
- Develop a standardized approach to distributing the surveys.
- Identify methods of collecting the survey results, (e.g., how written and verbal survey responses will be obtained).

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*Goals Processes Outcomes*

Goal 6 Continued

**Problem Identification**

**Process Steps:**

- 2. Consider factors that could influence customer satisfaction and survey results.**
  - Review known factors that are likely to result in less than optimal resident and/or family satisfaction, e.g., staffing issues, effectiveness of processes to provide and support resident choices.
- 3. Assess survey results for trends and patterns and identify underlying causes of less than optimal customer satisfaction.**
  - Review trends and patterns and seek underlying causes of issues.
  - To help identify underlying causes, conduct more detailed surveys, assess for contributing factors and causes, e.g., care schedules, policies.

**Management / Implementation**

**Process Steps:**

- 4. Identify realistic customer satisfaction goals.**
  - In conjunction with residents, families, and staff, identify resident and/or family satisfaction goals.
  - Relate goals to both general improvement and to specific areas that contribute to overall improvement scores.
  - Set realistic, measurable goals that have been compared to national/state benchmarks where available.
- 5. Develop an action plan to achieve the goals related to improving or sustaining satisfaction.**
  - Use findings from the cause identification steps (steps 2 and 3) to develop an action plan.
- 6. Implement the action plan as written.**
  - Communicate and discuss action plan goals, interventions, time frames and responsible parties to staff, residents and families, as appropriate.

**Monitoring**

**Process Steps:**

- 7. Evaluate implementation of the action plan.**
  - Evaluate the effectiveness of action plan implementation, including:
    - Whether interventions are implemented as written; within identified time frames; and by the appropriate staff members;
    - What results related to implementation of the action plan have been identified and what unanticipated barriers have been encountered.
  - Update and revise the action plan as needed.
- 8. Conduct ongoing customer satisfaction surveys to determine trends in satisfaction.**

**To select Goal #6, complete the Nursing Home Participating Provider Registration:**

[https://www.nhqualitycampaign.com/star\\_index.aspx?controls=registration\\_nh](https://www.nhqualitycampaign.com/star_index.aspx?controls=registration_nh)

**Visit this Web site for the Process Frameworks for Goals 1 – 8:**

[http://www.nhqualitycampaign.org/star\\_index.aspx?controls=nhTechAssist](http://www.nhqualitycampaign.org/star_index.aspx?controls=nhTechAssist)

## Goal 7 Most nursing homes measure nursing staff turnover and develop action plans to improve staff retention.

### Benefits of Higher Staff Retention, Less Turnover

Staff stability is critical to providing quality of care. A nursing home invests considerable resources in its staff and the financial impact of turnover is significant. According to 2006 data, nursing staff turnover rates in the U.S. are estimated at 50-75% with a majority of staff leaving within the first month of employment. In addition, each departure represents a minimum cost of about \$3,500. Replacing nursing staff also impacts family and staff satisfaction and current staff who may become overworked.

**Data:** Self Report. (Participating nursing homes selecting this goal must provide the total annual number of nursing staff terminations, and the average number of nursing staff in order to calculate turnover. Data are entered yearly. A *Calculation of Turnover Workbook* is available on the campaign's Web page.)

**Measurement:** The percentage of nursing homes annually calculating staff turnover.

Baseline National Average, 2006: 20% 2008 National AE Campaign Target: <80%
--

#### *This process framework will help you to:*

- Systematically collect, review, and analyze staff turnover data.
- Identify underlying causes contributing to turnover.
- Develop an action plan to lower staff turnover.
- Monitor implementation of the action plan.
- Better inform staff to support care provided when challenged by surveys and others, and to support needed changes to current systems or processes.

### Process Framework for GOAL 7: STAFF TURNOVER/RETENTION

#### Problem Recognition / Assessment

##### Process Steps:

##### 1. *Identify current turnover rate.*

- Monthly gather data and other information related to staff turnover for key categories of staff. Review and analyze turnover data to identify what problems are occurring, and where, when, and how often the occur.
- Consider costs associated with turnover.

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Goal 7 Continued

**Problem Identification**

**Process Steps:**

**2. Seek and identify causes underlying staff turnover.**

- Identify factors causing or related to turnover, including trends and patterns, e.g., trends related to CNAs, RNs, other staff, specific shifts, weekdays or weekends.
- Identify underlying causes of turnover, which may relate to:
  - Management styles and practices; work design and practices; support of staff efforts; human resource management; sufficient staff and resources.

