

Consensus Review Scorebook – Final TST 2012

This is an authentic scorebook produced by the seven examiners of the 2012 Training Scorebook Team. The related feedback report will be posted on the Baldrige Program's Web site in July as part of the 2012 Tillingate Living Case Study Packet.

Key Factors Worksheet

P.1a Organizational Environment

For-profit, privately held organization/Care Model - For-profit, privately held organization providing assisted living and skilled nursing care in 23 facilities located in Pennsylvania, Kentucky, Tennessee, and Virginia whose facilities are known for a sense of societal responsibility. Care model is centered on advancing seniors' independence and quality of life utilizing the Aging Actively Consortium's (AAC's) dimensions of wellness: emotional, intellectual/cognitive, physical, spiritual, social, professional/vocational, and environmental.

Mission, Vision, Values -

Mission (Figure P.1-2): Provide ageless care and timeless living to individuals in a homelike environment that supports their lifestyles and need for care with dignity and respect

Vision (Figure P.1-2): Be among the top 10% of skilled nursing facilities (SNFs) and assisted living facilities (ALFs) and be a top choice for care

Values (Figure P.1-2): Agility, Patience, Empathy, and Excellence (APEX)

Core Competencies (Figure P.1-2) -

- Designing, innovating, and managing facilities to support various lifestyles and deliver excellent clinical outcomes
- Developing clinical and service competencies for a caring and exceptional staff
- Designing and delivering rehabilitation services to support residents' activities of daily living
- Creating an educational environment to support a sense of mastery for residents

SNF Facilities, Seg, and Service Offerings (P.1-1) -

- All Medicare and Medicaid certified
 - 6 offering postacute care; 1,941 beds, including 48 postacute beds
- SNF segments:
- Long-term medical care for chronic illness (e.g., diabetes, multiple sclerosis, respiratory diseases)
 - Alzheimer's disease and other dementia care
 - Traumatic brain injury (TBI) care
 - Postacute/posthospital care (e.g., follow-up for knee surgery, hip replacement, stroke care, acute illness)

ALF Facilities, Seg, and Service Offerings (P.1-1) –

- State regulated; each paired with and sharing the medical director of an SNF
 - 350 apartments
- ALF service offerings (assisted living):
- Assistance with activities of daily living; case management; medication monitoring and support; 24-hour staff/emergency response
 - Transportation, laundry, housekeeping, maintenance, and personal care services; wellness education; wellness and recreational activities
 - Private dining rooms and restaurant-style dining

Highly Regulated (Figure P.1-4) -

CMS, State Department of Health, HHS, OIG, ORC, Medicaid Inspector General, Fire Marshal, US Dept Labor, EEOC, OSHA, JC (9 SNFs have optional JC and other 14 opted out); quality measures for nursing home care used by Medicare

Assets - Include corporate headquarters, 23 buildings, 35 buses, EMR, video surveillance, kitchen equipment, electric beds, lifts, full sprinkler systems will be in four of the facilities with asbestos; also

there is planned asbestos cleanup, which together will cost \$7.6M.

Employee and Workforce Demographics (Figure P.1-3) - 3,718 emp, F 86% M 14%

< 20 1% 21–39 32% 40–59 56%; > 60 11%

•Cauc 74%; Afri Amer 15%; Hisp 8%; othr 3%

•No HS degree, 1%; HS diploma, 48%; some coll 41%; coll deg 10%

•Nursing, 76% [RN], 13%; [LPN], 10%; [CNA], 53%; other professional, 8%; other technical, 3%; service, 9%; office/clerical, 4%

•< 1 year, 15%; 1–10 years, 54%; 11–25 years, 25%; < 26 years, 6% •Full-time, 53%; part-time, 29%; per diem, 18% •Day, 72%; evening, 16%; night, 12%

•91% of employees live in communities surrounding facilities

•Physicians from partner groups and under contract, as well as community-based attending physicians and nurse practitioners – applicant views physicians as partners and collaborators who participate in strategic planning and improvement activities

•700 volunteers help residents use technology, administer surveys, transport residents to therapy, support special events at the facilities

•No bargaining units

Workforce Engagement Factors -

•Good work environment

•Good benefits

•Positive relationships with coworkers

•Pride in the organization

•A voice in resident care

Workforce Health and Safety Requirements -

•Protection from exposure to communicable diseases

•Protection from injury while assisting and lifting residents

•Support in managing residents (including agitated residents)

•Support for a healthy lifestyle

Revenue Base by State -

PA – 37%

KY- 17%

TN- 26%

VA- 20%

P.1b Organizational Relationships

Oversight - Board of Directors (BOD) includes members representing each of the four states; subcommittees cover the areas of finance, quality, strategic planning, and human resources; board-certified geriatrician as the chief medical officer; structure also includes Statewide Advisory Board; Facility Advisory Board; corporate leadership team (CLT); each SNF has a licensed nursing home administrator; state-licensed medical director and director of nursing; facility level leadership teams; Resident Councils, and Family Councils

Market Potential - Includes people of all ages in the four-state service area who require skilled nursing care or assisted living services

Resident (Customer) Requirements (Figure P.1-5)

•High-quality, resident-centered care & services

•Pleasant environment

•Nutritious, appealing meals

•Easy access to physicians & continuity of care

- Respect for privacy, dignity, & choices

Stakeholder Requirements (Figure P.1-5) - Families SNF

- High-quality care & services
- Communication of family member's health status
- Attentive staff
- Reasonable visiting hours
- Safe & secure environment
- Involved, visible medical director & executive director

ALF

- High-quality care & services
- Communication of family member's health status
- Attentive staff
- Reasonable visiting hours
- Safe & secure environment
- Online payment system

Community (SNF and ALF)

- High quality care and services
- Employment opportunities
- Excellent reputation
- Financial sustainability

Payors & regulatory agencies (SNF and ALF)

- Compliance with regulations & standards
- Safe & secure environment

Key Suppliers (Figure P.1-6)

Wall-to-Wall Pharmacy; Meq-4-U; Caubwick Nationwide Linen; Klineway Rehab; EnnovularMR

Supply Chain Requirements (Figure P.1-6) -

- Industry & functional experience
- Certification in appropriate disciplines
- HIPAA-compliant communications & documentation
- Corporate service agreement, as appropriate
- Responsiveness to customer requirements
- Evidence of continuous improvement
- Participation in improvement activities, as requested

Supplier Communication (Figure P.1-6) -

- Onboarding
- Handbooks, contracts
- Regional & virtual meetings
- Correspondence
- Corporate newsletters & other TL news
- Scorecard
- Corrective Action Reports (CARs)

Community Partnerships -

- Administrative preceptor/internship partner agreements with Durrell College of Health Sciences (Pennsylvania), Partridgeberry Nursing College (Pennsylvania), the University of Knoxville (Tennessee), and Spotsylvania State College (Virginia)
- Local emergency medical services (EMS) provide transportation under preferred provider agreements in exchange for basic life support (BLS) training

- University of Knoxville developing leadership competencies and a leadership development program for senior living
- AAC on Active Aging Initiatives
- Local emergency preparedness professionals to ensure public and resident safety
- Collaboration with hospitals near the facilities for the improvement of quality outcomes
- Relationships with local school districts for tutoring and with the advocates for persons with disabilities in the four states
- Pilot project in 2010 ACO model
- Physicians and local physician groups
- Suppliers' performance tracked on scorecard
- Collaboration with USSN/ALC, AgeFully, AAC for continuous improvement

P.2a Competitive Environment

21% Market Share – Fourth-largest chain of SNFs and ALFs in the four states

Key competitors for market share - Include Melloughby Health, Pamlico Senior Living, and Warmlee Senior Care, as well as all other CMS 5-Star-rated facilities within 50 miles of each facility; growth anticipated over next four years due to baby boomers and building four new facilities

Key Changes - Changes in industry include baby boomers; resident expectations for private rooms; expansion of opportunities for collaboration with providers of other levels of care (e.g., adult homes, senior apartments, providers of community services, and education institutions); declining reimbursement; increasing unfunded mandates; health care reform; ACO implementation; projected increases in the number of younger people with injuries and the number of Alzheimer's disease and dementia residents

Sources of Comparative Data -

- Packer Patient Satisfaction Survey (with CAHPS questions added)
- CMS Nursing Home Compare
- USSN Data Dispatcher
- Caring Colleagues
- NursQM
- TillingNet Data Repository
- Moody's Investor Service
- Help Desk Quality Partners
- Hiatus Hotels LLC
- Widmark Mortgage

P.2b Strategic Context

Strategic Advantages -

- Expertise in wellness and disease management
- Reputation for excellent service
- Cutting-edge technology (e.g., EMR)
- High retention of employees
- Partnerships with colleges and universities
- A workforce that is active in TL's communities

Strategic Challenges -

- Competitive market & market consolidation
- Integration of existing practices with ACOs – health care reform
- Integration of TL's culture & processes (e.g., APEX Performance Goal Plans) into acquired facilities
- Right-sizing for performance excellence
- Complexity & low rates of Medicare & Medicaid reimbursement

- Low operating margins
- Succession planning in view of relatively new leadership development program

P.2c PERFORMANCE Improvement System

Performance Improvement System -

- Corporate Leader-Employee Activities Performance (LEAP) Office tracks and oversees improvement projects systemwide with APEX RN in each facility
- PDCA methodology for improvement
- Lean Six Sigma (LSS) program (created in 2009) for more complex improvement projects as well as a Yellow Belt training and certification program
- Baldrige framework since 2001
- Union of U.S. Nurses' (UUSN) Voyage to Distinction and Gemstone Designation Program

Key Themes Worksheet

a. What are the most important strengths or outstanding practices (of potential value to other organizations) identified in the applicant's response to process items?

- The applicant demonstrates management by fact and supports its vision to be a top choice for care by monitoring performance with well-defined data selection criteria and its cascading Agility, Patience, Empathy, and Excellence (APEX) scorecard. Data, information, and organizational best practices are made available electronically through the TillingNet Portal, supporting a culture of transparency and accountability.
- By embedding its values of agility, empathy, patience, and excellence within its processes for listening to current, former, and potential residents and families, the applicant is able to address changing needs and the future direction of the long-term care model. The applicant's listening mechanisms include the Patient Satisfaction Survey and walk-around, community perception. Recent refinements include social media monitoring. Aggregated voice-of-the-customer information is available to all facilities, supporting strategic planning and the applicant's vision to be a top choice for care.
- The applicant's approaches to providing care and supporting the workforce strengthen the core competency of managing facilities to deliver excellent clinical outcomes. Interdisciplinary Collaborative Care Teams within skilled nursing facilities (SNFs) and cross-trained universal employees within assisted living facilities (ALFs) have given workforce members a voice in resident care and encouraged positive relationships with coworkers. The organization has provided educational opportunities for its nurses by leveraging its university partnerships, a strategic advantage.

b. What are the most significant opportunities, concerns, or vulnerabilities identified in the applicant's response to process items?

- It is not evident that several key processes are deployed to all applicable staff members, volunteers, students, credentialed physicians, nurse practitioners (NPs), suppliers, and payors. For example, staff members at some of the ALFs do not have access to the TillingNet applications, and credentialed physicians and NPs do not appear to actively participate in the PDCA or Lean Six Sigma teams designed to improve the care model and clinical outcomes. It is not evident that human resource processes are in place to ensure the competency, safety, and security of students and volunteers. Without deploying key processes to all relevant groups, the applicant may have undetected vulnerabilities that could hinder its ability to provide exceptional services.
- It is not clear that the applicant's key strategies, strategic objectives, and related action plans (Figure 2.1-3) address all identified strategic challenges. For example, no short-term action plans identified in Figure 2.1-3 address the strategic challenge related to integrating existing practices with Accountable Care Organizations (ACOs), and the strategic objectives listed do not appear to balance all stakeholder needs. Without addressing these key elements of planning, the applicant may not fully achieve its objectives, goals, and longer-term strategy.
- The applicant's processes for organizational learning are not yet fully implemented. For example, it is not evident that APEX Performance Goal Plans for leaders and the Board of Directors (BOD) or BOD self-evaluations are used to identify opportunities

for improvement in the Leadership System. It is not clear that best practices shared through TillingNet are adopted at all applicable facilities. In addition, evaluation of the learning and development system is limited, and several key processes may benefit from cycles of refinement and learning. By embedding cycles of learning and improvement into all key processes, the applicant may accelerate progress toward and accomplishment of its goals.

c. Considering the applicant's key business/organization factors, what are the most significant strengths found in its response to results items?

- Results in several key areas support the applicant's vision of being among the top 10% of SNFs and ALFs. Resident satisfaction has been favorable relative to the top 10% since 2008 for SNFs and since 2010 for assisted living. Likewise, overall employee satisfaction results have been favorable relative to the top decile since 2008, and employee engagement results for recommending the applicant to a family member are at the best-in-class level. The organization's focus on patient safety and publicly reported measures contribute to its top-decile performance on the skilled nursing measure of the pressure ulcer rate.
- Several key organizational performance results demonstrate favorable trends in support of the organization's mission. These include financial and market measures such as Overall Operating Margin (Figure 7.5-1), Days in Accounts Receivable (Figure 7.5-7), Days Cash on Hand (Figure 7.5-8), Overall Debt to Equity (Figure 7.5-12), and Overall Occupancy Rate and Occupancy Rate by Service Offering (Figures 7.5-4 and 7.5-5); patient-focused health care outcomes such as results on advance directives, pain reduction, and vaccinations (Figures 7.1-2 through 7.1-4 and 7.1-8); resident satisfaction and engagement results (Figures 7.2-1 through 7.2-4); and Community Support Activities (Figure 7.4-9).

d. Considering the applicant's key business/organization factors, what are the most significant opportunities, vulnerabilities, and/or gaps (related to data, comparisons, linkages) found in its response to results items?

- The applicant does not report performance results that are relevant to the accomplishment of its mission. For example, results of annual BOD self-evaluations, internal and external audits, charitable donations, and efforts to develop organizational leaders are not provided, and medical error reduction results are limited to pharmacy errors. The applicant is also missing results on workforce climate and development for most areas, including workforce health, safety, and security; residents' and other stakeholders' dissatisfaction; and engagement/satisfaction of volunteers and credentialed physicians. Without monitoring all relevant performance results, the applicant may have undetected vulnerabilities that may limit progress toward its vision to be a top choice for care.
- The applicant does not segment results for several areas it has identified as important. For example, the applicant identifies a growing market of patients with dementia and traumatic brain injury, but it does not provide customer engagement or financial results for those segments. Quality and patient safety are critical to the applicant, but it has not segmented results for its patient safety measures by service offering, state, or facility. Nor has it segmented its efficiency measures, such as help desk response and discharge times. Given the applicant's geographically dispersed facilities and competitive market, measuring, monitoring, and improving results that are segmented may enhance the organization's ability to maintain its reputation for excellent service and improve operational effectiveness.

