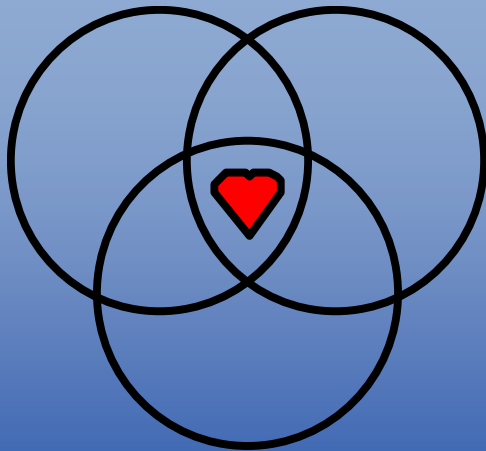


Resident and Employee Satisfaction Initiatives

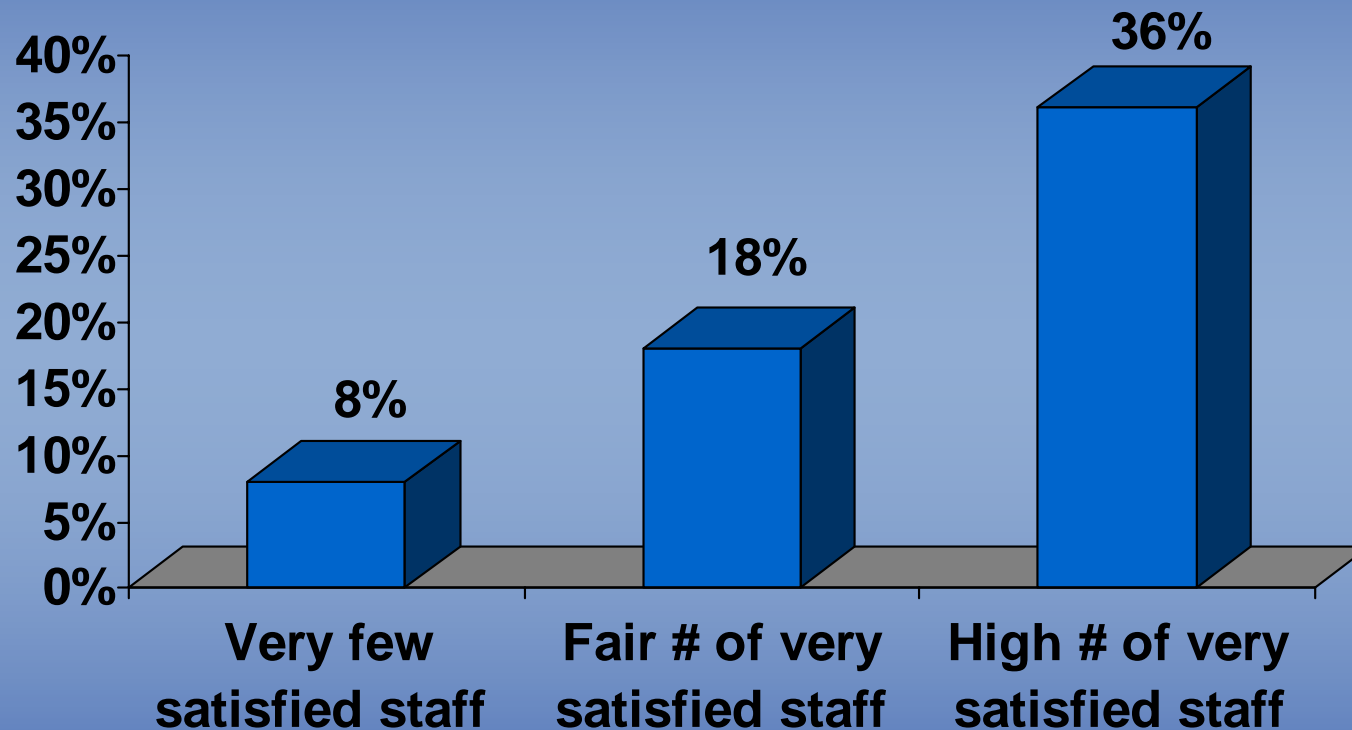
Arizona Nursing Home Collaborative
Workgroup Meeting
September 22, 2005