**Management / Implementation**

**Process Steps:**

**4. Identify goals and actions for improving turnover rates.**

**5. Develop an action plan to address causes and to attain identified goals.**

- Use findings from the cause identification steps (Step 2) to develop an action plan, which should include interventions, time frames and responsible staff.

**6. Implement the action plan as written.**

**Monitoring**

**Process Steps:**

**7. Evaluate implementation of the action plan.**

- Evaluate the effectiveness of action plan implementation, including:
  - Whether interventions are implemented as written; within identified time frames; and by the appropriate staff members;
  - What results/findings related to the action plan have been identified and what unanticipated barriers have been encountered.

**8. Update and revise the action plan as indicated by the evaluation process.**

**9. Determine ongoing methods of monitoring the retention and satisfaction and needs of staff.**

- Regularly monitor turnover rates and other factors.

**To select Goal #7, complete the Nursing Home Participating Provider Registration:**

[https://www.nhqualitycampaign.com/star\\_index.aspx?controls=registration\\_nh](https://www.nhqualitycampaign.com/star_index.aspx?controls=registration_nh)

**Visit this Web site for the Process Frameworks for Goals 1 – 8:**

[http://www.nhqualitycampaign.org/star\\_index.aspx?controls=nhTechAssist](http://www.nhqualitycampaign.org/star_index.aspx?controls=nhTechAssist)

## Goal 8

**To maximize quality as well as resident and staff relationships, the majority of nursing homes will employ “consistent assignment.”**

### **Benefits to Using Consistent Assignment**

Consistent assignment (or permanent assignment) is associated with improved quality of life and improved clinical outcomes for residents. Staff benefit from consistent assignment through relationship building with residents, which enhances staff ability to detect changes in health conditions. Consistent assignment may also impact other indicators positively, such as resident/family/staff satisfaction.

**Data:** Self-Report. (Participating nursing homes selecting this goal need to identify whether they use consistent assignment, and to what degree, e.g. for a unit, more than one unit, or the entire facility. They need to enter the date consistent assignment was first used.)

**Measurement:** The percentage of nursing homes that have adopted consistent assignment of CNAs to residents. Use of the descriptor “resident” applies to both chronic and short stay patients.

Baseline National Average, 2006: N/A  
2008 National AE Campaign Target: <33%

### *This process framework will help you to:*

- Systematically assess consistency of direct caregiver assignments by looking at sample data from a unit, hall or shift.
- Identify causes contributing to not using consistent assignment.
- Develop and monitor an action plan to increase consistent assignment.
- Prepare staff to educate surveyors about care practices at the facility in the event there is a question during a survey.

## **Process Framework for GOAL 8: CONSISTENT ASSIGNMENT**

### **Problem Recognition / Assessment**

#### **Process Steps:**

#### **1. Assess the consistency of assignments of direct caregivers.**

- Systematically assess the consistency of assignments by looking at data of a small sample, such as one hall, shift or specific group of caregivers or residents.
- Review existing records/schedules to determine how many times each direct caregiver was assigned to the same unit, hall, etc. and when assigned the same residents.
- Review resident ADL records and shift assignments.

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Goal 8 Continued

**Problem Identification**

**Process Steps:**

- 2. Consider factors that could influence the ability to use consistent assignments.**
  - Identify factors that may impact the ability to provide consistent assignment, e.g., staffing policies, organizational culture, formal and informal staffing practices, direct caregiver flexibility, resident acuity.
  - Identify any trends or patterns related to the identified factors.
- 3. Identify underlying causes that influence the ability to provide consistent assignments.**
  - Conduct additional fact gathering exercise to identify and clarify trends and patterns, such as differences in staff preference toward consistent assignment.
  - Conduct a root cause analysis of a specific trend or pattern to identify solutions.

**Management / Implementation**

**Process Steps:**

- 4. Establish a realistic goal that reflects the consistent assignment of direct caregivers to the same residents on at least 85% of their shifts.**
  - Establish specific and realistic targets to measure within the goal, such as:
    - All direct caregivers in the facility will provide care to the same residents on 85% of their shifts; or
    - Direct caregivers on a specific hall/unit will provide care to the same residents on 85% of their shifts.
- 5. Develop an action plan to achieve the goals related to improving consistent assignment.**
  - Use findings from the cause identification steps (Steps 2 and 3) to develop an action plan, which should include specific interventions, time frames and responsible staff.
  - Include staff in developing consistent assignments and regularly providing feedback.
- 6. Implement the action plan as written.**
  - Communicate action plan goals, interventions, time frames and responsible parties to staff, residents and families as appropriate.

