

PROVIDERS MARK QUALITY PROGRESS

In their journey
toward quality,
providers are
supported by
national and local
coalitions and
initiatives.

Meg LaPorte

Culture change—a movement that seeks to transform nursing facilities into more home-like, person-centered models of care—was the center of discussion recently at a Capitol Hill briefing, where Karen Schoeneman, senior policy analyst and project officer at the Centers for Medicare & Medicaid Services (CMS), described how it has taken center stage at the agency.

“Culture change,” she said, “has become institutionalized into the institution of CMS and the federal government.”

Schoeneman, who co-leads the survey and certification process, explained how employees at all levels of CMS have been educated about the movement: “Survey and certification, the payment people, the measurement people—everybody’s heard of it—the people who are developing the new MDS [minimum data set], they’re all studying, learning, and trying to do something with it,” she said.

“We are on board with [culture change] big time, huge time. We must have this, we are going to have it, and we need to make sure the feds and all the state surveyors are not standing in the way of this.”

This attitude illustrates just how far the profession has come in its pursuit of quality improvement. The survey process for a number of years has been seen as an impediment to executing innovative quality improvement con-

cepts. And, not very long ago, many in the industry considered culture change to be very idealistic, but too difficult to implement given most surveyors' stringent observance of the regulations.

Today, however, the story is very different. The landscape of long term care quality is rife with novel concepts and models of resident-centered nursing facility care created by an array of organizations, in addition to some unlikely alliances.

Quality Improvement To Date

Recent nursing facility data have shown marked improvement in quality measures, resident-centered care, and survey outcomes.

Between 1999 and 2005, there was a nearly 50 percent decrease in the proportion of nursing facilities with serious quality problems, according to a 2006

Government Accountability Office report. And an analysis of OSCAR data by the American Health Care Association (AHCA) indicates that from 2002 to 2004 there was a significant decrease in facilities receiving G and above deficiencies.

In 2006, a nationwide satisfaction survey of residents and families from 2,899 nursing facilities in 50 states and the District of Columbia revealed that most nursing facility resident and family respondents (82 percent) are satisfied with their facility.

According to My InnerView, the Wasau, Wis.-based company that conducted the surveys, additional items revealed high satisfaction with specific performance areas within three quality domains, as well as general respondent characteristics. Selected findings include the following: Eighty percent rated the quality of life as "excellent" or "good," 78 percent rated the quality of care as "excellent" or "good," and

73 percent rated the quality of service as "excellent" or "good."

In the past five years, pain management in nursing facilities has improved; restraint use has dropped; the number of patients with depression has fallen; and physical conditions, such as pressure ulcers, have improved.

In an August 2006 speech, Department of Health and Human Services Secretary Michael Leavitt

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FPO

proclaimed that the nursing facility profession had moved forward in addressing financial integrity and transparency.

"A wonderful thing is happening in the nursing home industry—they started posting their quality measures and their prices," Leavitt said, "and [because of] public disclosure...they immediately began to improve, and the price got lower and the care got better because the providers themselves said we don't want to be in a place where we are compared negatively because it will affect our market."

According to Leslie Norwalk, former CMS acting administrator, the industry has been on the leading edge of quality improvement. "Long before hospitals, doctors, home health providers, pharmacies, dialysis facilities, and others came to the table, the nursing home industry was out front with Quality First—a volunteer effort to elevate quality and accountability,"

she wrote in *Provider* last May.

"Quality measurement has worked in nursing homes. Collaborating to measure quality of long term care, report it, support it, and improve it—that's the best path to a high-quality, resident-centered, provider-friendly system that everyone can afford."

Making It Click

At least three nationwide industry- and government-supported quality improvement efforts are in effect today, with many more active at state and regional levels. At first glance this multitude of initiatives might appear uncoordinated, but a closer look at their origins, their goals, and their supporters portrays a more synchronized and positive view of nursing facility quality today, industry observers say.

Long term care quality expert Bernie Dana, former co-chair of the AHCA Quality Committee, once believed in the idea that one quality improvement program could "lead people to the promised land" of quality. However, Dana says, he "began to realize that the chaos theory probably works best here," meaning that "every kind of program, every kind of initiative, and every kind of grassroots effort" will collectively lead to quality improvement across the board.

