Background

The HealthInsight Quality Award program was launched in September 2004 to promote transparency in health care. Annually, HealthInsight recognizes facilities across the state for demonstrating high quality health care and excellence in performance on publicly reported quality of care measures and other specified quality markers. These measures came from clinical and administrative data that were collected from nursing homes using the Minimum Data Set (MDS) patient assessment tool. In October, 2010 the MDS was revised providing a stronger focus on patient-centered care creating a “ripple-effect” on the data points used to populate the publicly reported quality measure set. Until late 2011 or perhaps as late as June of 2012, the quality measures that were once publicly reported on Medicare’s website (www.medicare.gov) will remain “dark,” with no measures to display.

This change has prompted a shift in the HealthInsight Nursing Home Quality Award program challenging HealthInsight to develop a program where nursing homes could self-report their performance and verbalize their key factors for success. This new program mirrors the criteria used for the 2011 Bronze and Silver Quality Awards established by the American Health Care Association and National Center for Assisted Living (AHCA/NCAL). Facilities are encouraged to use this program as an opportunity to prepare for the AHCA Bronze, Silver, or Gold awards.

Eligibility to Apply

Award applicants will be required to meet the following eligibility requirements in order to apply for the 2011 HealthInsight Nursing Home Quality Award. If a facility does not meet one or more of the following requirements as verified by HealthInsight staff, their application will not be accepted.

- Only long term care or skilled nursing facility organizations may apply. This also includes all intermediate care facilities (ICFs/MR). Multi-facility corporations may not apply for one or multiple facilities; however their individual facilities may apply.

- Facilities that have been cited for a regulatory deficiency at the Immediate Jeopardy (IJ) or substandard Quality of Care1 level on any Medicare/Medicaid certification survey2 in the past two calendar years, including in 2011 prior to award notification, are not eligible to apply.

- Applications must adhere to all of the application technical requirements (i.e., formatting, page limit, etc).

- Applications must be received by HealthInsight on or before the application deadline.
  
  Nevada Award Application Deadline: 8am - June 1, 2011
  Utah Application Deadline: 8am - July 1, 2011

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1 Substandard Quality of Care F-Tags: An organization is marked substandard QOC if it receives a deficiency in Quality of Care (F309-F334), Quality of Life (F240-F258), or Resident Behavior and Facility Practices (F221-F226) at scope and severity level of F, H, I, J, K, or L. “G” is excluded because it is isolated in nature.

2 This includes any regulatory conducted according to federal “OBRA” regulations, including but not limited to standard (annual), compliant, federal surveys.
The following guidelines are very important to ensure each application is reviewed and treated equally. Failure to follow these guidelines will result in the disqualification of your application. Disqualified applications will not receive a feedback report that is otherwise provided courtesy of HealthInsight to applicants. Feedback reports help facilities understand why their applications did not result in an award and helps guide facilities in an improved application for next year’s award. Please review these guidelines carefully before submitting your application.

<table>
<thead>
<tr>
<th>Element</th>
<th>Requirement</th>
<th>Notes</th>
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<tbody>
<tr>
<td>Page Limit</td>
<td>5 pages maximum</td>
<td>Acronym List: If application submitted uses a number of organization-specific acronyms, the applicant may submit a separate list defining these acronyms. The list should be included as the last page and does NOT count against the 5-page limit. The acronym list is not a requirement.</td>
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<tr>
<td>Page Size</td>
<td>Standard 8 ½ x 11“ white</td>
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<td>Page Orientation</td>
<td>- Portrait</td>
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<td>- Portrait or Landscape</td>
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<tr>
<td>Margins</td>
<td>1” minimum all around</td>
<td>Larger margins are acceptable</td>
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<tr>
<td>Page Numbering</td>
<td>Number pages 1-5 in sequence</td>
<td>Do not number the acronym list if submitting one</td>
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<tr>
<td>Responses to Criteria</td>
<td>Criteria Labeling</td>
<td>Applicants must complete all sections of the application and must label responses sequentially to correspond to the appropriate section and subsection numbers of the criteria. A set of graphic examples are available at: <a href="http://www.healthinsight.org">www.healthinsight.org</a> under the Quality Awards section. Applications should be written in prose style writing using complete sentences.</td>
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<td>Prose Style Writing</td>
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<td>Font Type and Size</td>
<td>- Running text</td>
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<td></td>
<td>- Text within graphs, charts &amp; tables</td>
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<td>- Times New Roman 10 pt min</td>
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To apply

There is not a template or ‘application’ per se for you to complete and return to us. Begin writing your application using the criteria and technical requirements stated in this document. Remember, there are eligibility requirements that must be met before an application will be accepted. We recommend each facility put together a small team of key individuals who can assist in the writing process, while also remaining mindful that it will not suit your application well if it is noticeably written by many writers. To learn more about how you can avoid this, be sure to tune in for the educational Webex offered in your state (see final page of this document for further details).

