





Continuous Quality Improvement

MAKING IT AN EVERYDAY JOB

by Jean Van Ryzin

It began as a theory of how to reduce defects in product manufacturing—a way of winnowing out every possible mistake in the process. It's been called "total quality management" and "process improvement."

While these terms and their practical application may be relatively new to aging services, the underlying theory behind continuous quality improvement (CQI) is not—it's all about giving your best to satisfy the people you serve.

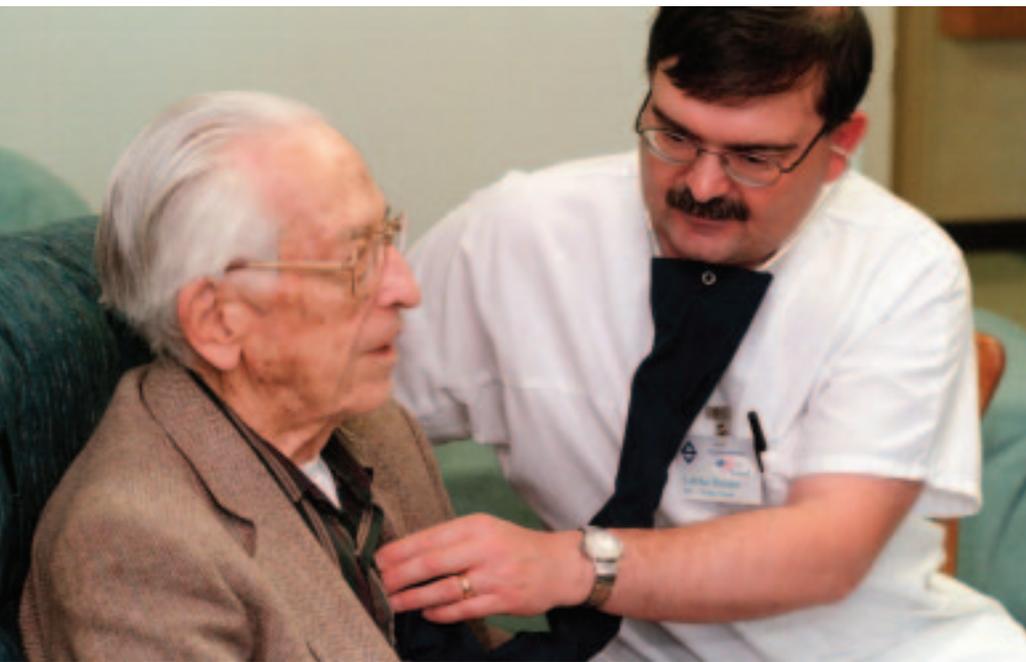
In aging services, some see it as a way to reduce deficiencies and provide better care. Others are putting it into practice to boost efficiency in areas such as purchasing and dining services.

A select few organizations have committed themselves to going the distance—embracing CQI in a way that fully integrates it throughout their entire organization—and making it part of their everyday way of doing business.

What Is CQI?

CQI is a systematic and continuous process of never-ending improvement. Its genesis was in manufacturing, where a disciplined methodology was needed to identify and eliminate defects.

The focus of CQI is on meeting and exceeding the needs of customers. For aging services organizations this means not only residents or clients, but also employees, families and others who use its services.



SCHOWALTER VILLA

The principles of CQI can help an organization identify, analyze and define every customer requirement in terms of measurable results. These results are then tracked periodically and benchmarked to determine whether there is improvement.

A key element to CQI is the use of data to understand a problem, resolve it and monitor improvements. Problem solving is done systematically, including use of data and measures, generating ideas from all levels of employees, exploring options, developing solutions and then putting them into action in a way that can be maintained, and improved, over time.

“Integrating CQI across an organization is fundamental to its success,” says Bob Myers, vice president of CQI at Asbury Services, Inc., Gaithersburg, Md. “Unless you change the organizational culture and thinking, CQI can become a thing that’s done only on certain days or at certain times, rather than integrating it into daily practice.”

An Ongoing Journey

For Asbury Services, the journey began seven years ago, when CEO Ed Thomas

made a decision, with support of the board of directors, to pursue CQI.