Dana proposes that "however you can get at it, you chase it, and through all those different ways you have an impact because one thing clicks with one group and another thing clicks with another."

Building On Success

The Nursing Home Quality Initiative (NHQI), Quality First, the AHCA/National Center for Assisted Living (NCAL) Quality Awards program, and the profession's most recent and most widely supported quality improvement campaign—Advancing Excellence in America's Nursing Homes—may exemplify a chaotic approach, but each element has distinct value:

ADVANCING EXCELLENCE



The Advancing Excellence in America's Nursing Homes campaign was launched in September 2006 with the support of an array of stakeholder organizations and government agencies, including CMS, the surveyors, consumer advocates, and more.

Facilities that participate in Advancing Excellence must commit to focus on at least three of the campaign's eight measurable goals, with at least one clinical goal and one operational/process goal.

Clinical Goals:

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

Operational/Process Goals:

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

Tapping Into LANEs

A critical element to the success of Advancing Excellence

LANEs are a good source for facilities in need of technical assistance, especially independent operators.

is its state level Local Area Networks for Excellence (LANE), coalitions of stakeholders that come together for the purpose of supporting providers and consumers in achieving campaign goals.

LANE serves as the central organization to ensure the success of the campaign for each state. Its purpose is to recruit participating providers and consumers, to promote the campaign, to provide access to local education, to foster constructive relationships among stakeholders, and to identify evidenced-based protocols.

Participation in LANE, which includes providers, professional groups, consumers, both CMS quality and compliance groups, QIOs, and philanthropic and culture change organizations, is voluntary, and all members are equal, according to campaign officials.

In mid-November, LANE members convened for their first national conference, entitled "Advancing Excellence in America's Nursing Homes Campaign Interchange: Empowering the LANEs." The interchange offered information, training, and support for LANE conveners and members.

LANEs are a good source for facilities in need of technical assistance, especially independent operators, says Christi Card, chair of AHCA's Quality Committee. "Mom and pop facilities that don't have a corporate structure should consider tapping into their local LANEs. They are very valuable," she says.

■ The CMS-led NHQI was launched in 2002 with 14 quality measures tracked and publicized on the agency's Nursing Home Compare Web site. It enlists the help of the local quality improvement organizations (QIOs) to help facilities meet and surpass quality measures.

■ Quality First, launched through a joint effort of AHCA, the Alliance for Quality Nursing Home Care, and the American Association of Homes and Services for the Aging, has enlisted 6,300 nursing facilities in pledging a commitment to seven principles of quality.

■ The AHCA/NCAL Quality Award program was designed as a progressive three-step initiative to encourage continuous learning and development of integrated, quality systems to achieve performance excellence. Since its launch in 1996, more than 2,300 Quality Award applications have been submitted by facilities for one of the three award levels, which successively require more detailed and comprehensive demonstrations of quality integration and performance. The award levels are based on criteria adopted from the Malcolm Baldrige National Quality Award Health Care Criteria

for Performance Excellence. More than 868 awards have been granted across the three levels of performance since the program's inception.

Connecting The Dots

In many ways, Advancing Excellence has emerged as a way to connect the dots of each of these initiatives. Launched in September 2006, the two-year campaign is building upon the successes of Quality First, NHQI, and culture change.

With the unprecedented support of at least 23 stakeholder organizations and government agencies, Advancing

The following Q&A offers nine reasons why a facility leader should join the Advancing Excellence in America's Nursing Homes Campaign:

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

Every facility's participation is critical because it helps shape the future of long term care regulations, funding, and public policy and public perceptions, not to mention how the media views nursing facilities. Participants may influence the development of future value-based systems that could include similar targets as those used in Advancing Excellence.

2. How is Advancing Excellence different from other initiatives?

Advancing Excellence is goal- and process-driven, Web-based, and is multi-sponsored rather than being the province of any one entity. NHQI mandates reporting based on minimum data set data. Quality First requires a pledge but is not prescriptive about outcomes. Advancing Excellence at its core does more to foster professionals networking and interaction through its LANE framework. Advancing Excellence is much heavier on support for participants. The greatest commonality between initiatives is their clinical and organizational measures, which are familiar to every provider.

3. I pledged to Quality First. Is my facility automatically enrolled in Advancing Excellence?

No. There is no automatic enrollment—every facility must register for Advancing Excellence online at www.nhqualitycampaign.org.