**Monitoring**

**Process Steps:**

- 7. Evaluate implementation of the action plan.**
  - Evaluate the effectiveness of action plan implementation, including:
    - Whether interventions are implemented as written; within identified time frames; and by the appropriate staff members;
    - What results/findings related to implementation of the action plan and what unanticipated barriers have been encountered.
    - Establish what data is to be collected to evaluate effectiveness.
  - Update and revise the action plan as needed.
- 8. Determine methods of ongoing monitoring for consistent assignment.**
  - Regularly monitor whether the goals continue to be met.
  - Determine consistent methods by which to monitor consistent assignment.

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**ADVANCING EXCELLENCE – PUTTING QUALITY FIRST INTO PRACTICE.**

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Goal 8 Continued

### **Consistent Assignment Help**

Current thinking on the issue is challenging common and accepted practice of regular rotation of direct caregivers. As reported in Provider magazine, June 2006, in "A Case for Consistent Assignment," a one-year pilot study by CMS was in line with the findings of 11 other in-depth studies on the subject. Basically, the common conclusion identified consistent assignment as an essential element of a successful improvement in both quality of care and staff retention. Provider magazine offered these steps in for facility leaders when initiating a consistent assignment schedule:

- Hold a meeting for each nursing unit with all of the CNAs from the day shift in one meeting and all the CNAs from the night shift in another meeting.
- Begin these meetings by explaining that nursing facilities that have switched to consistent assignment have improved quality of care and life of the residents and the quality of work life for the staff.
- Place each patient's name from the unit on a Post-it Note and place all of the Post-it Notes on the wall.
- Ask the group to rank each of the patients by their "degree of challenge," with No 1 being relatively easy to care for and No.5 being very difficult (time-consuming and emotionally draining, etc).
- Let the CNAs agree on a number for each patient and write that number on the patient's Post-it Note.

Allow the CNAs to select their own assignments. Assignments are considered fair when each can in the group has amassed the same degree-of-challenge total.

- CNAs may not end up with the same number of patients to care for (e.g. one No. 4 patient is equal to two No. 2 patients). Relationships with patients are important and should be part of the selection process.
- The sequence of rooms is less important though proximity of the residents is important.
- Continue meeting every three months -- or sooner -- to re-examine assignments to ensure that they are equitable and that the relationships with the patients are positive.

For more information on the [Consistent Assignment](#) plan from Provider magazine visit the R. I. Quality Partners Web site <http://www.qualitypartnersri.org>

An additional resource on consistent assignment can be found at <http://www.lumetra.com/resource-center/index.aspx?id=853>

## **A Success Story**

### **Delaware Nursing Home Transforms Care, Improves Staff Satisfaction**

"... Above all, however, consistent staffing assignments have been the cornerstone of the culture change that has taken place at Gilpin Hall. Consistent assignment (sometimes called primary or permanent assignment) refers to the same caregivers (RNs, LPNs, CNAs) consistently caring for the same residents almost (80% of their shifts) every time they are on duty. The opposite of consistent assignment is the practice of rotating staff from one group of residents to the next after a certain period of time (weekly, monthly or quarterly). Within one month of implementing consistent assignments in a small pilot group at the facility, the remaining staff on that unit, not

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**ADVANCING EXCELLENCE – PUTTING QUALITY FIRST INTO PRACTICE.**

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Goal 8 Continued

included in the pilot, requested consistent assignments. This was such a surprise! The CNAs initiated the move to consistent assignments across the unit and then met together to choose their assignments. The CNAs approached management with the request to take on these new assignments. The assignments were immediately initiated. Nurse aides independently determined the acuity and ranked the care needs of the residents to divide the assignment equitably. Plans are underway to increase consistent assignment throughout the facility, starting with additional floors.

Smiley and his team note that consistent assignments have enabled caregivers and residents to form and maintain personal relationships. During team care conferences, which occur, families have commented that they appreciate knowing who is delivering care to loved ones. Certified nurse assistants (CNAs) (staff who work closely with residents and provide assistance with daily living tasks, such as bathing and dressing) state that they never want to return to the old pattern of assignments. Preliminary reports also indicate improvements in the areas of wound care, falls and urinary tract infections. Staff have also benefited on an overall level through Gilpin's participation in the project. Gilpin Hall officials conducted staff satisfaction surveys prior to the culture change initiative and six months into the initiative. Improvements in staff satisfaction were evident in viewing responses to several questions.

