AHCA/NCAL National Quality Award
Board of Senior Examiners
Training Manual
2012
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OVERVIEW OF THE AHCA/NCAL NATIONAL QUALITY AWARD PROGRAM

Establishment/History

In 1992, AHCA’s Board of Governors approved a major quality initiative. This initiative was based on the conviction that facilities must be provided with powerful resources to meet the quality demands of the future.

The initiative encompassed several resources for the long term care profession, the most prominent being the AHCA/NCAL National Quality Award Program.

Following are key dates in the program’s history:

1996: 1st year of the Quality Award Program, sixteen Step I applications submitted.
1997: 1st year of Step II Quality Award, six Step II application submitted.
2004: 1st Step III Quality Award recipients announced.
2006: AHCA Board of Governors establishes the Quality Award Board of Overseers.
2008: Program name is changed from AHCA/NCAL Quality Award to AHCA/NCAL National Quality Award.
2009: Award level names are changed from Step I, II and III to Bronze – Commitment to Quality, Silver – Achievement in Quality and, Gold – Excellence in Quality Awards.

Mission Statement

The mission of the AHCA/NCAL Quality Award is to support the application of continuous quality improvement in AHCA/NCAL-member long term care facilities by promoting quality awareness and education and by recognizing significant achievements in the quality improvement area. The program also will foster networking among participating facilities and examiners by enabling them to share winning strategies and to communicate best practices.
Core Values

At all levels of application, the criteria stress the following core values:

- Leadership
- Fast response
- Results orientation
- Partnership development
- Data-based decision making
- Long-range view of the future
- Resident-focused quality and value
- Community health and public responsibility
- Employee/staff participation and development
- Continuous improvement and organizational learning

Overview of Baldrige Criteria

Basic Goals:
- To project key requirements for delivering ever-improving value to patients and other customers, contributing to improved health care quality.
- To improve overall effectiveness, use of resources, and capabilities of the delivering organization.

Key Characteristics:

*Are:*
- A projection of clear values
- A comprehensive checklist of elements a good system should contain
- A basis for improving systems

*Are not:*
- A mandate for any prescribed techniques, practice or system.
- An expectation of conformance.
- An assumption that all organizations have the same specific requirements.

Baldrige Criteria Key Components:
- The Organizational Profile
- The Core Values, Concepts and Framework
- The Seven Categories for Performance Excellence
### Baldrige – AHCA/NCAL Criteria Crosswalk:

<table>
<thead>
<tr>
<th>Baldrige Criteria</th>
<th>AHCA/NCAL Quality Award Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Profile</td>
<td>--</td>
</tr>
<tr>
<td>Baldrige Basic and Overall Requirements</td>
<td>--</td>
</tr>
<tr>
<td>Baldrige Basic, Overall and Multiple Requirements</td>
<td>--</td>
</tr>
<tr>
<td></td>
<td>Bronze Application</td>
</tr>
<tr>
<td></td>
<td>Silver Application</td>
</tr>
<tr>
<td></td>
<td>Gold Application</td>
</tr>
</tbody>
</table>
**Bronze Review Process**

1. Facility submits Intent to Apply by designated deadline
2. Facility prepares and electronically submits application by designated deadline
3. AHCA staff conducts eligibility review
4. Examiner accesses application via Quality Award library in SharePoint
5. Examiner conducts review and posts results and feedback report to Quality Award library in SharePoint
6. Recommended for Award?
   - yes: AHCA staff conducts survey performance check
   - no: AHCA staff email notification and final feedback report
Facility submits Intent to Apply by designated deadline

Facility prepares and electronically submits application by designated deadline

AHCA staff conducts eligibility review

Staff randomly assigns applications to Examiner teams and posts to Sharepoint

Examiner team accesses application via Quality Award library in Sharepoint

Examiner team members complete preliminary review and write draft feedback comments

Examiner team conducts consensus review and completes draft feedback report

Minimum score of 300?

Board of Examiners considers and votes on whether application will be recommended

Recommended for Award?

yes

AHCA staff conducts survey performance check

Final feedback report prepared by editors

AHCA staff email notification and final feedback report

no
Facility submits Intent to Apply by designated deadline

Facility prepares and electronically submits application by designated deadline

AHCA staff conducts eligibility review

Staff randomly assigns application to Examiner team and posts to Quality Award

Examiner team accesses application via Quality Award library in Sharepoint

Examiner team members complete preliminary review and write feedback comments

Examiner team conducts consensus review and completes draft feedback report

Minimum Score of 450?

Facility submits Intent to Apply by designated deadline

Facility prepares and electronically submits application by designated deadline

AHCA staff conducts eligibility review

Staff randomly assigns application to Examiner team and posts to Quality Award

Examiner team accesses application via Quality Award library in Sharepoint

Examiner team members complete preliminary review and write feedback comments

Examiner team conducts consensus review and completes draft feedback report

Minimum Score of 450? yes

Recommended for site visit?

Recommended for site visit?

Examiner team conducts site visit and modifies feedback

Judges meeting to review site visit findings and make final award recommendations

Recommended for Award?

Recommended for Award?

AHCA staff conducts survey performance check

Final feedback report prepared by editors

AHCA staff email notification and final feedback report

Judges meet to consider and vote on recommendation for site visit

Recommended for site visit? yes

Recommended for site visit? no

Recommended for site visit? no

Recommended for Award? yes

Recommended for Award? no

Gold Review Process
The integrity of the AHCA/NCAL National Quality Award program depends on the reliability and fairness of the examination process. To the best extent possible, the same standards in determining the level of performance for each criterion and in judging whether the overall application is worthy of a Silver award need to be applying across all Senior Examiner teams.