“He knew that with new customers and new expectations, we would not keep up with the competition if we didn’t change the way we did business,” Myers says. “Continuous improvement as a strategy became the focus.” Shortly after this, Myers was hired to head the CQI effort. He began with training that focused on organization-wide quality. “I wanted people to realize that this is part of their job, not something they do occasionally. It has to be integrated into every aspect of doing business, our organization’s goals, how we reward our people, how we care for our residents ... everything must be aligned with our CQI culture.”

While most leaders were open to the idea, the challenge arose when they went back into the turmoil of their everyday activities and tried to integrate what they learned. Middle managers, in particular, tended to see CQI as a threat to their autonomy.

It didn’t take long, however, for its value to seep in. After educating employees on the basics, the next step

was strategic planning. “We wanted to make our strategic plan a viable, dynamic process,” he says. The organization took a long, hard look at its goals and objectives, developed a planning process and communicated it to everyone in the organization.

At the same time, Myers began conducting customer surveys to see where the organization stood. This was the beginning of annual surveys of residents, families, employees, board members and users of services such as maintenance and housekeeping.

The next step was to identify specific processes needing improvement. Examples for Asbury included reducing resident falls, apartment turnover renovation times and maintenance calls, and streamlining the care planning process.

In each case, employees closest to the process formed into teams. This also is key to the CQI concept—generating ideas from the front line and empowering staff to make improvements. Trained facilitators coached the teams and helped them work through the organization’s five-step CQI problem-solving approach. These five steps—define, measure, analyze, improve and control—help a team look at a specific problem in a systematic way.

For example, the “falls” team looked closely at when, where and what types of falls were happening. (In the first quarter of 2002, they experienced a worrisome 29 percent increase in the number of residents who experienced falls.) Clearly defining the problem is essential to developing the right solution. The team analyzed the existing fall prevention system and developed a process to identify at-risk residents. It instituted more frequent assessment documentation, and conducted a house-wide resident check for appropriate utilization of the program, followed by new education for all employees.

By the third quarter of 2002, Asbury had not only eliminated the 29 percent increase in residents who fell, but had gone beyond that to achieve an additional 25 percent reduction.

This year, the goal is to establish an audit program to ensure that improvement gains are not lost. "It's imperative that when you update a process, you have something in place that controls it," Myers says.

Implementation Strategies

Asbury's CQI program is rooted in a set of five strategies. All are based on the principles of W. Edwards Deming and Stephen Covey, both renowned authors and quality management experts, as well as the criteria for the Malcolm Baldrige National Quality Award. The Baldrige award is administered by the U.S. Commerce Department's National Institute of Standards and Technology to recognize companies for their

achievements in world-class quality and business performance.

Based on its research and experiences, Asbury developed five strategies to implement CQI:

- Ask the market: focuses on the organization's mission, values and vision; strategic and long-range planning; annual operational planning; benchmarking; and organizational alignment of long and short-term goals and systems.
- Ask the customer: includes annual user surveys and focus groups to identify opportunities for improving satisfaction levels for all stakeholders.
- Involve everyone: includes generating ideas for improvement, conducting training and surveys, and establishing process action teams and networking teams to increase satisfaction levels, reduce

costs and improve productivity.

- Improve the way we work: focuses on daily operational process improvements and benchmarking as a way to reduce waste and inefficiency, cut costs and improve productivity.
- Delight the customer: involves complaint management, innovation and creativity and benchmarking to improve satisfaction levels from the "not expected."

Asbury has seen impressive results from its CQI efforts. One program that fosters new ideas from employees has identified \$35,000 in savings for the organization; 80 percent of all corporate processes are now documented; and a system-wide strategic and annual planning and goal-setting process is in place.

A 30 percent spike in the number of residents with skin care/pressure ulcers

CQI: 12 Principles

Bob Myers of Asbury Services, Inc. offers 12 principles for continuous quality improvement:

