

Getting The Most Out Of **Advancing Excellence**

New Study Sheds Light On Improving Participation

Quality First, Advancing Excellence, Five Star, Joint Commission, National Quality Forum, pay for performance—with so many quality improvement initiatives, nursing facility staff and leadership can become overwhelmed with multiple goals, strategies, and reporting requirements.

Faced with too many choices, the inclination is to do what's simplest, or required, and let it go at that.

Researchers at the Massachusetts Senior Care Foundation, in collaboration with staff from Advancing Excellence in America's Nursing Homes (AE), decided to examine ways to help nursing facilities become more active participants in AE.

To accomplish this, they contacted nearly half of the nursing facilities in Massachusetts that had recently joined the AE campaign and spoke with administrators and directors of nursing to understand more about the barriers and facilitators that not only influenced their decision to join but which made active involvement in the campaign a challenge.

Nursing facility participants are expected to review the AE Web site periodically and enter data at specified intervals.

Participants must choose three of the campaign's eight goals, including at least one clinical and one organizational goal. While data on clinical goals—pressure ulcers, physical restraints, and short- or long-term pain—are automatically entered from publicly reported



Paulette Lee, RN, director of clinical reimbursement at Benjamin Healthcare Center, Boston, is one of the study's participants.

databases, data for the organizational goals are self-reported and must be entered by nursing facility staff each year.

Barriers To Reporting Data

In Massachusetts, 295 of the 457 nursing facilities have joined AE since its inception, making it the ninth highest-ranking state in terms of percent participation, at 65 percent. However, between 2007 and 2008, the percentage of Massachusetts facilities that had entered organizational goals remained low.

To find out why, the Massachusetts Local Area Network (LANE) designed a telephone survey that allowed LANE staff to assist nursing facilities in entering data for resident satisfaction, staff

turnover, and consistent assignment and enabled researchers to determine why facilities had or had not previously entered these goals.

A total of 213 facilities completed the telephone survey for a 78 percent response rate. For 60 percent of these facilities, the contact person—usually the administrator or the director of nursing—was the same person who signed up for the campaign.

Sixty-one of the 213 facilities had already entered organizational goals on the Web site at the time of the telephone call. Of the 147 that had not, 107 had the necessary data and were able to enter it with assistance from research staff during the call. The other 40 facilities agreed to obtain the

required data and submit it themselves within a brief period of time.

Communication A Challenge

The results of this project suggest that implementation barriers to entering data on the AE Web site were not technical, but were primarily related to communication. Only 13 facilities had difficulty selecting goals when they registered for the campaign, and only 10 facilities reported technical difficulties using the Web site to enter goals. A total of 170 facilities reported that the process of goal setting and entry was easy.

However, among the 62 percent of facilities that reported communication issues as barriers to entering their organizational goals, many stated that the person who had originally signed up for the campaign was no longer at the facility and had not communicated information about the campaign to anyone else at the facility.

This is consistent with literature suggesting that reducing leadership turnover may have a positive impact on consistency and communication, and may translate to better resident outcomes.

The research also found that only 17 percent of facility staff received e-mail reminders about entering campaign data, while some were confused with other quality campaigns, such as the Nursing Home Quality Initiative's Setting Targets Achieving Results (NHQI-STAR), that automatically populate clinical data from the minimum data set or other data sources.

Lessons Learned In Massachusetts

- Discuss campaign participation and obtain feedback from all levels of staff prior to engaging in a campaign at your facility. High involvement of staff is crucial to success.
- Observe target setting for each goal to enhance a facility's ability to understand and utilize data. Take time to assess campaign goals and reporting requirements to involve the appropriate staff for data collection.
- For example, goals aligned with publicly reported quality measures, such as pressure ulcers and restraints, may require involvement of clinical staff while non-clinical measures, such as turnover, may be collected by the administrator or human resources personnel.
- Be sure to review instructions from the campaign on methods for measuring goals, especially for goals not already publicly reported.
- To maximize implementation efforts that enhance quality of care for the resident, leadership should involve and educate frontline staff regarding campaign participation and goals. Utilize the free, updated resources and Web site provided by the AE campaign to stay connected and receive tips and best practices for facilities.
- To minimize duplication of efforts and to ease the reporting burden for staff, consider campaigns and goals that are already aligned with the facility's existing corporate initiatives.
- Leadership should communicate with staff through e-mail reminders or at group meetings about the campaign's processes, resources, and deadlines, for goal entry, for example, on a regular basis.
- To stay connected, facilities should update the campaign and the Web site with new contact persons.
- Choose campaigns that integrate resources and reporting systems with other successful campaigns. This will allow facilities to leverage opportunities in areas such as benchmarking and illustrate for residents, family, and staff the tangible success achieved from quality improvement efforts.