- Many results are missing relevant comparison and competitor data. For example, most satisfaction and engagement results lack competitive data, and some results lack comparative data (Figures 7.2-5, 7.2-9, and 7.2-12). The lack of comparative data in Baby Boomer Volume Growth (Figure 7.5-14), which improved from 6% in 2008 to 8% in 2011, may make it difficult for the applicant to assess whether competitors are growing volume for this market more rapidly. A greater understanding of its performance relative to competitor and other comparative data may help the applicant strengthen its position in its competitive market environment.

Item Worksheet - Item 1.1

Senior Leadership

Relevant Key Factors

1. Mission (Figure P.1-2)
Provide ageless care and timeless living to individuals in a homelike environment that supports their lifestyles and need for care with dignity and respect
2. Vision (Figure P.1-2)
Be among the top 10% of Skilled Nursing Facilities (SNFs) and Assisted Living Facilities (ALFs) and be a top choice for care
3. Values (Figure P.1-2)
Agility, Patience, Empathy, and excellence (APEX)
4. Changes in industry include baby boomers; resident expectations for private rooms; expansion of opportunities for collaboration with providers of other levels of care (e.g. adult homes, senior apartments, providers of community services, and education institutions); declining reimbursement; increasing unfunded mandates; health care reform; ACO implementation; projected increases in the number of younger people with injuries and the number of Alzheimer's disease and dementia residents
5. Integration of existing practices with ACOs – health care reform
6. Succession planning in view of relatively new leadership development program

Strengths

++	Strength	Rationale	Item Ref.
	Senior leaders' approach to setting, deploying, and reviewing the vision, values, and mission supports organizational alignment. Approaches include the assignment of champions for acquired facilities, alignment of APEX goals, and 26 communication mechanisms that include weekly huddles. The addition of "homelike environment" after a 2009 acquisition supports the core competency of designing, innovating, and managing facilities.	6 out of 7 team members had a strength comment based on this item. Refined comment based on feedback that questioned the use of "agility" as the "so what"	a(1)
	The Corporate Leadership Team creates an environment for performance improvement and achievement of the strategic objectives through the Leadership and 5E systems. Cascading scorecards facilitate deployment of strategic objectives and associated action plans to the workforce, suppliers, and partners. The systematic performance review process (Figure 4.1-1) supports organizational sustainability through identification of best practices that are shared at the biannual Leadership Summits.	4 of 7 team members had a comment based on this item recognizing value of APEX scorecards and use of 5E and LS. Comment refined as the result of feedback received during the R2 process	a(3)
	The applicant's multiple communication mechanisms (Figure 1.1-2), as well as facility visits and luncheon chats, engage the workforce at all levels. Feedback on communication effectiveness is captured in the information management system for subsequent review. The PDCA-based Communication System (Figure 1.1-3) serves as the primary approach for evaluating and improving mechanisms to convey key decisions, encourage two-way communication, and support a patient focus across facilities in all four states.	Split second sentence into two based on feedback received during the R2	b(1)

Notes

Opportunities for Improvement

--	Opportunity for Improvement	Rationale	Item Ref.
	It is not clear how senior leaders create and promote a culture of patient safety. For example, it is not evident how the applicant uses data gathered through tracking of adverse events and near-misses or if resultant corrective actions are evaluated for applicability across the organization. Without systematically building a safety-focused culture, the applicant may limit its ability to create a safe and secure environment, a key stakeholder requirement.	Although only 3 team members noted this within various comments, it speaks to an important element of sustainability and addresses a key stakeholder requirement. Refined based on feedback to focus the so-what impact	a(3)
	The applicant presents limited evidence that it evaluates and refines leadership processes designed to support innovation, a positive customer experience, and leadership skills, such as the Leadership Summit and Gate Way to Leadership programs. Such evaluation may help the applicant identify opportunities to enhance leadership skills, support succession planning, and develop future leaders.	4 of 7 team members noted the lack of evaluation and/or refinement to various aspects related to leadership.	a, b
	It is not evident that the applicant systematically balances value for all residents and stakeholders. For example, it is not clear that the strategic plan addresses the growth in the population of Alzheimer patients and dementia residents or those who view retirement as "an opportunity to be more active in hobbies and long-held interests." Without a systematic process in this area, the applicant may miss opportunities for success in its competitive market.	3 of 7 team members identified opportunities for improvement in this item.	b(2)

Notes

Several OFI comments were noted to be addressed in other categories; several identified OFIs in conflict with identified strengths. Volunteers are noted to be part of the workforce in the Organizational Profile; as such, all communication mechanisms are applicable to that workforce element.

Scoring

Score Range: **50-65%**

Score Value: **60**

Why shouldn't the score be in the range above or below the selected one? **(50-65%) An EFFECTIVE, SYSTEMATIC APPROACH, responsive to the OVERALL REQUIREMENTS of the item, is evident--beyond basic, but missing some MULTIPLE REQUIREMENTS**

(30-45%) The APPROACH is DEPLOYED, although some areas or work units are in early stages of DEPLOYMENT--missing key focus areas, i.e., patient safety deployed focus is early stages

(30-45%) The beginning of a SYSTEMATIC APPROACH to evaluation and improvement of KEY PROCESSES is evident--some limited evidence of evaluation and refinement

(50-65%) The APPROACH is ALIGNED with your overall organizational needs identified in response to the Organizational Profile and other process items--appear to address majority of items in Org. Profile

*****score moved from 50 to 60 as a result of feedback received during the consensus process**

Item Worksheet - Item 1.2

Governance and Societal Responsibilities

Relevant Key Factors

1. For-profit, privately held organization providing assisted living and skilled nursing care in 23 facilities located in Pennsylvania, Kentucky, Tennessee, and Virginia whose facilities are known for a sense of societal responsibility.
2. CMS, State Department of Health, HHS, OIG, ORC, Medicaid Inspector General, Fire Marshal, US Dept Labor, EEOC, OSHA, JC (9 SNFs have optional JC and other 14 opted out); quality measures for nursing home care used by Medicare
3. Board of Directors (BOD) includes members representing each of the four states; subcommittees cover the areas of finance, quality, strategic planning, and human resources; board-certified geriatrician as the chief medical officer; structure also includes Statewide Advisory Board; Facility Advisory Board; corporate leadership team (CLT); each SNF has a licensed nursing home administrator; state-licensed medical director and director of nursing; facility level leadership teams; Resident Councils, and Family Councils
4. Administrative preceptor/internship partner agreements with Durrell College of Health Sciences (Pennsylvania), Partridgeberry Nursing College (Pennsylvania), the University of Knoxville (Tennessee), and Spotsylvania State College (Virginia)
5. Relationships with local school districts for tutoring and with the advocates for persons with disabilities in the four states
6. •Complexity & low rates of Medicare & Medicaid reimbursement
•Low operating margins

Strengths

++	Strength	Rationale	Item Ref.
	<p>The applicant's well-aligned governance system helps the management demonstrate accountability and transparency. Through the "Up One Side and Down the Other" (Figure 1.2-1) framework, integrated system and facility strategic plans are deployed to employees, and cascading scorecards are aligned up and down the organization. In addition, the applicant's factor matrix for BOD selection, disclosures of conflict of interest, and open BOD meetings support operational transparency.</p>	<p>5 of 7 team members noted this area as a strength. Used K's comment as the base to include referenced "Up One Side and Down the Other" process.</p> <p>APEX Scorecard (Fig 4.1-1) facilitates regular review-publicly posted; Performance Reviews and Analysis (Figure 4.1-2) integrated with TillingNet; lessons learned discussed during weekly huddle, Leadership Summits</p> <p>supplier scorecard review, BOD and Med Staff mtgs</p> <p>Refined based on feedback received during R2</p> <p>Less formal interactions (Fig. 1.1-2) supplement regular reviews.</p>	a(1)
	<p>In identifying and supporting its key communities across its four-state service area, the applicant capitalizes on its core competencies and leverages the Aging Actively Consortium care model. Innovative intergenerational reading programs, purchase of locally grown foods, and reciprocal agreements with local colleges foster community loyalty, improved outcomes, and future referrals. Evaluating community support during the strategic planning process ensures a sustained focus on societal well-being.</p>	<p>4 of 7 team members noted this as a strength recognizing the approach, deployment, learning and evaluation present in this item. While no team member identified this as a double during IR, I think it should be considered as such.</p> <p>payment of property and real estate taxes, free tutoring at some facilities, latchkey diversion programs, farm support, collaboration with local schools and health care organizations, charitable group participation, and volunteer board participation</p> <p>Reviewed annually in SPP</p> <p>Bold removed based on comments received in R2; many could support it, but it was highlighted that we do have several OFIs throughout regarding elements of societal well-being.</p>	c
	<p>The applicant's proactive approaches to addressing public and regulatory concerns with its operations may promote sustainability in a highly regulated industry. Examples include conducting impact studies for new facilities, communicating with the community (Figure 1.1-2), and maintaining key compliance and risk management processes (Figure 1.2-2). Also, having its facilities serve as beta sites for structural safety innovations proactively addresses a key concern shared by patients, families, and payors.</p>	<p>3 of 7 team members noted this item as a strength identifying the proactive nature of the applicant's efforts.</p> <p>Multiple examples of innovation (RFID chips) noted in application; some concern regarding age of examples cited</p> <p>Figure 1.2-2 key processes, measures, and goals</p> <p>Public concerns gathered through multiple communication mechanisms (Figure 1.1-2)</p> <p>Serve as beta sites for architectural and construction firms in testing economical new safety designs</p>	b(1)

++	Strength	Rationale	Item Ref.
		Evidence of integration into SPP Refined following consensus call to include figure reference	

Notes

Two team members identified strengths in a(2); however, with other strengths noted, this item did not rise to the level of a comment.

Comments not used: Approaches used to help develop and improve the personal effectiveness of senior leaders. (a2)

Refined following consensus call to include figure reference

Opportunities for Improvement

--	Opportunity for Improvement	Rationale	Item Ref.
	Systematic, fully deployed processes to ensure ethical behavior are not evident. For example, beyond orientation, ethics training or methods to raise nonclinical ethical concerns are not apparent. In addition, mechanisms for reporting ethical concerns do not appear to be fully deployed, and existing processes for ensuring ethical behavior do not appear to be deployed to partners, suppliers, and other stakeholders. Addressing these gaps may help support residents' requirement of respect for their privacy and dignity.	Although only 2 examiners noted this item as an opportunity, in light of the lack of evidence related to raising of nonclinical concerns and an ethics hotline (N4), it appeared to warrant a comment.	b(2)
	It is unclear how the applicant uses senior leaders' and the BOD's APEX Performance Goal Plans, as well as BOD self-evaluations, to improve the Leadership System. Without systematically evaluating and improving leaders' personal effectiveness and the Leadership System as a whole, the applicant may have difficulty addressing the strategic challenge of succession planning and long-term organizational sustainability.	New comment developed based on feedback received from four team members during the R2 process related to a(2) and performance of leaders and board	a(2)
	It is not evident that the applicant evaluates and improves its processes related to societal responsibility and support of key communities. For example, it is unclear whether the educational programs supported with volunteers, farm support, and/or "going green" efforts have undergone cycles of refinement since 2006. Without evaluating and improving such efforts, the applicant may have difficulty sustaining its reputation for societal responsibility in the longer term.	All team members had elements related to lack of evaluation and refinement for this item. This is a very general comment that may need an example to facilitate full understanding. Comment refined based on feedback from B/U	c

Notes

Two team members noted concerns under a(2) but they appeared to be related to evaluation and refinement.

Scoring

Score Range: **50-65%**

Score Value: **55**

Why shouldn't the score be in the range above or below the selected one? **(50-65%) An EFFECTIVE, SYSTEMATIC APPROACH, responsive to the OVERALL REQUIREMENTS of the item, is evident in the multiple approaches addressing many of the overall requirements --beyond basic, missing some elements of MULTIPLES [OFI b(2)]**

(30-45%) The APPROACH is DEPLOYED, although some areas or work units are in early stages of DEPLOYMENT--deployment to suppliers, etc., is in early stages

(30-45%) The beginning of a SYSTEMATIC APPROACH to evaluation and improvement of KEY PROCESSES is evident--some limited evidence of evaluation and refinement, but missing elements for most [OFI abc]

(50-65%) The APPROACH is ALIGNED with your overall organizational needs identified in response to the Organizational Profile and other process items--appear to address majority of items in Org. Profile

Item Worksheet - Item 2.1

Strategy Development

Relevant Key Factors

1. For-profit, privately held organization providing assisted living and skilled nursing care in 23 facilities located in Pennsylvania, Kentucky, Tennessee, and Virginia
2.
 - Designing, innovating, and managing facilities to support various lifestyles and deliver excellent clinical outcomes
 - Developing clinical and service competencies for a caring and exceptional staff
 - Designing and delivering rehabilitation services to support residents' activities of daily living
 - Creating an educational environment to support a sense of mastery for residents
3. Fourth-largest chain of SNFs and ALFs in the four states
4. Changes in industry include baby boomers; resident expectations for private rooms; expansion of opportunities for collaboration with providers of other levels of care (e.g., adult homes, senior apartments, providers of community services, and education institutions); declining reimbursement; increasing unfunded mandates; health care reform; ACO implementation; projected increases in the number of younger people with injuries and the number of Alzheimer's disease and dementia residents
5.
 - Expertise in wellness and disease management
 - Reputation for excellent service
 - Cutting-edge technology (e.g., EMR)
 - High retention of employees
 - Partnerships with colleges and universities
 - A workforce that is active in TL's communities
6.
 - Competitive market & market consolidation
 - Integration of existing practices with ACOs – health care reform
 - Integration of TL's culture & processes (e.g., APEX Performance Goal Plans) into acquired facilities
 - Right-sizing for performance excellence
 - Complexity & low rates of Medicare & Medicaid reimbursement
 - Low operating margins
 - Succession planning in view of relatively new leadership development program

