



## AHCA PERSPECTIVE

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### Baldrige Criteria Illuminate the Steps to Achieve Quality Care

As a medical director, I have worked with many dedicated clinical staff. However, passion does not always translate to quality care due to the historical systems that have been put in place across an organization. To see results, leadership must work with staff to evaluate these systems, with the medical director playing a significant role, and they must identify the opportunities for performance improvement. But this process isn't always easy.

In today's market, with its onslaught of regulatory and payment changes, care facilities must have a comprehensive understanding of performance systems to realize meaningful improvement. With that being said, how can medical directors work with their centers and staff to build a strong foundation for performance excellence?

The nationally recognized Baldrige Performance Excellence Criteria are a powerful tool for improving quality in post-acute and long-term care settings. This framework for performance excellence focuses on systems in all areas of the organization. The value of applying this method in the health care setting is well documented, and its effectiveness has been cited in many studies throughout the years (including Castle et al., 2016, Schulingkamp and Latham, *Qual Manag J* 2015;22[3]:6–22; Truven Health Analytics, 2014, <https://goo.gl/CDdpRf>; Foster and Chenoweth, 2011, <http://goo.gl/GVJRWy>). Baldrige recipients in long-term care outperform their peers in a number of key metrics; they are 5% lower than the national average for hospital readmissions rates, are 15% lower for off-label antipsychotic use rates, and have higher occupancy and positive operating margins.

There are several recognized programs affiliated with, and based on, the Baldrige criteria, which include the American Health Care Association/National Center for Assisted Living (AHCA/NCAL) National Quality Award Program.

To better understand the role of the medical director in pursuing the Baldrige framework, AHCA interviewed the administrator and medical director at two recent AHCA/NCAL Quality Award recipient organizations: Altercare Post-Acute Rehabilitation Center (APRC), in Kent, OH, which received its Gold award in 2016; and Kindred Nursing and Rehabilitation Center – Mountain Valley (MV), in Kellogg, ID, which received its Gold award in 2011 and was the first skilled nursing center to be recognized with the Malcolm Baldrige National Quality Award from the Department of Commerce in 2016.

*What prompted your facility to begin the AHCA/NCAL National Quality Award journey?*

**Frederick Haller, MD, medical director, MV:** The workforce at MV always strives to be better and to do better. But the Baldrige framework offered staff additional tools to help them improve quality outcomes. Not just clinical, but customer satisfaction, workforce engagement, and community involvement. All were clear areas that could be impacted by beginning the quality journey.

*As the medical director, what made you interested in being part of this process?*

**Dr. Haller:** Quality care is my priority — my responsibility as attending physician and medical director is to ensure that I am doing everything to drive the best clinical outcomes for my patients/residents. Being part of this process meant that we as an organization would be engaged daily on a journey of quality.

**Hugh O'Neill, MD, medical director, APRC:** As a physician, being part of an organization that focuses on systems and encompasses quality in all aspects of providing care is extremely rewarding.

*How has the Baldrige journey changed or improved the relationship between the facility and medical director?*

**Maryruth Butler, MBA, administrator, MV:** I think the biggest change has been our ability to include other key success factors in our Quality Assurance and Performance Improvement (QAPI) process with Dr. Haller. For example, talking about strategic objectives relating to customer satisfaction (residents/patients) and key drivers of workforce engagement normally are not discussed with the medical director. We involve him in our strategic planning process, particularly in areas of development for new health care services.

**Dr. Haller:** I would agree with Maryruth's comments here — through this process I have expanded my involvement to include other areas outside of clinical areas that are equally important key drivers to the outcomes of our residents.

**Dr. O'Neill:** The Baldrige criteria facilitate an integrated approach where the medical director, facility administrator, director of nursing, nursing staff and therapists can communicate openly and freely. This approach to communication is critical to achieving high quality care.