The AHCA/NCAL National Quality Award Program is designed to provide recognition as a facility moves through three progressive steps. At the Bronze level, applications are judged on a “met/not met” standard as they address the basic elements of an organizational profile. At the Silver level, applications are judged using the Baldrige scoring guidelines to evaluate whether they are using and deploying systematic approaches to consistently achieve improvement trends in result areas. The use of a small team of well-trained, paid Examiners for Bronze applications has substantially improved inter-rater reliability at this level. The judging at the Gold level is fairly consistent even though debates occur and the need for additional standards is apparent.

It is the judging of Silver applications where we seem to have the greatest debate and variance in the results of the judging process. Silver needs to be an award that recognizes progress in the quality journey, but also recognizes that significant improvements may still be needed to reach the Gold level. Silver award recipients should show that they have established sufficient systems and are achieving results at a level where they are most likely to keep moving forward on their quality journey, rather than sliding back.

The following instructions, standards, and tools have been developed to improve the consistency in judging Silver applications, within and among examining teams, and over time. This process combines the current consensus process with more specific standards. Please study the process carefully, follow it to the best of your ability, and challenge other Examiners when you observe deviation from the process and standards.

**Team Leader Review Tasks**

The team leader role is to support, provide guidance and insight to members of the team in an effort to improve the comfort level, effectiveness and skill set of all members.

1. Team leader schedules conference call immediately following receiving applications.
2. On conference call:
   a. Team members introduce themselves.
   b. Share prior experience with Quality Award program, other Baldrige based quality awards and other award processes.
   c. Each member identify
      i. That they have completed the appropriate series of training webinars.
      ii. Their comfort level at writing feedback comments.
      iii. Potential challenges and concerns with completing the review process.
      iv. Major time impediments that will impact the team work.
      v. The ability to type and have a laptop computer at the review meeting.
vi. Methods to share work prior to and at the review meeting.

d. Team leader communicates process to be used in reviewing the applications:
   i. Each team member is assigned the primary lead on some applications for which they write “print ready” feedback comments and recommend scoring bands.
   ii. Each team member reads and notes strengths and OFI’s on each application, providing lead with recommendations or changes or consensus building.
   iii. On the second teleconference held, the team leader will provide an application that has been reviewed, draft comments written and recommended scoring bands while soliciting feedback from other team members.
   iv. Determine milestones and teleconference dates so all applications will have been reviewed with team evaluation and feedback prior to review meeting
   v. On site time will be spent reviewing “bubble” applications and honing the scoring band recommendations.

Example Team Application and Assignment

*This worksheet is based on a team of 4 people with 5 applications; each application has 3 readers (1 primary, 2 supports)

Team lead = Doug
Team mates = Anne, Brian, Tom

<table>
<thead>
<tr>
<th>Application</th>
<th>Conference call Review on or about:</th>
<th>Primary Reader</th>
<th>Support Reader 1</th>
<th>Support Reader 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>April 4</td>
<td>Doug</td>
<td>Anne</td>
<td>Brian</td>
</tr>
<tr>
<td>2</td>
<td>April 11</td>
<td>Brian</td>
<td>Anne</td>
<td>Tom</td>
</tr>
<tr>
<td>3</td>
<td>April 18</td>
<td>Anne</td>
<td>Brian</td>
<td>Doug</td>
</tr>
<tr>
<td>4</td>
<td>April 25</td>
<td>Tom</td>
<td>Anne</td>
<td>Brian</td>
</tr>
<tr>
<td>5</td>
<td>May 2</td>
<td>Brian</td>
<td>Anne</td>
<td>Doug</td>
</tr>
</tbody>
</table>

Etc...

3. Complete the review of all applications via process and timeline determine above.
4. Team leader to check on each team member’s progress via regular emails.
**Disqualification and Pre-Screening Protocol:**

AHCA staff will be responsible for reviewing the general requirements and pre-screening linkages between the Organizational Profile and Category 7 to initially determine if an application qualifies for full review by the team. However, if the Examiner team finds evidence that the application has failed to meet the technical requirements or the pre-screening protocol, the team leader should contact Courtney Krier or Tim Case with this concern.

**2012 Technical Requirements**

1. The applicant’s content is not original to the facility.
2. The application has exceeded the 18+1 page limit by more than four lines, or has met the page limit by using a font other than Times New Roman, smaller than 12 point (except in graphs or tables), or margins less than one inch wide. The application will not be disqualified if the applicant adheres to the page limit, but has used a larger font or has margins that are wider than one-inch.
3. The responses do not provide criteria labels at the category (1-7) and overall (5.1, 5.2, etc) level.
4. Font size of text within tables, charts and graphs do not adhere to the minimum font size requirement.
5. The applicant fails to meet any of the general technical requirements. This would include font, margins, page numbers and prose style.

**2012 Pre-Screening Protocol**

Beginning in 2012, all Silver applications will be subject to a pre-screening process prior to being forwarded to the Examiner teams for review. The pre-screening protocol will be focused on the Organizational Profile and Category 7 (results). To be successful at the pre-screen level, the application must demonstrate the interrelationship between the Organizational Profile; including stated Mission, Strategy and Key Success Factors, and Category 7; the organization’s results. The process-oriented sections (Categories 1-6) are used to demonstrate HOW the organization achieved the results that are tied to its goals. Therefore, without a clear and distinct correlation between the Organizational Profile and Category 7, the application, and its process sections, will not be considered by the Examiner teams. Applications that do not meet the pre-screen Criteria will receive a foundational feedback report focusing on the Organizational Profile and Category 7 and information regarding how the Baldrige Criteria can be successfully applied to enhance organizational success.