Strengths

++	Strength	Rationale	Item Ref.
X	<p>The five-month, 14-step strategic planning process (SPP) enables the applicant to learn about residents' needs and expectations and determine its strategic challenges and advantages. The SPP considers resident needs and minimizes blind spots through an environmental scan and SWOT analysis (Figure 2.1-2). The short- and near-term horizons allow responses to senior living trends and corporate/facility performance. Resident and Family Councils now give input to the process.</p>	<p>5-month SP process (Fig 2.1-1) each year; learning re: resident needs, expectations; facilities set SOs, actions tied to APEX & system performance</p> <p>Key participants: VP strategy & marketing; corporate SPT includes CLT, facility exec directors, Board SP Committee; SABs; FABs; facility leaders; employees; partners; suppliers; SP facilitator in 2009.</p> <p>Minimizes blind spots: Environmental scan (step 1; Fig 2.1-2), system SWOT analysis (step 4); broad participation. SPT uses step 1 info to determine direction (step 2); reviews values and mission; sets 5-yr vision. SPT identifies key core competencies (step 3) tied to vision and values. SWOT: internal and external relevant to vision. Top 4-8 translate to advantages, challenges</p> <p>Optimal time horizon: 5 yrs for planning, strategy, actions, growth, capital. Short-term (1 yr) and near-term (2 yr) horizons allow response to changes in senior living industry, or financial/regulatory. Horizons set & reviewed during each SP cycle.</p> <p>All team members</p>	a(1)
	<p>In support of long-term sustainability, the applicant identifies key strategic considerations with SWOT analyses, the environmental scan, and internal and competitor performance projections. System and localized environmental scans monitor for major shifts during the year. Annual updating of five-year plans, alignment of operating and action plans, and defined accountability support execution of the applicant's overall strategy.</p>	<p>Analyze external opportunities, threats with competitor SWOT analysis. SWOT analyses plus environmental scanning for major shifts. 2010 added input from facility Resident & Family Councils. 2011 review of nat'l sr living trends, policies</p> <p>Long-term sustainability: annual update of 5-yr system/facility strategic plans, annual operating plans (step 9). Core competency in step 3; refine, develop with action plans. Key measure projection for each objective next 5 yrs. Projections also for competitor, comparable organization performance.</p> <p>Facility plans (step 9) support system plan. Steps 1-7: facility-specific strategic, action, operating plans, budgets align with vision, SOs; local environmental scan inputs</p> <p>Execution supported by CLT, facility leaders, employees, FABs, BOD, and SABs. CLT accountable for system plan and facility exec directors. Monthly facility review--APEX scorecard measures, 90-day action plans. Yearly review (step 14) gives input to next year's SPP.</p> <p>Four team members</p>	a(2)
	<p>Each of the applicant's four strategic objectives aligns with the vision and addresses at least one challenge, advantage, or core competency (Figure 2.1-3). For example, the objective to achieve role-model financial sustainability addresses the challenge of low operating margins. Balancing short- and longer-term challenges and advantages through action planning further supports key strategic objectives.</p>	<p>Key Objectives: Figure 2.1-3: Key Strategies, SOs, Related Action Plans, & Performance Projections Step 5 uses vision, core competencies, challenges, advantages as framework to develop: Strategy 1: Resident Preferences, satisfaction/engagement Strategy 2: Quality of care, independence; active baby boomers Strategy 3: Financial sustainability Strategy 4: Preferred employer in communities Associated APEX goals (step 6)—based on SWOT,</p>	b

++	Strength	Rationale	Item Ref.
		<p>competitor SWOT; external comparisons, benchmarks</p> <p>Strategic Objective considerations: Each objective covers one challenge, advantage or core competency. Innovation opt'ties are inputs into environmental scan, SWOT, and determination of challenges, advantages. Balance short- and long-term challenges, opportunities in steps 4 & 9---mitigate challenges in action plans, and capitalize on advantages. Broad participation to consider, balance needs of stakeholders. Sudden shifts in market at CLT monthly meetings; modify objectives, action plans.</p> <p>All team members</p>	

Notes

All team member comments incorporated.

Opportunities for Improvement

--	Opportunity for Improvement	Rationale	Item Ref.
	<p>The applicant's strategic planning and objectives do not appear to address all strategic challenges or balance all stakeholder needs. For example, it is not clear how the strategic objectives (Figure 2.1-3) address the challenge to integrate existing practices with ACOs or how physician partners and suppliers are systematically included in the SPP. Such gaps may prevent the applicant from being a top choice for care.</p>	<p>The SPT includes CLT, facility directors, Board SPC, FABs, SABs, employees, partners, suppliers, as necessary. Through the environmental scan Figure 2.1-2), the applicant incorporates multiple sources of input including supplier and community requirements/needs. It is not clear how and when this involvement takes place.</p> <p>Systematic process for collecting information, but steps related to challenges, advantages, blind spots not clear.</p> <p>Strategic objectives do not appear to address all strategic challenges in Organizational Profile.</p> <p>Supply chain strengths and weaknesses not considered systematically.</p> <p>Six team members</p>	a, b
	<p>It is not clear how the applicant systematically identifies and refines its core competencies. For example, how the core competency of designing and delivering rehabilitation services was systematically determined during step 3 of the SPP is unclear. Without a defined approach in this area, the applicant may miss the opportunity to leverage these strategically important capabilities for future success.</p>	<p>Core competencies are listed in Figure P.1-2. Figure 2.1-1 shows SPP Step 3: "Determine current and needed core competencies ." No step-by-step process explanation is provided for how core competencies are actually determined.</p> <p>Two team members</p>	a(1)
	<p>In the development of strategic objectives, it is not clear how the applicant considers opportunities for innovation through the environmental scan and SWOT analysis. Without such consideration, the applicant may not be fully leveraging its core competency of</p>	<p>Innovation is not clearly addressed and no examples are provided, making it difficult to determine how strategy development considers the input into SWOT analysis for innovation opportunities.</p> <p>Two team members</p>	b(2)

--	Opportunity for Improvement	Rationale	Item Ref.
	designing, innovating, and managing facilities to support various lifestyles and deliver excellent clinical outcomes.		
	It is unclear how the applicant ensures its ability to execute the strategic plan, beyond assigning accountability for the system and facility plans. Without addressing key planning elements that might affect execution, such as changing capacity needs to "right-size for performance excellence," the applicant may not achieve its strategy and key objectives.	Execution success described in general way: Development of facility plans (step 9) helps ensure execution of system plan. Execution supported by CLT, facility leaders, employees, FABs, BOD, and SABs. CLT accountable for system plan and facility exec directors. Monthly facility review--APEX scorecard measures, 90-day action plans. Yearly review (step 14) gives input to next year's SPP. No systematic process to surface elements or issues that might negatively impact execution. Four team members	a(2)

Notes

All team member OFIs were used.

Scoring

Score Range: **50-65%**

Score Value: **60**

Why shouldn't the score be in the range above or below the selected one? **Recommended Range 50-65%:**

Approach is effective and some elements are systematic, although deployment may vary, particularly with respect to physician partners, suppliers, and communities, as appropriate. Some organizational learning is in place. Approach is aligned with overall organizational needs.

Approach is beyond early stages and basic requirements (30-45%).

Approach is not systematic across multiple requirements, and deployment is questionable (to be at 70-85%).

Item Worksheet - Item 2.2

Strategy Implementation

Relevant Key Factors

1. Vision (Figure P.1-2)
Be among the top 10% of Skilled Nursing Facilities (SNFs) and Assisted Living Facilities (ALFs) and be a top choice for care
2. 3,718 emp
3. Physicians from partner groups and under contract, as well as community-based attending physicians and nurse practitioners – applicant views physicians as partners and collaborators who participate in strategic planning and improvement activities
4. 700 volunteers help residents use technology, administer surveys, transport residents to therapy, support special events at the facilities
5. Fourth-largest chain of SNFs and ALFs in the four states
6.
 - Competitive market & market consolidation
 - Integration of existing practices with ACOs – health care reform
 - Integration of TL's culture & processes (e.g., APEX Performance Goal Plans) into acquired facilities
 - Right-sizing for performance excellence
 - Complexity & low rates of Medicare & Medicaid reimbursement
 - Low operating margins
 - Succession planning in view of relatively new leadership development program

Strengths

++	Strength	Rationale	Item Ref.
	<p>Through continuous refinements in its development and implementation of action plans across the system, the applicant supports its key strategies for achieving its vision to become the top choice for care. Cycles of learning and refinement have led to broader participation by employees, physicians, and stakeholders as well as the development of 90-day action plans that are monitored through APEX scorecard reviews.</p>	<p>Corporate departments create system-level action plans. 2008 review of SPP led to increased facility participation in action plan development. 2010 review led to 90-day action planning and monitoring. Outcomes integrated into monthly APEX reviews by leaders.</p> <p>Annual SPP reviews supplement the multiple-level scorecard reviews to support learning and strategy achievement.</p> <p>Five team members</p>	a(1-2)
	<p>The applicant ensures appropriate allocation of its resources by aligning them with action plans and budgets at department and facility levels. The Corporate Leadership Team sets capital spending limits and prioritizes resource distribution relative to impact on the organization's vision and strategy. Reviews of financial and other risks take place through key processes such as SWOT analysis.</p>	<p>Resource Allocation: Step 10 of SPP. Corporate departments establish budgets with action plans. Facilities allocate resources with top-down and bottom-up approaches. Departments provide bottom-up support to facility SOs through action planning and budgeting. Top-down executive allocation of capital resources takes place for projects under \$500K. The CLT determines maximum capital expenditures and distributes resources among facilities. Top priority goes to projects with largest impact on vision and SOs. Financial and other risk is managed through use of environmental scan, SWOT analysis, determination of SOs, and action planning.</p> <p>Three team members</p>	a(3)
	<p>The applicant ensures organizational alignment and the commitment of key stakeholders by tracking the achievement of action plans with APEX scorecard measures. With monthly reviews of 90-day plans and facility/department scorecards, the applicant requires root-cause analysis and a modified action plan submitted to the VP of operations if unfavorable performance persists for three or more months. In addition, performance evaluations tied to performance bonuses include reviews of progress on 90-day plans.</p>	<p>Performance Measures: Action Plan Modification Figure 2.1-3 displays APEX scorecard measures. Through monthly monitoring of 90-day plans, unfavorable performance (red light) is identified. For three or more data points with a red light, a RCA and action plan is required to the regional VP of operations. Possible actions include creating an improvement team or pursuing additional drill-down assessment. APEX Performance Evaluations for leaders and supervisors include review of progress on 90-day plans. Other APEX scorecard reviews include quarterly BOD and monthly CLT reviews with monthly review of facility and department scorecards. Facilities may be designated "at risk" with status "strategic need for action plan oversight," which then involves regional VPs in creating action plans to be monitored at facility and corporate levels monthly.</p> <p>Four team members</p>	a(5-6)

Notes

a(4): Strategic goals have workforce plans tied to them to accomplish short- and long-term objectives. (see OFI; although workforce plans exist, it's not clear that there is a well-defined process for developing them to address strategy)

b: Approaches used to project performance relative to key comparisons (see related OFI)

Opportunities for Improvement

--	Opportunity for Improvement	Rationale	Item Ref.
	<p>It is not clear how the applicant systematically deploys action plans to its geographically dispersed workforce and to relevant physician partners, suppliers, and community partners. Without effective deployment, the applicant may not be able to achieve its strategic objectives or sustain key outcomes of action plans supporting its vision.</p>	<p>Examples of action plan development are presented, but the approach used to identify action plan deployment or refinement needs is not systematically described. Beginning in 2008, more supervisors, key partners, employees involved in facility action planning for better ownership. In 2010 SPT and facility leaders began 90-day action plans. It is not clear how action plans are deployed to all key partners, suppliers, community partners as appropriate.</p> <p>Six team members</p>	a(1-2)
	<p>It is not clear how the applicant's workforce plans (Figure 2.1-3) address strategic objectives, action plans, workforce impacts, or potential changes to capability and capacity. Without a well-defined process in this area, the applicant may be unable to sustain its core competency linked to a caring and exceptional staff.</p>	<p>Workforce Plans: Sample workforce plans shown in Figure 2.1-3. CLT and facility leaders identify gaps in capability and capacity during SPP; work with HRR and key others to close gaps. No description of how workforce plans address SOs, action plans, workforce impacts, potential changes to capability and capacity.</p> <p>Three team members</p>	a(4)
	<p>It is not clear how the applicant addresses projected performance gaps relative to competitors' performance. Approaches such as conducting an annual competitor SWOT analysis and monitoring 90-day plans may be insufficient to manage such gaps effectively, especially given the competitive market and market consolidation.</p>	<p>Figure 2.1-3 shows projected performance for years 1, 2, and 5 of the SP time horizons. Projected performance of competitors and similar organizations, benchmarks, and past performance are included in category 7 measures. Current or projected gaps are addressed as described in 2.2a5 or through revision of SOs. There is no explanation of how projected gaps compared to competitor performance are being addressed.</p> <p>Four team members</p>	b

Notes

a(1): Not evident how action plans address changes taking place in competitive situation

a(3): Unclear how applicant manages financial and other risk associated with plans to ensure financial viability of organization (application states that financial risks are identified in environmental scan, SWOT analysis, determination of SOs, and development of action plans)

a(5-6): Not clear how measures are selected, or action plans are modified, in a manner that reinforces organizational alignment (see strength comment for a5-6; also, 2.2a5,6 describes how action plans are modified. We could include something re: no systematic process described for how all key stakeholders are involved in modifying action plans)

Scoring

Score Range: **50-65%**

Score Value: **55**

Why shouldn't the score be in the range above or below the selected one? **Recommended Range 50-65%: The applicant's approach addresses many of the requirements, but it is not clear that effective deployment to all physician partners, suppliers, and communities, as relevant, takes place. There are examples of organizational learning, and improvement occurs through action plan review and root cause analysis, as examples. There may be some gaps in alignment throughout geographically diverse areas.**

ADLI performance goes beyond the 30-45% range, especially given response to overall requirements and not just basic requirements.

ADLI performance does not achieve 70-85% range due to deployment gaps, lack of systematic

approaches in some key requirement areas, and that innovation does not seem to be a key organization-wide tool.

