

# Baldrige and AHCA Results - Your Bucket List

**Wednesday, March 23, 2022**

TNCPE 29th Annual TNCPE  
Excellence Conference

Kevin Grayson  
NC State University  
Baldrige & AHCA Examiner



2022 EXCELLENCE CONFERENCE

MARCH 22 & 23

# Objectives

- AHCA/NCAL program overview
- Importance of Results
- Result Scoring Factors (Common & Different)
- AHCA Bucket List
- Common Result Flaws (Score Killers)
- Q & A

## The AHCA/NCAL National Quality Award Program

American Health Care Association

1201 L Street NW

Washington, DC 20005

*14,000 member facilities*

Tennessee Health Care Association  
North Carolina Health Care Facilities Association



*Bronze – Commitment to Quality,  
Silver - Achievement in Quality,  
and Gold – Excellence in Quality,*

**AHCA**®  
AMERICAN HEALTH CARE ASSOCIATION

**NCAL**®  
NATIONAL CENTER FOR ASSISTED LIVING

# AHCA/NCAL National Quality Award Program

- Launched in 1996
- Approx. 12,000 applications and 4,700 awards
- Criteria based on the Baldrige Performance Excellence Program
- The mission is to promote and support the application of continuous quality improvement in AHCA/NCAL member organizations
- Source: [https://www.ahcancal.org/Quality/National-Quality-Award-Program/Documents/QA\\_fastfacts\\_2020.pdf](https://www.ahcancal.org/Quality/National-Quality-Award-Program/Documents/QA_fastfacts_2020.pdf)