AHCA Staff will make the final decision in all potential disqualifications or pre-screenings.
Assessment of Applications:

Viewing Exercise:

View the webinar Evaluating Process Items at the link below, before proceeding.

2012 Evaluating Process Items

Each team member will determine a scoring range for each of the categories as follows:

1. While judging it to be complete, you may feel that the organizational profile should be more substantive than presented. A lack of substance in this section may be overcome by substance in other sections, or it may create a lower percentage score in the other sections where there is a lack of integration.

2. Use the ADLI Scoring Guidelines to determine a percentage score for each criterion 1.1 through 6.2. Review the ADLI scoring guidelines carefully before you begin. Then follow the following process:
   - Determine which band of scores best matches the responses for the criteria.
   - Determine which percentage best reflects where they are within the band.
   - Make brief notes of your rationale for future discussions with members of your team. Your notes should identify the strengths and OFIs related to approach, deployment, learning, and integration.

Viewing Exercise:

View the webinar Evaluating Results Items at the link below, before proceeding.

2012 Evaluating Results Items

3. Use the Results Scoring Guidelines to assign a “% Score” to criterion 7.1-7.3. Review these guidelines carefully and follow the same process as in step 2.

4. Using the Scoring Sheet, multiply the “% Score” times the “Max Points” and enter the “Points Allowed” for each criterion. Total the points given.

Silver Requirements to Recommend:

To be recommended for the Silver Quality Award, an application must score a minimum of 300 total points.

Gold Requirements to Recommend:

To be recommended for a site visit, an application must score a minimum of 450 total points.
AHCA/NCAL 2012 SILVER QUALITY AWARD
SCORING SHEET

Facility Name/City/State: __________________________
Examiner Team Number: __________ Recommendation (Yes/No): ________________

Application Assessment

<table>
<thead>
<tr>
<th>Process</th>
<th>Possible Points</th>
<th>Range</th>
<th>Category</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1</td>
<td>70</td>
<td></td>
<td>Senior Leadership</td>
</tr>
<tr>
<td>1.2</td>
<td>50</td>
<td></td>
<td>Governance and Social Responsibilities</td>
</tr>
<tr>
<td>2.1</td>
<td>40</td>
<td></td>
<td>Strategic Development</td>
</tr>
<tr>
<td>2.2</td>
<td>45</td>
<td></td>
<td>Strategic Implementation</td>
</tr>
<tr>
<td>3.1</td>
<td>45</td>
<td></td>
<td>Voice of the Customer</td>
</tr>
<tr>
<td>3.2</td>
<td>40</td>
<td></td>
<td>Customer Engagement</td>
</tr>
<tr>
<td>4.1</td>
<td>45</td>
<td></td>
<td>Measurement, Analysis and Improvement of Organizational Performance</td>
</tr>
<tr>
<td>4.2</td>
<td>45</td>
<td></td>
<td>Management of Information, Knowledge and Information Technology</td>
</tr>
<tr>
<td>5.1</td>
<td>40</td>
<td></td>
<td>Workforce Environment</td>
</tr>
<tr>
<td>5.2</td>
<td>45</td>
<td></td>
<td>Workforce Engagement</td>
</tr>
<tr>
<td>6.1</td>
<td>45</td>
<td></td>
<td>Work Systems</td>
</tr>
<tr>
<td>6.2</td>
<td>40</td>
<td></td>
<td>Work Processes</td>
</tr>
</tbody>
</table>

Results

<table>
<thead>
<tr>
<th>Process</th>
<th>Possible Points</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>120</td>
<td>Health Care and Process Outcomes</td>
</tr>
<tr>
<td>7.2</td>
<td>120</td>
<td>Survey and Government Outcomes</td>
</tr>
<tr>
<td>7.3</td>
<td>210</td>
<td>Other Outcomes</td>
</tr>
</tbody>
</table>
Writing Feedback

Feedback Reports:

- Are sent to all applicants.
- Integrate the most important comments for which there is consensus among team members.
- Provide non-prescriptive, actionable insight geared toward helping the applicant move to the next scoring band.

Silver and Gold Feedback Guidelines:

Comments:

- Be constructive – use a positive tone.
- Write in complete sentences.
- Be non-prescriptive – don’t tell the applicants what to do.
- Comment only on areas contained in the criteria.
- Focus on providing applicants with new, previously unrealized insights.

Viewing Exercise:

