



This resource is directly aligned with Quality First.

CONTINUOUS QUALITY IMPROVEMENT (CQI) READINESS ASSESSMENT PROCESS AND TOOL

BERNIE DANA
LONG TERM CARE MANAGEMENT CONSULTANT
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To help you calculate the results of the CQI Climate Survey,
use this Excel spreadsheet:

[CQI Climate Survey Report Generator](#)

AHCA/NCAL also publishes Bernie Dana's book,
*Developing a Quality Management System: The Foundation
for Performance Excellence in Long Term Care*

To purchase a copy, call 800-321-0343 or order online at
www.ahcapublications.com

Are You Ready for CQI?

A Message to Leaders

Long term care services are growing more complex and the demands for quality are high. The traditional management paradigms are no longer adequate. If you are standing still, you are falling behind. Continuous Quality Improvement (CQI) is a common “buzzword” in the long term care profession. It is easy to talk about...but are you really embracing CQI concepts as part of your management system and thinking?

As part of the Quality First initiative, AHCA brings you a process and tool to help you assess your level of readiness and progress with CQI implementation. The tool can help you prepare for successful collaboration with your state’s Quality Improvement Organization (QIO) to improve a clinical outcome. It is also useful to identify areas for improvement as you begin to pursue AHCA’s quality awards. Or, you can use it as part of your own initiative to embrace CQI. There is one primary requirement to make this tool useful – you have to be willing to accept the results and confront them with a commitment to improve. It will not be useful if you simply choose to defend your present management system and results.

This process and tool will measure the perceptions of your employees in areas that are fundamental to creating a CQI culture. It is never too soon to start improving openness and communication. Your employees will appreciate the opportunity to share their opinions, and you will benefit as you act on their responses!

Assessment is essential to improvement. Perhaps you have good evidence that you have already created a climate that embraces CQI. We encourage you to consider the organizational assessment tools provided by the Baldrige National Quality Award program at www.baldrige.nist.gov.

AN ASSESSMENT TOOL FROM AHCA

- ❑ The CQI Climate Survey can help you prepare to successfully implement the concepts of continuous quality improvement (CQI). It can also be used to assess progress as you move through your CQI journey.
- ❑ You can add your name to the survey, photocopy it, distribute it to your employees, and collect the responses.
- ❑ Accompanying the climate survey are the recommended administration guidelines and guidelines for analysis, including a model report. You can also download an Excel workbook to use in compiling the results and developing the report.

CQI Climate Survey

“highlight and type facility name here”

The 25 statements below relate to the climate we have for continuous quality improvement (CQI). For each statement, check the box that best matches how you feel (strongly disagree, disagree, neither agree nor disagree, agree, strongly agree). How you feel will help us decide where we most need to change so that we can be more effective in continuously improving the quality of care and services for our residents and families. A team of your peers will collect and compile the responses. Management will not see the individual surveys. We will post the results for everyone to see. It should take you about 5-10 minutes to complete the questionnaire. Thank you for sharing your opinions with us.

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neither Agree nor Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
1. I know what is expected of me at work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I have the materials and equipment I need to do my work well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. In the last seven days, I have received praise for doing good work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Someone at work encourages me to develop my skills.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I receive the information I need to do my job well.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Our employees cooperate and work as a team.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. We are encouraged to work with staff in other departments to solve problems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. My supervisor respects my opinion.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I have opportunities to learn new things that will help me improve my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Overall, the leaders in this facility care about me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. When something goes wrong, we look at processes rather than blaming people.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. The work assignments are well planned in my department.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. We are encouraged to apply better methods for doing our work when we learn about them.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	<u>Strongly Disagree</u>	<u>Disagree</u>	<u>Neither Agree nor Disagree</u>	<u>Agree</u>	<u>Strongly Agree</u>
14. Overall, I am motivated to find ways to improve the way I do my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I know how to measure the quality of my work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I know how to analyze (review) the quality of my work to see if changes are needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. We usually study the cause of problems before making a change.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Overall, our use of information helps us improve the way we do our work.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. Quality improvement is a sincere effort at this facility rather than just talk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I am encouraged to solve problems brought to me by my customers (residents, families, or other employees).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Overall, meeting the expectations of our residents and families is a top priority here.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Our leaders are just as concerned about the quality of services as they are about financial results.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Our leaders are able to make their own decisions rather than depending on people outside of our facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. We seldom have crisis situations at this facility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. Overall, the facility managers have the ability to lead us to higher levels of quality performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Would you like to give more information about any of your responses or make additional comments? Please indicate the number of the statement you are discussing when appropriate.

Administration Guidelines for the CQI Climate Survey

PURPOSE

The CQI Climate Survey will measure the perceptions of employees in areas that are fundamental to the success of implementing the concepts of continuous quality improvement (CQI) and of making changes in your culture.

GENERAL ADMINISTRATION

It is not necessary to have the CQI climate survey administered by an independent party outside of the facility in order to obtain useful results. However, it is important to administer the surveys to all employees in a way that (a) is consistent from time to time, (b) is as free from bias as possible, and (c) maximizes the participants' freedom to express their true concerns. If managers are completing the survey, their results should be compiled separately.

To achieve the above stated goals, select a CQI Climate Survey Team of not less than three people to administer the survey. A non-management employee who is highly regarded by all of their peers should lead the CQI Climate Survey Team. The two other team members should also be non-management, trusted by peers, and have at least one year of service. Provide adequate paid time for the team members to fulfill the following responsibilities:

- Review and follow the standards and procedures for conducting the survey as stated in the "Specific Guidelines" section.
- Assure the confidentiality of the survey response whenever it is the respondent's intent to remain anonymous.
- Organize the survey process, including an appropriate timeline for each step.
- Achieve the highest level of participation as possible. When appropriate, analyze reasons why minimum targets are not achieved and recommend changes in the process.
- Compiling and verifying the responses (including the recording of comments).
- Immediately alert the administrator and other appropriate leaders if a specific comment indicates the potential of an illegal activity (sexual harassment, theft, fraud, etc.).

SPECIFIC GUIDELINES

Ideally, launch the CQI Climate Survey at an employee in-service meeting. Whenever practical, compensate employees for the time they spend completing the survey. Target a response rate of 80% or more. Invite all employees who are on the active payroll at the time the survey is launched to complete the survey, or set a minimum number of work hours to participate.

Introduce the CQI Climate Survey Team to the staff and give them responsibility to distribute and collect the surveys. The Survey Team should consider preparing a receptacle to receive the

survey forms to help assure confidentiality. To encourage participation and make it fun, consider having a special prize drawing for those who complete the survey.

Plan to complete the CQI Climate Survey within two weeks of it being launched, and compile the results within three weeks. Provide employees with a summary of the survey results. Post the results in the break room, include them with payroll distribution, or use some other means that assures that each employee has easy access to the results.