Totals From The Quality Award Program 2007-2015



## BRONZE

*Commitment to Quality*

**4,220** total applications

**3,490** total awards



## SILVER

*Achievement in Quality*

**1,404** total applications

**476** total awards



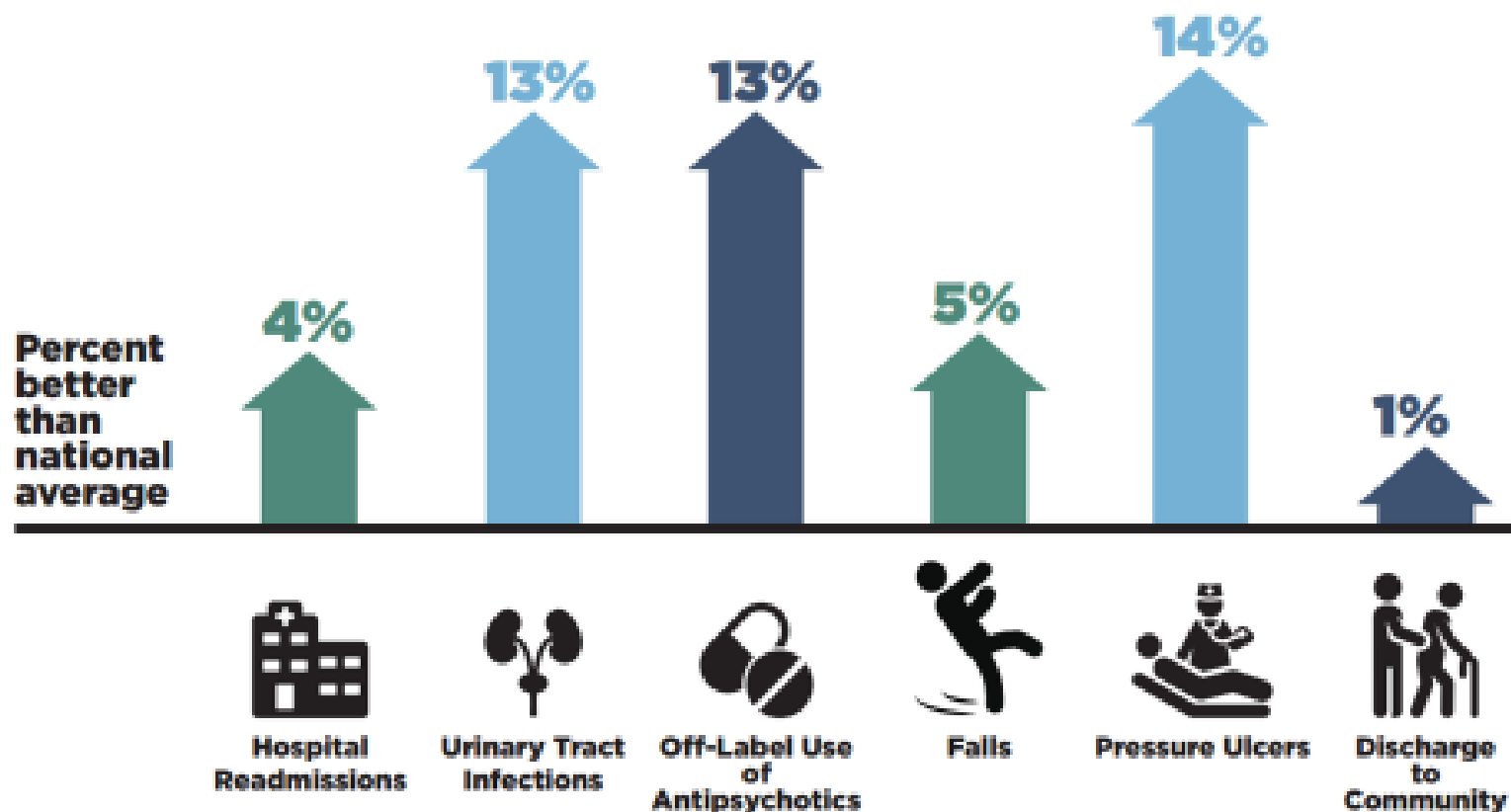
## GOLD

*Excellence in Quality*

**143** total applications

**23** total awards

## Quality Performance Measures



## Business Advantage for Owners

2012-2015 Silver and Gold Recipients vs. the Nation

---

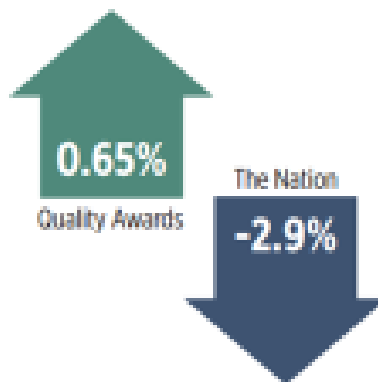
### Occupancy Rate



**85%** Quality Awards

**81%** The Nation

### Operating Margin



### Bad Debt



**38%** Quality Awards

**73%** The Nation



## Both Programs Use Same Framework – AHCA (Healthcare)





Categories and Items	Point Values
1 Leadership	120
1.1 Senior Leadership	70
1.2 Governance and Societal Contributions	50
Strategy	85
2.1 Strategy Development	45
2.2 Strategy Implementation	40
Customers	85
3.1 Customer Expectations	40
3.2 Customer Engagement	45
Measurement, Analysis, and Knowledge Management	90
4.1 Measurement, Analysis, and Improvement of Organizational Performance	45
4.2 Information and Knowledge Management	45
Workforce	85
5.1 Workforce Environment	40
5.2 Workforce Engagement	45
Operations	85
6.1 Work Processes	45
6.2 Operational Effectiveness	40
<b>Results</b>	<b>450</b>
<b>7.1 Health Care and Process Results</b>	<b>120</b>
<b>7.2 Customer Results</b>	<b>80</b>
<b>7.3 Workforce Results</b>	<b>80</b>
<b>7.4 Leadership and Governance Results</b>	<b>80</b>
<b>7.5 Financial, Market, and Strategy Results</b>	<b>90</b>
TOTAL POINTS	1,000

- your organization's mission. (I)
- Industry and benchmark leadership is demonstrated in many areas. (C)
- Organizational performance results and projections are reported for most key patient, other customer, market, process, and action plan requirements. (I)

**PAGE 33**

## LeTCI factors

**Levels** – are your current performance on a meaningful scale (comparisons)

**Trends** – comprise your rate of performance improvement. i.e. slope of data over time (3-points)

**Comparisons** – comprise your performance relative to that of others (competitors, benchmarks, industry norms, etc)

**Integration** – extent that measures address areas of importance to your organization

# Levels

**Levels** – are your current performance on a meaningful scale (comparisons)

Without **relevant** comparisons it is not possible to determine whether results are poor, good, or excellent **unless the level of performance approaches the extremes of possibility**. For example, zero lost-time accidents is excellent since it represents the best performance possible.

# Trends

**Trends** – comprise your rate of performance improvement. i.e. slope of data over time (3-points)

Need at least three data points to determine a trend. Data may be found in sections of narrative and/or in a table format.

# Comparisons

**Comparisons** – comprise your performance relative to that of others (competitors, benchmarks, industry norms, etc.)

**Common sources of comparisons:** Industry averages (industry associations), previous Baldrige winners (NIST.gov/Baldrige), survey providers, state & national averages (gov't data, e.g. OSHA)

“Sister” facilities (using sister are not for relevant comparisons, unless those have been shown to be at a level above an industry norm or are considered to be competitors)

# Integration

**Integration** – extent that measures address areas of importance to your organization

## 10-required results:

30-Day Readmissions or Hospitalization Rates (Item 7.1)

Antipsychotic Rates (Item 7.1)

Five-Star Quality Measure Rating (Item 7.1)

Overall Customer Satisfaction, Customer Willingness to Recommend (Item 7.2)

Staff Turnover or Retention (Item 7.3)

Five-Star Staffing Measure Rating -RN (Item 7.3)

Five-Star Staffing Measure Rating –Overall (Item 7.3)

Five-Star Overall Rating (Item 7.4)

Five-Star Survey Measure Rating (Item 7.4)

An appropriate result demonstrating financial, market, or strategy performance (Item 7.5)