1. CQI principles must be understood and followed at all levels (management and operations) of the organization (corporate offices and each affiliate).
2. Management must understand:
 - Variation in a process.
 - Systems thinking, and that a system begins with the customer.
 - How to use data to learn and improve.
3. Work and continuous improvement must be focused on processes and results that satisfy customer requirements.
 - You must know who your customers are and what specific services you offer to each specific customer.
 - You must get formal and informal feedback from your customers to know if you are meeting their requirements.
 - Customer feedback must be systematically recorded and used for continuous improvement.
4. Core/key processes must be documented and regularly evaluated for improvements in efficiency and output.
5. Those employees actually doing the work being improved must be part of the improvement process.
6. Output defects can be reduced through process knowledge—by controlling processes and reducing process variations.
7. Standards must be established for performance measures that reflect customer requirements and expectations.
8. Management systems and supporting business structures must be in place to support staff in understanding and meeting performance standards, and to provide a safety net to catch miscues before they reach the customer.
9. Benchmarking (learning from others) of best practices should be studied (not copied) when improving current processes and systems.
10. Benchmarks should be used for all performance measures for key processes, to establish improvement targets and stretch goals.
11. A quality audit system must be in place to ensure that systems and processes are in compliance with policies and procedures.
12. A reward system must exist for those who consistently meet or exceed performance standards that result in quality products and services for the customer.



High turnover is a barrier to quality improvement efforts, as are unhealthy hierarchical relationships in which frontline caregivers feel they're not empowered and their ideas are not appreciated.

was eliminated, the use of nutritional supplements fell from \$5,700 per quarter to \$1,100 per quarter, and the percentage of missing personal laundry items was reduced to zero. Focusing on preventive maintenance reduced resident maintenance calls from 13 per resident per year to nine, saving \$60,000 a year. Lost revenue days due to apartment renovations were reduced, saving \$140,000 per year.

"You can see direct results the first year," Myers says. "Often people get discouraged because they haven't changed the culture, but that can easily take five to seven years."

Making the Process Your Own

Presbyterian Homes and Services, St. Paul, Minn., has been on a similar journey with CQI for almost 10 years. In the first year, senior managers met with a professional consultant to immerse themselves in the intricacies of CQI and then develop a program that would uniquely fit Presbyterian Homes' mission and vision.

"We felt we needed to ensure our reputation in the face of increased competition," says Cathy Bergland, director of quality management. "We also strongly believed that we had to have strong processes and standardization to continue to deliver high-quality care, as well as structures to hold us accountable."

Presbyterian Homes developed its own name for its program: "Pres for the Best," with the objective being

"Smiles in the Eyes of Our Residents." Bergland, who had worked as director of care center operations, was asked to lead the quality program full-time.

Early on, Presbyterian Homes got bids to have an outside organization design and deliver employee training. Not surprisingly, all were too high. Bergland and Phil Hanson, human resources director, decided to take on the job themselves, developing their own training manual in the process.

Bergland spent nine months training the organization's management teams, who then cascaded the information down to employees. Once training was complete, each site began to form issues work groups whose charter was to use the CQI principles to solve particular problems. Some topics addressed included lost laundry, use of call lights and pet policies. In the beginning, each group's charter had to be approved by the corporate office.

At the corporate level, Presbyterian Homes used work groups to tackle issues such as organizational policies and standardization of processes across the system. In each case, the work groups used Presbyterian Homes' six-step problem-solving approach: identify, analyze, generate ideas, plan, implement and evaluate. Ongoing evaluation is always built into the process, Bergland says.

Twelve functional work groups meet regularly. (Examples include a group of all site nursing directors and a group

of dietary managers.) Together, these groups share challenges and solutions, work toward standardizing procedures and select corporate vendors.

In developing "Smiles in the Eyes of Our Residents," Presbyterian Homes set four goals: to be the provider of choice, to be the employer of choice, to provide efficient and effective services and to promote a culture characterized by Christian ministry and quality of life. Every activity within the quality approach is designed to support one of these goals.

For example, to be provider of choice, the strategy to "please the customer" is paired with the value "do what is right." Specific tasks include developing and enforcing a code of ethics; creating new programs, services and models of care; and conducting satisfaction surveys and focus groups. Measures include satisfaction scores, survey results and clinical targets.

The goal, says Bergland, is to have "each employee know how his or her job contributes to the organization's goals and objectives. They have to see how their decisions do affect outcomes."

Keys to Success

Achieving that kind of culture change is critical to the success of CQI, Bergland says: "Until it's well-ingrained in the culture, quality will always come second to fighting fires and fixing deficiencies."

That's why she believes, and Myers agrees, it's essential to have a full-time employee devoted to keeping the program on track. Other keys to success, they say, include:

- Have top management endorsement, support and involvement. "The one who needs to lead the culture and communication of CQI is the CEO

or executive director,” Myers says. Otherwise, CQI runs the risk of becoming one person’s program. With the lead of the CEO, the strategic importance of CQI is highlighted, and it becomes everyone’s way of doing business.