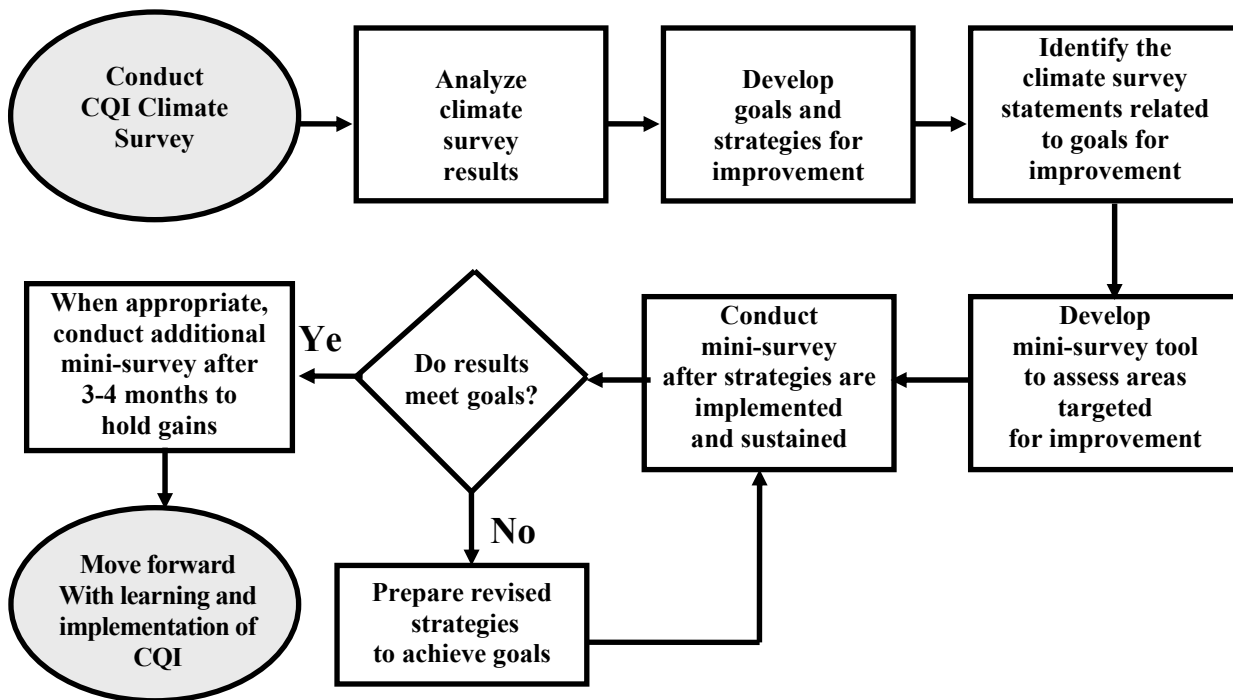
Number each survey response consecutively by marking the number at the top of the first page. To help you calculate the results of the CQI Climate Survey, use this Excel spreadsheet, [CQI Climate Survey Report Generator](#) to compile the survey responses. Record the responses by entering a 1 for strongly disagree, a 2 for disagree, a 3 for neither agree nor disagree, a 4 for agree, and a 5 for strongly agree. The spreadsheet provides the opportunity to record and preserve for analysis the responses to each question on each numbered survey response. It also provides the opportunity to develop correlations of the responses in later analysis. At a minimum, the survey team should compile (either on a spreadsheet or manually) the following data:

- Count the number of survey responses received and the number distributed.
- Count the number of responses in each response category (strongly disagree, disagree, etc.) for each question. Include a “no response” category. Add up the total number of responses in each category for each question to verify that it matches the total number of responses received.
- Type a list of the employee comments, with each comment on a separate line. If an Excel spreadsheet is used to record each survey response, then include the survey response number with each comment. This allows the comment to be tracked to the survey response for the related question.
- Either seal for later destruction, or destroy the surveys after all of the results data has been compiled and verified.

Guidelines for Report and Analysis of CQI Climate Survey

CQI IMPLEMENTATION STRATEGY

Consider using the following flowchart to guide use of the CQI Climate Survey for implementation of continuous quality improvement concepts at the facility.



DEVELOPING A CLIMATE SURVEY REPORT

Use the data compiled by the CQI Climate Survey Team (see Administration Guidelines for the CQI Climate Survey) to prepare a report that includes the information shown in the report model at the end of these guidelines. The model report consists of two sections. The first section reports the results for each statement on the survey. The second section provides an analysis of the results related to five key dimensions found through research to be critical to the successful implementation of CQI concepts and approaches. Both sections of the report provide the following data:

- The percentage of responses in each category for each statement provides a clear picture of the response distribution from strongly agree to strongly disagree. The distribution is important to observe, especially the percentages in the strongly agree and strongly disagree categories.
- The weighted rating for each statement provides a mathematical average that can be compared to other statements. This average is computed by assigning weights ranging from 5 to 1 for strongly agree to strongly disagree. A higher weighted rating is better and 5.0 is the maximum. You should not rely on the average without considering the distribution.

- The “Total Agree” column is the total of the percentages for strongly agree and agree. This data has merit for initially identifying the opportunities for improvement. However, you should remember that 10% strongly agree and 80% agree equals the same “total agree” as 80% strongly agree and 10% agree. There is a significant difference in these two responses.
- The average response to all statements is interesting, but not of great significant value for a survey of this type. If you repeat the CQI Climate Survey in the future, the averages can be an indicator of overall change.

The second section of the report model brings together an average of the responses to statements that are related to each of the five key dimensions. The statement numbers included in the averages are identified with the description of each dimension. The numbers in the model report are fictitious. They are provided so that the reader can see the relationship of the numbers.

ANALYZING THE CLIMATE SURVEY RESULTS

The analysis of the CQI Climate Survey results should be thorough and should result in several measurable goals that address the issues that will have the greatest impact on implementing quality improvement. The goals should be supported by specific strategies that will enable you to achieve the goals.

Begin by examining the results for the dimensions identified in the second part of the report model. These dimensions are interrelated in that the improvement of one should enable the improvement of the others. You can drill down to the specific statements in the first part of the report to learn more about the perceptions that influence the results for each dimension. Each dimension also has an order of importance that relates to the successful implementation of the concepts of CQI. The following analysis steps relate to the order of importance of the dimensions rather than the order listed in the report.