Prior to the initiative, 52 percent of the staff strongly agreed or agreed that "Overall, the leaders in this facility care about me," while six months later, that number rose to 69 percent of the respondents.

When asked six months into the project to agree or disagree with the statement, "In the last seven days, I have received praise for doing good work," more than 63 percent of the staff agreed, compared with 50 percent who agreed on the initial survey. Improvement on this particular question was most dramatic in the "strongly agree" category, which rose from 19 percent on the first survey to 40 percent on the second. Responses to the statement, "Our employees cooperate and work as a team," rose from 58 percent to 63 percent.

"What we've seen here is a very positive and dramatic change," says Smiley. "By engaging the staff and residents in a real dialogue about how we can improve and then moving forward and changing what we could accomplish easily, we have made very real and measurable improvements that directly improved quality and atmosphere here at Gilpin Hall." Jennings agrees. "We all have the same goal, which is improving the quality of our resident's lives. Clinical care is important, but real and strong relationships contribute a great deal to the delivery of that care," she said.

**To select Goal #8, complete the Nursing Home Participating Provider Registration:**

[https://www.nhqualitycampaign.com/star\\_index.aspx?controls=registration\\_nh](https://www.nhqualitycampaign.com/star_index.aspx?controls=registration_nh)

**Visit this Web site for the Process Frameworks for Goals 1 – 8:**

[http://www.nhqualitycampaign.org/star\\_index.aspx?controls=nhTechAssist](http://www.nhqualitycampaign.org/star_index.aspx?controls=nhTechAssist)

## Chapter Three

### Local Area Networks for Excellence

(LANEs)



## **Local Area Networks for Excellence**

### **State and Local Connections**

The *Advancing Excellence in America's Nursing Homes* campaign depends on dedicated leaders playing a central role in driving and coordinating the campaign at the state and local level. Thus, the national coalition envisioned the formation of Local Area Networks for Excellence (LANEs) that could:

- Coordinate *Advancing Excellence* at the state and local level and be a source of assistance to all participants, especially nursing facilities.
- Raise awareness of *Advancing Excellence* within each state and encourage facilities to participate.
- Act as a communications hub between state participants and the national coalition to share solutions and experiences, and act as a sounding board for all state participants.
- Act as a central point of contact for state participants, and encourage the discussion of long term care issues and solutions.
- Facilitate collaboration between groups and encourage them to come together to strategize about *Advancing Excellence* or other state issues and initiatives.

The model for a LANE is the national coalition, which consists of 14 founding organizations including providers, professional groups, consumers, both the quality and compliance centers of CMS, Quality Improvement Organizations, and philanthropic and culture change organizations. Each state LANE, with guidance from the national coalition, will determine its own governance structure, agendas and meeting schedules but it should be inclusive of groups with interest and expertise in long term care and a commitment to the campaign.

For example, the national campaign established a Steering Committee, which is chaired by one of the coalition partners for a six-month rotating term. It is organized with three workgroups that are responsible for specific components of the campaign – Technical Assistance to include Goals and Measures, Communication/Marketing, and LANEs. These workgroups are comprised of members and staff of the coalition partners and other organizations who have specialized expertise to develop and carry out the work as recommended by the national campaign Steering Committee.

To get *Advancing Excellence* started in a state, the local LANE needs to designate one of its groups as the LANE convener to begin the organizational process. The convener role does not have any greater authority than other LANE participants do, but has additional duties not expected of the other members, such as being the primary point of contact for communications purposes.

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### **A Partner in Moving to the Future**

At its core, a [LANE's role](#) is to assist participating providers and other local quality stakeholders by lending a hand to, for example:

- Relieve some of the administrative burden of the campaign.
- Encourage more facilities to join the campaign (so as not to be left behind).
- Provide resources and referrals to providers that need help.
- Provide technical assistance and expertise.
- Provide training in coordination with a state affiliate or other entities.

However, a LANE is its own entity and its capabilities will depend on its size, resources and the motivation of its convener and the membership.

A LANE will focus on facts related to care and operations as envisioned in many CQI models, including the Advancing Excellence process frameworks, not assumptions or speculation. It should provide support to providers and caregivers in moving forward and a forum for learning about evidence-based best practices and how to transition to that new best practice.

The [LANE concept](#) is evolving and developing as the campaign progresses. Click on the hyperlink for the latest information about the roles and responsibilities of [LANEs](#).

