

futureAge

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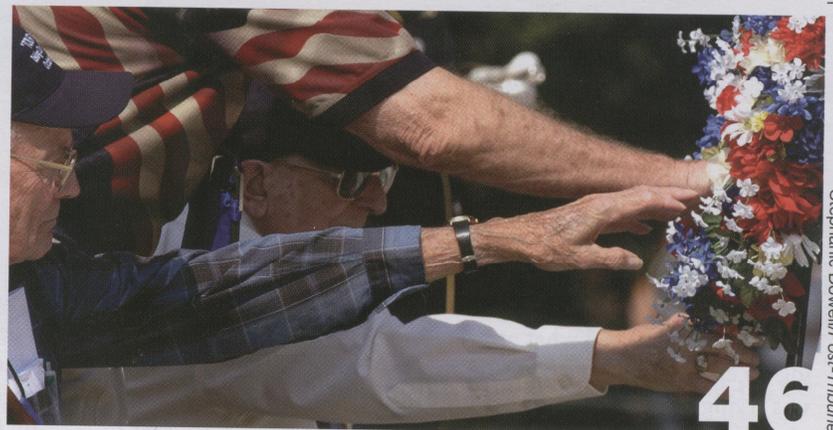
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Taking the Mystery Out of Measurement

by Linda Galbraith

Performance measurement ought to be the foundation of quality improvement efforts and satisfaction of residents, clients and staff. For a variety of reasons, however, such measurement is often not done, or done poorly.

This aging-services organization made a commitment to performance measurement and has distilled its experience into a set of principles that can be applied by any organization:

- Measure something you are interested in improving.
- Measure something you can actually improve.
- Don't measure something beyond your ability to improve.
- Think small and manageable to start.
- Be sure your indicator matches your outcome measure.
- Be sure you can actually measure your objective.
- Use a team to help determine your performance improvement measures.
- Identify the person responsible for each measure being improved.
- Look for sustained improvement.

Why does performance measurement that addresses effectiveness, efficiency, access to services and satisfaction seem so daunting to many of us in aging services? Perhaps because there are a variety of obstacles to performance measurement that can affect all of us, regardless of organization size, resources or need for information. Perhaps we're not sure how to prioritize our efforts to yield better information for decision-making. Maybe we are concerned that we won't improve so we don't want to see negative results. Possibly we think measurement won't really help to improve the issues we are facing. Or maybe it's as simple as not knowing how to begin.

Our journey at ACTS Retirement-Life Communities, Inc. (ACTS) was not unlike what you may be facing. What we have learned might help as you face similar challenges.

The Right Measurements for Public Trust

ACTS recognizes that having meaningful information to share with residents, staff and leadership is essential. This doesn't always mean we must collect more data. Instead, we have found it beneficial to look at our priorities to determine if we are collecting the right data for decision making and for maintaining public trust in the quality of our services.

ACTS has maintained accreditation through the Continuing Care Accreditation Commission (CCAC), now a part of the Commission on Accreditation of Rehabilitation Facilities (CARF), since our first continuing care retirement community went through the process in 1995. Since then, accreditation standards have evolved to reflect changes in our field. However, the concepts we are sharing are

not only important to those organizations that are accredited. We all can benefit from performance measurement regardless of our pursuit of accreditation, since standards can help define success in our field.

All 17 of our eligible ACTS communities are accredited through CARF-CCAC because its standards provide a framework for a performance measurement system that connects business with service delivery. We see value in voluntary validation by an external, third-party, peer-review organization that we are meeting a set of international standards. Similarly, ACTS has a strong commitment to AAHSA's Quality First initiative.

The Process

So how do you begin? And then what do you do? The answers will vary by your organization's size and resources, but there are similarities that cross all organizations. Look at your available resources and staff and decide who will be responsible for the overall performance measurement process. This does not mean one person has to do it all, but does mean that one leader should champion the cause by serving as the facilitator. Regardless of your organizational structure, someone must be responsible for seeing that the measurement process is useful.

Since Elsie Norton, senior vice president of quality care, has oversight of the accreditation process for ACTS and also serves as the managing director of ACTS Gerontological Research Institute (AGRI), she realized the benefit in merging AGRI's research expertise with the accreditation process. At Norton's recommendation, in 2006 ACTS staff participated in a CARF-CCAC performance measurement workshop. It provided specific tips and

Some objectives are exceedingly difficult to measure with any meaning and would probably not be good choices for performance improvement.

decrease your staff's engagement and knowledge. Successfully sustain your improvement, then choose another area on which to focus.

Evaluating Results and Progress

If you've chosen something you really want to improve, getting people involved shouldn't be difficult. Brainstorm with members of your performance improvement team, or set up a sub-group with those who have special expertise or interest in the area being measured. Develop a plan of action. Identify the computer hardware and software you will need to support the tracking of data and generation of reports.