**REQUIRED RESULTS**

Required Result	Provided?	Page Number Where Result is Found (required for Recommendation to populate)
30-day Readmissions or Hospitalization Rates (either one)	<b>No</b>	
Antipsychotic Rates	<b>No</b>	
Five-Star Quality Measure Rating	<b>No</b>	
Overall Customer Satisfaction or Customer Willingness to Recommend to Others or CoreQ (any one)	<b>No</b>	
Staff Turnover or Staff Retention (either one)	<b>No</b>	
Five- Star Staffing Measure Rating -Overall	<b>No</b>	
Five- Star Staffing Measure Rating- RN	<b>No</b>	
Five-Star Overall Rating	<b>No</b>	
Five-Star Survey Measure Rating	<b>No</b>	
An appropriate measure for 7.5	<b>No</b>	



**These will end up being Strengths:**

1. Results showing favorable trends
2. Results showing good levels based on relevant comparisons

**These will end up being OFIs:**

3. Results showing unfavorable trends
4. Results showing poor levels or no comparative data
5. Results showing incomplete or flat trend data or did not provide three data points.
6. Missing results (Important and expected but not provided)

7.1

Title of Expected Result	Source Reference (pg in app where you found it)	Cat 7 Reference (where in Cat 7 it belongs)	Figure # (where found in in Cat 7)	Segmentation (Names of segments)	Trend & Time (From x to y level in a to b timeframe)	Perf vs comp (Position and type of comparison)	Comment Theme
Number of expected results: 24 Number of provided results: 16 Percent of provided/expected results (will correspond with letter b in the SCG): =16/24 = 67% Most Number of favorable trends (will correspond with letter c in the SCG): 12 Number of good levels (will correspond with letter d in the SCG): 14 At least one result provided for both parts of the basic requirements (Health Care and Process) – <b>yes</b> or no:							
30 Day Re-Hospitalization Rates - Post Acute Residents	Required Result	7.1a	7.1a(1)		Unfavorable trend. Q1-17 thru Q1-18	Better than state avg	2,3
30 Day Re-Hospitalization Rates	Required Result	7.1a	7.1a(2)		Favorable trend. Q1-17 thru Q1-18	Better than state average	1
Discharge to the community	p.38 Table 6.1.a2	7.1b(1)	7.1a(3)		Favorable trend.Q1-18 thru Q4-18	Better than State average	1,2
Antipsychotic Rates	Required Result	7.1a	7.1a(4)		Unfavorable trend. Q1-17 thru Q2-18	Better than state national	2,3
5-Star Quality Measure Rating	Required Result	7.1a	7.1a(5)		Favorable trend Level 5.		1
Reporting Pain	Criteria overall	7.1a	7.1a(6)		Unfavorable trend. From Q1-17 to Q2-18	Better than national	2
Reporting Pain	Criteria overall	7.1a	7.1a(7)		Favorable trend. From Q1-Q18	Better than national	1,2
High Risk Pressure ulcers		7.1a	7.1a(8)		Favorable trend. From Q1-17 thru Q2-18	Better than state national	1,2
Urinary tract infections		7.1b(2)	7.1a(9)		Favorable trend.	Better than state	1,2
Pharmacy recommendations follow up		7.1b(1)	7.1a(10)		100 to 100% from 2Q-18 thru 4Q-18 Favorable trend	Better than peer group	1,2
Seasonal Influenza vaccines	Criteria overall	7.1b(2)	7.1b(1)		Favorable trend	Better than state	1,2
Seasonal Pneumococcal vaccines	Criteria overall	7.1b(2)	7.1b(2)		Favorable trend	Better than state	1,2
Seasonal Influenza vaccines	Criteria overall	7.1b(2)	7.1b(3)		Favorable trend	Better than state	1,2
Seasonal Pneumococcal vaccines	Criteria overall	7.1b(2)	7.1b(4)		At 100%	Better than state	1,2
Overall LOS	Criteria overall	7.1b(1)	7.1b(5)		Unfavorable trend	Better than State	2,3
Room cleaning check	Criteria overall	7.1b(1)	7.1b(6)		Unfavorable trend	None	3
Avg. # of Loss Time Claims/100 FTEs	Criteria overall	7.1b(2)	7.1b(7)		Unfavorable trend	Better than peers	2,3

# Flaws We See in Results

**Missing Results** – check your application and criteria wording carefully

**Missing Comparison** – a weak comparison is better than none at all

**Insufficient data** – lack of 3-data points, but insufficient data is better than no data

**Insufficient segmentation** – often happens around customer, service-line (or product) and employee groups

# SUMMARY

- AHCA/NCAL program overview
- Importance of Results
- Result Scoring Factors (Common & Different)
- AHCA Bucket List
- Common Result Flaws (Score Killers)
- Q & A

# Thank You for Attending! Questions?

## Baldrige and AHCA Results - Your Bucket List

**Wednesday, March 23, 2022**

TNCPE 29th Annual TNCPE  
Excellence Conference

Kevin Grayson  
NC State University  
Baldrige & AHCA Examiner  
[Kevin\\_Grayson@ncsu.edu](mailto:Kevin_Grayson@ncsu.edu)  
704.751.9661



2022 EXCELLENCE CONFERENCE

MARCH 22 & 23