1. Examine the results for the dimension described as *management’s opportunity to lead CQI*. A low “total agree” percentage for this dimension indicates a need to carefully examine management approaches before considering any significant change initiative, such as implementation of CQI. Statements 22-25 will indicate the issues perceived by the employees to limit management’s opportunity to lead CQI implementation at this time. The perception may be that quality takes second place to financial results in decision-making (#22). Employees may perceive that most changes and initiatives have to be approved or led by someone from outside of the facility (#23). Or, it may be that there is a high level of “crisis management” that limits the ability to follow through on new initiatives (#24). Statement #25 is an overall assessment of this dimension.

Strategies to improve this dimension include:

- Clearly defining the roles and authority of key leaders in change initiatives.
- Reducing the level of bureaucratic controls that limit adoption of best practices and evidenced-based improvements.
- Identifying and reducing the level of “fear” and “blame” for mistakes.

An external consultant may be helpful in evaluating the management approaches and identifying ways to improve these results.

2. Examine the dimension described as ***internal customer focus and use of team processes***. A low “total agree” in this dimension indicates that employees are not “engaged” with the mission of the organization and their immediate manager, and may not support a new change initiative. It may also indicate the lack of involvement in team processes. As a result, leaders may be ready to lead a change initiative, but employees may not be willing to support it. The responses to statements 1-5 will indicate the level at which an employee is engaged in his or her work. It is important to have a higher percentage of “strongly agree” responses for these statements. The Gallup organization provides extensive research that shows the “strongly agree” responses to these statements to be linked to business results such as productivity, profitability, retention, and customer satisfaction. Statements 6-7 relate to the employee’s perception of the effectiveness of teamwork and team processes. Statement 9 helps indicate how personally engaged the employee is with his or her immediate supervisor. Gallup’s research concluded that people don’t leave organizations, they leave their immediate managers. Statement 10 is an overall assessment of this dimension.

Strategies to improve the results in this dimension include:

- Using employee focus groups to identify specific improvements that are needed.
 - Benchmarking the human resource policies and practices of other facilities that have a high level of employee engagement (low turnover rates).
 - Identifying and removing impediments to cross-functional communication and problem solving.
 - Training department and nurse supervisors to be more effective with basic management skills, conflict resolution, employee evaluation techniques, communication styles, and problem solving techniques.
3. Examine the dimension described as ***common understanding of quality and customers’ wants and needs***. A low “total agree” in this dimension indicates confusion about the meaning of quality and the perception that other priorities are frequently “trumping” a commitment to meet the needs and wants of the residents. The response to statement 18 will indicate the overall perception regarding a commitment to quality. Statement 19 relates to the employee’s empowerment to respond to external and internal customer concerns. Statement 20 is an overall indicator of this dimension.

Strategies to improve the results for this dimension include:

- Improving how leaders define, communicate, and demonstrate their commitment to meet external customers’ needs and wants through strategic plans and decisions.
 - Adopting policies to train, encourage, and empower employees to respond promptly and appropriately to customer issues.
 - Training employees in basic problem solving techniques and hospitality skills.
4. Examine the dimension described as ***understanding of process***. A low “total agree” in this dimension indicates that leaders and employees do not fully comprehend how the quality of their work is related to the management (design, measurement, and improvement) of work processes. The responses to statements 11-13 indicate the level at which employees feel they are blamed for process failures, their perception of the quality of the work processes, and their opportunities to learn how to improve their work. Statement 14 is an overall indicator of this dimension.

Strategies to improve the results of this dimension include:

- Training supervisors on process management and improvement techniques.
- Developing policies and resources for employees to routinely learn about best practices and technological improvements that are related to their work areas.
- Provide opportunities to join professional and para-professional associations that help support improvement and growth.

5. Examine the dimension described as ***use of data in decision-making***. A low “total agree” in this dimension indicates that the facility has not integrated the use of data and measurement to support quality improvement and decision-making at all levels of the organization. Statements 15 and 16 address the employee’s ability to measure and analyze the quality of his or her work. Statement 17 assesses the systems view of problems. Statement 18 is an overall indicator of this dimension.

Strategies to improve this dimension include:

- Identifying measurements for the key processes in each department and training employees to routinely gather and review the results.
- Training supervisors and employees how to analyze the measurements and initiate improvement actions when appropriate.
- Sharing key organizational performance measurements with all employees and teaching them how their work processes link to the organizational performance outcomes.

If the “management opportunity” and “internal customer responses” are reasonably good, the facility leaders may consider volunteering to collaborate with the state Quality Improvement Organization (QIO) to improve a clinical outcome. As part of this process, the QIOs provide free training on process improvement, including the measurement and analysis of process outcomes. While this training is provided to a few, the leaders should commit to repeat the training within the facility and identify ways to engage other process improvements. Also, many state health care associations are now providing quality improvement training programs and initiatives that can be a valuable resource for improving these dimensions.

(CQI Climate Survey Report Model follows)

CQI Climate Survey Report Model – Section 1

Any Facility USA CQI Climate Survey Report		Survey Date:					Solicit	Resp.	Pct
		10/25/2004					118	96	81%
		Response Distribution						Wgt.	
Survey Statement		Strongly Agree	Agree	Neither Agr/Dis	Dis- agree	Strongly Disagree	Rating 5.0 Max	Total Agree	
1	I know what is expected of me at work.	56%	33%	10%	0%	0%	4.5	90%	
2	I have the materials and equipment I need to do my work well.	40%	48%	6%	6%	0%	4.2	88%	
3	In the last seven days, I have received praise for doing good work.	23%	32%	10%	25%	9%	3.3	55%	
4	Someone at work encourages me to develop my skills.	32%	38%	6%	13%	11%	3.7	70%	
5	I receive the information I need to do my job well.	17%	32%	10%	29%	11%	3.1	49%	
6	Our employees cooperate and work as a team.	19%	34%	15%	20%	13%	3.3	53%	
7	We are encouraged to work with staff in other departments to solve problems.	5%	9%	11%	55%	19%	2.3	15%	
8	My supervisor respects my opinion.	29%	28%	13%	21%	9%	3.5	57%	
9	I have opportunities to learn new things that will help me improve my work..	17%	28%	18%	29%	8%	3.2	45%	
10	Overall, the leaders in this facility care about me.	31%	42%	9%	11%	6%	3.8	73%	
11	When something goes wrong, we look at the way we do our work rather than blaming people.	2%	13%	5%	65%	16%	2.2	15%	
12	The work assignments are well planned in my department.	19%	27%	16%	29%	9%	3.2	46%	
13	We are encouraged to apply better methods for doing our work when we learn about them.	7%	19%	15%	46%	14%	2.6	26%	
14	Overall, I am motivated to find ways to improve the way I do my work.	14%	22%	5%	51%	8%	2.8	35%	
15	I know how to measure the quality of my work.	5%	9%	11%	55%	19%	2.3	15%	
16	I know how to analyze (review) the quality of my work to see if changes are needed.	2%	13%	5%	65%	16%	2.2	15%	
17	We usually study the cause of problems before making a change.	7%	22%	15%	35%	21%	2.6	29%	
18	Overall, our use of information helps us improve the way we do our work.	6%	8%	12%	56%	18%	2.3	14%	
19	Quality improvement is a sincere effort at this facility rather than just talk.	5%	9%	11%	55%	19%	2.3	15%	
20	I am encouraged to solve problems brought to me by my customers (residents, families, or other employees).	8%	20%	15%	46%	11%	2.7	28%	
21	Overall, meeting the expectations of our residents and families is a top priority here.	17%	28%	18%	29%	8%	3.2	45%	
22	Our leaders are just as concerned about the quality of services as they are about financial results.	8%	20%	15%	46%	11%	2.7	28%	
23	Our leaders are able to make their own decisions rather than depending on people outside of our facility.	19%	27%	16%	29%	9%	3.2	46%	
24	We seldom have crisis situations at this facility.	16%	30%	16%	29%	9%	3.1	46%	
25	Overall, the facility managers have the ability to lead us to higher levels of quality performance.	14%	22%	19%	38%	8%	2.9	35%	
Average Response to All Statements		17%	25%	12%	34%	11%	3.0	42%	