A listing of LANE conveners is available at

[http://www.nhqualitycampaign.org/star\\_index.aspx?controls=lane\\_list](http://www.nhqualitycampaign.org/star_index.aspx?controls=lane_list)

Visit the LANE Web site at [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org), then click on the LANE bar on the left side of the page.

## Chapter Four

### Communications Tools

■ Communicate ■

*Letter to Families (Sample)*

*News Release (Sample)*

■ Presentation Guide ■

*Outline with FAQ*

**HANDOUT MATERIAL**

Handout material is on pages 50 - 54.  
Also consider distributing the eight Goals and  
Process Frameworks on pages 18 - 39.



**Sample Letter to Families**  
**or Use in Facility Newsletter**

Dear **[name]**,

The staff at **[name of facility]** takes great pride in the care and services we provide, thus we are always seeking ways to improve. That is why we have joined with the federal government's Centers for Medicare & Medicaid Services (CMS), national and state consumer groups, our state's Quality Improvement Organization and other leading health care groups, in a 2-year effort to develop newer ways to improve quality outcomes and to increase staff retention through workplace enhancements.

Named "Advancing Excellence in America's Nursing Homes" (Advancing Excellence), the voluntary campaign began with a national Quality Summit in Washington, D.C., in September 2006. The campaign is intended to benefit local consumers by continuing the trend of increasing consumer's access to standardized, comparative information on clinical outcomes to help them evaluate the quality at local nursing facilities. I/we encourage you to visit the campaign's official Web site for more information at [www.nhquality.com](http://www.nhquality.com) campaign.org.

I/we will gladly discuss Advancing Excellence, anything you see on the campaign's Web site or CMS' consumer site regarding our facility. Some of the data may need further explanation and it is important to ask questions.

Our staff and direct caregivers work very hard to achieve performance excellence and to make **[name of facility]** a quality facility, which is why we are very excited about participation in Advancing Excellence. Also, as part of this unprecedented federal/public effort, we welcome and support the **[name of QIO]**, in working with us on quality to ensure that our residents and families receive the best possible care.

Thank you for choosing our facility, and we encourage you to visit often and call us at **[Phone number]** at any time.

Sincerely,  
**[Name, Title]**

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**Sample News Release / Statement on Advancing Excellence**

**Immediate Release [Date]**

**For Information Contact: [Name of person + phone number(s)]**

[Name of facility], a (#) -bed nursing facility in [town/city], has joined with the federal Centers for Medicare and Medicaid Services (CMS), national and state consumer groups, state-based Quality Improvement Organizations the XXXX – state affiliate – XXX, and other national associations, in a two year effort to develop systematic ways to continually improve care quality and increase staff retention.

Named “Advancing Excellence in America’s Nursing Homes” (Advancing Excellence), the campaign is an extension of the government’s National Nursing Home Quality Initiative (NHQI) and the long term care profession’s own Quality First initiative, both introduced in 2002. The community benefits because Advancing Excellence continues the trend to increase transparency and consumer’s access to standardized, comparative information to help families and individuals make informed decisions when it is necessary to choose a nursing facility or to compare it to other nursing facilities in the area, state or nation. (NHQI data is posted on the Web at [www.medicare.gov](http://www.medicare.gov).)

The voluntary Advancing Excellence campaign began with a national one-day Quality Summit in Washington, D.C. to assess care quality and the overall working environment in today’s nursing facilities and how to implement the campaign nationwide.

“CMS is pleased to be a part of this unprecedented coalition” of organizations representing providers, consumers and government,” said then CMS Administrator Mark B. McClellan, M.D., Ph.D. “We all share the very important goal of creating an environment where high quality nursing home care is an expectation for every American.”

**ADD QUOTE BY STATE AFFILIATE OR COMPANY/FACILITY LEADER HERE IF DESIRED.**

To ensure that continuous quality improvement is comprehensive, sustainable and person-centered, the national Advancing Excellence coalition adopted measurable clinical and organizational goals for nursing facilities to adopt as a way to improve clinical care; incorporate resident/family satisfaction surveys into the quality assessment process; and to increase staff retention. Advancing Excellence will help participating facilities identify care practices needing refinement or improvement and encourage providers to share information on innovative ways to achieve the goals of Advancing Excellence.