4. How can Advancing Excellence help my staff?

Advancing Excellence will promote staff "ownership" and focus on care or organizational practices; enhance

teamwork and heighten job satisfaction; provide structure through a systems process; boost resident and family satisfaction; establish common measures and goals among participants to benchmark, share best practices, and to be recognized for quality work and outcomes.

5. What about risk avoidance?

Advancing Excellence fosters an effective continuous quality improvement system that has the potential to decrease lawsuits, liability, and fraud and abuse and false claim allegations.

6. Are there legal risks?

The entire profession shares this sensitivity, yet most move forward after weighing their options. The AHCA Legal Committee has issued a memo on the topic so members can make an informed choice about the lowest associated risk.

7. Can my staff get help to work on Advancing Excellence?

Advancing Excellence is built around the concept of support for caregivers and other participants. Click on "resources" at the AE Web site: www.nhqualitycampaign.org/star_index.aspx?controls=nhTechAssist.

8. Who tracks our progress and how?

Clinical results are automatically tracked through NHQI/CMS from data gathered from the MDS as reported on Nursing Home Compare. Organizational goals require providers to track and report their own progress.

9. How does my facility sign up?

First, determine which goals to pursue, and then sign up online at www.nhqualitycampaign.org.

Source: AHCA

Excellence represents all of the key players in nursing facility care: for profit and nonprofit nursing facilities; administrators; nurses; consumers; medical directors; regulators; surveyors; culture change advocates; and, yes, even a labor union.

Nursing facility participants are required to focus on at least three of the campaign's eight measurable goals, which encompass a range of clinical, operational, and quality-of-life measures (see box, page 26).

U.S. Sen. Charles Grassley (R-Iowa), ranking member of the Senate Finance Committee, recently threw his support

behind the campaign. "The efforts of all your sponsors are bringing us closer to the goal of enhancing the quality of care in America's nursing homes," Grassley said. "Equally impressive is the transparency this new organization is promoting and the quality improvement goals it set for nursing homes."

"Advancing Excellence has given all the participating organizations a common road map to work together on," says Chris Condeelis, AHCA senior director of quality and professional development. "This commonality is better for the people we serve than when we don't have it. It has pulled

[stakeholders] together in a way that hasn't been done before."

A key asset of the campaign, according to Dana, is its commitment to process measurement as well as clinical outcomes measurement. "In the past we've been stuck in the skilled care side of long term care and looking at quality as clinical outcomes, and the regulatory process almost steers us there. But quality should be looked at as a broader organizational, integrated enterprise that includes all aspects of quality," he says.

According to Mary Jane Koren, MD, MPH, assistant vice president of the

AE SUPPORTERS

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The 23 organizational supporters of Advancing Excellence encompass all of the key players in long term care: Agency for Healthcare Research and Quality, Alliance for Quality Nursing Home Care, American Academy of Nursing, American Association of Homes and Services for the Aging, American Association of Nurse Assessment Coordinators, American College of Health Care Administrators, American Geriatrics Society, American Health Care Association, American Medical Directors Association, Association of Health Facility Survey Agencies, Centers for Medicare & Medicaid Services and its contractors, the quality improvement organizations,

Foundation of the National Association of Boards of Examiners of Long Term Care Administrators, National Association of Directors of Nursing Administration in Long Term Care, 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, and The John A. Hartford Foundation's Institute for Geriatric Nursing.

Commonwealth Fund, a philanthropic research organization, "Advancing Excellence represents an outstanding example of a high-level public-private partnership committed to helping nursing homes meet performance targets for specific quality areas."

In testimony before the Senate Special Committee on Aging last February, Koren, who once served as director of New York's survey and certification agency, noted that all of the stakeholders involved in Advancing Excellence—consumers, provider associations, professional organizations, government agencies—"are using their influence with nursing home providers to measurably improve the quality of care and quality of life for residents."

Koren also suggested that Advancing Excellence could serve as a "model that could be adapted to take on other seemingly intractable issues" or emulated by other parts of the long term care continuum.

Coordinating Quality Initiatives

Among the more than 6,000 nursing facilities that now participate in

Advancing Excellence are a number of multifacility companies that required their facilities to join the campaign shortly after its launch.