View the webinar Elements of a Well-Written Comment at

2012 Elements of a Well Written Comments
**ADLI SCORING GUIDELINES** (Approach, Deployment, Learning, and Integration)

*For Use with Categories 1 through 6*

<table>
<thead>
<tr>
<th>Band</th>
<th>Score</th>
<th>Process</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>0% or 5%</td>
<td>- <strong>No SYSTEMATIC APPROACH</strong> to Item requirements is evident; information is ANECDOTAL. (A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Little or no <strong>DEPLOYMENT</strong> of any SYSTEMATIC APPROACH is evident. (D)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- An improvement orientation is not evident; improvement is achieved through reacting to problems. (L)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- <strong>No organizational ALIGNMENT</strong> is evident; individual areas or work units operate independently. (I)</td>
</tr>
<tr>
<td>B</td>
<td>10%, 15%, 20%, or 25%</td>
<td>- The beginning of a SYSTEMATIC APPROACH to the <strong>BASIC REQUIREMENTS</strong> of the Item is evident. (A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The APPROACH is in the early stages of DEPLOYMENT in most areas or work units, inhibiting progress in achieving the <strong>BASIC REQUIREMENTS</strong> of the Item. (D)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Early stages of a transition from reacting to problems to a general improvement orientation are evident. (L)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The APPROACH is ALIGNED with other areas or work units largely through joint problem solving. (I)</td>
</tr>
<tr>
<td>C</td>
<td>30%, 35%, 40%, or 45%</td>
<td>- An EFFECTIVE, SYSTEMATIC APPROACH, responsive to the <strong>BASIC REQUIREMENTS</strong> of the Item, is evident. (A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The APPROACH is DEPLOYED, although some areas or work units are in early stages of DEPLOYMENT. (D)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The beginning of a SYSTEMATIC APPROACH to evaluation and improvement of <strong>KEY PROCESSES</strong> is evident. (L)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The APPROACH is in the early stages of ALIGNMENT with your basic organizational needs identified in response to the Organizational Profile and other Process Items. (I)</td>
</tr>
<tr>
<td>D</td>
<td>50%, 55%, 60%, or 65%</td>
<td>- An EFFECTIVE, SYSTEMATIC APPROACH, responsive to the <strong>OVERALL REQUIREMENTS</strong> of the Item, is evident. (A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The APPROACH is well DEPLOYED, although DEPLOYMENT may vary in some areas or work units. (D)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- A fact-based, SYSTEMATIC evaluation and improvement <strong>PROCESS</strong> and some organizational <strong>LEARNING</strong>, including INNOVATION, are in place for improving the efficiency and <strong>EFFECTIVENESS</strong> of <strong>KEY PROCESSES</strong>. (L)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The APPROACH is ALIGNED with your organizational needs identified in response to the Organizational Profile and other Process Items. (I)</td>
</tr>
<tr>
<td>E</td>
<td>70%, 75%, 80%, or 85%</td>
<td>- An EFFECTIVE, SYSTEMATIC APPROACH, responsive to the <strong>MULTIPLE REQUIREMENTS</strong> of the Item, is evident. (A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The APPROACH is well DEPLOYED, with no significant gaps. (D)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Fact-based, SYSTEMATIC evaluation and improvement and organizational <strong>LEARNING</strong>, including INNOVATION, are KEY management tools; there is clear evidence of refinement as a result of organizational-level <strong>ANALYSIS</strong> and sharing. (L)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The APPROACH is INTEGRATED with your organizational needs identified in response to the Organizational Profile and other Process Items. (I)</td>
</tr>
<tr>
<td>F</td>
<td>90%, 95%, or 100%</td>
<td>- An EFFECTIVE, SYSTEMATIC APPROACH, fully responsive to the <strong>MULTIPLE REQUIREMENTS</strong> of the Item, is evident. (A)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The APPROACH is fully DEPLOYED without significant weaknesses or gaps in any areas or work units. (D)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Fact-based, SYSTEMATIC evaluation and improvement and organizational <strong>LEARNING</strong> through INNOVATION are KEY organization-wide tools; refinement and INNOVATION, backed by <strong>ANALYSIS</strong> and sharing, are evident throughout the organization. (L)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- The APPROACH is well INTEGRATED with your organizational needs identified in response to the Organizational Profile and other Process Items. (I)</td>
</tr>
</tbody>
</table>
## RESULTS SCORING GUIDELINES (Levels, Trends, Comparisons, Integration)

For Use with Category 7

<table>
<thead>
<tr>
<th>Band</th>
<th>Score</th>
<th>Results</th>
</tr>
</thead>
</table>
| **A** | 0% or 5% | - There are no organizational PERFORMANCE RESULTS and/or poor RESULTS in areas reported. (Le)  
- TREND data either are not reported or show mainly adverse TRENDS. (T)  
- Comparative information is not reported. (C)  
- RESULTS are not reported for any areas of importance to the accomplishment of your organization’s MISSION. (I) |
| **B** | 10%, 15%, 20%, or 25% | - A few organizational PERFORMANCE RESULTS are reported, and early good PERFORMANCE LEVELS are evident in a few areas. (Le)  
- Some TREND data are reported, with some adverse TRENDS evident. (T)  
- Little or no comparative information is reported. (C)  
- RESULTS are reported for a few areas of importance to the accomplishment of your organization’s MISSION. (I) |
| **C** | 30%, 35%, 40%, or 45% | - Good organizational PERFORMANCE LEVELS are reported for some areas of importance to the Item requirements. (Le)  
- Some TREND data are reported, and a majority of the TRENDS presented are beneficial. (T)  
- Early stages of obtaining comparative information are evident. (C)  
- RESULTS are reported for many areas of importance to the accomplishment of your organization’s MISSION. (I) |
| **D** | 50%, 55%, 60%, or 65% | - Good organizational PERFORMANCE LEVELS are reported for most areas of importance to the Item requirements. (Le)  
- Beneficial TRENDS are evident in areas of importance to the accomplishment of your organization’s MISSION. (T)  
- Some current PERFORMANCE LEVELS have been evaluated against relevant comparisons and/or BENCHMARKS and show areas of good relative PERFORMANCE. (C)  
- Organizational PERFORMANCE RESULTS are reported for most KEY PATIENT and other CUSTOMER, market, and PROCESS requirements. (I) |
| **E** | 70%, 75%, 80%, or 85% | - Good to excellent organizational PERFORMANCE LEVELS are reported for most areas of importance to the Item requirements. (Le)  
- Beneficial TRENDS have been sustained over time in most areas of importance to the accomplishment of your organization’s MISSION. (T)  
- Many to most TRENDS and current PERFORMANCE LEVELS have been evaluated against relevant comparisons and/or BENCHMARKS and show areas of leadership and very good relative PERFORMANCE. (C)  
- Organizational PERFORMANCE RESULTS are reported for most KEY PATIENT and other CUSTOMER, market, PROCESS, and ACTION PLAN requirements, and they include some PROJECTIONS of your future PERFORMANCE. (I) |
| **F** | 90%, 95%, or 100% | - Excellent organizational PERFORMANCE LEVELS are reported for most areas of importance to the Item requirements. (Le)  
- Beneficial TRENDS have been sustained over time in all areas of importance to the accomplishment of your organization’s MISSION. (T)  
- Evidence of health care sector and BENCHMARK leadership is demonstrated in many areas. (C)  
- Organizational PERFORMANCE RESULTS fully address KEY PATIENT and other CUSTOMER, market, PROCESS, and ACTION PLAN requirements, and they include PROJECTIONS of your future PERFORMANCE. (I) |
2012 AHCA/NCAL NATIONAL QUALITY AWARD PROGRAM
SENIOR AND MASTER EXAMINER CONDITIONS OF INVOLVEMENT