CQI Climate Survey Report Model – Section 2								
Any Facility USA CQI Climate Survey Report	Survey Date:					Solicit	Resp.	Pct
	10/25/2004					118	96	81%
	Response Distribution					Wgt.		
	Strongly Agree	Agree	Neither A nor D	Dis-agree	Strongly Disagree	Rating 5.0 Max	Total Agree	
Survey Statement								
Average Response to Key Dimensions of CQI Readiness								
Internal customer (employee) focus and use of team process (1-10)	27%	33%	11%	21%	9%	3.5	59%	
Understanding of process (11-14)	10%	20%	10%	48%	12%	2.7	30%	
Use of data in decision-making (15-18)	5%	15%	10%	52%	18%	2.4	19%	
Common understanding of quality and customers' needs and wants (19-21)	10%	19%	15%	43%	13%	2.7	29%	
Management's opportunity to lead CQI (22-25)	14%	25%	16%	35%	10%	3.0	39%	

Background and Scope of Work:

The Readiness Assessment Project evolved from a small group¹¹ telephone meeting held November 11, 2003, and a broader group meeting¹² held in Baltimore on January 5, 2004. Dr. David Gifford, MD, MPH,¹³ was a key participant in both of these meetings. Dr. Gifford leads the Quality Improvement Organization's (QIOs)¹⁴ contract with the Centers for Medicare and Medicaid Services (CMS) to improve nursing home clinical outcomes¹⁵. This is part of the Nursing Home Quality Initiative (NHQI) launched in November 2003. The QIOs recognize that the outcomes can only be improved and sustained when quality management systems improve. In these meetings, Dr. Gifford shared that the QIOs had experienced various levels of success in working with nursing facilities who volunteered to participate in improving targeted clinical outcomes. While acknowledging that some of the QIOs needed to improve their process models¹⁶, Dr. Gifford felt that much of the variation was related to the readiness of the nursing facility to participate in a collaborative model for project improvement. The collaborative model assumes that participants are motivated, have resources to follow through on assignments, can integrate and teach improvement in their organization, and are supported and encouraged by senior leaders.¹⁷ Facilities that applied and agreed to these requirements were accepted.

The meeting participants discussed the potential reasons why facilities would not be able to successfully participate. In the January 5th meeting, I shared my experience of developing a Total Quality Management (TQM) readiness assessment process at Vetter Health Services¹⁸ (VHS) as we

¹¹ This initial meeting included Dr. David Gifford, Bernie Dana, and AHCA staff: Priscilla Shoemaker, Chris Condeelis, Tom Burke, and Sandra Fitzler. Irene Fleshner, chair of the AHCA Clinical Practice Subcommittee, was invited but unable to participate.

¹² This broader meeting included Dr. David Gifford; Bernie Dana; Yael Harris, CMS; Sara Sinclair, AHCA Quality Improvement Subcommittee chair; Irene Fleshner, AHCA Clinical Practice Subcommittee chair; Gail Sheridan, Survey & Certification Subcommittee chair; Melissa Miranda, Rhode Island Quality Partners; and AHCA staff: Priscilla Shoemaker, Chris Condeelis, Janet Myder, and Sandra Fitzler.

¹³ Dr. David Gifford is the chief executive of the Rhode Island Quality Partners, RIs Quality Improvement Organization.

¹⁴ There are 37 QIOs serving the 50 states, District of Columbia, and U.S. territories. QIOs are private organizations that vary in their capabilities and the extent to which they do non-Medicare work. They typically employ a multidisciplinary team that includes physicians, nurses, health care quality professionals, epidemiologists, statisticians, and communications experts.

¹⁵ This three-year contract to work with improving clinical outcomes in nursing homes was developed under the seventh Scope of Work (SOW) covering federal fiscal years 2003-2005.

¹⁶ The QIOs have three models of QIO/provider collaborations. The Select Group model is the original where the QIO does one-on-one work with selected providers (volunteers) in each state. The Corporate Nursing Home Improvement Collaborative is a model used by Dr. Gifford to work with eight of the largest corporations and uses their internal resources to push the QIO programs down through the organization. The newest model is called the Nursing Home Improvement Collaborative. This model works with providers who didn't fit in the other models. It focuses on rapid improvement and shows signs of being the most successful of all of the collaborative models.

¹⁷ These assumptions are derived from Institute for Healthcare Improvement's (IHI) description of the collaborative model (www.IHI.org) and an interview with the director of Lumetra, the California QIO.

¹⁸ Vetter Health Services corporately owns and operates 33 skilled nursing, assisted living, and senior housing facilities in a five-state region of the Midwest. I served as the Executive Vice President at VHS for 14 years preceding my retirement to become a university professor in 2001. The TQM initiative began in 1992 and was fully integrated at all facilities over six years. Four of the Nebraska facilities have earned the distinction of being recipients of Nebraska's quality award (Edgerton Award) modeled after the Baldrige National Quality Award. To help assure initial success in the TQM initiative, I developed a readiness assessment process to identify the facilities that would most likely be able to absorb the training and

prepared to implement the concepts of TQM in just a few facilities at a time. With the concept of a readiness assessment tool in mind, we discussed the potential of the Alliance's "Quality First" assessment tool and the assessment resources available from the Baldrige National Quality Program.