UHS-Pruitt, a Georgia-based provider, mandates that each of its 65 facilities participate in Advancing Excellence. "For our company, it's real simple. Quality is engrained in our culture," says Christi Card, corporate compliance and quality officer.

While the decision to participate in the campaign was "a given" for her company, Card, who is co-chair of AHCA's Quality Committee, suspected that another quality initiative added to the mix of existing quality initiatives, such as Quality First and NHQI, could create confusion at the facility level.

In order to ease the burden, UHS-Pruitt ensured that the Advancing Excellence campaign process frameworks were incorporated into their policies, procedures, and performance improvement activities. The process frameworks for each of the eight campaign goals is located on the Advancing Excellence Web site.

"Utilization of a structured and sys-

temic process is the foundation for delivering sustained quality," says Card.

"In addition to our nursing homes selecting the same three goals—high-risk pressure ulcers, restraints, and customer satisfaction—our nursing homes were also able to pick goals they felt impacted quality at their individual facilities," Card says. "UHS-Pruitt incorporated the Advancing Excellence campaign goals into their incentive plans for operations and clinical staff."

For many providers, however, committing to participation in a quality initiative is not a simple endeavor. As Card indicated, adding another quality initiative to the current alphabet soup of endeavors has caused confusion and hesitancy among some providers.

"I think it was really overwhelming initially for nursing homes to understand that AE [Advancing Excellence] already incorporates other quality initiatives that are out there, and that it's not a separate quality program," says Card. "I think that's the biggest thing that people have had to realize."

While UHS-Pruitt and other large provider companies have had the advantage of economies of scale to help get facilities on board, smaller independent providers have most likely been skeptical about jumping into another commitment. A lack of time, money, and manpower are cited by many as barriers to making such a commitment.

"It's important for providers to understand that free resources are readily available to assist them in achieving quality," Card says. "These resources are located on the AE Web site, as well as just a phone call away in connecting with their state association and other providers."

Georgia Leads The Way

Realizing this potential barrier was something that Fred Watson recognized and dealt with immediately after Advancing Excellence was launched. As president of the Georgia Health Care

CASTING A WIDE NET

The array of current nursing facility quality improvement initiatives illustrates the notion that casting a wide net yields a bigger catch. The following list is only a sampling of quality improvement efforts currently under way on a national scale.

■ **The Nursing Home Quality Initiative (NHQI):** In 2002, the U.S. Department of Health and Human Services (HHS) launched NHQI nationwide as “a commitment to assure quality health care for all Americans through published consumer information coupled with health care quality improvement support through Medicare’s quality improvement organizations (QIOs).”

The centerpiece of NHQI is a set of 14 nursing facility quality measures promoted by CMS as a resource to help consumers make decisions about their nursing facility care. In addition, the measures are designed to motivate “nursing facilities to improve care and to inform discussions about quality between consumers and clinicians.”

In January 2004, the quality measures debuted on the CMS Nursing Home Compare Web site, which is updated quarterly.

NHQI has led the way for nursing facilities nationwide to work with their local QIOs to improve quality measures. Former HHS Secretary Tommy Thompson validated the success of the NHQI at a 2004 press conference: “It has

worked better than we could have hoped for. We are pleased that nursing home residents are now receiving better care compared to just two years ago.”

■ **Quality First, A Covenant for Healthy, Affordable, and Ethical Long Term Care:**

Launched in 2002 by AHCA, the Alliance for Quality Nursing Home Care, and the American Association of Homes and Services for the Aging, “Quality First unites long term care providers across the country in a single voice that articulates our promise and commitment to the American public and those we serve every day,” says Bruce Yarwood, ACHA president and chief executive officer.

Quality First providers pledge a commitment to seven principles of quality:

- Continuous quality assurance and quality improvement
- Public disclosure and accountability
- Patient/resident and family rights
- Workforce excellence
- Public input and community involvement
- Ethical practices
- Financial stewardship

■ **AHCA/NCAL Quality Awards:** Based on the

Association (GHCA), Watson played a major role in getting nearly 100 percent of his states’ nursing facilities to join the campaign—the highest state enrollment count in the nation for Advancing Excellence.