Adopted From:
David Farrell, MSW, NHA
Project Manager
Quality Partners of Rhode Island

Very Satisfied Staff

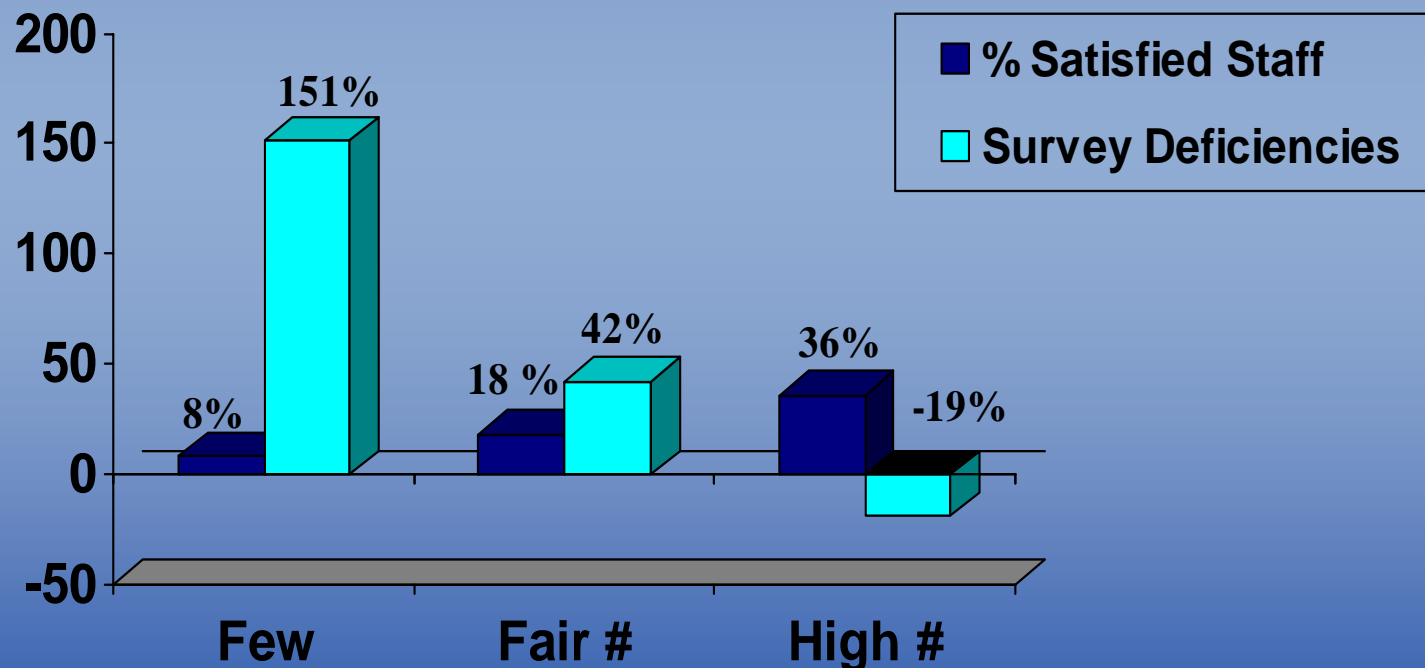
In Three Groups of Facilities



Tellis-Nayak, V., "Customer Satisfaction in Long Term Care: A Guide to Assessing Quality" AHCA, 2003