It is absolutely critical that all of the criteria are addressed in your application as each section will be reviewed very carefully. Be very explicit in your responses. For instance, if the criteria asks you to identify key measures that drive improvement in your facility, do not simply state what these measures are, but explain in full detail how these help you drive improvement in your facility. If you have questions about the award criteria or the application process, please feel free to contact your HealthInsight nursing home liaison for assistance.
The 2011 *HealthInsight* Nursing Home Quality Award is an overview of the applicant’s organization and its’ ability to identify its’ strategic focus and key factors for success. The award criteria examines your organization’s performance and improvement in many key areas and is modeled after the prestigious Malcolm Baldrige National Quality Award and the 2011 Bronze and Silver Quality Award criterion established by the American Health Care Association and National Center for Assisted Living (AHCA/NCAL).

For the purposes of this criterion, the term “*organization*” refers to the single facility that is applying for the award, not a multi-facility organization. The intent of the criteria is for the applicant to address what is most important to the organization, the key factors that influence how the organization operates, and results that demonstrate improved performance.

**HI.1. ORGANIZATIONAL DESCRIPTION:** What are your key organizational characteristics? Describe your organization’s operating environments and your key relationships with residents, stakeholders, suppliers, and partners.  
*Within your response, include answers to the following:*

**a. Organizational Environment**
1. What is the organization’s environment: urban, suburban, rural, etc.?
2. What are the applicant’s major health care services (e.g., skilled nursing, subacute, assisted living, etc.)?
3. What is the organization’s mission/vision statement (verbatim) and the specific methods used to communicate it across the organization?
4. What is the organization’s workforce profile? Identify your key workforce groups by position (e.g., professional nurse, nursing assistant, cook, dietary aide, housekeeper), the desired number in each position, and a general description of the education level and/or professional requirements for each position. Consider using a table to provide your response.
5. What are the organization’s major equipment and technologies (e.g., computers, transfer equipment, automated dispensers, alarm devices, etc.)?
6. What is the regulatory environment under which the organization operates? What are the applicable health care delivery, occupational health and safety, physical plant, payment and reimbursement regulations?

**b. Organizational Relationships**
1. What are the organization’s principal stakeholder groups? Include customers and other groups most affected by the organization’s services, actions, and success. What are the differences in requirements and expectations among stakeholder groups? In addition to residents and using a table similar to the one below, identify three other principal stakeholders in the first column of the table. In the second column, identify the important requirements that each of these principal stakeholder groups has of the organization. In the third column, identify the processes that your organization uses to learn of these important stakeholder requirements. Your responses should be complete and clear.

<table>
<thead>
<tr>
<th>Four Principal Stakeholder Groups</th>
<th>Requirements this Group has of the Organization</th>
<th>How the Organization Learned of these Requirements</th>
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<tbody>
<tr>
<td>1. Residents</td>
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2. What are the key types of suppliers of goods and services, including other health care providers?
3. From the above, what are the most important types of suppliers of goods and services?
4. What are the limitations, special business relationships, or special requirements that may exist with some or all suppliers and partners?
5. What are the organizational structure and key management links to the parent company if the applicant organization is owned by a parent organization? Respond “NA” if the applicant is not owned by a parent organization.
HI.2. ORGANIZATIONAL SITUATION: What is your organization’s specific situation? Describe your organization’s competitive environment, key strategic challenges and advantages, and your system for performance improvement. Within your response, include answers to the following:

a. Competitive Environment
   1. What is the organization’s position (relative size) within the local market environment? Include numbers and types of competitors.
   2. What are the principal factors that determine competitive success in the local market?
   3. What are your key available sources of comparative and competitive data from within the long term care profession? What limitations, if any, are there in your ability to obtain this data? (Consider your access to comparative data provided by national surveys, published research on turnover rates, the federal nursing home compare website, state health care associations, your multi-facility organization, state databases for cost reports and census data, “secret shopper” initiatives, etc. Some organizations may not have access to much comparative data because of the category of long term care organization, location, or ownership. While a specific number of sources is not required, applicants should show some initiative in finding something that will help them assess their position in their competitive environment.)

b. Strategic Context
   1. What are at least two major strategic challenges or advantages for the organization (e.g., entry into new markets or segments, human resource recruitment and retention, new alliances with suppliers, physicians, or other partners, introduction of new technologies, changes in the health care environment that impact the organization’s delivery of services, changes in strategy, or other challenges or advantages)?
   2. What is the reason(s) why it is important that the organization address these challenges or advantages?

c. Performance Improvement System
   1. What are the key elements of your performance improvement system? In your response, describe the key steps and/or tools that you typically use for process improvement or innovation. To qualify for the 2011 HealthInsight Nursing Home Quality Award, you must be able to articulate the approach you generally use to improve a performance outcome. In subsequent years, this same award will require you to describe a specific methodology that is systematically used throughout the organization for process improvement and innovation. This may be a methodology such as FOCUS-PDSA, Six Sigma, or another approach that has been developed or adopted by the organization from other resources such as Advancing Excellence.
   2. What one clinical quality indicator did the organization improve by applying the key elements of your performance improvement system? The indicator should be clearly clinical in nature, not merely a process measure that impacts a clinical indicator. Using the key steps and/or tools of your performance improvement system, describe the process by which this indicator was improved, including what specific changes were made. Include data illustrating the improvement. IFC/MR facilities only: Given the largely non-clinical services, these facilities may report on improvement of a non-clinical indicator in response to these criteria.
   3. What are the organization’s key organizational performance measures?