With a nursing facility incentive program already in place for more than four years, Watson notes that “we were already doing most of the things that were asked for in Advancing Excellence.” As a result, Watson says, “our program and Advancing Excellence sort of merge together. So, when the campaign came along, we just merged them all together because it was too confusing to have our members say, ‘We’ve got three quality programs going on.’ So we just adjusted our programs to meet all the criteria,” he says, adding, “Call it what you want, but the Advancing Excellence and [other programs] all work toward

the same goals.” As a result of these ongoing efforts, GHCA has worked with the state’s survey agency and the local QIO to get providers on the same page regarding quality improvement goals. “It’s the only way to do it,”

Watson says. “It’s too confusing for the operators to have three or four things flying around their heads.”

Watson says he does this by involving each of these players—the ombudsman, the survey agency, and the QIO—in a quality committee that meets regularly at the association offices. “We work together, and together we define what areas we’re going to focus on. And then we work with our members.”

Unlikely Alliances

Other kinds of alliances have proven fruitful for quality improvement efforts as well. Several years ago, a partner-

ship between a group of 40 nursing facilities in New York and the Service Employees International Union (SEIU) 1199 chapter brought the concept of culture change to a new level within the state.

The two groups—known as the Quality Care Committee (QCC)—were born of labor contract negotiations between the two entities, according to Jay Sackman, former vice president of 1199’s Nursing Home division. Both sides wanted the contract in some way to address quality of care and staffing levels in the facilities, which led to the collaboration and formation of the committee and its mission, which is to bring together leaders of labor and management to work collaboratively to improve care and work life in nursing facilities and serve as a model to others interested in replicating similar labor-management partner-

Malcolm Baldrige National Quality Award Health Care Criteria for Performance Excellence, the Quality Awards program was designed to encourage continuous learning and development of integrated, quality systems to achieve performance excellence.

Launched in 1996, the initiative enables organizations to apply for recognition and awards at three levels, which progressively require more detailed and comprehensive demonstrations of quality integration and performance.

Recipients demonstrate their commitment to deliver ever-improving value to residents and other customers, to improve overall organizational effectiveness and capabilities, and to champion organizational and personal learning. Facilities must receive a quality award at each level to progress to the next level.

■ **National Commission for Quality Long Term Care:** A nonpartisan, independent body spawned by the Quality First initiative and charged with improving long term care in America, the commission is headed by former U.S. Sen. Bob Kerrey and former Speaker of the House of Representatives Newt Gingrich.

The commission is scheduled to release its final report of recommendations this month, which will cover four key areas of long term care reform: quality, workforce, technology, and finance.

ships. The result, says Sackman, is a very collaborative and strategic partnership with the facilities. "It's put them at a competitive advantage over other homes and has resulted in the residents getting much better care and a much higher level of family, staff, and resident satisfaction," he says, adding that it is very different from the traditional approach in which the workers are reorganized and "we have a big fight, we settle a contract, and then everybody goes about their business afterwards."

Instead, the workers are consistently engaged in a conversation with the employers around person-centered care, he says.

Not only have QCC facilities developed a collaborative and productive relationship between union and management, but they have also achieved performance gains on key nursing

home quality measures, Sackman says. According to an analysis of outcomes that compared data from a base period before the QCC began its work and after related activities began, quality measures related to pain management were shown to have the greatest improvements.

For example, the QCC member facilities had a 67 percent improvement in pain management during the time period between the first quarter of 2002 and the fourth quarter of 2004, compared with a 52 percent advance for New York state and 44 percent for the entire country.

Even more remarkable were the measures for short-stay residents who had moderate to severe pain—QCC members had a 45 percent jump in improvement while the state and the nation showed 31 percent and 21 percent improvements, respectively.

■ **AHCA's All In Satisfaction Assessment Initiative:** Growing research in the field of satisfaction assessment shows that resident, family, and employee satisfaction are among the most telling indicators of nursing facility quality. With that in mind, AHCA began advocating for an assessment of satisfaction in nursing facilities in 2005 in an effort to complement its focus on the Quality First initiative.

In 2006, more than 92,000 residents and families from 2,899 facilities had their voices heard through My InnerView's 2006 National Survey of Resident and Family Satisfaction in Nursing Facilities.

Also critical to nursing facility quality is job satisfaction. My InnerView's workforce satisfaction survey—the 2006 National Survey of Nursing Home Workforce Satisfaction—includes data from more than 106,800 staff members in 1,933 nursing facilities in every state except Alaska. These data represent the largest database ever assembled about employee satisfaction in the nation's nursing facilities.