Be sure you obtain data that are reliable and valid to support your current and expected outcomes. Spot-check data for accuracy and be sure data collection tools are used correctly. There are many ways to do this and different people can

be involved, but each measure should be reviewed by one person responsible for the reliability of data.

It's also very important to share your results. Use newsletters, town hall meetings, notices on bulletin boards, etc., to share not only your successes but the status of areas still needing improvement. The PIT crew at ACTS' Spring House Estates in Ambler, Pa., maintains small, attractive bulletin boards in several key areas of their community showing the monthly progress in achieving performance improvement goals. It includes pictures of the PIT crew, too. Holly Schade, executive director of Spring House Estates, reports that residents frequently stop her in the hall to ask how the community did with its goals. "They really look forward to our progress," Schade says proudly.

Meaningful performance measurement needn't be a mystery for your organization. Finding something that employees

and stakeholders agree is an area in need of improvement will empower commitment to the process. Realizing successful outcomes will inspire us all to continuously enhance the care provided to our nation's elderly. 

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tools for how to begin or refine measurement systems.

Next, we customized a measurement template (see below) by incorporating five key measurement domains identified by CARF-CCAC standards regarding service delivery, along with a sample for each measure. We found a simple, visual tool helpful. The five measurement domains are:

1. Effectiveness
2. Efficiency
3. Service access
4. Satisfaction/feedback of stakeholders
5. Satisfaction/feedback of residents

Each ACTS community was encouraged to identify one person as the champion of the measurement process and to use a team approach in determining specific performance measures to tie to our

improvement priorities. We call this group the Performance Improvement Team or “PIT crew.” What we learned is that the members of a performance measurement team should have an interest in improving the organization and should include staff representatives from different levels and departments, including one or more residents or persons who *receive* services, if the organization does not offer residential services.

We then met with each PIT crew, either by attending their first meeting in person or participating with them by conference call. Through AGRI, we had previously compiled a list of data already being collected through the ACTS’ corporate office, such as satisfaction surveys and human resources statistics. Members of the PIT crew were encouraged to look at this data, as well as what was being measured in their CCRC, to determine if these mea-

asures were useful for improvement efforts and if they fit with one of the five measurement areas.

Once each PIT crew determined what they wanted to measure for potential improvement, they were encouraged to complete the measurement template for each area. Lori Ann Dancheck, quality program coordinator for ACTS, frequently involved CARF-CCAC staff during this process for technical assistance, and I reviewed the completed templates for their appropriateness and, if necessary, modification.

Taking the Mystery Out of Measurement

Across our communities, many similar issues presented themselves as we fine-tuned our performance measures and strategies and linked them to improvement priorities. Here are some key points:

A Measurement Template

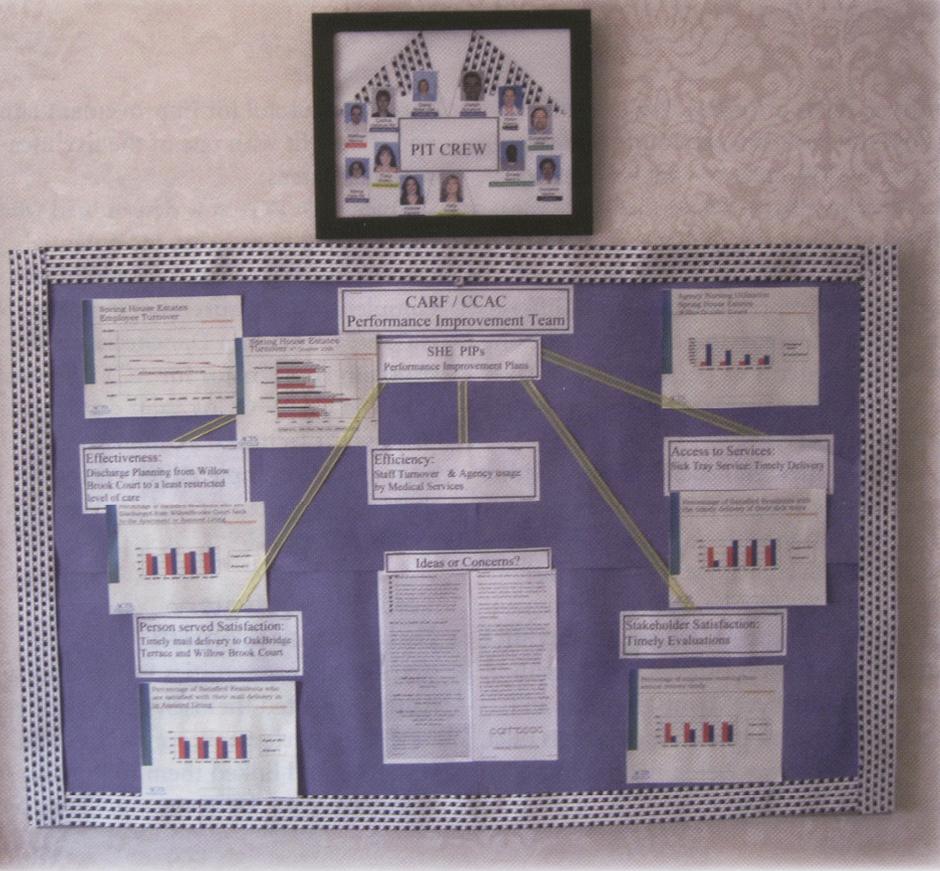
ACTS developed a measurement template based on a CARF-CCAC document, one for each of five key measurement domains: effectiveness, efficiency, service access, satisfaction/feedback of stakeholders and satisfaction/feedback of residents. This example covers measurement of satisfaction/feedback of stakeholders.