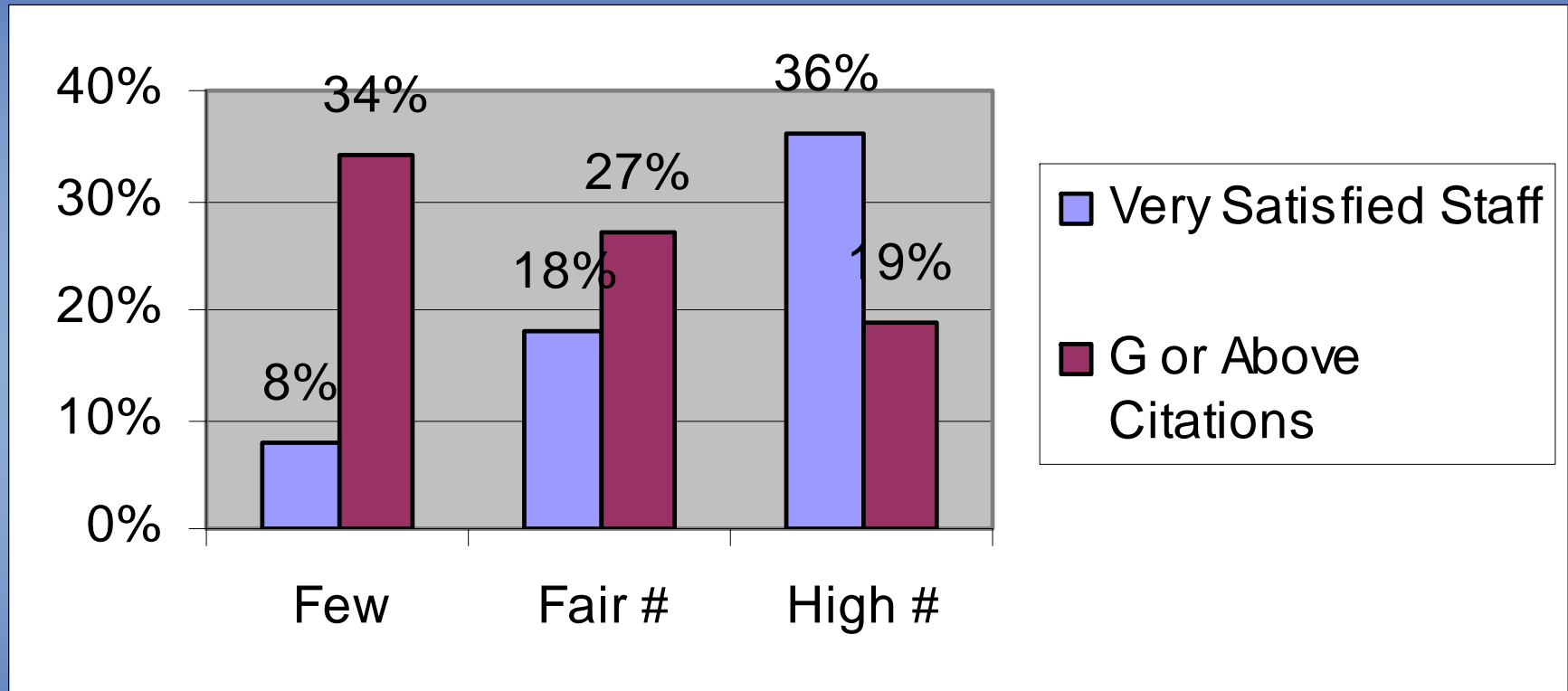
Survey Deficiencies Compared to State Average and Staff Satisfaction