According to AHCA, the drive to assess satisfaction provides a solid foundation for member facilities to meet key goals of Advancing Excellence and is an example of why this initiative is so important.

The ultimate goal of the All In Satisfaction initiative is to "hear every customer and employee voice in the nation."

The physical restraints quality measure also showed significant improvement: QCC members had a 46 percent improvement, the state improved 34 percent, and the United States as a whole came in at 28 percent.

Worth The Effort

One QCC participant, the Sarah Neuman Center for Healthcare and Rehabilitation in Mamaroneck, N.Y., took advantage of the partnership to transform the center's operations into a culture change model two years ago and has been reaping the benefits ever since.

"When we realigned the table of organization to provide for a resident-centered model, we shifted responsibilities and put people in jobs that they were better suited for within the organization," says Administrator Rita Morgan.

“Job roles were blended, and that created a little chaos, as change often does for many people.”

Morgan concedes that it was a difficult process, but well worth the time and cost. “I got a great return on investment,” she says. In addition, the center has seen improved staff turnover, higher staff satisfaction, and improved family satisfaction.

The higher staff satisfaction rates were a surprise even to Morgan, who admits that “we really turned everybody’s life upside down, they had to report to new people, they were uncomfortable at times, and we thought staff satisfaction would go down, but it went up slightly.”

With the help of grants from several different sources—including SEIU—Morgan and her team were able to train staff in the different aspects of culture change, decentralize the dining

operations with the installment of kitchens on each floor, implement consistent assignment among nursing and housekeeping staff, and flatten the hierarchy of the leadership.

Two years into the project, Morgan says they are not finished yet. “It is an ongoing journey,” she says. “The food service staff will soon convert to consistent assignment, and all nursing stations are slated for renovation, creating living rooms where staff and residents are side by side.”

Morgan says that without her staff the center’s transformation would not have been possible.

“I could have every department head on board, but if staff aren’t there creating the relationships with each other and the residents, it will not happen,” she says.

Where Morgan sees the staff as an integral part of the center’s successful culture change transformation, others believe that without appropriate leadership, quality improvement will not make great strides.

Leadership Needed

Dana believes that further work in this area is needed before reaching the “Promised Land” of quality. He believes that facility leaders want to improve quality, but in many cases are constrained by the lack of knowing how to do it well.

“It’s not a lack of desire on the part of leaders to do well, it’s [a matter of] not knowing how to effectively lead a facility through the kind of changes that need to take place that will create a sustained move toward performance excellence,” he says.

Leaders need to be more effectively developed in long term care, he says. “Not just administrators, but directors of nursing and others. I think they need mentoring and more expansive kinds of programs that will help them have the kind of leadership skills that create change in an organization.”

Some organizations have made progress on this front. For instance,

the National Association of Boards of Examiners of Long Term Care Administrators recently began redesigning its administrator licensure program in an effort to embrace more leadership skills.

What’s more, he says, the industry has been so regulatory-driven that leaders in long term care facilities are focused on complying with regulations, “which are a good measure of expectant quality—meaning that these are the must-haves—but they’re not a measure of customer-focused quality or the kind of outcomes that really move to a true measurement of performance excellence.”

Looking Ahead

Advancing Excellence will have made great strides when outcomes are a “consistent reality” within the facilities. “It’s going to take a commitment from leadership in long term care,” Dana says. “Anybody can make a thrust at for a moment in time and probably see improvement, but are they changing their systems and integrating quality throughout the organization in a way that sustains that?”

Although Dana acknowledges that it is possible to reach excellence in quality, it is a long journey. “But I think we’re on the road, and I think we could possibly be going faster. Consumers are not going to wait on this too long. We have an ever-growing dynamic of vocal consumers’ groups that we’re trying to serve. They’re wanting something different, and the folks that are grasping that are making the biggest changes faster.”

More than 6,000 facilities have signed on to Advancing Excellence, a number that Watson says is highly commendable. But getting all 16,000-plus nursing facilities on board may take more than leadership.

In the final analysis, quality is an ongoing continuous process, says Card. “It has to be ingrained into the facility’s culture and day-to-day functions; it’s not a fly-by-night event.” ■

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