Item Worksheet - Item 3.1

Voice of the Customer

Relevant Key Factors

1.
 - Long-term medical care for chronic illness (e.g., diabetes, multiple sclerosis, respiratory diseases)
 - Alzheimer's disease and other dementia care
 - Traumatic brain injury (TBI) care
 - Postacute/posthospital care (e.g., follow-up for knee surgery, hip replacement, stroke care, acute illness)
2.
 - Assistance with activities of daily living; case management; medication monitoring and support; 24-hour staff/emergency response
 - Transportation, laundry, housekeeping, maintenance, and personal care services; wellness education; wellness and recreational activities
 - Private dining rooms and restaurant-style dining
3. Includes people of all ages in the four-state service area who require skilled nursing care or assisted living services
4. Fourth-largest chain of SNFs and ALFs in the four states
5. Include Melloughby Health, Pamlico Senior Living, and Warmlee Senior Care, as well as all other CMS 5-Star-rated facilities within 50 miles of each facility; growth anticipated over next four years due to baby boomers and building four new facilities
6. Competitive market & market consolidation

Strengths

++	Strength	Rationale	Item Ref.
X	A robust customer listening process supports the applicant's vision of being a top choice for care. Numerous listening mechanisms for current resident and stakeholder groups (Figure 3.1-2) are reviewed annually during strategic planning. The applicant aggregates VOC information on a portal accessible to all facilities and has added resident advocates, begun monitoring social media outlets, and created Spillbook pages and TiedIn groups.	All team members had some version of this strength.	a(1)
	The applicant's methods of gauging resident, family, and community satisfaction and engagement support the provision of high-quality care and services. Targeted surveys and weekly walk-around surveys by volunteers determine satisfaction and engagement. The Packer Patient Satisfaction Survey includes CAHPS Nursing Home Survey questions and provides national comparative data. The Community Perception Survey, as well as surveys of the medical community and senior centers, also provide input.	4 team members had a version of this strength.	b(1)
	The applicant's multiple mechanisms for listening to former and potential residents and stakeholders help it address the strategic challenge of a competitive market and market consolidation. The organization obtains data and information through open houses, the Community Perception Survey, a competitor SWOT analysis, and discharge surveys.	1 team member had this.	a(2)

Notes

Used all strengths

Opportunities for Improvement

--	Opportunity for Improvement	Rationale	Item Ref.
	It is not evident how the applicant determines payor satisfaction, dissatisfaction, or engagement. An approach in this area may help the applicant ensure future reimbursement and address the strategic challenge of low operating margins.	3 team members had an OFI related to payors.	b(1), b(3)
	It is not evident that the applicant varies its approaches to listening and learning across the various stages of resident or stakeholder relationships. Tailoring approaches in this way may yield actionable information to use in meeting resident and community requirements for high-quality care and services.	2 team members had an OFI related to relationship stages.	a(1)
	It is unclear how the applicant obtains information on the satisfaction and engagement of assisted living residents with competitors. Without such data, similar to CAHPS Nursing Home Surveys and CMS Nursing Home Compare data on skilled nursing residents, the applicant may miss the opportunity to be among the top 10 percent of SNFs and ALFs.	This OFI originally referred to the applicant's insufficient approach to obtaining information on patient and stakeholder satisfaction relative to competitors. The applicant gets competitor information through CAHPS and CMS; however, they are nursing home-specific, so OFI is specific to assisted living.	b(2)

Notes

OFIs not used:

There were several OFIs related to lack of approach for using VOC data. But 3.1 focuses on obtaining the data; 3.2 focuses on using the data. If the applicant has OFIs around use of VOC data, they should be in 3.2.

Scoring

Score Range: **50-65%**

Score Value: **55**

Why shouldn't the score be in the range above or below the selected one? **Applicant addresses overall requirements but not every multiple: e.g., OFI about not addressing relationship stages in a(1) With OFIs about payors and competitor data for assisted living residents, can't say there are no significant deployment gaps**

Applicant reviews listening mechanisms during SPP and there's evidence of learning.

The link to SPP provides some evidence of integration.

Item Worksheet - Item 3.2

Customer Engagement

Relevant Key Factors

1. •High-quality, resident-centered care & services
 - Pleasant environment
 - Nutritious, appealing meals
 - Easy access to physicians & continuity of care
 - Respect for privacy, dignity, & choices

2. SNF
 - High-quality care & services
 - Communication of family member's health status
 - Attentive staff
 - Reasonable visiting hours
 - Safe & secure environment
 - Involved, visible medical director & executive director

3. ALF
 - High-quality care & services
 - Communication of family member's health status
 - Attentive staff
 - Reasonable visiting hours
 - Safe & secure environment
 - Online payment system

4. Changes in industry include baby boomers; resident expectations for private rooms; expansion of opportunities for collaboration with providers of other levels of care (e.g. adult homes, senior apartments, providers of community services, and education institutions); declining reimbursement; increasing unfunded mandates; health care reform; ACO implementation; projected increases in the number of younger people with injuries and the number of Alzheimer's disease and dementia residents

5. Competitive market & market consolidation

Strengths

++	Strength	Rationale	Item Ref.
	The applicant identifies current and emerging resident and stakeholder requirements (Figure 3.1-3) in coordination with strategic planning and key work process design. This may help the organization maintain its core competency of designing, innovating, and managing facilities to support various lifestyles and deliver excellent clinical outcomes.	All team members had some version of this.	a(1)
	Multiple mechanisms enable residents and families to seek information that addresses key requirements, such as respect for choices and communication of the family member's health status. These mechanisms include a resident and family portal and facility Spillbook sites with daily activities, menus, and other information. Family members can now securely access a resident log and communicate with residents through the portal.	2 team members had this. I had it in my original consolidated comments, removed it because of concerns about scoring, and then added it back at request of 2 team members. With some discrepancy around whether or not complaint management is a strength and with the addition of the a(3) OFI, I bumped this up in priority.	a(2)
	Analysis during strategic planning supports the applicant's value of agility and helps it proactively address its competitive market and market consolidation. The Knowledge Management Department uses a four-step process to aggregate and analyze VOC data and information to validate existing resident and stakeholder segments and identify new ones.	5 team members had some version of this. With the addition of OFI related to this, I moved it down in priority.	a(3)

Notes

Cut 4th strength: The Service Delivery Recovery Team representing all services and regions captures, analyzes, and logs resident and stakeholder complaints. Annual process review has resulted in improvements such as a grievance-reporting tool and a better-than-industry resolution goal of five days. This systematic approach to complaint management supports the applicant in maintaining its reputation for excellent service.

1 team member had strength for b(1). Other 5 team members had conflicting OFI so I didn't use strength.

Opportunities for Improvement

--	Opportunity for Improvement	Rationale	Item Ref.
	It is unclear how the applicant's segmentation process addresses the growing populations of baby boomers, dementia patients, and younger people with injuries. Without segmentation that addresses these populations--whose growth is identified as a key change in the competitive environment--the applicant may miss opportunities to anticipate future market segments in its competitive market.	I added this to follow up on our planning call.	a(3)
	Beyond the applicant's making initial contacts via open houses, focus groups and medical community education, how the organization builds resident and stakeholder relationships is not clear. A robust, systematic approach to building these relationships may help the organization strengthen its position in its competitive market.	5 team members had a version of this. I am struggling a little with wording. Without being prescriptive, I want to let the applicant know that I read the application (listing open houses, focus groups, and med community education as initial approaches for building relationships) but do not see how the applicant gets customers to the next stage in the customer life cycle.	b(1)

--	Opportunity for Improvement	Rationale	Item Ref.
	It is not clear how the applicant uses resident, stakeholder, market, and health care service offering information to build a more resident- and stakeholder-focused culture. A systematic process in this area may help the applicant maintain its reputation for excellent service and achieve its vision of being a top choice for care.	3 team members had a version of this.	a(4)

Notes

OFIs not used:

3 OFIs on various aspects of complaint management (b2). 1 relates to lack of learning, which I don't think rises to a comment but will consider in scoring. 1 relates to lack of root cause analysis, which I consider prescriptive; 1 relates to whether or not complaint process ensures referrals or return business, which I consider outside scope of 3.2.

1 OFI on a(3) related to dementia patients and baby boomers. I agree the applicant doesn't address the growing dementia and baby boomer populations, but they do appear to have a process for identifying patient segments.

Scoring

Score Range: **50-65%**

Score Value: **50**

Why shouldn't the score be in the range above or below the selected one? **We all originally scored in the 50-65 range. Even with added a(3) OFI, still meeting overall requirements and otherwise fits this range.**

Item Worksheet - Item 4.1

Measurement, Analysis, and Improvement of Organizational Performance

Relevant Key Factors

1.
 - All Medicare and Medicaid certified
 - 6 offering postacute care; 1,941 beds, including 48 postacute beds
2.
 - State regulated; each paired with and sharing the medical director of an SNF
 - 350 apartments
3. CMS, State Department of Health, HHS, OIG, ORC, Medicaid Inspector General, Fire Marshal, US Dept Labor, EEOC, OSHA, JC (9 SNFs have optional JC and other 14 opted out); Quality Measures for nursing home care used by Medicare
4. Fourth-largest chain of SNFs and ALFs in the four states
5.
 - Packer Patient Satisfaction Survey (with CAHPS questions added)
 - CMS Nursing Home Compare
 - USSN Data Dispatcher
 - Caring Colleagues
 - NursQM
 - TillingNet Data Repository
 - Moody's Investor Service
 - Help Desk Quality Partners
 - Hiatus Hotels LLC
 - Widmark Mortgage
6.
 - Corporate Leader-Employee Activities Performance (LEAP) Office tracks and oversees improvement projects systemwide with APEX RN in each facility
 - PDCA methodology for improvement
 - Lean Six Sigma (LSS) program (created in 2009) for more complex improvement projects as well as a Yellow Belt training and certification program
 - Baldrige framework since 2001
 - Union of U.S. Nurses' (UUSN) Voyage to Distinction and Gemstone Designation Program

Strengths

++	Strength	Rationale	Item Ref.
X	<p>The applicant's use of performance measures assists it in achieving its key organizational results and strategic objectives. The organization employs five specific criteria for data selection and uses cascading APEX scorecards to monitor performance. This approach is integrated with the strategic planning process.</p>	<p>PM system uses cascading methodology with SPT selection of measures for system-level SOs. APEX measures and goals address system and facility-specific SOs and action plans. Reviewed monthly by CLT, and cascaded via scorecards (Fig 1.2-1). Horizontal and vertical measurement achieved with service-offering scorecards as well for skilled nursing and assisted living. Measures (Fig 4.1-1) meet five criteria: 1) available external comparisons for benchmarking; 2) linked to facility or system long- and short-term objectives; 3) quantifiable; 4) linked to core competency, strategic challenge, or strategic advantage; 5) aligned with vision, mission, values. Web-based TillingNet Information Management System (Fig 4.2-2) used to collect and track performance. Applications and portals used to capture clinical, satisfaction, financial, administrative data to manage day-to-day operations. Results aggregated by service, department, facility.</p> <p>All team members identified this as a strength</p>	a(1)
	<p>By integrating the analysis of organizational data with workforce development, the applicant improves its ability to meet customer and stakeholder requirements. Data reviews take place at multiple levels of the organization and undergo annual reviews followed by cycles of learning. Findings from these reviews are inputs into workforce development.</p>	<p>Figure 4.1-3 details the five types of performance reviews that are conducted by the applicant at different levels in the organization, along with the types of analyses and use that are associated with each approach. Scorecard formulas serve to highlight areas where improvement is needed, and analysis findings are captured in the TillingNet Performance Tracking Portal (PTP).</p> <p>Four members identified this as a strength</p>	b
	<p>The applicant spreads best practices and identifies innovative ideas through its leadership communication systems and recognition processes. For example, the LEAP office maintains the TillingNet Portal containing lessons learned and best practices, based on reviews across facilities, departments, and work areas. An internal APEX improvement conference twice per year at each facility and annually at the system level showcases projects and innovations for wider implementation.</p>	<p>LEAP Office monitors projects across system through facility-specific APEX quality coordinators, and also manages information on TillingNet Best Practices and Improvement Portal. This repository contains lessons learned and best practices identified from reviews across facilities, departments, and work areas. The Technology Group, Technology Team, and HIT Steering Committee assist with performance reviews, with an internal APEX improvement conference twice per year at each facility. Showcased projects are reviewed for broader application. The VP of knowledge management and the LEAP Office showcase APEX innovations and best practices at annual system Best of Tillingate conference.</p> <p>Four members identified as strength</p>	c(1)

Notes

Comments not used.

Four team members:

The applicant's use of comparative data utilizes a well-deployed selection criteria that is tied to APEX goals and aligned with the applicant's mission. The use of well-defined, vetted comparative data sources assists the applicant in benchmarking its performance and supports its operational and strategic processes.

One member: Approaches used to keep data current--the TillingNet system is kept current through the efforts of the corporate technology group, which is supported by the Technology Team and the Health Information Technology Steering Committee. These groups review the company measurement system annually and feed the results of those evaluations into the strategic planning environmental scan. Each facility also suggests possible improvements for consideration.

One member: Organizational performance findings are used in the strategic planning process to facilitate alignment. Priorities are also deployed to suppliers and partners during the SPP, as well. Engaging suppliers and partners helps the organization identify potential opportunities for innovation based on the applicant's priorities.

Opportunities for Improvement

--	Opportunity for Improvement	Rationale	Item Ref.
	<p>It is unclear how the applicant systematically ensures the use of comparative data. For example, the applicant expects leaders and employees to include top-performer data in all analysis, but it is unclear, beyond APEX goals, how this is accomplished. Systematic use of comparative data may help the applicant understand its performance relative to that of competitors, other providers, and best practices.</p>	<p>Process not described, and comparative gaps in results section adds evidence of lack of process.</p>	<p>a(2)</p>
	<p>It is unclear how the annual evaluations of the performance measurement system assess the organization's ability to respond rapidly to its changing needs and challenges. Ensuring that the performance measurement system is sensitive to such changes may assist the applicant in monitoring emerging trends, reducing potential blind spots, and supporting its value of agility.</p>	<p>System-level analysis of performance measurement system, but not clear if this is integrated with facility's needs. It is unclear how changing priorities and opportunities are deployed to suppliers, partners, and collaborators to ensure continuous organizational alignment. Further, little evidence is provided to understand the role each may have in identifying opportunities for innovation and impediments to goal achievement, without such insight the applicant may be missing important variables impacting performance.</p> <p>Four team members</p>	<p>b</p>
	<p>It is unclear that the data tracking system is fully implemented at all facilities. For example, some ALFs do not have access to the intranet where the cascading scorecards are housed. By capitalizing on the strategic advantage of "cutting-edge technology" to fully implement the data tracking system at all facilities, the applicant may increase sharing of knowledge, lessons learned, and best practices.</p>	<p>Well-deployed approach to the uses of VOC data, but not clear how improvements of effectiveness have been realized. EFFECT – Not clear how the effective selection and use of customer data is ensured (a3).</p> <p>Two members</p> <p>Scorebook editing comment - this comment was re-written to include discussion we had at consensus. After a reread of the a(3) description on VOC, it seems they have enough of a process that we couldn't do a solo comment on it. Changed Criteria reference to a(1) and cross-checked the strength to make sure it can still stand.</p>	<p>a(1)</p>
	<p>It is unclear that the applicant fully uses review findings to develop priorities for innovation. For example, the applicant provides no evidence that the findings of the pilot with local health care providers to test and refine the ACO model led to any activities to better position the organization for ACOs. Linking review findings with prioritization for innovation may help the applicant accelerate its efforts to integrate existing practices with ACOs.</p>	<p>Process for using data and information to set priorities for continuous and breakthrough improvement is not evident. Again, the applicant appears to have multiple approaches in place to improve, but how they use data to prioritize what should be worked on is not clear. The applicant does not describe how the prioritization tool is used by the LEAP Office to select those improvement options that have the greatest potential. Similarly, it</p>	<p>c(3)</p>

--	Opportunity for Improvement	Rationale	Item Ref.
		<p>is not clear how suppliers and partners identify those improvement options that will affect their performance the most following the communication of possible improvement needs and options.</p> <p>Two members</p>	

Notes

Comment not used.