In Three Groups of Facilities



Tellis-Nayak, V., 2003

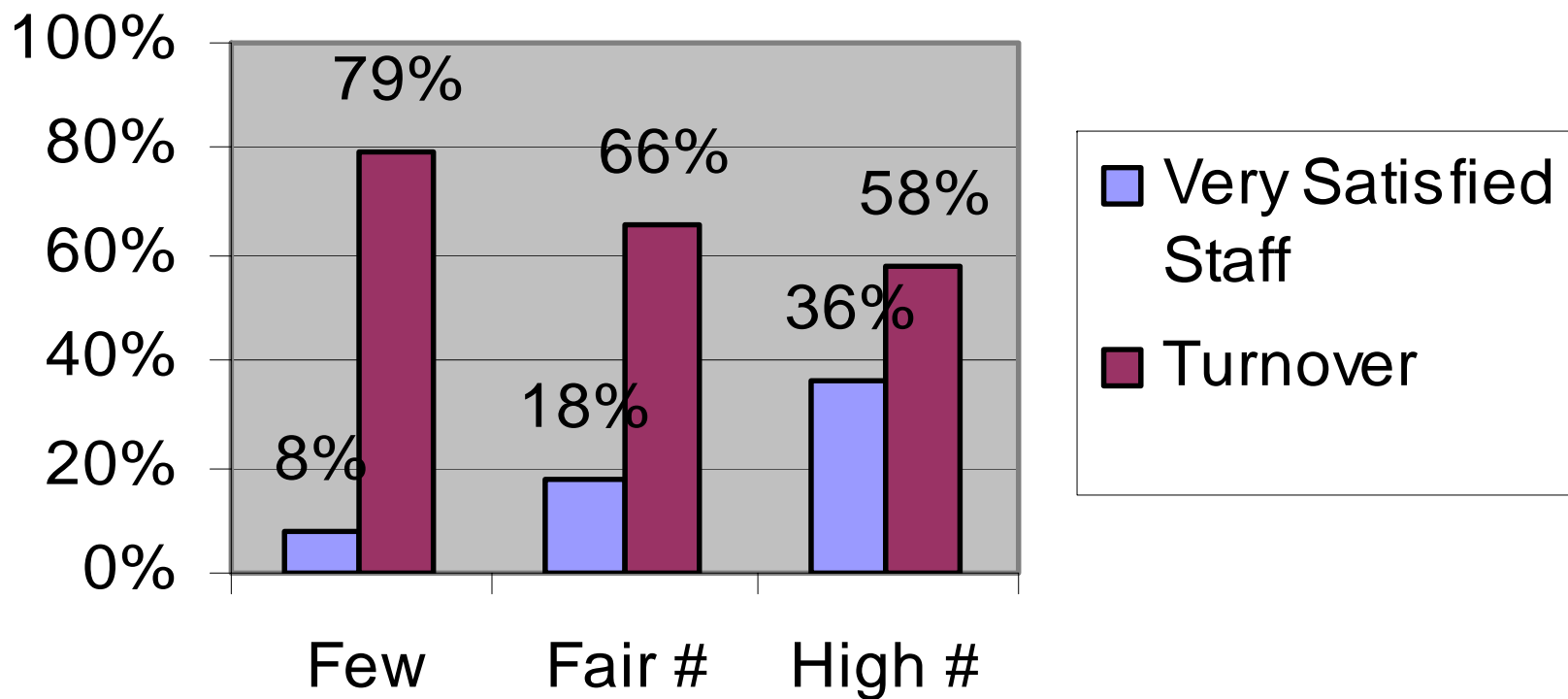
Level G Deficiencies and Staff Satisfaction



Note: Shows G or above deficiencies cited in standard state surveys. Percent = percent of nursing homes in each of the groups that received such citations.