###

Organizations with an asterisk (\*) are founders of the *Advancing Excellence in America's Nursing Homes* campaign. The organizations currently serving on the national Steering Committee follow: Agency for Healthcare Research and Quality; Alliance for Quality Nursing Home Care; American Association for Homes and Services for the Aging\*; American Association of Nurse Assessment Coordinators\*; American College of Health Care Administrators\*; American Health Care Association\*; American Medical Directors Association\*; Association of Health Facility Survey Agencies; Centers for Medicare & Medicaid Services\*; CMS contractors, the Quality Improvement Organizations\*; Foundation of the National Association of Boards of Examiners of LTC Administrators; National Association of Directors of Nursing Administration in LTC; National Association of Health Care Assistants\*; National Citizens' Coalition for Nursing Home Reform\*; National Commission for Quality Long Term Care\*; National Conference of Gerontological Nurse Practitioners; National Gerontological Nursing Association; Service Employees International Union; The Commonwealth Fund\*; The Evangelical Lutheran Good Samaritan Society\*; The John A. Hartford Institute Foundation for Geriatric Nursing. More information on how organizations, nursing homes and consumers can get involved is available on the campaign's official Web site [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org).



## **Presentation Guide for Facility Leaders**

Our (state association) and our national association, the American Health Care Association in Washington DC, has partnered with other long term care stakeholder groups in the two-year *Advancing Excellence in America's Nursing Homes* campaign. (See handout for list of founders.)

The goal for AHCA is to have 5,000 facilities participating in 2007.

### Discussion Leader:

- *Explain the purpose of the meeting as A) Whether to join the campaign or B) If the decision to join has been made and this meeting is to choose three or more goals for the facility to pursue or C) To announce that the facility has joined the campaign and to let staff know which 3 (or more) goals were selected to target. Then continue with the outline below.*

*Advancing Excellence* is a national quality initiative with partners at the table for the first time (See handout for list of founders). It is notable in that it is no small feat to have CMS, a national consumer advocacy organization and our profession cooperating on a quality initiative.

### Discussion Leader:

- *Distribute copies of the Question & Answer document that follows this outline.*

So what is Advancing Excellence and how will it affect us.

Advancing Excellence includes 8 Goals and facilities select three of the eight to do. One goal has to come from each category of Clinical and Organizational. We can choose more than three if we want to.

Key words for the goals are "Familiar," "Attainable" and "Practical."

Here are the goals:

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**Advancing Excellence in America's Nursing Homes**

*Goals Processes Outcomes*

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Discussion Leader:

- *Depending on your plan either distribute copies of the 8 goals from pages 16 – 38 of this ToolKit or distribute copies of the three or more specific goals that were previously selected.*

**Four Clinical Quality Goals**

1. Reducing high-risk pressure ulcers;
2. Reducing the use of daily physical restraints;
3. Improving pain management for longer term nursing home residents; and
4. Improving pain management for short stay, post-acute nursing home residents.

**Four Organizational Improvement Goals**

5. Establishing individual facility targets for improving quality;
  6. Assessing resident and family satisfaction with the quality of care;
  7. Increasing staff retention; and
  8. Improving consistent assignment of nursing home staff, so that residents regularly receive care from the same caregivers.
- Clinical goals 1 to 4 are reported on CMS' Nursing Home Compare Web site. We should review our performance on Nursing Home Compare to determine where we need to improve compared to other facilities in the state and across the nation.
  - Goal 5 is based on the STAR Web site (if a facility has already set targets on the STAR web site, it is already working on Goal #5 and may want to choose it for the sake of simplicity). There is a *Legal Advisory* from the American Health Care Association related to selecting Goal #5.
  - Goals 6, 7 and 8 are self-reported.

Discussion Leader:

- *(Refer to page 7 in the Facility ToolKit for a grid that shows how the goals are used across various quality initiatives and that the targets are attainable as the figures for the 1<sup>st</sup> and 2<sup>nd</sup> Quarters for 2006 show; the last column – 2008 – shows Advancing Excellence targets for all goals.*
- *Emphasize that these targets are attainable. Plug your facility's numbers into the second grid.*
- *Include a discussion of your facility's experience with these or similar clinical or organizational goals. You can even plug your facility's numbers into the second grid.)*

The eight goals are one part of the campaign.

The other aspect is that for each goal there is a "process framework" developed specifically for that goal. These process frameworks are essentially a step-by-step procedures for the staff to reach the target for that goal. Think of them as a broad roadmap to success in this campaign.



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The idea of the campaign is that we follow these process frameworks for the three (or more) goals we pick.