The columns represent:

1. *Type of measure:* One of the five key measurement domains.
2. *Level of care:* independent living (ILU); assisted living (OBT-OakBridge Terrace); skilled nursing (WBC-WillowBrooke Court).
3. *Objective:* Concise description of measurement objective.
4. *Indicator:* What specifically is being measured?
5. *Applied to:* Who is affected by the measure?
6. *Frequency of reporting:* How often measurement will be reported/collected.
7. *Data source:* Where data will originate.
8. *Responsible person:* The specific “go-to” person responsible for the measure.
9. *Current outcome:* Current measurement standard.
10. *Expected outcome:* Objective measurement standard.
11. *How to share results:* Avenues to share results in your environment, e.g.: newsletters, bulletin boards, staff meetings, resident forums, etc.

Satisfaction/Input: The experiences of the persons served and others with the organization (for example, families, referrers, or payers with an interest in the mission of the organization).

Type of Measure	Level of Care (ILU, OBT, or WBC)	Objective	Indicator	Applied To	Frequency of Reporting	Data Source	Responsible Person	Current Outcome	Expected Outcome	How to Share Results
Satisfaction/ Input - Stakeholders	WBC	Decrease time that it takes DON to return phone call to resident’s family	No. of hours	Families of WBC residents	Monthly	Phone log	DON	24 hours	12 hours	Staff meetings, notification to families



ACTS' Spring House Estates uses simple displays on bulletin boards to share data, celebrate successes and identify areas still needing improvement.

Measure something you are interested in improving, not something you think a peer surveyor wants you to measure. Staff buy-in will be greater if you are trying to improve something your organization genuinely wants to make better. For example, solicit ideas from your CNAs or culinary staff, who often have excellent knowledge of what needs improvement and probably have suggestions on how to be successful.

Measure something you can actually improve. Don't identify an area for measurement that is already strong, thinking that it would look good to the surveyor or another party. For example, if you choose to improve your rate of elopement in your skilled nursing center and you haven't had an elopement in the last year, improvement will be impossible.

Conversely, don't measure something beyond your ability to improve. When a measurement objective does need improvement, but is outside the control of your performance improvement team, it will not be a successful measure. For example, if residents are unhappy because

they do not have washers and dryers in their independent or assisted living apartments, and there is a lack of space and plumbing to accommodate this request, improving their satisfaction in this matter is not something that can be achieved by a performance improvement measure. Capital improvements often fall in this area.

Think small and manageable to start. You're looking to improve something that matters, and it doesn't have to be grand. A successful small improvement, linked with measurement, is a wonderful way to work up to bigger improvements. For example, choose just one item from your resident satisfaction survey to improve. This may improve your entire satisfaction survey if you are successful.

Be sure your indicator matches your outcome measure. Compare apples to apples, numbers to numbers and percentages to percentages. Compare like measures to each other. For example, if measuring the number of hours it takes the director of nursing to return phone calls to residents' families as your indicator, your expected outcome improvement

should also be in hours, not the number of calls remaining to be returned at the end of the day.

Be sure you can actually measure your objective. Some are exceedingly difficult to measure with any meaning and would probably not be good choices for performance improvement. For example, if your objective is making mail packages available to residents 24 hours a day, and you currently have them only available during office hours, you would not need to make this a performance improvement objective. It would more likely be considered a policy change.

Use a team to help determine your performance improvement measures.

Include staff from various levels and departments on your performance improvement team, not just management-level staff. For example, if you are hoping to improve a measure that relates to a CNA responsibility, it makes sense to include at least one CNA on your team. Inclusion of residents or others who receive services on your performance improvement team is also a good idea, since they often have very different and useful points of view.

Identify the person responsible for each measure being improved. This should be one "go-to person" who understands the requirements and status of the improvement process. For example, if you are looking at improving satisfaction with the temperature at which tray-service meals are served, identify one person with overall knowledge of the improvement process, such as the dining supervisor or lead cook, not the "culinary department."

Look for sustained improvement. If measuring performance quarterly, don't assume you have been successful if you improve after one quarter. Improvement should continue until you've met and sustained your expected outcome for a specified time, such as one year, or whatever period works for you. Be mindful that sustained improvement needs to be supported by ongoing education and training of staff, since turnover, changes in responsibilities and other issues may