HI.3. FOCUS ON THE FUTURE: How does the organization plan for a future of sustainable performance excellence as a long term commitment to its identified stakeholders? Your description of how you plan for the future should include, but not be limited to responses that describe how the organization systematically:

a. Identifies, collects and analyzes data and information to determine its strategic challenges and advantages as identified in HI.2.b.1.

b. Develops and deploys strategic objectives. Describe how the planning process aligns these objectives to the mission, and the strategic challenges and advantages.

c. Identify the organization’s current strategic objectives and the timetable for accomplishing them.
HI.4  **FOCUS ON RESULTS AND CREATING VALUE:** This category examines your organization’s performance and improvement in these key areas: health care outcomes, customer outcomes, process effectiveness outcomes, and leadership outcomes. Before completing this section it is recommended that you read the guidelines provided on page 7 of this document. Applicants are expected to report results for many areas previously identified as important to accomplishing the organization’s mission. Some trend data should be reported, and a majority of the trends presented should be positive.

a. **Creating Value**
   1. What are your organization’s key results that create value for your key stakeholders? Explain how you use these key measures to drive performance improvement.

b. **Health Care Outcomes:**
   1. Give at least two key clinical outcome results over appropriate time frames. At least one of the outcomes should clearly show improvement over time.
      a. Identify the strategies and specific changes used to improve this outcome. If available, show your outcomes in comparison to competitors or to state or national averages.
      b. Provide state survey deficiency results over a minimum of the last two surveys, but preferably 3 or 4 surveys. If available, show your outcomes in comparison to competitors or to state or national averages.

c. **Resident & Stakeholder-focused Results**
   1. Report your current levels and trends in key measures or indicators of resident, family and other stakeholder and partner satisfaction and dissatisfaction.

**End - 2011 HealthInsight Nursing Home Quality Award Criteria**
2011 Quality Award General Information

Benefits of Participation

The goals of organizations that commit to the pursuit of excellence are to deliver ever-improving value to customers, improve organizational effectiveness, and engage in organizational and personal learning. Applicants of the HealthInsight Quality Award can expect to receive several benefits that will assist in the effort to become a high-performing organization, including:

- A heightened ability to improve services and internal processes;
- Peer recognition as a quality champion in the long term care profession;
- Public recognition for efforts and achievements; and
- Feedback reports that identify strengths in the organizations’ quality systems, as well as areas that need improvement.

Confidentiality

All applications are confidential. Applicants are not expected to provide or reveal proprietary information regarding products, processes, or services. All HealthInsight staff and members of the HealthInsight Quality Award Committee sign confidentiality agreements upon employment and renew each agreement annually. Each application undergoes a thorough review of eligibility and technical requirements and is then reviewed individually by each committee member. Each application is then reviewed by the award committee. All applications are treated equally with the same effort and consideration.

2011 Nursing Home Quality Award Schedule

<table>
<thead>
<tr>
<th>Event</th>
<th>Nevada</th>
<th>Utah</th>
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<tbody>
<tr>
<td>Application submission process opens</td>
<td>April 4, 2011</td>
<td>May 1, 2011</td>
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<tr>
<td>Educational Webinar</td>
<td>May 3, 2011</td>
<td>June 1, 2011</td>
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<tr>
<td>Educational Webinar topics</td>
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<tr>
<td>- How to Write a Good Application</td>
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<tr>
<td>- Review of the Requirements and Criteria</td>
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<tr>
<td>- Common Mistakes to Avoid</td>
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<tr>
<td>Award Application Deadline</td>
<td>8am June 1, 2011</td>
<td>8am July 1, 2011</td>
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<tr>
<td>Award Recipient Notification</td>
<td>July 15, 2011</td>
<td>August 15, 2011</td>
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<tr>
<td>Awards Presented</td>
<td>August 15, 2011</td>
<td>TBD</td>
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<tr>
<td>Feedback Reports to be sent</td>
<td>September 1, 2011</td>
<td>November 1, 2011</td>
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</tbody>
</table>

Contact Us

If you have questions regarding deadlines, the application process, the eligibility and technical requirements, or questions regarding the award criteria, please feel free to contact:

Nevada: Jackie Buttaccio, jbuttaccio@healthinsight.org 702-933-7322
Utah: Michelle Carlson, mcarlson@healthinsight.org 801-892-6646