Integration of EMR data--one team member

It is unclear how the applicant selects, aligns, and integrates data and information from its Web-based information management system and its EMR for tracking daily operations and supporting innovation. Without a systematic approach in this area, the applicant may miss opportunities to support its value of agility and meet the key family requirement of an attentive staff.

Establishment of projections--two team members

A systematic process to use performance review finds and comparative/competitive data to project future performance is not evident. Response appears to be a "we do that" answer rather than a description of process.

Deployment gaps to ALF--one team member

Some ALFs do not have access to TillingNet applications, leaving it unclear whether or not measurement, analysis, and improvement processes are deployed to these locations. For example, events, cascading scorecard performance data, and complaint data are entered into intranet applications that may not be available at these locations. Full deployment of knowledge management systems may assist TL with organizational alignment and integration of key aspects of organizational success.

Deployment gaps to workforce--one team member

It is unclear whether the best practices and APEX scorecard data shared through the intranet are used at the facility level and by the workforce, including physicians. It is also unclear how the cascading scorecards function for the quality domain since the patient safety measures do not apply to the ALFs. Without applying these important knowledge management processes to all facilities and workforce groups, TL may be missing opportunities to enhance performance.

Scoring

Score Range: **50-65%**

Score Value: **55**

Why shouldn't the score be in the range above or below the selected one? **Not above--Some learning gaps, not a key management tool and limited evidence of refinement**

Not below--Have approaches, with some deployment gaps. Good alignment with needs identified in Organizational Profile

Item Worksheet - Item 4.2

Management of Information, Knowledge, and Information Technology

Relevant Key Factors

1. Include corporate headquarters, 23 buildings, 35 buses, EMR, video surveillance, kitchen equipment, electric beds, lifts, full sprinkler systems will be in four of the facilities with asbestos; also there is planned asbestos cleanup, which together will cost \$7.6M.
2. 3,718 emp
3. Communication of family member's health status
4.
 - Onboarding
 - Handbooks, contracts
 - Regional & virtual meetings
 - Correspondence
 - Corporate newsletters & other TL news
 - Scorecard
 - Corrective Action Reports (CARs)
5. Cutting-edge technology (e.g., EMR)
6. Corporate Leader-Employee Activities Performance (LEAP) Office tracks and oversees improvement projects systemwide with APEX RN in each facility

Strengths

++	Strength	Rationale	Item Ref.
	<p>The applicant effectively manages its information and knowledge assets to ensure data accuracy, integrity, and security. The corporate Technology Group ensures high standards in managing properties of organizational data, information, and knowledge. The Health Information Technology (HIT) Steering Committee oversees regulatory requirements and audits compliance.</p>	<p>Technology Group ensures high standards to manage data, information, and knowledge (Fig 4.2-1). HIT Steering Committee oversees regulatory requirements re: confidentiality, EMR, and protection of resident health information. Accuracy methods: data collection training and internal audits by Knowledge Management Dept; CMS validation of submitted information. Integrity & Reliability: reliability testing before launch of applications; computer literacy training; monthly audits of backup processes. Timeliness: Deadlines coordinated by Technology Group; transactional electronic data transfers. Security & Confidentiality: encryption software; employee confidentiality agreements, ethics training; business associate agreements for partners, suppliers; random checks for breaches.</p> <p>Five team members</p>	a(1)
	<p>By ensuring that knowledge is shared among employees, suppliers, and stakeholders, the applicant supports its core competency in managing facilities. Knowledge-sharing mechanisms include the Knowledge Management Department, LEAP Office, APEX coordinators, PDCA/LSS teams, quarterly supplier meetings, and annual facility-level and systemwide conferences. Exit interviews, cross-training, and the Best Practice Portal capture workforce knowledge, with new employees trained on LSS teams' maps of critical processes.</p>	<p>Knowledge Management Dept, LEAP Office, APEX quality coordinators, and PDCA/LSS teams manage exchange of knowledge among employees. Exit interviews, cross-training mentors linked to future leaders, and standard operating procedures support capture of workforce knowledge. When appropriate, residents, family members, rehab service providers, and physicians participate on PDCA/LSS teams. LSS teams map critical processes, and are used to train new employees. TillingNet Best Practices & Improvement Portal transfers knowledge and best practice. Purchasing Group manages procurement on TillingNet Inventory Control Portal with linkages to key suppliers. Quarterly meetings with Operations Management Group and suppliers. EMR captures residents' history, assessments, treatments with exchange between facilities. Facility conferences occur over TillingMeet and TillingWeb. APEX Performance newsletter, and conferences identify excellent performance and best practice.</p> <p>Four team members</p>	a(3)
	<p>The applicant's approaches to making data and information available ensure easy physician access and support the communication of residents' health status. The TillingNet system makes needed data and information available to employees, residents, families, suppliers, physicians, and hospitals. Secure, ADA-compliant portals specific for each user group support 24-hour staff responses.</p>	<p>The TillingNet Information Management System, which is web-based, exists to support the information needs of employees, suppliers, partners, collaborators, residents, and stakeholders (Figure 4.2-2). Wireless Internet service has been installed at 80% of the facilities to help facilitate ease of obtaining data.</p> <p>Three team members</p>	a(2)
	<p>Using broad input from end users, the Technology Group aligns the Information Technology Plan with the strategic plan. Nurses, pharmacists, medical directors, health information technicians, and informatics nurses participate on domain teams to provide expertise and input. These teams report to the Technology Group, which helps create the Information Technology Plan based on the strategic plan.</p>	<p>Technology Group's Information Technology Plan based on system strategic plan and evaluated following distribution of strategic objectives for identification of additional needed resources Domain teams manage various segments of IT, reps from user groups. Domain teams and the Technology Group manage the IT architecture to ensure it is user- friendly and secure. Nurses, pharmacists, medical directors, health information</p>	b(1)

++	Strength	Rationale	Item Ref.
		technicians, and informatics nurses participate on the domain teams to provide their expertise and input. Two team members	

Notes

Opportunities for Improvement

--	Opportunity for Improvement	Rationale	Item Ref.
	It is not clear how the applicant makes data and information available to all employees, suppliers, partners, collaborators, residents, and stakeholders. For example, it is unclear how ALFs without the TillingNet applications or backup generators access data and information, which suppliers and partners have access to organizational data, and how they are managed. This may hinder the applicant in its mission to provide ageless care and timeless living.	The degree to which the different employees, suppliers, partners, collaborators, residents, and stakeholder groups can access the applicant's Information Management System is not clear. It is stated that all of these groups have data access ability, but the type of data accessed and the manner in which that data can be accessed is not described. Four team members	a(2)
	It is unclear how the applicant evaluates and improves key processes for managing information resources and knowledge systems. For example, the applicant does not appear to use help desk call data to improve data and information properties or to improve the assembly and transfer of relevant knowledge. Such evaluation and improvement may help the applicant sustain organizational success.	Limited evidence of a systematic approach to evaluation and improvement of key processes related to management of information resources and knowledge systems. A systematic process for knowledge management was not provided. Numerous examples given of knowledge capture, but a clear process to determine what to capture, how to store, how to provide access, how to codify, and how to eliminate data was not described. Three team members	a, b

Notes

Comments not used

One team member—a(3): The applicant does not describe how it systematically ensures that the variety of available data is actually transferred and used by its various internal and external users. As the applicant's facilities are numerous and geographically dispersed, the use of a well-deployed, systematic process that helps validate the effective application of improvement options may prove to be beneficial.

One team member—a, b(1): Limited evidence of a systematic approach to evaluation and improvement of key process related to management of information resources and knowledge systems

Scoring

Score Range: **50-65%**

Score Value: **60**

Why shouldn't the score be in the range above or below the selected one? **Approach from many multiple requirements, and meeting overall**

Good deployment with some gaps in ALF

The beginnings of learning, not fact-based or systematic yet.

Alignment is in early stages, but a bit more advanced.

Item Worksheet - Item 5.1

Workforce Environment

Relevant Key Factors

- Designing, innovating, and managing facilities to support various lifestyles and deliver excellent clinical outcomes
 - Developing clinical and service competencies for a caring and exceptional staff
 - Designing and delivering rehabilitation services to support residents' activities of daily living
 - Creating an educational environment to support a sense of mastery for residents
- All Medicare and Medicaid certified
 - 6 offering postacute care; 1,941 beds, including 48 post acute beds
 - SNF Segments:
 - Long-term medical care for chronic illness (e.g., diabetes, multiple sclerosis, respiratory diseases)
 - Alzheimer's disease and other dementia care
 - Traumatic brain injury (TBI) care
 - Postacute/posthospital care (e.g., follow-up for knee surgery, hip replacement, stroke care, acute illness)
- State regulated; each paired with and sharing the medical director of an SNF
 - 350 apartments
 - ALF service offerings (assisted living):
 - Assistance with activities of daily living; case management; medication monitoring and support; 24-hour staff/emergency response
 - Transportation, laundry, housekeeping, maintenance, and personal care services; wellness education; wellness and recreational activities
 - Private dining rooms and restaurant-style dining
- 3,718 emp
 - F 86% M 14%
 - < 20 1% 21–39 32% 40–59 56%; > 60 11%
 - Cauc 74%; Afri Amer 15%; Hisp 8%; othr 3%
 - No HS degree, 1%; HS diploma, 48%; some coll 41%; coll deg 10%
 - Nursing, 76% [RN], 13%; [LPN], 10%; [CNA], 53%); other professional, 8%; other technical, 3%; service, 9%; office/clerical, 4%
 - < 1 year, 15%; 1–10 years, 54%; 11–25 years, 25%; < 26 years, 6% •Full-time, 53%; part-time, 29%; per diem, 18% •Day, 72%; evening, 16%; night, 12%
 - 91% of employees live in communities surrounding facilities
 - Physicians from partner groups and under contract, as well as community-based attending physicians and nurse practitioners – applicant views physicians as partners and collaborators who participate in strategic planning and improvement activities
 - 700 volunteers help residents use technology, administer surveys, transport residents to therapy support special events at the facilities
 - No bargaining units
- Protection from exposure to communicable diseases
 - Protection from injury while assisting and lifting residents
 - Support in managing residents (including agitated residents)
 - Support for a healthy lifestyle

6. High retention of employees

Strengths

++	Strength	Rationale	Item Ref.
	The organization's approaches to providing care leverage its core competency in managing facilities to support various lifestyles and deliver excellent clinical outcomes. Interdisciplinary Collaborative Care Teams within Skilled Nursing Facilities and cross-trained universal employees within ALFs provide relationship-based care. The care teams cover daily care planning for residents and also address residents' personal and environmental needs.	Strength statement addressed by four team members. No conflicting comments.	a(3)
	A variety of methods and associated goals (Figure 5.1-2) help ensure workplace health, safety, and security. These methods include a systemwide Safety Committee that meets monthly to review progress toward goals, unexpected events, and best practices. Daily rounding by Collaborative Care Teams helps identify potential safety hazards.	Comment supported by five team members. No conflicting statements. Five team members	b(1)
	Workforce services, benefits, and policies that are aligned with five satisfaction and engagement factors (P.1a [3]) support the needs of a diverse workforce and contribute to the strategic advantage of employee retention. The array of offerings covers the major needs identified and allows for individualization.	Identified by two team members. No conflicting comments. Two team members	b(2)
	The applicant's systematic assessment of workforce capability and capacity, which addresses daily staffing levels (Figure 5.1-1), supports the workforce in accomplishing the strategic objectives. The five capability and four capacity approaches are integrated with the APEX scorecard and the SPP.	Five of seven team members had this strength area. No conflicting comments. Six team members	a(1)

Notes

The following strength comments were not used:

Systematic approaches are used to recruit and retain employees that will support the accomplishment of organizational needs. A systemwide orientation serves as a key way of familiarizing new employees with system values and needs, and multiple approaches are used to organize and equip staff to the applicant's agility value.

Strengths statement identified by only one team member not used due to overall number of comments: To assist with the recruitment of new employees, the applicant has deployed an approach to partner with high schools in local communities. This has helped the applicant support the local communities as well as identify and develop potential workforce members.

The applicant utilizes its SPP to manage workforce needs. By using its workforce as a strategic asset, the applicant has been able to provide consistent levels of service while the organization was undergoing expansion.

Opportunities for Improvement

--	Opportunity for Improvement	Rationale	Item Ref.
X	It is unclear how the applicant manages volunteers, physicians, and students to fully support its work. For example, it is unclear how volunteers are trained and managed and how approaches are deployed to precepted students and credentialed physicians. Approaches for managing these workforce groups may help the applicant deliver high-quality care and services and maintain a safe, secure environment.	Comment supported by four team members. Three team	a, b

--	Opportunity for Improvement	Rationale	Item Ref.
		members	
	Beyond examples such as workforce changes made to address the Bellburn Care Group acquisition, it is unclear that the organization systematically prepares the workforce for changing capability and capacity needs. Without a repeatable, defined process, the applicant may not be able to address its strategic challenge of right-sizing for performance excellence.	Comment supported by four team members. Four team members	a(4)
	The applicant provides little evidence of a fact-based method of evaluation to build and continually improve an effective workforce environment. For example, there is no evidence of refinement or innovation in approaches to addressing capability and capacity; recruitment; or workplace health, safety, security, and benefits. Without ensuring an effective workforce environment, the applicant may lose its advantage of high employee retention.	Two team members supported this comment.	a, b

Notes

The following comments were not included due to prioritization of other OFI statements:

It is unclear whether the workforce policies/benefits are tailored to meet the needs of a diverse workforce. As an example, tailoring of the benefits package for different age groups is not evident. Also, with 8% Hispanic staff, there is no indication whether there is need for policies to be translated in Spanish. Also, there is no mention of physician-, volunteer-, and student-specific policies.

The measures for workforce security are unclear. Although an annual decrease of 10% for injuries from agitated patients provides a target for improvement, it is not evident that the current performance level provides a secure environment for staff. Additionally, no other security measures (e.g., thefts, panic button alarms, and/or sexual misconduct) are provided.