*Discussion Leader: (If you use a CQI process, discuss your system and relate it to the Advancing Excellence process frameworks. Remember, facilities are not obligated to use specific processes to attain a goal.)*

## **“Process” Discussion Topics**

- A key to this facility's success in achieving positive outcomes and regulatory compliance is applying a disciplined, process approach to facility practices.
- Leadership is a key element in managing a system of processes and meeting the goals of *Advancing Excellence*.
- Managing with a process view, such as used in *Advancing Excellence*, is a key to a continuously improving facility.
- Facilities not managing processes are probably managing “tasks” without regard to the bigger picture of care outcomes, staff performance, profitability and customer satisfaction.
- Facility leaders set standards of practice that incorporate a systematic approach to care with key steps that assesses, analyzes, plans, implements and continuously evaluates systems and processes.
- A systems approach to operations helps a facility sustain a high level of quality, workforce excellence, customer satisfaction and regulatory compliance.

## **Choosing Goals a Team Effort**

### ***Discussion Ideas***

To make choosing Advancing Excellence goals a collective decision at the facility, invite those individual staff members, including CNAs, who will be most affected

**It is important to select goals carefully and thoughtfully. Goals cannot be changed after they are registered on the Advancing Excellence Web site.**

*Assign staff to:*

- Goals 1-4 -- Review the facility's performance on the Nursing Home Compare Web site and determine which clinical goals to pursue. They might compare the facility's performance to your state and the nation.
- Goals 5-8 -- Ask staff to do some internal analysis and prioritization; if the facility has already set targets on the [STAR Web site](#), they are already working on Goal #5. *If the facility has already implemented resident/family satisfaction surveys, perhaps they can work on Goals 7 or 8.*

Provide the complete process frameworks to staff leaders and staff who are involved in the day-to-day activities related to that goal (e.g. staff who cares for residents with pressure ulcers, or key management and staff who are responsible for staffing and staff

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assignments). Material in this ToolKit is an abbreviated version of the full process frameworks which are available on the Web.

Based on the complete frameworks for the goals selected by the facility, or for the CQI system you currently use, discuss and review what is already being done in each goal area and the extent to which staff are already following the steps in the processes for that goal. As part of this discussion, identify steps in the process that could be followed more consistently or better than at present.

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Handout Material Pages 50 - 54



## Frequently Asked Questions (FAQs)

### 1. What is the *Advancing Excellence* in America's Nursing Homes campaign?

The *Advancing Excellence in America's Nursing Homes* campaign represents an unprecedented combined effort of multiple organizations, both public and private, as well as individuals who are committed to continuous quality improvement in caring for frail, elderly and disabled Americans in nursing homes nationwide.

### 2. How did the *Advancing Excellence* campaign get started?

Leaders from long-term care provider organizations and Centers for Medicare & Medicaid Services (CMS) began discussing the idea of a campaign with measurable goals, and proposed it to the then-Administrator of CMS, Dr. Mark McClellan, in December of 2005. Dr. McClellan encouraged the group to develop its proposal further. With this support, a coalition of Providers, caregivers, advocates and government experts worked together to develop the *Advancing Excellence in America's Nursing Homes* campaign based on key quality improvement goals.

### 3. What is different about this campaign?

This campaign was created by an unprecedented, broad-based coalition of organizations representing long-term care providers, caregivers, medical and quality improvement experts, government agencies, and consumers. This is the first time all of these groups with a stake in improving nursing home quality have come together in a national effort to coordinate combined resources with nationwide support, assistance and commitment from national and local organizations.

(Continued)

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**4. Which organizations are participating in this campaign? Is this a CMS campaign, and how does this campaign fit with existing quality initiatives already underway from the partners?**

The organizations currently (1/24/07) serving on the national Steering Committee follow. Organizations with an asterisk are founders of the *Advancing Excellence in America's Nursing Homes* campaign.

- Agency for Healthcare Research and Quality (AHRQ)
- Alliance for Quality Nursing Home Care (The Alliance)\*
- American Association for Homes and Services for the Aging (AAHSA)\*
- American Association of Nurse Assessment Coordinators (AANAC)\*
- American College of Health Care Administrators (ACHCA)\*
- American Health Care Association (AHCA)\*
- American Medical Directors Association (AMDA)\*
- Association of Health Facility Survey Agencies (AHFSA)
- Centers for Medicare & Medicaid Services (CMS)\*
- CMS contractors, the Quality Improvement Organizations (QIOs)\*
- Foundation of the National Association of Boards of Examiners of LTC Administrators
- National Association of Directors of Nursing Administration in LTC (NADONA/LTC)
- National Association of Health Care Assistants (NAHCA)\*
- National Citizens' Coalition for Nursing Home Reform (NCCNHR)\*
- National Commission for Quality Long Term Care\*
- National Conference of Gerontological Nurse Practitioners (NCGNP)
- National Gerontological Nursing Association (NGNA)
- Service Employees International Union (SEIU)
- The Commonwealth Fund\*
- The Evangelical Lutheran Good Samaritan Society\*
- The John A. Hartford Institute Foundation for Geriatric Nursing

As a collaborative effort, no single organization has complete ownership of the campaign. CMS is very involved, working collaboratively, in this effort—providing technical expertise, staff, and other resources that will help launch and sustain the campaign through 2008.