As a Senior or Master Examiner for the 2012 AHCA/NCAL National Quality Award program, I commit to:

1. Abide by the Examiner Code of Ethical Standards (attached)

2. Honor Applicant Confidently:
   - Do not disclose the identities of applicants to anyone at anytime
   - Do not disclose any information gained from applications
   - Do not retain any copies of 2012 applications or comments after the review session
   - Do not initiate personal contact with applications assigned to your team

3. Disclose Potential Conflicts of Interest, as follows:
   - Any applicant connected with your organization
   - Any applicant connected to an organization you have worked for in the past
   - Any applicant representing a direct local competitor of your organization
   - Any applicant you have served as a consultant for in the past
   - Significant personal knowledge that may augment the application
   In the event that I am unsure about a conflict, I will contact Courtney Krier or Tim Case for guidance.

4. Honor the time commitment required to serve as an Examiner, including but not limited to:
   - Participate in all required webinar-based Examiner training sessions (note: webinars are recorded and can be accessed at any time)
   - Participate in weekly conference calls with my Examiner team members during the review period
   - Complete the work assigned by my team leader during the review period
   - Participate in the 4 day on-site review session, from June 11-14, 2012.
   - Come to the review session having read and commented on each application
   - Complete and submit feedback reports for all assigned applications before the end of the on-site review session.

5. Have the support of the leadership at my organization to serve as an Examiner (if currently employed)

6. Honor the Confidentiality of the Review Process:
   - Do not communicate award decisions to any applicants until the official award notifications have been made by National Quality Award program staff
• For Examiners whose facilities have applied for an award, do not notify staff members of award decisions until the official award notifications have been made by Quality Award program staff
• Do not disclose the names of Examiners assigned to an application
• Do not disclose any discussions or comments by Examiners on applications

7. Honor AHCA/NCAL Policies on Using the National Quality Award Program Logo
• The National Quality Award program logo may only be used by AHCA/NCAL, AHCA/NCAL State Affiliate members promoting the program, or by applicants who include both the award level and year received.

By signing this document, I am agreeing to abide by the Examiner Code of Conduct, and the Examiner Code of Ethical Standards.

NAME: ____________________________________________

SIGNATURE: ______________________________________

DATE: ____________________________________________
2012 AHCA/NCAL National Quality Award Program Senior and Master Examiner Code of Ethical Standards

Declaration of Principles

As a member of the AHCA/NCAL National Quality Award Board of Examiners, I pledge to uphold professional principles in the fulfillment of the responsibilities associated with this position, including promoting high standards of public service and ethical conduct. Board members:

- Shall conduct themselves professionally, with truth, accuracy, fairness, and responsibility;

- Shall not represent conflicting or competing interests, nor place themselves in such a position where the members’ interest may be in conflict, or appear to be in conflict, with the purposes and the administration of the Award;

- Shall not offer confidential information or disclosures which may in any way influence the Award integrity or process, currently or in the future;

- Shall not serve any private or special interest in fulfillment of the duties of a Judge or Examiner, therefore excluding, by definition, the examination of any company, division, or business unit of which he/she is employed or of which a consulting arrangement is in effect or anticipated;

- Shall not serve as an Examiner of a primary competitor, customer, or supplier of any company, division, or business unit of which he/she is an employee, holds stock or is involved in, or anticipates, a consulting arrangement;

- Shall not intentionally communicate false or misleading information which may compromise the integrity of the Award process or decisions therein;

Furthermore, it is pledged that as a member in good standing of the AHCA/NCAL Quality Award Board of Examiners, each Board member shall endeavor to aid the professional development and advancement of the AHCA/NCAL National Quality Award as it serves to stimulate health care organizations to improve quality and productivity through improved quality management.
GLOSSARY

Action Plans
The term “action plans” refers to specific actions that respond to short- and longer-term strategic objectives. Action plans include details of resource commitments and time horizons for accomplishment. Action plan development represents the critical stage in planning when strategic objectives and goals are made specific so that effective, organization-wide understanding and deployment are possible. In the Criteria, deployment of action plans includes creating aligned measures for all departments and work units. Deployment of action plans requires analysis of overall resource needs and creation of aligned measures for all departments and work units. Deployment might also require specialized training for some staff or recruitment of personnel. Deployment also might require specialized training for some staff members or recruitment of personnel.