The American Health Care Association (AHCA) sees significant opportunities for nursing facilities to benefit from the voluntary collaboration with the QIOs. AHCA wants the QIOs' nursing home project to be successful so the contract will be renewed. The success of the QIOs will contribute to the success of the Quality First initiative. As a result, AHCA engaged me to determine if some sort of tool might be available for facilities to use to determine their level of readiness for a continuous quality improvement (CQI) project. The description of this project is:

The goal of the CQI Readiness Assessment Tool Project is to adopt a simple tool and process that providers can use to help them assess their readiness to engage in quality improvement and to maximize the benefits of working with QIOs on an improvement project. The project leader will examine the Alliance's self-assessment tool for Quality First, the tools available through the Baldrige National Quality Program, other assessment tools and processes that have previously been developed for a similar purpose, and current literature and programs that may be beneficial as resources and support for the process and tool selected. The project leader would then determine if one of the existing tools is an appropriate fit, or would develop an appropriate tool that targets the needs of LTC providers. The project would require time to examine the existing literature on these types of tools, review the identified tools and their applicability, prepare a proposed tool and process, and revise the tool and process based on feedback by selected QIOs and provider groups. The project does not include validation of the tool and process. Validation could be accomplished as a separate research project as the tool and process are used in relation to QIO improvement projects.

Results of Literature Search:

I have completed a broad search of professional journals from all industries for information on readiness assessment tools for quality improvement. I initially identified 27 articles that would be potentially related to this topic. Upon review, I found that 18 of these articles contributed, in some way, to my understanding of health care quality management, organizational failures in implementing CQI/TQM, or the concepts of readiness assessment. I also reviewed the meeting records and reports from the Technical Expert Panel (TEP) appointed by the Health Care Financing Administration in 2001 to consider the role and process of using QIOs to improve care in nursing homes. I was a member of this TEP.

I read Volume 1 of a series of books by Avedis Donabedian titled, *The Definitions of Quality and Approaches to its Assessment*, Vivian Tellis-Nayak's book titled, *Customer Satisfaction in Long Term Care: A Guide to Assessing Quality*, and a book by Maryjane Bradley and Nancy Thompson titled, *Quality Management Integration in Long-Term Care*. My review of this literature was supplemented by more than 60 articles and reports (including the Institute of Medicine reports) reviewed in my research for the "definition of quality" project. This reading included the Institute of Medicine reports.

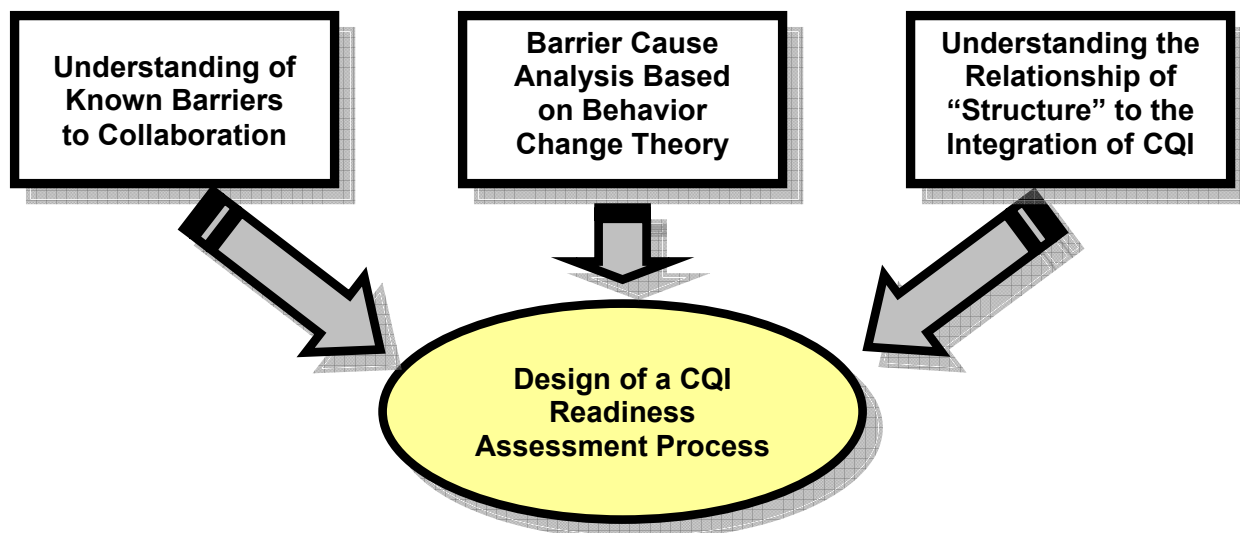
implement the concepts. This TQM readiness assessment included an employee survey tool and an objective questionnaire completed by the facility administrator.

I reviewed the Baldrige National Quality Program's organizational performance assessment tools (www.baldrige.nist.gov/Progress.htm) for leaders and employees as well as the Quality First compliance tool developed by the Alliance. The Gallup Organization's research to assess "engaged" employees became a vital source for information and assessment questions related to employee involvement.¹⁹ Dr. Sandra Pothoff and Dr. Doug Olson used a grant from the National Science Foundation (NSF 98-11049) to develop an Organizational Quality Survey (OQS) for long term care facilities (©University of Minnesota, 2000). This employee survey tool measures six dimensions developed from the criteria of the Baldrige National Quality Program and was very useful. I also reviewed materials related to Session 2: Foundations of Quality Management, a long term care administration training program developed by Dr. David Gifford and presented at the American College of Health Care Administrators (ACHCA) conference in 2003. This material included a Readiness Survey, Worksheet for Assessing Organizational Climate, and a sample agenda (process) for using these tools. This material was very helpful since it appears to provide a clear perspective from a QIO leader on the preparation needed by nursing facilities to successfully collaborate with a QIO on an improvement project and then integrate and transfer the CQI concepts to other process and outcome improvement projects.

Approach to Design:

Three key elements were considered in the design of the CQI readiness assessment process and tool. These elements are shown in figure 1.

Figure 1: Design Relationships for CQI Readiness Assessment



Barriers to Successful Collaboration:

Overall, the Nursing Home Quality Initiative is proceeding better than many had expected. However, some providers volunteering for the 1st and 2nd collaboratives now want to back out of their agreement to participate. Facility leaders have cited lack of time, shortage of resources, and employee turnover as reasons for withdrawing. In two meetings with Dr. Gifford, he reported that the QIOs have identified several perceived causes related to the lack of success in the CQI initiative by some nursing facilities. These include:

¹⁹ The Gallup research and its application are reported in *First, Break All the Rules* by Buckingham and Coffman.

- Lack of motivation to follow through with training and change.
- Unwillingness to admit a knowledge deficit regarding processes and systems.
- Seeing QIO activity as projects to fix outcomes rather than a systems approach for continuous quality improvement. As a result, there is resistance to process improvement training by QIOs as a path to improving a clinical outcome.
- Inability by facility clinicians to implement known best practices.
- Facility leaders and employees being confused by hearing a multitude of messages about quality.
- Nurses and other employees lack ability to analyze data and use it to develop effective strategies for quality improvement.
- Employees not included in process of learning and improvement.
- Policies and procedures written but not implemented or followed.