*Please share one or two things that occurred during the Quality Award journey. What was the impact?*

**Dr. Haller:** Because we had developed a systematic succession plan, when our director of nursing services of 25 years

retired, her successor was able to easily transition into that position. I have experienced many succession plans in my career and most are not well done. However, this one was the most systematic, organized, and successful transition that I have experienced. In fact, the new director of nursing services was so prepared that 2 months after her promotion, MV received a deficiency-free survey.

**Erin K. Fromwiller, administrator, APRC:** The staff realized how the processes and systems of the organization impact every department and, as a result, how each department impacts the overall quality of care a patient receives. To establish a high performing culture, organizations must achieve a high level of customer service and employee satisfaction.

*How have the changes at your facility prompted by the Quality Award journey impacted your practice as medical director?*

**Dr. Haller:** In today's post-acute care environment we get them sicker and quicker. MV's systematic approach to workforce development and quality outcomes gives me the confidence to refer my patients to the center as well as to promote them to our community medical clinic, acute care hospital, and area physicians.

**Dr. O'Neill:** My practice has improved by the systematic approach to problem solving that results in allowing the staff to confidently assess and report conditions to physicians and then act on that information to prevent hospitalizations and improve how patients function. I was extremely satisfied before and continue to be extremely satisfied by an organization that strives to improve quality and that believes in the approach that doing good is never good enough.

*How have the changes at your facility affected the practice of staff you work with?*

**Dr. Haller:** The reduction in turnover and increase in staff retention, particularly among the nursing staff, affected me the most. As part of our workforce capability and capacity system, all nurses are trained using the same competencies relating to resident care and assessments. Their systematic process of developing workforce with competencies to match residents and then managing to meet the daily clinical needs for each patient ensures higher quality.

*How have the changes impacted your satisfaction as medical director?*

**Dr. Haller:** My greatest satisfaction comes from seeing the delivery of the highest quality medical care. MV's innovative and outside-the-box approach to making sure services that otherwise

would not be available to my patients/residents are available, such as telemedicine, really does drive high satisfaction for me.

*What specific clinical outcomes were affected by the Quality Award journey?*

**Dr. Haller:** There really are too many to identify, but what stands out is the improvement in quality indicators over the past 5 years — all are now under state and national benchmarks.

**Dr. O'Neill:** Reduction in rehospitalizations for patients admitted 30 days or less. We put in a comprehensive systematic approach including care paths, stop and watch forms, and weekly meetings to review patients sent to the hospital to see what could have been identified earlier to avoid the hospital return.

*What closing words of wisdom would you share with fellow medical directors?*

**Dr. Haller:** Medical directors need to be involved in their facility's performance improvement program to help identify the root cause of negative outcomes and begin the process of improvement. This ensures our clinical knowledge to assist in building processes that are systematic and support high clinical outcomes.

**Dr. O'Neill:** Open the lines of communication with staff. Create a system and culture that allow all members of the care team to come directly to the physicians. Avoid the pitfalls of a hierarchy in which therapists and aides must go through nursing to transmit information to the providers.

For more information about the Baldrige Foundation and the Baldrige Performance Excellence Criteria, visit <http://baldrigefoundation.org/>. To find out more about the AHCA Quality Initiative Recognition Program, visit [www.ahcanal.org/quality\\_improvement/qualityinitiative/Pages/RecognitionProgram.aspx](http://www.ahcanal.org/quality_improvement/qualityinitiative/Pages/RecognitionProgram.aspx). 

Dr. Gifford is the senior vice president of quality, research and regulatory affairs at the American Health Care Association, the largest association in the country representing long-term and post-acute care centers. A board-certified geriatrician, Dr. Gifford also serves on the board of the Advancing Excellence in America's Nursing Homes campaign and the Baldrige Foundation Board. He is a clinical associate professor of medicine at Brown University and a former director of the Rhode Island State Department of Health. Special thanks to Courtney Bishnoi, AHCA senior director of quality, for her contribution to this article.