Unclear how applicant retains new workforce members; strategic advantage: high retention of employees

Scoring

Score Range: **50-65%**

Score Value: **50**

Why shouldn't the score be in the range above or below the selected one? **Applicant described systematic processes that address overall requirements. Scored at the lowest level of the range due to deployment gaps. Believe this scoring range is best fit.**

Item Worksheet - Item 5.2

Workforce Engagement

Relevant Key Factors

1. Values (Figure P.1-2)
Agility, Patience, Empathy, and excellence (APEX)
2. Developing clinical and service competencies for a caring and exceptional staff
3. 3,718 emp
F 86% M 14%
< 20 1% 21–39 32% 40–59 56%; > 60 11%
 - Cauc 74%; Afri Amer 15%; Hisp 8%; othr 3%
 - No HS degree, 1%; HS diploma, 48%; some coll 41%; coll deg 10%
 - Nursing, 76% [RN], 13%; [LPN], 10%; [CNA], 53%); other professional, 8%; other technical, 3%; service, 9%; office/clerical, 4%
 - < 1 year, 15%; 1–10 years, 54%; 11–25 years, 25%; < 26 years, 6% •Full-time, 53%; part-time, 29%; per diem, 18% •Day, 72%; evening, 16%; night, 12%
 - 91% of employees live in communities surrounding facilities
 - Physicians from partner groups and under contract, as well as community-based attending physicians and nurse practitioners – applicant views physicians as partners and collaborators who participate in strategic planning and improvement activities
 - 700 volunteers help residents use technology, administer surveys, transport residents to therapy support special events at the facilities
 - No bargaining units
4.
 - Good work environment
 - Good benefits
 - Positive relationships with coworkers
 - Pride in the organization
 - A voice in resident care
5. High retention of employees
6. Succession planning in view of relatively new leadership dev. program

Strengths

++	Strength	Rationale	Item Ref.
	The alignment of individual performance goals with strategic goals contributes to the achievement of those goals. The applicant uses resident outcome data to drive high workforce performance by linking outcomes to the performance evaluation and compensation structure, which is unique in the industry.	Comment supported by five team members. No conflicting comments. Five team members	a(3)
	The applicant's learning and development system, including classroom and webinar training (Figure 5.2-1), addresses strategic advantages and challenges. For example, the organization leverages its university partnerships by providing precepting for nursing services in exchange for educational opportunities for nurses. In addition, the Gate Way and Gate Way II programs and a leadership academy help address the strategic challenge of succession planning.	Comment supported by five team members. Comment for discussion: Information is not provided that would aid in clarifying the degree to which the learning and development approaches shown in Figure 5.2-1 are deployed. For example, it is not clear which staff positions and levels receive process improvement, data collection and use, safe lifting, or electronic medical record training, even though these topic areas support the attainment of key organizational goals and values. I did not include the above comment as an OFI, but we should discuss. I agree that this is not clear.	c(1)
	The applicant's approach to assessing workforce engagement is aligned with performance measurement and strategic planning. APEX scorecard results that are considered indicators of workforce engagement are reviewed regularly, and the applicant addresses key workforce engagement findings within strategic planning.	Comment supported by three team members.	b(1)

Notes

Did not use the following comment as it conflict with OFI statement used.

Factors affecting workforce engagement and satisfaction are determined from responses on annual satisfaction surveys, APEX performance data, absenteeism rates, grievances, vacancies, retention, and productivity. Results of these multiple inputs are reviewed during the SPP to identify and address key factors affecting workforce engagement and satisfaction.

Did not use the following comment due to prioritization of comments: Multiple approaches are used to support an organizational culture characterized by open communication, high performance, and engagement. These approaches include alignment of individual APEX Performance Goal Plans with organizational MVV and the SP; Collaborative Care Teams; and systemwide best-practice sharing. Deployment of these practices resulted in award of the UUSN Voyage to Distinction and Gemstone designation.

Opportunities for Improvement

--	Opportunity for Improvement	Rationale	Item Ref.
X	It is unclear how the applicant applies workforce performance management, engagement, and professional development processes to volunteers, students, and credentialed physicians/nurse practitioners. Without engaging the entire workforce, the applicant may miss opportunities to maintain its excellent reputation, especially related to the key family requirement of an attentive staff.	Comment supported by three team members. No conflicting comments. Three team members	a, b, c

--	Opportunity for Improvement	Rationale	Item Ref.
	A systematic process is not evident for determining elements of engagement for different workforce segments. Such a process may help the applicant recruit and retain the workforce needed to attain its vision.	<p>Comment supported by four team members: Four team members</p> <p>Conflicting comment for discussion: Factors affecting workforce engagement and satisfaction are determined from responses on annual satisfaction surveys, APEX performance data, absenteeism rates, grievances, vacancies, retention, and productivity. Results of these multiple inputs are reviewed during the SPP to identify and address key factors affecting workforce engagement and satisfaction.</p>	a(1)
	The applicant's evaluation of the learning and development system, which appears to be limited to a review of posteducation performance, may not allow the applicant to fully leverage its investment in learning. A systematic approach in this area may help the applicant maintain its core competency of developing clinical and service competencies for a caring and exceptional staff.	Comment supported by one team member	c(2)
	It is not clear how the applicant's three-tiered leadership development program systematically supports effective succession planning for management and leadership positions. Ensuring a systematic approach to succession planning—identified as a strategic challenge—may promote long-term organizational sustainability.	Comment recognized by one team member	c(3)

Notes

Did not use the following comment due to number of comments:

It is unclear if the applicant has a systematic process to correlate workforce engagement results with organization results to identify and prioritize opportunities for improvement. Without such, the organization may fail to address workforce issues that have the most significant impact on health care outcomes.

Scoring

Score Range: **30-45%**

Score Value: **45**

Why shouldn't the score be in the range above or below the selected one? **Deployment of processes to physicians, volunteers and students is basically not addressed. This is a significant part of the workforce. No evidence was provided of systematic evaluation and improvement of processes.**

Overall, for this item we had three strengths and four OFIs, with one of those being recommended as a double OFI.

Item Worksheet - Item 6.1

Work Systems

Relevant Key Factors

1. For-profit, privately held organization providing assisted living and skilled nursing care in 23 facilities located in Pennsylvania, Kentucky, Tennessee, and Virginia whose facilities are known for a sense of societal responsibility. Care model is centered on advancing seniors' independence and quality of life utilizing the Aging Actively Consortium's (AAC's) dimensions of wellness: emotional, intellectual/cognitive, physical, spiritual, social, professional/vocational, and environmental.
2. Mission (Figure P.1-2)
Provide ageless care and timeless living to individuals in a homelike environment that supports their lifestyles and need for care with dignity and respect
3. Vision (Figure P.1-2)
Be among the top 10% of Skilled Nursing Facilities (SNFs) and Assisted Living Facilities (ALFs) and be a top choice for care
4.
 - Designing, innovating, and managing facilities to support various lifestyles and deliver excellent clinical outcomes
 - Developing clinical and service competencies for a caring and exceptional staff
 - Designing and delivering rehabilitation services to support residents' activities of daily living
 - Creating an educational environment to support a sense of mastery for residents
5.
 - Industry & functional experience
 - Certification in appropriate disciplines
 - HIPAA-compliant communications & documentation
 - Corporate service agreement, as appropriate
 - Responsiveness to customer requirements
 - Evidence of continuous improvement
 - Participation in improvement activities, as requested
6.
 - Competitive market & market consolidation
 - Integration of existing practices with ACOs – health care reform
 - Integration of TL's culture & processes (e.g., APEX Performance Goal Plans) into acquired facilities
 - Right-sizing for performance excellence
 - Complexity & low rates of Medicare & Medicaid reimbursement
 - Low operating margins
 - Succession planning in view of relatively new leadership development program

Strengths

++	Strength	Rationale	Item Ref.
	<p>The applicant manages and improves its work systems in alignment with key strategic objectives, which may promote the achievement of those objectives. For example, the applicant uses policies, training, and PDCA improvement cycles to manage work systems and control costs. Through make/buy analysis, it determines which processes to manage in-house or to outsource.</p>	<p>Six of the seven team members (six team members) included a strength with this type of focus (six team members). It is also considered to have a foundational focus - the processes are in place, but deployment and maturity (i.e. use of data and integration) are also a concern.</p> <p>R1 - Only minor rewording changes were made.</p> <p>R2 - Comment was modified to add relevance per team member's suggestion</p>	b
	<p>The applicant's emergency preparedness system addresses the key family requirement of a safe and secure environment. For example, it prepares for potential emergencies through a six-part Emergency Preparedness Plan (EPP), which is reviewed quarterly and after any plan activation. The Emergency Preparedness Team coordinates plan-related activities, along with the Technology Group and the Safety Committee.</p>	<p>Four of the seven team members cited this strength directly, and all mentioned it in one form or another as a strength. (four team members)</p> <p>R1 - This comment was reworked to be more concise.</p> <p>R2 – Last sentence was replaced with a relevance statement per two team member recommendations</p>	c
	<p>The applicant intentionally aligns its core competencies with its work systems and involves work system owners to help ensure alignment of work processes. In the work systems for engaging a skilled workforce and delivering resident care, this design supports residents' quality of life and long-term care residents' independence.</p>	<p>Four of seven team members cited this strength (four team members), and no conflicts with IR proposed OFIs existed. This strength focuses on foundational processes, as opposed to mature ones. It does address the overall requirements however.</p> <p>R1 - This comment was reworked to focus more on the Criteria and comment design expectations.</p>	a(1)

Notes

Potential IR conflict—use of listening post information to systematically determine work system requirements seen as an a(2) strength by one team member, but not by others.

Opportunities for Improvement

--	Opportunity for Improvement	Rationale	Item Ref.
	<p>It is not evident that the applicant innovates its work systems. For example, it is unclear whether the Delivery of Resident Care work system has been innovated to fully respond to the needs and growing expectations of baby boomers. Fully embedding innovative strategies into work system design may assist the applicant in outperforming the competition.</p>	<p>Four of the seven team members identified this OFI, which has a multiple requirements focus (four team members).</p> <p>R1 - This comment was modified significantly following backup feedback.</p> <p>R2 - Comment was revised to reflect the nicely written alternative provided by one team member.</p> <p>This OFI has been expanded, and will</p>	a(1)

--	Opportunity for Improvement	Rationale	Item Ref.
		be bolded, to capture the lack of a systematic process for designing key work systems	
	It is not evident how the applicant involves suppliers and partners in the development of key work system requirements or what these requirements are. Without determining these requirements, the applicant may miss an opportunity to coordinate internal work processes and the external resources necessary to succeed in the marketplace.	<p>This deployment-focused OFI was identified by three of the seven team members. One team member listed information use as a strength, but upon further application review, a systematic process for information use was not found.</p> <p>Focused relevance piece on language from note in Criteria</p> <p>R1 - Comment was modified to reflect backup feedback by removing a "while" clause.</p> <p>R2 - No R2 modifications were made to this comment</p>	a(2)
	It is not clear that residents, volunteers, and physicians from all applicable facilities participate in improvement efforts related to the work systems (e.g., cost control, reduction of unintended harm to residents, and emergency preparedness). Including all relevant stakeholders in such efforts may help reduce performance gaps and enhance performance in the applicant's competitive market.	<p>Five of seven team members (five team members) identified this OFI.</p> <p>R1 - This comment was split following backup feedback. A fourth multiple requirements / integration level OFI was added for consideration by the group.</p> <p>R2 - Comment was modified slightly to read better</p>	b, c

Notes

NOTE: Upon detailed review....last OFI is true but a little outside of our ability to make direct comment without sounding prescriptive. I saved the OFI in case we want to put it back in, but the additional part we'll need to reconcile is that we have a proposed score of 40% and integration as an OFI would be more applicable at the 70% range. Is there an OFI on alignment that would fit more with the scoring range proposed? Since the general topic is covered in the 3rd OFI, I went ahead and deleted this one (as a proposed solution).

I chose not to single out the lack of proactive refinement of the EPP--two team members noted this--one as a comment and one as evidence of a larger OFI. Similarly, I chose to not call out the two state EPP deployment gap on its own (two team members)--instead, it is part of a larger deployment OFI.

Scoring

Score Range: **50-65%**

Score Value: **50**

Why shouldn't the score be in the range above or below the selected one? **Per the above proposed comments, the overall requirements were met. Deployment gaps exist to the degree where I feel only the bottom of the 50-65 range is applicable, but not significant enough to pull the overall score into the 30-45 range. Other OFIs are of a multiple requirement/integration nature, and the proposed score is consistent with the balance of comments. My 55, as opposed to a 50, is based on giving the applicant benefit of the doubt.**

Item Worksheet - Item 6.2

Work Processes

Relevant Key Factors

1. Mission (Figure P.1-2): Provide ageless care and timeless living to individuals in a homelike environment that supports their lifestyles and need for care with dignity and respect
2. Vision (Figure P.1-2)
Be among the top 10% of Skilled Nursing Facilities (SNFs) and Assisted Living Facilities (ALFs) and be a top choice for care
3.
 - Physicians from partner groups and under contract, as well as community-based attending physicians and nurse practitioners – applicant views physicians as partners and collaborators who participate in strategic planning and improvement activities
 - 700 volunteers help residents use technology, administer surveys, transport residents to therapy support special events at the facilities
4. Wall-to-Wall Pharmacy; Meq-4-U; Caubwick Nationwide Linen; Klineway Rehab; EnnovularMR
5.
 - Industry & functional experience
 - Certification in appropriate disciplines
 - HIPAA-compliant communications & documentation
 - Corporate service agreement, as appropriate
 - Responsiveness to customer requirements
 - Evidence of continuous improvement
 - Participation in improvement activities, as requested
6.
 - Corporate Leader-Employee Activities Performance (LEAP) Office tracks and oversees improvement projects systemwide with APEX RN in each facility
 - PDCA methodology for improvement
 - Lean Six Sigma (LSS) program (created in 2009) for more complex improvement projects as well as a Yellow Belt training and certification program
 - Baldrige framework since 2001

Strengths

++	Strength	Rationale	Item Ref.
	<p>The applicant reviews and designs work processes as part of the annual strategic planning process and through the PDCA activities (Figure 6.2-1). The COPIS model is used to identify stakeholder requirements, and the five-step Requirements Determination process is used to define work process requirements. These approaches are aligned with stakeholder and organizational needs.</p>	<p>Five of seven team members listed a strength with this focus. With the exception of the five-step RD process, some benefit of the doubt was used in commenting on these approaches as foundational strengths.</p> <p>R1 –This comment was made more concise following backup feedback.</p> <p>R2 – No R2 modifications were made to this comment</p>	a
	<p>The applicant’s approaches to managing its work processes, which are designed to flow from the key work systems, support the delivery of excellent clinical outcomes. Process measures (Figure 6.2-2) and control charting help the applicant manage the work processes. Collaborative Care Teams gather patient input through team rounding, and the LEAP Office manages work process improvement across the organization.</p>	<p>Four of the seven team members listed a strength with this focus. I don’t know how many of the other three had reservations in going with a strength of this focus, but gave in to benefit of the doubt. I can see these strengths as foundational strengths, but deployment is certainly unclear, as is the systematic use of the data generated by these approaches to actually improve processes.</p> <p>R2 – I added a clause to the first sentence to note that work processes are designed to flow from work systems.</p> <p>R1 – Only minor rewording changes were made.</p>	b
	<p>Use of PDCA and Lean Six Sigma teams for process improvement—with the Baldrige framework serving as an overarching performance improvement system—support the applicant’s vision of achieving top-decile performance. PDCA teams, which include suppliers and physicians, improve work processes at the facility level. The nine-team Lean Six Sigma program addresses larger improvement needs across the organization.</p>	<p>Six team members on our seven member team identified these approaches as strengths, although they may have grouped them into different Criteria buckets. Also, some broke out the supplier approach strengths from the process improvement approach strengths. I was not sure that the supplier strengths were systematic enough to stand on their own (more foundational in nature).</p> <p>R2 – No R2 modifications were made to this comment</p> <p>R1 – Following backup feedback, I chose to break out the supplier sentence and add a fourth strength.</p>	b(4)
	<p>The applicant’s management of suppliers helps ensure the delivery of services that provide resident and stakeholder value. These approaches include a qualification process, contract management, a monthly performance feedback report, and a formal corrective action reporting (CAR) process.</p>	<p>This strength was added following R1 review. It had previously been part of the third process improvement strength.</p> <p>R2 – No R2 modifications were made to this comment</p>	b(3)

Notes

In general, we all identified these approaches as strengths, although we may have grouped them into different Criteria buckets. I tried to use the overall requirement sentences as Criteria/comment buckets, and in turn, the above mix of comments is proposed. Also, one team member proposed bolding the b strength, but given the lack of clarity regarding deployment and information use, I stayed with a non-bold strength. Finally, one of us felt that the b(2) supplier approaches should be an OFI—not sure how work process requirements are ensured by the existing supplier management processes. I agree, so I proposed an OFI with a larger, similar focus.