These are similar to “some of the most common reasons some quality initiatives hit the wall” (Benson, 1993):

- *Inappropriate motivation.* When the reason for adopting the quality initiative comes from pressure from external forces, a crisis, or the desire to “look good” in the eyes of superiors, they will likely take a “fix-it” approach that looks only at the immediate problem.
- *No upfront assessment.* If the facility leaders see the quality initiative as generic, they won’t take the time to examine the system gaps between current performance and desired performance that must be addressed to create real change.
- *Lack of infrastructure.* The collaboration will fail if the facility assigns the initiative to a few people or a team and then fails to support them with a willingness to train others and engage them in improvements, make changes in policies and procedures, and recognize the people involved in the improvements.
- *Lack of role definition.* Every person in the organization must learn how quality will change what they do and how they think. Quality has to be something more than inspection or review by the mandated Quality Assurance and Assessment Committee.
- *Failure to address individual management style.* It doesn’t do much good to create teams to work on quality initiatives and never address the tendency of many supervisors to use a dictatorial or controlling style of management that they often have learned from their predecessors. Teams will die quickly when their work is overturned by a leader.
- *Disconnect between strategic objectives and quality improvement.* Quality improvement initiatives that are not addressing the key needs of the organization will send a signal that the effort is just another “government” thing. The full scope of the project and the process improvement learning related to it must be communicated throughout the facility with some sense of vision for its application to other key issues.

Another key factor in the failure to implement CQI effectively relates to the lack of involvement and support of the CEO/administrator (Summers, 1993). The administrator may volunteer the facility for QIO collaboration, and then feel that the CQI training is unnecessary or may fail to support the

initiative in other ways. The administrator does not have to lead the clinical improvement initiative, but must be actively engaged in understanding how the CQI methodology works and how it must be integrated in the facility structure. Sylvia Gaudette Whitlock, director of government affairs for the American Health Quality Association (AHQA), the membership organization for the QIOs, says that nursing homes that will be most successful will “have leadership that embraces QI principles and empowers staff to implement changes [and work as teams]” (Peck, 2003).

The challenge, then, is to find ways to identify and overcome these barriers as impediments to the success of the QIOs and the nursing facilities.

Cause Analysis Using Models of Change Behavior:

One approach to analyzing why some facilities did not continue or may not have achieved their full potential in their collaboration with the QIO is to examine models of change behavior. While these models are based on analysis of changes in individual behavior, they provide valuable information about organizational change that is primarily based on leadership behavior and the collective response of employees.

The Transtheoretical Model developed by James Prochaska, Ph.D, and Carlo DiClemente, Ph.D, identifies six stages of change that individuals use to modify their troubled behavior (Internet Resource: Models of Change Behavior). The six stages of change are:

- Precontemplation: Has no intention to take action within the next 6 months.
- Contemplation: Intends to take action within the next 6 months.
- Preparation: Intends to take action within the next 30 days and has taken some behavioral steps in this direction.
- Action: Has changed overt behavior for less than 6 months.
- Maintenance: Has changed overt behavior for more than 6 months.
- Termination: Overt behavior will never return, and there is a complete confidence that you can cope without fear of relapse.

This model identifies nine major processes to change behavior (Table 1). These initiatives help mollify the thinking, feeling, and behavior of those needing behavior changes. While written in relation to individual change, these nine processes can readily be adapted to organizational change and the design of systems that would identify and influence movement through the six stages of change.

Another model of change behavior to consider is the Theory of Planned Behavior developed by Icek Ajzen, Ph.D, and Martin Fishbein, Ph.D. in 1988. The purpose of the theory is to: (1) “predict and understand motivational influences on behavior that is not under the individuals volitional control,” (2) “identify how and where to target strategies for changing behavior,” and (3) “explain virtually any human behavior such as why a person buys a new car, votes against a certain candidate, is absent from work, or engages in premarital sexual intercourse.” According to the theory, the most important determinant of a person’s behavior is behavior intent, which is a combination of attitude toward performing the behavior and subjective norm. This theory also includes a factor called “perceived behavioral control.” “Perceived behavioral control refers to the degree to which an individual feels that performance or nonperformance of the behavior in question is under his or her volitional control.

People are not likely to form a strong intention to perform a behavior if they believe that they do not have any resources or opportunities to do so even if they hold positive attitudes toward the behavior and believe that important others would approve of the behavior” (emphasis added) (Internet Resource: Models of Change Behavior).

Table 1: Ways to Change Behavior

Change Process	Description
Consciousness Raising	Involves providing information regarding the nature and risk of unsafe behaviors and the value and drawbacks of the safer behavioral alternatives.
Dramatic Relief	Fosters the identification, experiencing, and expression of emotions related to the risk reduction of the safer alternatives in order to work toward adoption.
Environmental Control	Allows the individual to reflect on the consequences of his or her behavior for other people. It can include reconsideration of perceptions of social norms and the opinions of people important to him or her.
Self Reevaluation	Entails the reappraisal of ones problem and the kind of person one is able to be, given the problem.
Commitment	Encourages the person to consider their confidence in their ability to change and their commitment to doing so.
Social Liberation	Seeking to help others with similar situations.
Helping Relationships	Assists the person in a variety of ways, including providing emotional support, modeling a set of moral beliefs, and serving as a sounding board.
Reward	Developing internal and external rewards and making them readily but contingently available to improve the probability of the new behavior occurring or continuing.
Countering	Weighing the “pros” and “cons” of the behavior change. The challenge is to tip the balance in favor of making positive change.

I also examined additional literature regarding organizational change, but found these models to be the most intriguing in their potential to explain the observed behaviors and communications of facilities that are both successful and unsuccessful in their collaboration with the QIO. In applying these models, I conclude that:

1. This project is mostly concerned with identifying which of the first three stages of the Transtheoretical Model that the facility leaders are in regarding the adoption of CQI concepts through collaboration with the QIO.
2. The stage the facility leaders are in (and their ability to progress to subsequent stages) is influenced by their attitude toward using CQI concepts to improve outcomes.
3. The attitude of the facility leaders is ultimately tied to the positive or negative view of the CQI initiative by “relevant others.” The relevant others can be those who have authority over them, peers, or other employees who must be involved.

4. Even with a positive attitude toward the CQI initiative, the intention of the leaders to actually perform will be influenced by whether they perceive that they have the resources (time, staff, and financial) and opportunities (authority to make it a priority and to make relevant changes).
5. The ability of the QIO to significantly alter the thinking, feeling, and behavior of the facility leaders is somewhat limited by the current design of their contract with CMS. Even so, it may be possible for the provider and professional associations to collaborate with the QIOs to develop initiatives that shift the norms of CQI acceptance and utilize some of the major processes of change more effectively.