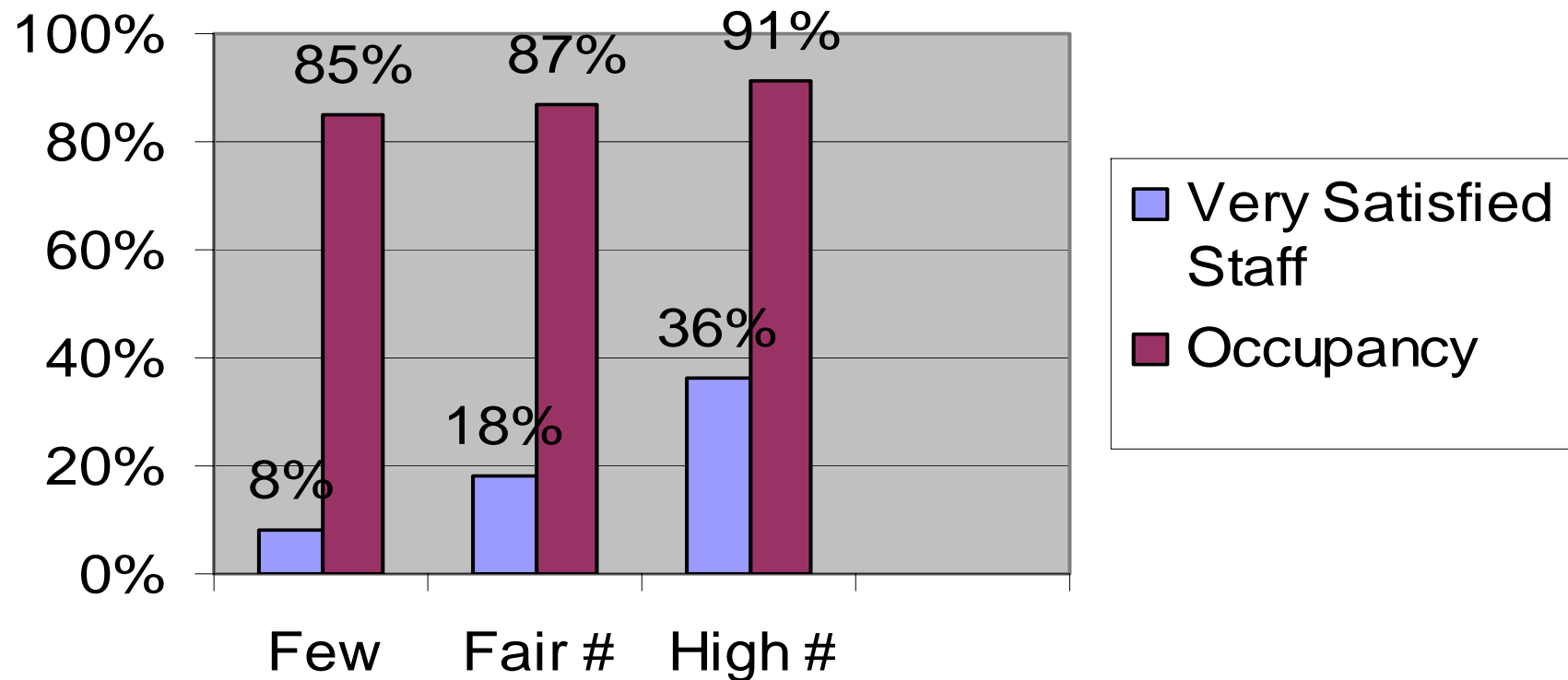
Tellis-Nayak, V., 2003

Staff Turnover and Staff Satisfaction



Tellis-Nayak, V., 2003

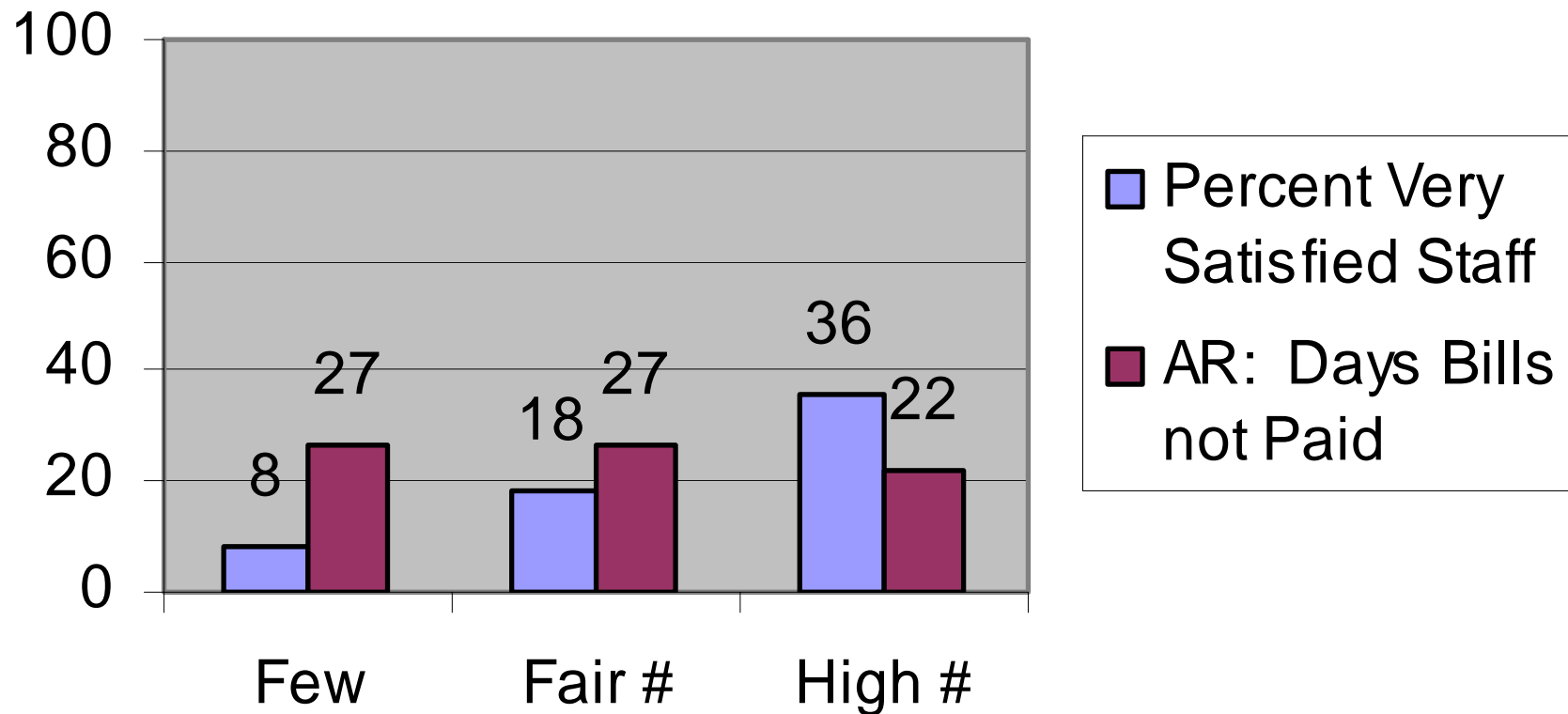
Occupancy and Staff Satisfaction



Note: Occupancy = % beds occupied per year.

Tellis-Nayak, V., 2003

Days Bills Not Paid and Staff Satisfaction



Tellis-Nayak, V., 2003

Staff Satisfaction = Family Satisfaction

- 12 states publicly report family satisfaction
- Staff satisfaction key predictor of family satisfaction
 - And vice versa
- Satisfied employees report:
 - Better supervision
 - Better training
 - Better work environments
- Satisfied families report:
 - Quality of life
 - Quality of care
 - Quality of service

Grant, L., “Organizational Predictors of Family Satisfaction in Nursing Homes.”
Seniors Housing & Care Journal. 2004.

Limitations of Satisfaction Surveys

- Response rates
- Five point Likert Scale
 - “Do not agree and do not disagree”
- Too many questions
- Tip of the iceberg
- Selection bias

Focus on the Ends of the Scale

In general:

- Only 3 % register strong dissatisfaction
- Random distribution of “satisfied”
- Common tendency to check “satisfied”
- Will not admit “very satisfied”
- “Very satisfied” good predictors of quality
- Combine “Dissatisfied” and “Very Dissatisfied”

Tellis-Nayak, V., 2003

Creating Climate Where the Truth is Heard

Four Key Practices:

- From data to knowledge to action
 - Red flags
- Conduct autopsies without blame
- Engage in dialogue, not coercion
- Lead with questions

Collins, J. 2001

Process of Sharing the Data

- Post the results
- Department/Family Night roll-out meetings
 - Be open
 - Express thanks
 - Communicate a commitment to improve
- Multidisciplinary committee:
 - Share top five in one area
 - Ask individuals to add to the list
 - Vote on the top three issues