Opportunities for Improvement

--	Opportunity for Improvement	Rationale	Item Ref.
	<p>The applicant does not describe how it uses resident and family input in the delivery of health care services. Without effectively addressing patient expectations and preferences beyond daily rounding, the applicant may not fully achieve its mission to deliver care in a homelike environment that supports residents' lifestyles and need for care with dignity and respect.</p>	<p>Three of the seven team members identified an OFI with this type of focus. This is also the OFI where I captured the multiple requirement 'information use unclear' gap relative to using supplier performance data.</p> <p>R1 – No changes were made to this comment following R1 review.</p> <p>R2 – Emphasis was changed to stakeholder involvement and meeting key requirements</p> <p>One team member removed supply-chain portion to focus comment, per consensus script; supply chain was not part of consensus discussion and appeared that it was just stuck on to an unrelated OFI.</p>	b(2)
	<p>It is not evident how the applicant involves physicians and volunteers in work process design or fully deploys in-process measures across all key work processes. Without full deployment of these approaches, the applicant may be limited in delivering patient and stakeholder value.</p>	<p>Four of our team members listed an OFI of this nature.</p> <p>R1 – This comment was re-written to be more concise following backup feedback.</p>	a(1), b(1)
	<p>It is not clear how the applicant's design teams systematically transfer new technology, organizational knowledge, evidence-based medicine findings, or the potential need for agility into work process enhancements. Addressing these areas may support the applicant's value of agility and its vision of being a top choice for care.</p>	<p>Three of our team members identified this integration gap.</p> <p>R1 – This comment was reworked following backup feedback to be more concise.</p>	a(1)
	<p>Full deployment of the applicant's process improvement methodologies to all levels at all facilities is not evident. For example, it is not clear how the applicant holds employees accountable for the expectations to examine their work areas for improvement opportunities and to use PDCA with a team. Strengthening deployment may help the applicant address its financial and market strategic challenges.</p>	<p>Three members of our team identified a gap of this nature relative to work process improvement. Additionally, results are not provided or fail to help clear up this gap--instead, it appears that cost improvement is largely driven by the nine LSS teams in the last two or so years.</p> <p>R1 - This comment was reduced in verbiage to better adhere to the new comment guidelines (and to say better things with fewer words).</p> <p>R2 – Clause was added to the end of the OFI to provide an example.</p>	b(3)

Notes

As with item 6.1, I used the overall requirement verbiage to help arrange the different gaps identified into Criteria buckets. In general, we all identified the same gaps--we just grouped them together differently.

Scoring

Score Range: **50-65%**

Score Value: **55**

Why shouldn't the score be in the range above or below the selected one? **I think the proposed strengths address the overall requirements and support 50-65 range placement from an approach perspective. The Deployment and Learning assignments are the most concerning here--I went ahead and gave them benefit of the doubt here. I proposed four OFIs versus three strengths, but I feel the OFIs on average carry lesser weight. I would have no problem with a 45 score, but that may be my tough side showing.**

R2 - One team member suggested dropping the score by 5-10% given the deployment gaps. All others supported the current 55, so I left it as is.

R1 - Following backup feedback, personal reflection, and the resultant definition of a fourth strength, I feel that a score of 55 can now be supported.

Item Worksheet - Item 7.1

Health Care and Process Outcomes

Relevant Key Factors

1. Care model is centered on advancing seniors' independence and quality of life utilizing the Aging Actively Consortium's (AAC's) dimensions of wellness: emotional, intellectual/cognitive, physical, spiritual, social, professional/vocational, and environmental.
2. Vision (Figure P.1-2)
Be among the top 10% of Skilled Nursing Facilities (SNFs) and Assisted Living Facilities (ALFs) and be a top choice for care
3. Designing, innovating, and managing facilities to support various lifestyles and deliver excellent clinical outcomes
4. Designing and delivering rehabilitation services to support residents' activities of daily living
5. SNF Segments:
 - Long-term medical care for chronic illness (e.g., diabetes, multiple sclerosis, respiratory diseases)
 - Alzheimer's disease and other dementia care
 - Traumatic brain injury (TBI) care
 - Postacute/posthospital care (e.g., follow-up for knee surgery, hip replacement, stroke care, acute illness)
6. Quality measures for nursing home care used by Medicare

Strengths

++	Strength	Rationale	Item Ref.
	Some health care outcomes show the applicant's commitment to providing high-quality, patient-centered care through harm reduction (Figures 7.1-4 through 7.1-7). Patient service results and health care outcomes related to pain reduction, infections, restraint use, and skilled nursing facility pressure ulcers have improved notably over the past five years. These results compare favorably to the U.S. average, and the 2010–2011 pressure ulcer rates are better than the top-decile comparison data.	Five of the seven team members listed a strength with this focus. R1 – This comment was reworked to reflect more relevance and flow somewhat better. R2 – Swapped the words 'levels' and trends' in, and re-worded, the first sentence with the intent of stressing relevance. Changed AL to SN for the Figure 7.1-7 reference. Added top-decile reference relative to SN pressure ulcer reduction.	a
	Patient-focused health care results that demonstrate favorable performance trends support the vision to be among the top 10% of SNFs and ALFs and to be a top choice for care. Examples include results on advance directives, compliance with patient safety goals, pain reduction, and vaccinations (Figures 7.1-2 through 7.1-4 and 7.1-8).	Three of our team members listed this strength, which I think is fitting, as well. R1 – This comment was shortened slightly following backup feedback. R2 – Fixed incorrect figure references (7.1 instead of 7.2) R3 – Modified this comment to make it ' trends only' in focus	a
	Results for several indicators of process improvement promote the applicant's operational effectiveness. For example, improvement project savings, both for the organization and across the four state groups, have consistently improved over the last seven years (Figure 7.1-21). Additional results (Figures 7.1-11, 7.1-14, and 7.1-16) demonstrate process improvements that support residents' requirements for quality care and service.	Six of our seven team members listed results strengths with an operational effectiveness focus. R1 – Wording modifications were made to make the comment more concise. R2 – Added a qualifying clause to the last sentence	b(1), c
	Results for several key indicators of workplace preparedness (Figures 7.1-17, 7.1-18, and 7.1-19) support the applicant in maintaining a safe and secure environment. For example, fire safety and health inspection deficiency rates for the organization and for each state grouping are at or below U.S. average levels. Also, the applicant has consistently met or exceeded the required number of inspections, drills, and emergency exercises.	R2 – At R1, I mentioned that this strength was available for addition if warranted. I went ahead and added it here. We can ax it if we want, but I think it makes sense to add it; the team members will ask why we did not include it otherwise.	b(2)

Notes

At IR, I had given benefit of doubt for emergency preparedness results. No one else listed this strength, although we were not asked to cover each item completely. I did not, however, have the patient-focused strength at IR; if I had, I would have probably not included the EPP strength at IR. I have the strength if we want to add it, but I don't think it will affect the score.

Opportunities for Improvement

--	Opportunity for Improvement	Rationale	Item Ref.
X	Limited results for publicly reported health care outcome and operational effectiveness areas may adversely impact organizational success. For example, medical error reduction results are limited to pharmacy errors and CAR rates (Figure 7.1-16), and only the aggregate results of the four-indicator Patient	Six of our seven team members identified the results gap that exists. I tried to do my best to capture all of the gaps. R1 - This comment was shortened to be more concise.	a, b, c

--	Opportunity for Improvement	Rationale	Item Ref.
	Safety Index (Figure 7.1-3) are presented. The applicant also reports few results in relation to work process requirements (Figure 6.2-2), such as timeliness, accuracy, and availability.	R2 - I left the 'medical error' reference in the comment, as the applicant calls this measure out on pp. 28 of the application as one of its 'potential failure effects' – the Criteria do not ask for the specific measure, but the applicant cited it as key. I also added the reference to lack of results specific to the work system and process requirements defined in Figure 6.2-2.	
X	The applicant does not segment results in several areas of importance. For example, results for assisted living are limited, and results on the Patient Safety Index (Figure 7.1-3), help desk response (Figure 7.1-14), and SN discharge time (Figure 7.1-11) are not segmented by service offering, state, or facility. Segmenting results may reveal areas in which to focus process improvement efforts toward achieving the top-decile vision.	Five of seven team members cited the lack of segmentation in one or more areas. One team member proposed that these segmentation gaps were significant enough to warrant a bold designation, but I chose to leave it as non-bold. R1 – This comment was shortened to improve focus. R2 – No wording changes were suggested or made to this OFI. The bold assignment, however, was added here.	a, b
	Relative to comparisons, some health care and process performance results do not reflect the applicant's top-decile vision. Specifically, results on pain relief and restraint use (Figures 7.1-4 and 7.1-6) lag the top-decile comparisons. AL application cycle time and SN/AL facility request turnaround time results lag the comparisons provided (Figures 7.1-10 and 7.1-12). And top-decile comparisons are not provided for many results related to key measures (e.g., Figures 7.1-5 and 7.1-8 through 7.1-11).	All seven team members identified either adverse performance to comparisons and/or missing relevant comparisons. R1 – Comment was shortened to improve focus. We do need to make sure the distinctions between the pain/restraint levels strength and the similar levels versus comparisons OFI here is clear. R2 – No additional changes were suggested or made R3 – Modified comment to focus on comparisons – missing or adverse performance	a
	Results are missing for PDCA team participation levels and idea implementation rates and for completion of department- or facility-level action plans. As the applicant relies heavily on these approaches to achieve its goals, results of this nature might help identify improvement trends and opportunities.	R1 – This OFI was added following R1 feedback and personal review. Also, see the general OFI comments below. R2 – Removed ACO pilot reference	c

Notes

One team member had the ACO pilot as a standalone OFI - I chose to blend it in here instead. Following R1, I have one written that includes the pilot, so I added it.

Scoring

Score Range: **30-45%**

Score Value: **40**

Why shouldn't the score be in the range above or below the selected one? **The scoring challenge here lies in how to treat the missing results (currently bolded) and segmentation. I think 'some' comparisons exist and show good results, so the C fits best with 50-65. I did not feel results were provided for most areas of importance, however, (missing segmentation and results) – the 30-45 'many' descriptor is a better fit. I also think the proposed strengths mesh with the 50-65 overall requirements descriptor, but barely. In turn, I proposed a 45.**

R2 – I added a relatively weak strength and bolded the second OFI. Based on these changes, I dropped the score by 5% to 40.

Item Worksheet - Item 7.2

Customer-Focused Outcomes

Relevant Key Factors

1. Vision (Figure P.1-2)
Be among the top 10% of Skilled Nursing Facilities (SNFs) and Assisted Living Facilities (ALFs) and be a top choice for care
2.
 - High-quality, resident-centered care & services
 - Pleasant environment
 - Nutritious, appealing meals
 - Easy access to physicians & continuity of care
 - Respect for privacy, dignity, & choices
3. SNF
 - High-quality care & services
 - Communication of family member's health status
 - Attentive staff
 - Reasonable visiting hours
 - Safe & secure environment
 - Involved, visible medical director & executive director
4. ALF
 - High-quality care & services
 - Communication of family member's health status
 - Attentive staff
 - Reasonable visiting hours
 - Safe & secure environment
 - Online payment system
5. Community (SNF and ALF)
 - High quality care and services
 - Employment opportunities
 - Excellent reputation
 - Financial sustainability
6.
 - Packer Patient Satisfaction Survey (with CAHPS questions added)
 - CMS Nursing Home Compare
 - USSN Data Dispatcher
 - Caring Colleagues
 - NursQM
 - TillingNet Data Repository
 - Moody's Investor Service
 - Help Desk Quality Partners
 - Hiatus Hotels LLC
 - Widmark Mortgage

Strengths

++	Strength	Rationale	Item Ref.
X	Resident satisfaction results support the applicant's vision to be in the top 10% of SN and AL facilities. For example, the applicant has sustained top-decile resident satisfaction levels since 2008 in SN facilities, which constitute 85% of its business (Figure 7.2-1), and top-decile levels for AL residents since 2010. Also, AL resident/family satisfaction with the workforce and SN/AL resident satisfaction with external communication (Figures 7.2-3 and 7.2-4) reached the top decile in 2011.	Shared by 5 team members Fig 7.2-1, 7.2-3, 7.2-4, 7.2-10	a
X	Many satisfaction and engagement results trends support the applicant's reputation for excellent service and its position in a competitive market. For instance, resident satisfaction by service offering, age, and gender (Figures 7.2-1 and 7.2-2) and resident/family willingness to recommend and select facility again (Figures 7.2-10 and 7.2-11) have improved each year since 2008.	Shared by 5 team members Fig 7.2-9 -- drop in 2011	a

Notes

No unused strengths

Opportunities for Improvement

--	Opportunity for Improvement	Rationale	Item Ref.
X	The applicant reports no results in many areas important to accomplishing its mission. For example, it does not present results on overall family and community satisfaction; resident satisfaction with respect and physician access; family satisfaction with visiting hours, online payment, and medical/executive director involvement; community satisfaction with employment opportunities; and dissatisfaction.	3 team members had this OFI.	a
	Most satisfaction and engagement results lack competitive data (Figures 7.2-1 through 7.2-4 and 7.2-10 through 7.2-11), and some lack comparative data (Figures 7.2-5, 7.2-9, and 7.2-12). This may limit the applicant's understanding of its performance and, in turn, its ability to strengthen its market position and achieve its vision of being a top choice for care.	2 team members had an OFI around competitive data and 2 around comparative data, so I combined them. Only competitive data: 7.2-6, implied in 7.2-14-15 No comparative data: 7.2-2 (though data for other aspects of survey results), 7.2-5, 7.2-9, 7.2-12	a
	Many satisfaction and engagement results lack segmentation. For example, the applicant does not report results for the SN segments of chronic illness, dementia, traumatic brain injury, and postacute care (Figures 7.2-1 and 7.2-2) or segment family results apart from resident results (Figures 7.2-3 and 7.2-10). This may hinder the applicant's ability to maintain a reputation for excellent service, especially with the growing dementia population.	2 team members had a version of this OFI	a
	The applicant's variable results across service offerings, resident segments, and markets may adversely impact its position in the competitive market. For example, community perception results for KY and TN lag results for PA, VA, and other KY, PA, and TN facilities (Figure 7.2-15). SN results lag AL in measures of willingness to recommend (Figure 7.2-11), satisfaction overall (Figures 7.2-1 through 7.2-2), workforce interactions (Figure 7.2-3), and family communication (Figure 7.2-7).	SN lags AL in 7.2-1 66-75 lags other ages for SN, below 76 lags for AL in 7.2-2 SN lags AL in 7.2-3. 7, 11 SN under 60 lags AL and SN over 60 in 7.2-4 PA and VA lag TN and KY in 7.2-10 TN and KY lag PA and VA and other facilities in 7.2-15	a

Notes

Combined with 1st OFI: The applicant presents no results for dissatisfaction. Use of dissatisfaction results from sources such as discharge surveys, the state health department hotline, Packer Patient Satisfaction Survey, Nursing Home Compare, and the CRM Portal may help the applicant enhance resident and stakeholder satisfaction and engagement in support of its vision to be a top choice for care.