The Relationship of Structure to Integration of CQI:

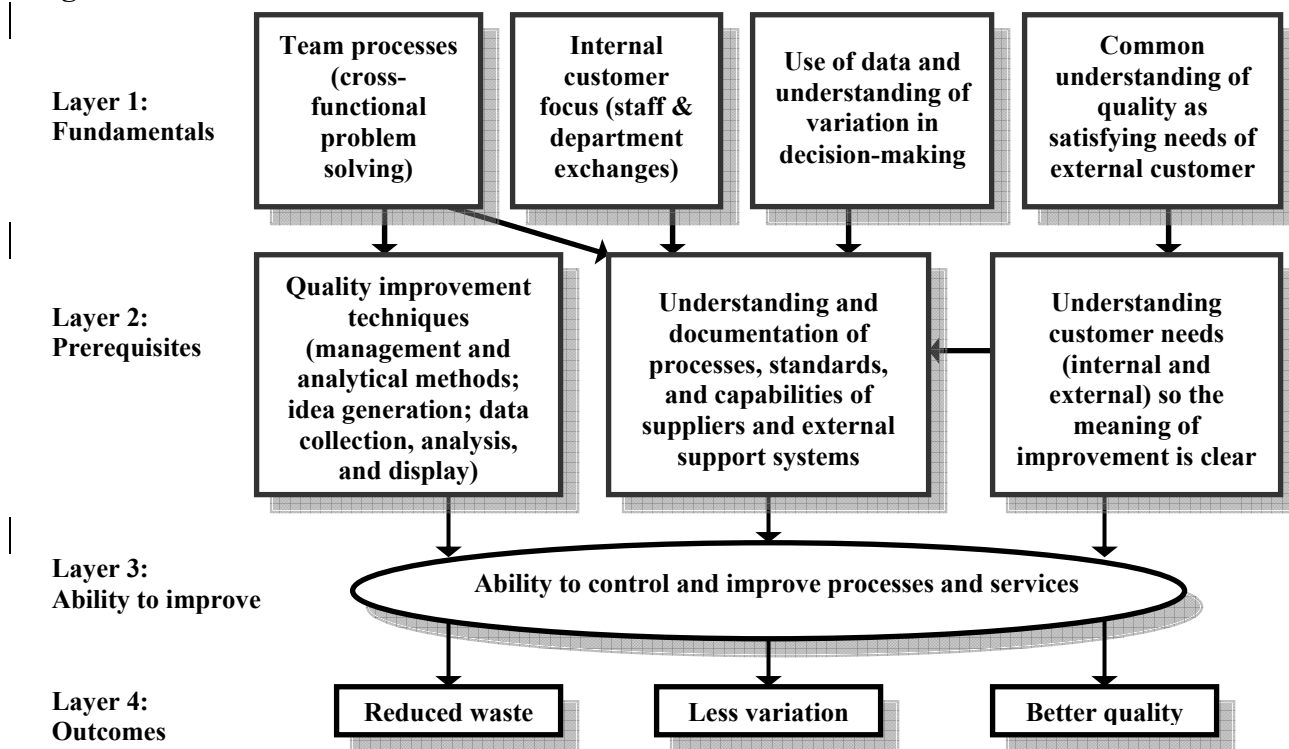
The objective of the QIO collaborative is to improve outcomes. The QIOs' approach to improving outcomes is to teach facilities how to continuously improve the processes that are antecedent to the outcomes. Most of the problems in collaboration appear to be closely related to "structure." In his exploration of the definition and measures of quality in health care, Donabedian²⁰ identifies structure as the "relatively stable characteristics of the providers of care, of the tools and resources they have at their disposal, and of the physical and organizational settings in which they work. The concept of structure includes the human, physical, and financial resources that are needed to provide medical care" (81). Donabedian further states that structure "has its greatest importance in the planning, design, and implementation of systems that are intended to provide personal health services" (82). Tellis-Nayak describes structure in long term care as being "adequate plant and equipment, credentialed and empowered staff, effective leaders, customer-focused mission, and appropriate programs" (2).

The structure issues in CQI are evident in the S-P model of TQM (Saunders and Preston model cited by Dalu and Deshmukh, 2002). This model, shown in Figure 2, can be used to identify the aspects of the structure that are required for successful implementation of TQM/CQI.

Layer 1 of this model makes it evident that to be successful in implementing and sustaining CQI, a facility must: (1) use cross-functional team processes supported by a system of rewards to overcome organizational complexities and barriers; (2) have their focus on the internal customer (employee and department exchanges of work) to create a chain of quality that reaches the external customer; (3) have satisfying the needs and wants of the external customer a common understanding of quality by all employees; and (4) emphasize the use of data and an understanding of variation in decision-making.

Layer 1 leads to Layer 2, the three basic requirements that enable a facility to improve its processes and services. The facility must: (1) have processes to understand customer needs and wants so that the relationship of improvement to the customer is clear; (2) understand the organization's processes and the capabilities of external suppliers so that the results of changes can be predicted and evaluated; and (3) train employees to utilize the techniques of continuous quality improvement to find the root cause of problems and plan, implement, and evaluate solutions. These first two layers provide the structure and ability to control and improve processes and services to achieve the outcomes identified in Layer 4.

²⁰ Avedis Donabedian (deceased) was considered by the Institute of Medicine (IOM) to be a great 20th century leader in the field of health care quality. He was a member of the Institute of Medicine, and leaves behind a rich body of work on the conceptualization and measurement of quality (Forward to IOM report *Crossing the Quality Chasm: A New Health System for the 21st Century* (2001). Washington DC: National Academy Press).

Figure 2: S-P Model of TQM**Design for the CQI Readiness Assessment Process and Tool:**

The design of the assessment process and tool is based on several conclusions:

1. The perceptions of the facility employees are a more reliable assessment of CQI readiness than an assessment by the leaders. There is often a “disconnect” between what leaders think and what employees perceive. Whether or not the leader feels that the perceptions of the employees are correct is immaterial because it is their perceptions that are the reality.
2. The assessment tool will be a climate survey in a Likert-type format administered to employees using a simple and inexpensive process. The climate survey will be as short as possible. The survey statements will be simple for employees to understand and directly related to the barriers and issues that relate to implementation of CQI.
3. The process will include guidelines for internal administration (Appendix A) of the climate survey by a group of employees who are trusted by their peers. External administration is not necessary since the results are primarily for internal use rather than external comparison.
4. Guidelines will also be provided for analyzing the assessment results and linking them to some recommended strategies (Appendix A).
5. The guidelines and climate survey will be designed for distribution through the AHCA website and will be useful for any type of long term care facility (nursing, assisted living, developmentally disabled, etc.). The facility will be able to modify the climate survey by adding its name.
6. The climate survey and related documents will not refer to “readiness” because of the possible inference to a “pass/fail” result. Rather, the tool and process will be linked to the preparation needed to improve CQI.