Alignment
Alignment refers to consistency of plans, processes, information, resource decisions, actions, results, analysis, and learning to support key organization-wide goals. Effective alignment requires common understanding of purposes and goals and use of complementary measures and information for planning, tracking, analysis, and improvement at three levels: the organizational level, the key process level, and the department and work unit level. Refer to Integration for further explanation.

Analysis
Analysis refers to assessments performed by an organization or its work units to provide a basis for effective decisions. Overall organizational analysis guides process management toward achieving key organizational performance results and toward attaining strategic objectives. Despite their importance, individual facts and data do not usually provide an effective basis for actions or setting priorities. Actions depend upon understanding cause/effect relationships. Understanding such relationships comes from analysis of facts and data.

Anecdotal
The term “anecdotal” refers to process information that lacks specific methods, measures, deployment mechanisms, and evaluation, improvement, and learning factors. Anecdotal information frequently uses examples and describes individual activities rather than systematic processes. An anecdotal response to how senior leaders deploy performance expectations might describe a specific occasion when a senior leader visited all of the organization’s facilities. On the other hand, a systematic process might describe the communication methods used by all senior leaders to deliver performance expectations on a regular basis to all organizational locations and work force members, the measures used to assess the effectiveness of the methods, and the tools and techniques used to evaluate and improve the communication methods. See also the definition of “systematic”.

Approach
Approach refers to the methods and processes used by the organization to embrace the core values and concepts. Approaches are evaluated on the basis of the appropriateness of the approach to the requirements and its alignment with organizational needs and key success factors.

Benchmarking
The term “benchmarks” refers to processes and results that represent best practices and performance for similar activities, inside or outside an organization’s industry. Organizations engage in benchmarking to understand current dimensions of world-class performance and to achieve discontinuous (nonincremental) or “breakthrough” improvement. Benchmarks are one form of comparative data. Other comparative data
organizations might use include information obtained from other organizations through sharing or contributing to external reference databases, information obtained from the open literature (e.g., outcomes of research studies and practice guidelines), data gathering and evaluation by independent organizations (e.g., CMS, accrediting organizations, and commercial organizations) regarding industry data (frequently industry averages), data on competitors’ performance, and comparisons with other organizations providing similar health care services.

**Clinical Quality Indicator**
A clinical quality indicator is a measure of a specific clinical factor, either negative or positive, which is typically measured and expressed in terms of frequency of occurrence or prevalence of condition within a population.

**Cross-Functional**
Cross-functional refers to working, sharing information, or solving process problems across departments or work units. Most work processes involve people assigned to more than one department or work unit. Cross-functional quality improvement teams consist of people from all of the departments involved in the process. Cross-functional training means that staff learns to perform the work of positions other than their own. For instance, staff may learn to perform both housekeeping and laundry functions and rotate between those duties to give the employee and the organization more versatility.

**Comparative data**
“Comparisons” refers to your performance relative to appropriate comparisons, such as competitors or organizations similar to yours; your performance relative to benchmarks or industry leaders. “Relevant Comparisons” refer to competitors or organizations similar to yours.

**Cycle Time**
Cycle time refers to the time required to fulfill commitments or to complete tasks. Time measurements play a major role in the core values and concepts because of the great importance of time performance in improving overall performance. Cycle time refers to all aspects of time performance. Cycle time improvement could include test results reporting time, order fulfillment time, length of stay, billing time, and other key process times.

**Deployment**
Deployment refers to the extent to which an organization's approach is applied to systematically embrace the core values and concepts. Deployment is evaluated on the basis of the breadth and depth of application of the approach throughout the organization. Refer to the Scoring Guidelines.

**Effective**
The term “effective” refers to how well a process or a measure addresses its intended purpose. Determining effectiveness requires (1) the evaluation of how well the process is aligned with the organization’s needs and how well the process is deployed or (2) the evaluation of the outcome of the measure used.

**Empowerment**
Empowerment refers to giving staff the authority and responsibility to make decisions and take appropriate actions. Empowerment results in decisions being made closest to the customer or the business “front line,” where resident/patient needs and work-related knowledge and understanding generally reside. Empowerment is aimed at enabling staff to help customers on first contact, to improve processes and increase productivity, and to better the organization's health care and other performance results. Empowered staffs require information to make appropriate decisions; thus, an organizational requirement is to provide that information in a timely and useful way.
Goals
The term “goals” refers to a future condition or performance level that one intends to attain. Goals can be both short- and longer-term. Goals are ends that guide actions. Quantitative goals, frequently referred to as “targets,” include a numerical point or range. Targets might be projections based on comparative or competitive data. The term “stretch goals” refers to desired major, discontinuous (non-incremental) or “breakthrough” improvements, usually in areas most critical to your organization’s future success. Goals can serve many purposes, including clarifying strategic objectives and action plans to indicate how you will measure success, fostering teamwork by focusing on a common end, encouraging “out-of-the-box” thinking (innovation) to achieve a stretch goal providing a basis for measuring and accelerating progress.

Health Care Services
Health care services refer to all services delivered by the organization to residents/patients that involve professional clinical/medical judgment.

High Performance Work
High performance work refers to work approaches used to systematically pursue ever higher levels of overall organizational and staff performance, including quality, productivity, innovation rate, and time performance. High performance work results in improved service for residents/patients and other stakeholders. Approaches to high performance work vary in form, function, and incentive systems. Effective approaches frequently include: cooperation between administration/management and the staff, including work force bargaining units; cooperation among work units, often involving teams; self-directed responsibility/staff empowerment; staff input to planning; individual and organizational skill building and learning; learning from other organizations; flexibility in job design and work assignments; a flattened organizational structure, where decision making is decentralized and decisions are made closest to the patient or the business “front line;” and effective use of performance measures, including comparisons. Many high performance work systems use monetary and non-monetary incentives based upon factors such as organizational performance, team and/or individual contributions, and skill building. Also, high performance work approaches usually seek to align the design of organizations, work, jobs, staff development, and incentives.