Achieving high quality care has been a priority for the nursing home community for many years, and many of the campaign's founding organizations have existing quality initiatives.

*Advancing Excellence in America's Nursing Homes* builds on the work and goals of existing efforts such as the Nursing Home Quality Initiative, Quality First, the

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campaign for Quality Care and other important initiatives. Advancing Excellence in America's Nursing Homes provides an opportunity for providers to operationalize and measure the goals and mission of Quality First. The campaign is not a substitute for Quality First or duplicative work for nursing homes already signed onto Quality First or committed to working with their State Quality Improvement Organization (QIO).

**5. What is the aim of the campaign?**

*Advancing Excellence in America's Nursing Homes* seeks excellence in the quality of life and quality of care for the more than 1.5 million American nursing home residents by enhancing choice, strengthening the workforce, and improving clinical outcomes.

**6. Will tools and technical assistance be available to help providers improve their performance and meet their targets? If so, where will providers get those tools?**

Yes. Several tools already have been developed to assist providers' ongoing quality improvement efforts, and the campaign Web site will provide access to these tools and more.

Materials from the Quality Improvement Organizations (QIOs) may be accessed at [www.medqic.org](http://www.medqic.org); moreover, the QIOs offer their expertise to providers primarily through phone calls and group meetings, and formal collaborative improvement projects. In some cases, QIOs will conduct site visits with providers.

Providers' groups such as the American Health Care Association (AHCA), the American Association for Homes and Services for the Aging (AAHSA), and the Alliance for Quality Nursing Home Care have designed various tools to complement their Quality First initiative, which seeks to improve quality.

The American Medical Directors Association (AMDA) has produced *Clinical Practice Guidelines* designed to assist providers to establish "Best Practices" in their nursing homes.

Consumer groups such as the National Citizens' Coalition for Nursing Home Reform (NCCNHR) offer tools through their campaign for Quality Care. The *Advancing Excellence in America's Nursing Homes* campaign's Technical Assistance Workgroup will continue to work to identify and develop tools and resources to help providers reach their goals.

**7. What are the goals of the campaign and how will the campaign track nursing homes' progress in achieving the goals?**

In the *Advancing Excellence in America's Nursing Homes* campaign, providers will voluntarily commit to track their progress on at least three of eight measurable quality goals. Four of the goals focus on clinical outcomes for those receiving care in nursing homes, and the other four goals address process-related organizational culture objectives. A provider must select at least three

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goals with at least one goal that is a clinical outcome measure and at least one goal that is process-related.

The clinical goals (1 - 4) include reducing the use of physical restraints, reducing pressure ulcers among high-risk residents and reducing pain for both short stay and longer-term residents. CMS then publicly reports on these quality measures on the Nursing Home Compare at [www.medicare.gov/nhcompare/home.asp](http://www.medicare.gov/nhcompare/home.asp).

The organizational goals (5 -8) encourage providers to set individual targets for continuously improving care quality in nursing homes and assessing resident and family satisfaction as well as staff retention and consistent assignment of staff. While the campaign will track these goals, the data will remain confidential and will not be publicly reported unless the provider releases it. Those nursing homes that voluntarily elect to share their results for the process related goals with the public will have this data listed on the Web site and can seek QIO assistance in developing trending reports. Providers not wishing to make their results public can monitor overall progress of the campaign, which will track the data in aggregate.

Regular campaign updates showing progress in the aggregate will be posted on the campaign web site at [www.nhqualitycampaign.org](http://www.nhqualitycampaign.org). In addition, the campaign will provide a listing of the homes participating in the campaign to allow consumers, providers and organizations (such as state and national associations) to track which homes have enrolled.

***This FAQ is an abbreviated version of the one developed by Advancing Excellence Coalition which is available on its campaign Website:***

<http://www.nhqualitycampaign.com/files/FAQs%20on%20LH%209%2014%2006.pdf>

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A Covenant For Healthy, Affordable  
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