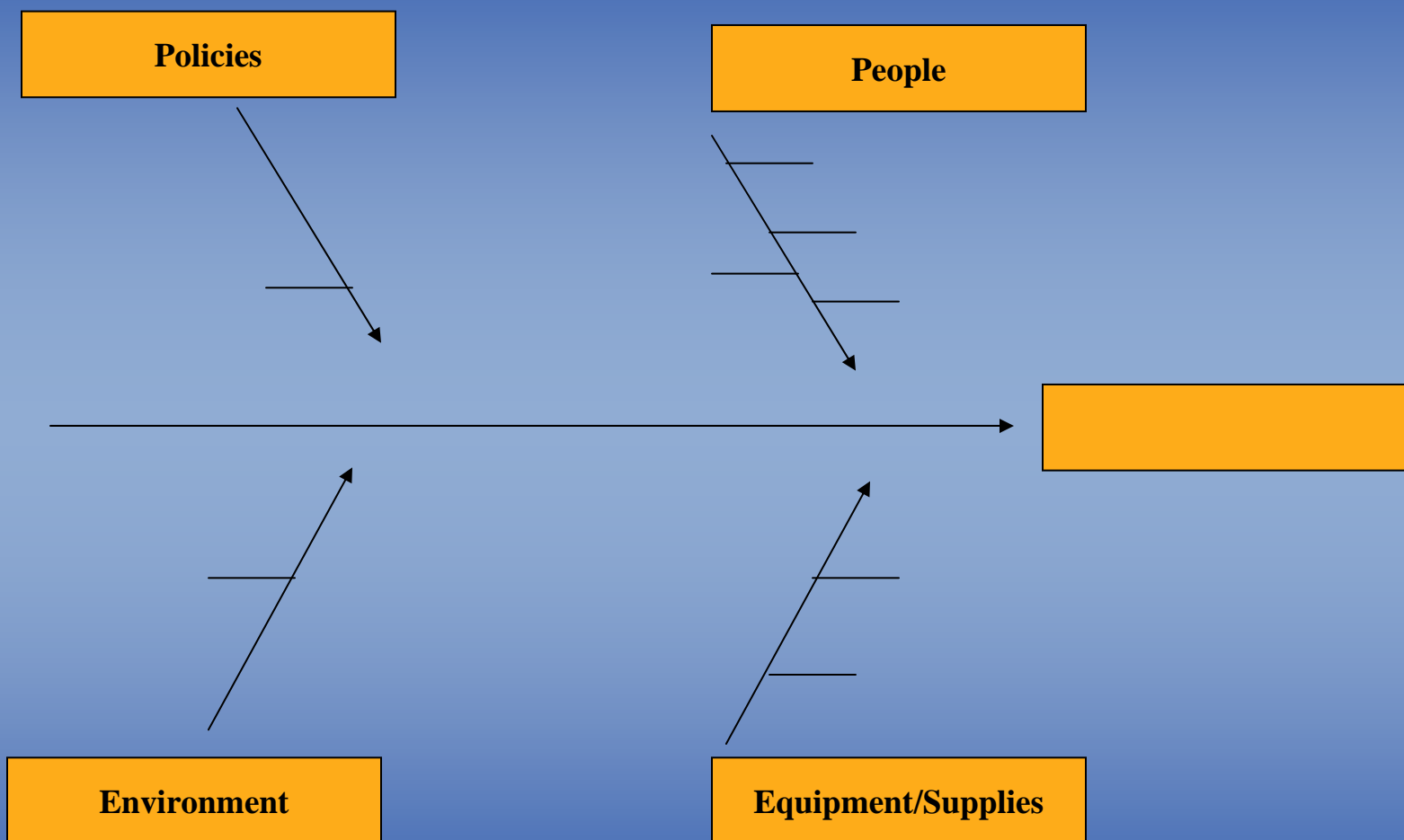
Not All Items are Equal

- Setting priorities
 - Building blocks
- Listen for quick wins
 - Build trust
 - Act fast
 - Visual
 - Symbolic
- Rank importance based on:
 - Biggest irritant
 - In the “circle of influence”

Uncover Root Causes

- Brainstorm all possible causes
- Document all potential causes
 - Look for patterns
 - Keep asking why, when, how?
 - Arrange these causes along “fish bones”
- Vote on the most influential

Cause and Effect Fishbone Diagram



Next Steps:

- Create the action plan
- Post the action plan
- Implement the plan
- Collect more data
- Leaders change practices

Acknowledgements

David Farrell, MSW, NHA
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Quality Partners of Rhode Island

Collins, Jim, “Good To Great”, HarperCollins Publishers, First Edition, 2001

Grant, L., “Organizational Predictors of Family Satisfaction in Nursing Homes.” *Seniors Housing & Care Journal*. 2004.

Tellis-Nayak, V., “Customer Satisfaction in Long Term Care: A Guide to Assessing Quality” AHCA, 2003

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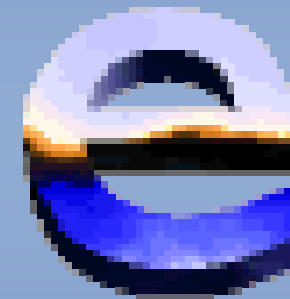
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