Innovation
Innovation refers to making meaningful change to improve housing, services, and/or processes that create new value for stakeholders. Innovation involves the adoption of an idea, process, technology, or product that is considered new or new to its proposed application. Successful organizational innovation is a multi-step process that involves development and knowledge sharing, a decision to implement, implementation, evaluation, and learning. Although innovation is often associated with health care research and technological innovation, it is applicable to all key organizational processes that would benefit from breakthrough improvement and/or change.

Integration
The term “integration” refers to the harmonization of plans, processes, information, and resource decisions, actions, results, and analyses to support key organization-wide goals. Effective integration goes beyond alignment and is achieved when the individual components of a performance management system operate as a fully interconnected unit. See also the definition of “alignment.”

Measures and Indicators
The terms “measures and indicators” refer to numerical information that quantifies input, output and performance dimensions of processes, programs, projects, services and the overall outcomes. Measures and indicators might be simple (derived from one measurement) or composite. Some users of these terms prefer “indicator” when the measurement relates to performance but is not a direct measure of such performance, e.g. the number of complaints is an indicator of dissatisfaction but not as direct a measurement of it as satisfaction survey data would be or (2) when the measurement is a predictor of some more
significant performance e.g. increased resident satisfaction might be a leading indicator of an increase in overall occupancy.

**Organization**
The term organization refers to an individual facility or building. All aspects, departments, and units of the facility are incorporated by the term organization. The term organization does not include corporate offices and/or other facilities within a multi-facility company.

**Patient**
Patient refers to the person receiving health care, including preventive, sub-acute, chronic, rehabilitative, and all other traditional long term care services. Other organizations use for patient includes resident, consumer, or client. Most long term care facilities prefer to use the term “resident” because of the focus on the quality of the patient’s daily life as well as their medical services.

**Performance Measures**
Performance measures are output results obtained from processes and services that permit evaluation and comparison relative to goals, standards, past results, and other organizations. Performance might be expressed in non-financial and financial terms.

The Core Values and Concepts address three types of performance: (1) resident/patient and other customer-focused, including health care, performance; (2) financial and marketplace; and (3) operational.

Resident/patient and other customer-focused performance refers to performance relative to measures and indicators of patients'/stakeholders' perceptions, reactions, and behaviors, and to measures and indicators of health care and service performance important to patients/stakeholders. Examples of patient and other customer-focused performance include patient loyalty, customer retention, complaints, and customer survey results. Examples of health care performance include falls, pressure sores, weight loss, and use of psychotropic medications.

Financial and marketplace performance refers to performance measured by cost and revenue, including asset utilization, asset growth, and market share. Examples include returns on investments, bond ratings, debt-to-equity ratio, returns on assets, operating margins, and other profitability and liquidity measures.

Operational performance refers to organizational, staff, and supplier performance relative to effectiveness and efficiency measures and indicators. Examples include cycle time, productivity, waste reduction, accreditation results, and legal/regulatory compliance. Operational performance might be measured at the work unit/department level, key process level, and organizational level.

**Process**
Process refers to linked activities with the purpose of producing a product or service for a customer (user) within or outside the organization. Generally, processes involve combinations of people, machines, tools, techniques, and materials in a systematic series of steps or actions. In some situations, processes might require adherence to a specific sequence of steps, with documentation (sometimes formal) of procedures and requirements, including well-defined measurement and control steps. In many service situations, particularly when stakeholders are directly involved in the service, process is used in a more general way—to spell out what must be done, possibly including a preferred or expected sequence. If a sequence is critical, the service needs to include information to help stakeholders understand and follow the sequence. Service processes involving stakeholders also require guidance to the providers of those services on handling contingencies related to stakeholders’ likely or possible actions or behaviors. In knowledge work such as health care, strategic planning, research, development, and analysis, process does not necessarily imply formal sequences of steps. Rather, process implies general understandings regarding competent performance such as timing, options to be considered, evaluation, and reporting. Sequences might arise as part of these understandings.
Productivity
Productivity refers to measures of efficiency in the use of resources. Although the term is often applied to single factors such as staffing (labor productivity), machines, materials, energy, and capital, the productivity concept applies as well to the total resources used in producing outputs. The use of an aggregate measure of overall productivity allows a determination of whether or not the net effect of overall changes in a process—possibly involving resource tradeoffs—is beneficial.

Requirements
Requirements refer to the specific care, service, behaviors, actions, interventions, and interactions that persons, groups, or other organizations need from the health care service being used. An example of key customer requirements (in this case, inpatient hospital customers) from a winning Baldrige Health Care application is: “Staff include patients in decisions regarding their treatment; Quality of care is given; Staff respond to concerns and complaints; Staff work together to care for patients.” Requirements are determined and validated through a variety of methods that involve customer input.

Resident
See definition of Patient.

Results
Results refer to outcomes achieved by an organization from the systematic approach and deployment of strategies, processes, and systems. Results are evaluated on the basis of current performance; performance relative to appropriate comparisons; rate, breadth, and importance of performance improvements; and relationship of results measures to key organizational performance requirements. Results are often shown in the form of tables and graphs depicting changes over time, such as years, quarters, or months.

Senior Leaders
Senior Leaders refer to decision makers and managers, who have direct input in strategic planning, development, and implementation of processes, and evaluation of performance levels of the facility and staff. Depending on the individual facility, this may include department managers, vice presidents, regional managers, corporate staff, administrators, charge nurses, or others.