Several study participants were not aware that they needed to go back and enter the organizational goal data themselves, and 90 percent of re-

spondents noted that receiving e-mail reminders about goal entry would be helpful.

Leadership turnover also contributed

to a facility's failure to report and update the AE Web site with new contact information.

In addition, 105 of the 107 homes that entered data while on the telephone said they felt better about goal entry after the call, knowing that the process took very little time.

Among the respondents, 128 thought

age target setting enhance a facility's ability to understand and utilize data. What's more, facilities that participate in such programs reach their targets and improve faster than organizations that do not.

New goals and goal revisions for 2009 include the integration of target setting into all goals, an advance direc-

measuring results, and using the data to work on specific strategies for improving staff retention.

Looking Ahead

The Massachusetts experience provided valuable insights from administrators and directors of nursing on how to strengthen the AE campaign and make it more practical and useful.

Nursing facilities are willing and able to access a user-friendly Web site, illustrating that its design and functionality are important considerations in this type of a campaign. A significant number of facilities reported the desire to benchmark data against their peers or to participate in a quality campaign; therefore, efforts such as AE should be sustained and aligned with other quality campaigns as much as possible.

Future work will focus on evaluating strategies and feedback from facility leadership on how to use AE data to continually improve the delivery of high-quality, cost-effective care.

The AE campaign is working to update databases and provide regular e-mail reminders on goal entry as well as additional resources, such as Webinars. In addition, efforts to integrate the successful NHQI-STAR Web site and tracking systems with AE will streamline these initiatives. ■

Authors: Alice Bonner, RN, executive director, Massachusetts Senior Care Foundation (MSCF), Newton Lower Falls, Mass.; Elissa Sherman, PhD, president, MassAging, Newton, Mass.; Amy Elliot, PhD, policy analyst, Pioneer Network, Cols, Ohio; Carol Benner, ScM, field director, Advancing Excellence Campaign, Washington, D.C.; Bonnie Kantor, ScD, executive director, and Cathy Lieblich, special projects and coalitions coordinator, Pioneer Network, Rochester, N.Y.; Cheryl Caswell, director of research, PointRight, Lexington, Mass.; Alissa Weintraub, research associate, MSCF; and Mary Jane Koren, MD, MPH, assistant vice president, Frail Elders Program, The Commonwealth Fund, New York, N.Y.

Advancing Excellence

Facilities that participate in AE will have an advantage in programs such as pay for performance and value-based purchasing.

being in the AE campaign would have a positive effect on the facility, but additional data reflected concerns with overlapping quality campaigns such as Quality First and competing corporate quality requirements and reporting.

Despite this result, 89 percent of the respondents said that they would sign up for AE again.

This project demonstrated that some relatively simple interventions to increase communication between individual facility leadership and the state LANE could increase active participation in AE.

Target Setting Helpful

Most facilities have a strong desire to improve their standing with publicly reported quality ratings such as Nursing Home Compare and Five Star; participation in the AE campaign can be an important way for facilities to learn how to achieve those goals.

In addition, with future alignment of goal metrics for indicators such as pressure ulcers, restraint use, and staff turnover, facilities that participate in AE will have an advantage in programs such as pay for performance, value-based purchasing, and others.

AE participants may also improve their involvement by setting targets. Current literature suggests that quality improvement programs that encour-

atives goal, and a goal for staff as well as resident and family satisfaction.

For 2009, the two pain goals were combined into one. The revised consistent assignment goal for 2009 will include language that standardizes the definition of consistent assignment and provides detailed instructions on how to measure the effectiveness of changes in direct care worker assignments.

Communication between leadership and frontline staff was not assessed in this study, but, based on the hospital literature, could be an important factor in translating goal setting into actual changes in quality.

While administrators, corporate executives, and directors of nursing may be familiar with the AE campaign, anecdotal reports suggest that frontline staff are often unaware that their facility is participating in this national effort. New resources for administrators and nursing leadership on ways to share information on the campaign and engage frontline staff have been posted on the AE Web site under the "Resource" section.

In addition to improving publicly reported quality ratings for clinical goals like pressure ulcers, restraints, and pain, participating in the AE campaign can reduce costs as well. One of the most significant costs—staff turnover—can be reduced by setting targets,