Dimensions to be Measured:

The following dimensions evolved from the analysis of the key elements: the barriers to collaboration, the use of “change behavior” models to analyze the cause of the barriers, and the examination of how structure relates to integration of CQI. These five dimensions became the underlying constructs for the statements in the climate survey. The dimension regarding “management’s capability to lead CQI” is derived from the key issues raised in the behavior change models. The sample report calls this “Management’s ‘Opportunity’ to Lead CQI.” This change is intended to help avoid initial resistance to the assessment by leaders. The remaining dimensions relate to structure and are taken from the descriptions of Layers 1 and 2 of the S-P Model of TQM.

- Internal customer focus and team processes
- Understanding of processes
- Use of data in decision-making
- Understanding customers’ needs and expectations as focus of quality
- Management’s capability to lead CQI

Climate Survey Items:

Table 2 identifies the statements developed for each of these dimensions and shows how they relate to the barriers and change behavior issues previously identified. As previously noted, the dimensions under which the statements are grouped relate to the fundamental structure requirements.

Table 2: Relation of Statements to Design Elements (Figure 1)

Statement		Barriers	Change Behavior
Internal Customer Focus and Team Process:			
1.	I know what is expected of me at work.		
2.	I have the materials and equipment I need to do my work well.		
3.	In the last seven days, I have received praise for doing good work.		
4.	Someone at work encourages me to develop my skills.		
5.	I receive the information I need to do my job well.		
6.	Our employees cooperate and work as a team.		
7.	We are encouraged to work with staff in other departments to solve problems.		
8.	My supervisor respects my opinion.		
9.	I have opportunities to learn new things that will help me improve my work.	Staff not included in process of learning and improvement.	
10.	Overall, the leaders in this facility care about me.		
Understanding of Process:			
11.	When something goes wrong, we look at the way we do our work rather than blaming people.	Unwillingness to admit to a knowledge deficit regarding processes and systems.	
12.	The work assignments are well planned in my department.	Policies and procedures written but not implemented or followed.	
13.	We are encouraged to apply better methods for doing our work when we learn about them.	Inability by facility clinicians to implement known best practices.	
14.	Overall, I am motivated to find ways to improve the way I do my work.	Staff not included in process of learning and improvement.	
Use of Data in Decision-Making:			
15.	I know how to measure the quality of my work.		
16.	I know how to analyze (review) the quality of my work to see if changes are needed.	Nurses and other employees lack ability to analyze data and use it to develop strategies for QI.	
17.	We usually study the cause of problems before making a change.	Seeing QIO activity as projects to fix outcomes rather than a systems approach to CQI.	
18.	Overall, our use of information helps us improve the way we do our work.		

Statement		Barriers	Change Behavior
Common Understanding of Quality and Understanding Customers' Needs and Expectations:			
19.	Quality improvement is a sincere effort at this facility rather than just talk.		
20.	I am encouraged to solve problems brought to me by my customers (residents, families, or other employees).	Employee not included in process of learning and improvement; inability by facility clinicians to implement known best practices.	
21.	Overall, meeting the expectations of our residents and families is a top priority here.	Facility leaders and employees being confused by hearing a multitude of messages about quality.	
Management's Capability to Lead CQI:			
22.	Our leaders are just as concerned about the quality of services as they are about financial results.	Lack of motivation to follow through with training/change.	Leader's attitude towards CQI.
23.	Our leaders are able to make their own decisions rather than depending on people outside of our facility.		View of "relevant others."
24.	We seldom have crisis situations at this facility.	Lack of motivation to follow through with training/change.	
25.	Overall, the facility managers have the ability to lead us to higher levels of quality performance.		Effect of resources and opportunities on leader intentions.

I developed the climate survey items to measure the perceptions of each dimension. I used four resources for the statements:

- The Baldrige National Quality Program provides an organizational performance assessment tool at their website. This tool became the format model for the message to leaders and the climate survey. Statements number 15 and 16 are taken directly from the Baldrige assessment tool. Statements number 5, 10, and 20 are modified Baldrige statements.
- The Gallup Organization developed 12 questions through substantial research that measured "the core elements needed to attract, focus, and keep the most talented employees" (Buckingham & Coffman, 1999). Because of their extensive research that links their questions to "engaged" employees and business results, the Gallup questions became my primary resource for statements that measure focus on the internal customer. Statements number 1 and 2 are directly from Gallup and statements number 3, 4, and 8 are modified Gallup questions.
- Through the University of Minnesota, Dr. Sandra Pothoff and Dr. Doug Olson developed an Organizational Quality Survey (OQS) for long term care facilities. This project was supported by a grant from the National Science Foundation (NSF 98-11049) with supplemental funding from and collaboration with the Board of Social Ministry, Ebenezer, and the Good Samaritan Society. This employee survey measures six dimensions developed from the criteria of the Baldrige National Quality Program. Statement number 12 is taken directly from this survey and number 18 is a modified OQS statement.

- The Readiness Survey adapted by Dr. David Gifford from *Readiness to Put Prevention in Your Practice (Texas Medicine 92[12]:35, 1996)* was not a direct source for any of the statements, but was used to affirm the content that should be addressed. Most of the 16 statements in Dr. Gifford's assessment tool appear to assess the same dimensions I have identified.

I wrote the remainder of the statements (numbers 6, 7, 9, 11, 13, 14, 17, 19, and 21 through 25) to address specific barriers or the behavior change issues that were identified as critical to change. All of the questions are intended to meet the five characteristics of a good measurement item: (1) be relevant to the dimension they measure, (2) be concise, (3) be unambiguous, (4) contain only one thought, and (5) not contain a double negative (Hayes, 1992). I also considered the concepts and examples provided by Vivian Tellis-Nayak in *Customer Satisfaction in Long Term Care: A Guide to Assessing Quality*.

The statements have been selected based on my best judgment and the research of the requirements related to successful implementation of CQI concepts. If desired, a mathematical item selection process can be used at some point with actual climate survey results to determine if the items are effective measures of the dimension. The last statement under each dimension (Statements number 10, 14, 17, 20, and 24) is intended to provide an overall assessment of the dimension to which the other statements can be correlated. This provides one means for examining the effectiveness of the statements. The effectiveness can also be examined by item-total correlations and group differences. These techniques are described in Chapter 4 of *Measuring Customer Satisfaction* (Hayes, 1992).

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