- Make CQI “business as usual.” Setting up a separate quality council, says Bergland, makes it appear that quality is someone else’s job. Instead, funnel quality-related topics through existing management groups and make it part of their regular agenda.
- Tie all processes together. All CQI efforts should flow directly out of the strategic, long-range plan. “You have to align individual efforts and show how they all relate to quality,” Bergland says. “Otherwise, your efforts will be fragmented.”
- Benchmark with other organizations. Asbury Services and Presbyterian Homes work together to regularly benchmark their numbers against each other. That way, they can see if they’re making true improvements overall.

Help from QIOs

There are numerous resources available to help put CQI into practice. State and regional quality improvement organizations (QIOs) are one example.

Last year, the QIOs finished a successful six-state pilot program under contract with the Centers for Medicare and Medicaid Services to help nursing homes improve quality care. The program went national last fall.

“The QIOs are trained to teach nursing home staff about quality improvement methods,” says David

Schulke, executive vice president of the American Health Quality Association, the national association of QIOs. “Homes are then encouraged to try it out on a topical area and then run with it.”

QIOs are required to work with at least 10 percent of the nursing homes in their state or region, and many are working with more than that, Schulke says. While facilities are open to the CQI concepts and eager to learn, they do face challenges in implementing true quality improvement, he adds.

“What we’re learning as we get into long-term care is that it’s critical to change the workplace itself,” he explains. “In many cases, you have to change the way staff work with each other and the hierarchy of staff.”

High turnover is a barrier to quality improvement efforts, as are unhealthy hierarchical relationships in which frontline caregivers feel they’re not empowered and their ideas are not appreciated, Schulke says.

Despite the challenges, implementing CQI or some other form of quality improvement program is

not a choice for today’s long-term care providers, he says.

“I’ve been watching the nursing home ‘wars’ for 20 years, and it’s clear the industry is not going to get deregulation ... the press and consumers are lined up against it,” Schulke explains.

The field has to find a way to help distinguish levels of quality. Until now, the only measure has been “no good” or “just good enough” to earn certification, he says, making it “a constant game of ‘how bad are you?’”

Schulke offers high praise for the leadership of the American Association of Homes and Services for the Aging and the American Health Care Association for taking the high road in encouraging members to embrace quality improvement efforts. “They have seen down the road and taken risks, but I think it’s going to pay off ... they’re paving the way to a great future.”

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Resources

Asbury Services, Inc., Gaithersburg, Md.
Bob Myers, vice president of continuous quality improvement, bmyers@asbury.org or (301) 216-4033.

Presbyterian Homes and Services, St. Paul, Minn.
Cathy Bergland, director of quality management, cbergland@preshomes.org or (651) 631-6100.

American Health Quality Association, Washington, D.C.

David Schulke, executive vice president, dschulke@ahqa.org or (202) 261-7568.

Books

Curing Health Care: New Strategies for Quality Improvement (Berwick, Godfrey and Roessner)

Deming’s Road to Continual Improvement (Scherkenbach)

Quality Improvement Techniques for Long Term Care (Greeley and Cofer)

Quality Management Integration in Long-Term Care: Guidelines for Excellence (Bradley and Thompson)

The Change Agents’ Handbook: A Survival Guide for Quality Improvement Champions (Hutton)

The Deming Management Method (Walton and Deming)

The Team Handbook (Scholtes, et. al)

Total Quality Management: Strategies and Techniques Proven at Today’s Most Successful Companies (George and Weimerskirch)

Using MDS Quality Indicators to Improve Outcomes (Rantz and Popejoy)

Publications

Quality for a Lifetime: 12 Steps to a Successful Quality Assurance Program (AAHSA Publications). Visit www.aahsastore.org.

Journal for Quality and Participation and News for a Change (both from Association for Quality & Participation)

Quality Digest

Quality Progress, (American Society for Quality)

Web sites

American Association of Homes and Services for the Aging, www.aahsa.org/qualityfirst.

American Society for Quality, www.asq.org

Association for Quality & Participation, www.aqp.org

Baldrige National Quality Program, National Institute of Standards & Technology, www.quality.nist.gov

QCI International, www.qci-intl.com, publisher of the e-mail newsletter *Timely Tips for Teams*