Staff
Staff refers to all people who contribute to the delivery of an organization's services, including paid staff (e.g., permanent, part-time, temporary and contract employees supervised by the organization), independent practitioners (e.g., medical director, therapists, and specialists/consultants), volunteers, and health profession students (e.g., nursing students).

Stakeholder
Stakeholders consist of persons, organizations, or agencies that have a vested interest in the performance of the organization. Stakeholders in a long term care organization could include the patients, residents, families, attending physicians, referring hospitals or other health care providers, staff, stockholders or trustees, community, insurers/third-party payors, supporting health care professionals, patient advocacy groups, and government health agencies. Volunteers are often considered stakeholders because they gain a vested interest by contributing valuable services to the organization and its customers. “Principal stakeholders” refers to a few groups with the greatest level of interest in the organization. Principle stakeholders are determined by each organization according to its unique situation.

Strategic Advantages
The term “strategic advantages” refers to those marketplace benefits that exert a decisive influence on an organization’s likelihood of future success. These advantages frequently are sources of an organization’s current and future competitive success relative to other providers of similar health care services.
advantages generally arise from either or both of two sources: (1) core competencies, which focus on building and expanding on an organization’s internal capabilities, and (2) strategically important external resources, which are shaped and leveraged through key external relationships and partnerships. When a health care organization realizes both sources of strategic advantages, it can amplify its unique internal capabilities by capitalizing on complementary capabilities in other organizations. See the definitions of “strategic challenges” and “strategic objectives” below and on the next page for the relationship among strategic advantages, strategic challenges, and the strategic objectives an organization articulates to address its challenges and advantages.

Strategic Challenges
The term “strategic challenges” refers to those pressures that exert a decisive influence on an organization’s likelihood of future success. These challenges frequently are driven by an organization’s future collaborative environment and/or competitive position relative to other providers of similar health care services. While not exclusively so, strategic challenges generally are externally driven. However, in responding to externally driven strategic challenges, an organization may face internal strategic challenges. External strategic challenges may relate to patient and stakeholder or health care market needs or expectations; health care service or technological changes; or financial, societal, and other risks or needs. Internal strategic challenges may relate to an organization’s capabilities or its human and other resources. See the definitions of “strategic advantages” and “strategic objectives” (below) for the relationship among strategic challenges, strategic advantages, and the strategic objectives an organization articulates to address its challenges and advantages.

Strategic Objectives
Strategic objectives refer to an organization’s major change opportunities and/or the fundamental challenges the organization faces. Strategic objectives are generally externally focused, relating to significant customer, market, service, or technological opportunities and challenges. Broadly stated, they are what an organization must change or improve to remain or become competitive. Strategic objectives set an organization’s longer-term directions and guide the allocation or re-distribution of resources. See the definition of action plans for the relationship between strategic objectives and action plans and for an example of each.

Strategic Planning
The process to determine or re-assess the vision, mission and goals of an organization and then map out objective, measurable, ways to accomplish the identified goals. Strategic Planning typically focuses on results to be achieved in a 3, 5, and 7 or more year time span as contrasted with operational planning which typically focuses on results to be achieved in one year or less. Strategic plans should be updated through an annual process with major reassessments occurring at the end of the 3, 5 and 7 year periods.

Sustainability
The term “sustainability” refers to your organization’s ability to address current organizational needs and to have the agility and strategic management to prepare successfully for your future organizational, market, and operating environment. Both external and internal factors need to be considered. The specific combination of factors might include health care-wide and organization-specific components. Sustainability considerations might include workforce capability and capacity, resource availability, technology, knowledge, core competencies, work systems, facilities, and equipment. Sustainability might be affected by changes in the marketplace and patient and stakeholder preferences, changes in the financial markets, and changes in the legal and regulatory environment. In addition, sustainability also has a component related to day-to-day preparedness for real-time or short-term emergencies. In the context of the Baldrige Health Care Criteria, the impact of your organization’s health care services and operations on society and the contributions you make to the wellbeing of environmental, social, and economic systems are part of your organization’s overall societal responsibilities. Whether and how your organization addresses such considerations also may affect its sustainability.
**Systems**
Systems typically consist of a related set of processes that, when combined, produce a key outcome (e.g. payroll system, care planning system, etc.). See the definition of Process to better understand their relationship to systems.

**Systematic**
The term “systematic” refers to approaches that are well ordered, are repeatable, and use data and information so learning is possible. In other words, approaches are systematic if they build in the opportunity for evaluation, improvement, and sharing, thereby permitting a gain in maturity. For use of the term, see the Scoring Guidelines.

**Trends**
The term “trends” refers to numerical information that shows the direction and rate of change for an organization’s results. Trends provide a time sequence of organizational performance. A minimum of three historical (not projected) data points generally is needed to begin to ascertain a trend. More data points are needed to define a statistically valid trend. The time period for a trend is determined by the cycle time of the process being measured. Shorter cycle times demand more frequent measurement, while longer cycle times might require longer time periods before meaningful trends can be determined. Examples of trends called for by the Health Care Criteria include data related to health care outcomes and other health care service performance; patient, stakeholder, and workforce satisfaction and dissatisfaction results; financial performance; marketplace performance; and operational performance, such as cycle time and productivity.

**Value**
Value refers to the degree of worth relative to cost and relative to possible alternatives of a product, service, process, asset, or function. Organizations frequently use value considerations to determine the benefits of various options relative to their costs, such as the value of various product and service combinations to customers. Organizations seek to deliver value to all their stakeholders.