No unused OFIs

Scoring

Score Range: **50-65%**

Score Value: **50**

Why shouldn't the score be in the range above or below the selected one? **Initial scoring ranged from 40-60. I opted for 30-45 because the applicant doesn't meet overall requirements, and we gave OFIs related to lack of comparative/competitive data and missing results for key customer requirements. Took strong beneficial trends and some top-decile performance into consideration.**

Item Worksheet - Item 7.3

Workforce-Focused Outcomes

Relevant Key Factors

1. 3,718 emp
F 86% M 14%
< 20 1% 21–39 32% 40–59 56%; > 60 11%
•Cauc 74%; Afri Amer 15%; Hisp 8%; othr 3%
•No HS degree, 1%; HS diploma, 48%; some coll 41%; coll deg 10%
•Nursing, 76% [RN], 13%; [LPN], 10%; [CNA], 53%); other professional, 8%; other technical, 3%; service, 9%; office/clerical, 4%
•< 1 year, 15%; 1–10 years, 54%; 11–25 years, 25%; < 26 years, 6% •Full-time, 53%; part-time, 29%; per diem, 18% •Day, 72%; evening, 16%; night, 12%
•91% of employees live in communities surrounding facilities
•Physicians from partner groups and under contract, as well as community-based attending physicians and nurse practitioners – applicant views physicians as partners and collaborators who participate in strategic planning and improvement activities
•700 volunteers help residents use technology, administer surveys, transport residents to therapy support special events at the facilities
•No bargaining units
2. •Good work environment
•Good benefits
•Positive relationships with coworkers
•Pride in the organization
•A voice in resident care
3. •Protection from exposure to communicable diseases
•Protection from injury while assisting and lifting residents
•Support in managing residents (including agitated residents)
•Support for a healthy lifestyle
4. •Packer Patient Satisfaction Survey (with CAHPS questions added)
•CMS Nursing Home Compare
•USSN Data Dispatcher
•Caring Colleagues
•NursQM
•TillingNet Data Repository
5. High retention of employees
6. Succession planning in view of relatively new leadership development program

Strengths

++	Strength	Rationale	Item Ref.
X	Top-decile performance on employee satisfaction and engagement survey measures, as well as low vacancy and turnover rates (Figure 7.3-7), help the organization sustain its strategic advantage of high employee retention. Overall satisfaction has been at or better than the top-decile level since 2008 (Figure 7.3-4). Engagement results for "I am proud to work [here]" and "I would recommend [applicant] to family members" survey items were at top-decile levels in 2010 and 2011 (Figure 7.3-6).	Comment supported by 5 team members	a(3)
	Most of the applicant's reported workforce climate results have improved over the past five or six years, which helps the organization support an engaged workforce. Employee back injury results (Figure 7.3-2), which approached top-decile levels in 2010 and 2011, reflect reductions in back injuries and workers' compensation costs over the past four years.	Comment supported by three team members	a(2)

Notes

Comments not used due to number and balance of comments:

Most of the applicant's workforce-focused results have improved, sometimes significantly, over the past five or six years.

Employee turnover rate for various employee segments shows stable performance that is exceeding the top-decile performance in these segments. By constantly being capable of retaining employees, the applicant will be able to sustain its core competencies.

Opportunities for Improvement

--	Opportunity for Improvement	Rationale	Item Ref.
X	The applicant does not present workforce engagement results by service offering, facility, and state, and engagement results for volunteers, credentialed physicians, and students are missing. Without results for all segments of the workforce, the organization may be unable to improve engagement and achieve its vision to be among the top 10% of facilities.	Comment supported by five team members	a(3)
X	The applicant does not report most workforce health, safety, and security results. For example, results are missing for tuberculosis screenings, injuries unrelated to resident care, and injuries from agitated residents (Figure 5.1-2). Without such results, the applicant may limit its ability to ensure a safe and secure environment.	Comment supported by two team members	a(2)
	The applicant has limited results for workforce capability and capacity. For example, results on competencies or skill levels are not reported. Also, results for capacity are limited to ratios of nursing care time to health care outcomes. Without measures in this area, the applicant may be challenged in achieving its strategic objectives and goals.	Results supported by two team members	a(1)

Notes

All comments used.

Scoring

Score Range: **30-45%**

Score Value: **35**

Why shouldn't the score be in the range above or below the selected one? **Results are missing for significant areas of importance to the applicant. Results are not provided for major workforce segments of physicians, volunteers, and students.**

Item Worksheet - Item 7.4

Leadership and Governance Outcomes

Relevant Key Factors

1. For-profit, privately held organization
2. CMS, State Department of Health, HHS, OIG, ORC, Medicaid Inspector General, Fire Marshal, US Dept Labor, EEOC, OSHA, JC (9 SNFs have optional JC and other 14 opted out); quality measures for nursing home care used by Medicare
3. Board of Directors (BOD) includes members representing each of the four states; subcommittees cover the areas of finance, quality, strategic planning, and human resources; board-certified geriatrician as the chief medical officer; structure also includes Statewide Advisory Board; Facility Advisory Board; corporate leadership team (CLT); each SNF has a licensed nursing home administrator; state-licensed medical director and director of nursing; facility level leadership teams; Resident Councils, and Family Councils
4.
 - Competitive market & market consolidation
 - Integration of existing practices with ACOs – health care reform
 - Integration of TL's culture & processes (e.g., APEX Performance Goal Plans) into acquired facilities
 - Right-sizing for performance excellence
 - Complexity & low rates of Medicare & Medicaid reimbursement
 - Low operating margins
 - Succession planning in view of relatively new leadership development program

Strengths

++	Strength	Rationale	Item Ref.
	Several leadership outcomes reflect an effective approach to achieving specific leadership and accreditation goals. For instance, results on communication (Figure 7.4-1), action plans accomplished (Figure 7.4-2), compliance training (Figure 7.4-3), and quality ratings (Figure 7.4-5) indicate beneficial trends from at least 2008 to 2011. Current results for the survey item "leaders communicate well" are at top-decile levels, and all nursing home facilities achieved five-star quality ratings of "much above average" in 2011.	6 of 7 team members noted strength in these specific leadership metrics	a(1-3)
	Results in several measures demonstrate ethical behavior and trust in leadership. For example, the facility remained citation-free from the OIG, OCR, ADA, and IRS from 2005 to 2011 (Figure 7.4-4). Results for the survey question "I trust my organization to do the right thing" (Figure 7.4-7) demonstrate generally improving trends for all states in which the applicant operates.	3 team members pulled out elements of this Criteria area to note positive results related to ethics elements	a(4)
	Favorable results in some areas demonstrate the applicant's benefits to society. For example, community support activities (Figure 7.4-9) have been maintained or increased in five of the six areas over the past six years, and results for three of the tutoring programs (Figure 7.4-10) indicate gains in GPAs from 2005 to 2011. In addition, average energy use per facility (Figure 7.4-8) has steadily improved since 2005, with current performance reflecting national best-practice levels.	4 of 7 team members noted positive results in items related to society benefit	a(5)

Notes

All team members noted strength in these measures.

Opportunities for Improvement

--	Opportunity for Improvement	Rationale	Item Ref.
X	Many leadership and governance results are missing, such as those for the annual board self-evaluation, internal and external audits, charitable donations, and efforts to develop organizational leaders. Tracking such measures may support the APEX values and the vision to be a top choice for care.	Noted by all team members in multiple Criteria items Revised following consensus call to remove reference to ethics review monitoring and compliance related complaints	a
	Leadership and governance results are not segmented. Examples include results on action plans accomplished (Figure 7.4-2), quality ratings (Figure 7.4-5), and community support activities (Figure 7.4-9). This may limit the applicant's ability to evaluate the effectiveness of its efforts to become a "top choice for care."	Segmentation was noted as an opportunity by all team members	a
	Limited comparison data in leadership and governance metrics may hinder the applicant in achieving top-decile results and becoming a top choice for care. For example, the organization provides no comparisons in most results (including those on quality ratings [Figure 7.4-5] and community support activities [Figure 7.4-9]), and only one metric (on leadership communication [Figure 7.4-1]) includes top-decile comparison data.	Noted as opportunity by all team members.	a

Notes

All team members noted multiple missing measures.

Scoring

Score Range: **30-45%**

Score Value: **45**

Why shouldn't the score be in the range above or below the selected one? **(50-65%) Good organizational performance levels are reported, responsive to the overall requirements of the item--multiple missing measures noted in Org. Profile as being important.**

(50-65%) Beneficial trends are evident in areas of importance to the accomplishment of your organization's mission--generally beneficial trends noted; some variation in results

(30-45%) Early stages of obtaining comparative information are evident--lack of comparisons and, in some cases, not relevant based on vision to be in top 10%. Segmentation is also not evident in many metrics provided (key theme for both?)

(30-45%) results are reported for a few areas of importance to the accomplishment of your organization's MISSION--multiple missing items

Item Worksheet - Item 7.5

Financial and Market Outcomes

Relevant Key Factors

1. Vision (Figure P.1-2)
Be among the top 10% of Skilled Nursing Facilities (SNFs) and Assisted Living Facilities (ALFs) and be a top choice for care
2. PA – 37%
KY- 17%
TN- 26%
VA- 20%
3. Fourth-largest chain of SNFs and ALFs in the four states
4. Moody's Investor Service
5. Competitive market & market consolidation
6. •Complexity & low rates of Medicare & Medicaid reimbursement
•Low operating margins

Strengths

++	Strength	Rationale	Item Ref.
	Several beneficial financial results support the organization in the face of the competitive market and low reimbursement rates. For example, operating margin (Figures 7.5-1 and 7.5-2) shows an upward trend since 2008, with a 1.1% margin overall in 2011. Occupancy rate (Figures 7.5-4 and 7.5-5) shows steady increases, and the overall rate has consistently exceeded the U.S. benchmark since 2007.	Beneficial levels and trends have been achieved in the Operating Margin results area (Figures 7.5-1– 7.5-3), similar gains in occupancy rate (Figures 7.4–7.5-5). Similar rates of improvement have been realized for both service lines and the four state groups in both areas.	a(1)
	Steadily improving results for financial viability and management of financial resources may assist the applicant in meeting its strategic challenge of low operating margins. Examples include Days in AR (Figure 7.5-7), Days Cash on Hand (Figure 7.5-8), and Overall Debt to Equity (Figure 7.5-12).	Fig 7.5-7 show sustained favorable trends from 2008 - 2011 Fig 7.5-8 show improving cash on hand Fig 7.5-12 shows favorable trend from 2008 - 2011	a(1)
	Measures of market share growth demonstrate good to excellent results, promoting the applicant's future financial success. For example, market share (Figure 7.5-13) has grown from 5% in 2005 to slightly more than 20% in 2011, more than twice that of the closest competitor. Also, the AL acquisition rate (Figure 7.5-15) shows an improvement trend since 2005, with current performance at the industry benchmark.	The applicant has continued to grow its share of the market over the past six years, as shown in Figure 7.5-13. The applicant's rate of improvement appears to exceed that of its competitors over this time frame and is partially driven by the reduction in potential customer contacts required to acquire a new Assisted Living resident (Figure 7.5-15).	a(2)

Notes

Opportunities for Improvement

--	Opportunity for Improvement	Rationale	Item Ref.
	The lack of segmented financial results (such as financial return, financial viability, and/or budget performance) by facility or by service line may indicate the applicant is not monitoring key financial components that may help it improve its operating margins. For example, the applicant is missing results on SNF segments such as chronic illness, dementia, traumatic brain injury, and postacute care, which are all important to the future sustainability of the organization.	Limited segmented financial results are provided. For example, facility-specific results of a financial or cost management nature are limited to the four state groupings shown for operating margin and occupancy rate. Additional results that might reflect region specific changes in market share or financial effectiveness are also not provided. Focused comment on financials	a(1)
	Results for market share (Figure 7.5-13) are not segmented by state or site, instead showing aggregate levels of performance relative to competitors. Understanding local trends and marketplace drivers in those segments may help the applicant discover emerging strategic challenges and advantages.	Lack of segmentation of market share	a(2)
	Baby-Boomer Volume Growth (Figure 7.5-14) does not show improvement toward the long-term objective (25% by 2016), and the lack of comparative data makes it unclear whether competitors are growing this volume more rapidly than the applicant's growth from 6% to 8% from 2008 to 2011. Without a beneficial trend for this measure, the applicant may be unable to meet its need to attract and meet the needs of baby boomers in order to remain competitive.	Flat trend in Fig 7.5-14; this customer segment is important for long term strategy	a(2)

Notes

Scoring

Score Range: **50-65%**

Score Value: **55**

Why shouldn't the score be in the range above or below the selected one? **Lower--good performance, beneficial trends, limited comparative information, early segmentation**

Higher--limited segmentation

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Summary of Criteria Items	Total Points Possible	% Score	Score	Scoring Band	
Category 1 – Leadership					
1.1 Senior Leadership	70	60%	42		
1.2 Governance and Societal Responsibilities	50	55%	28		
Category Totals	120		70		
Category 2 - Strategic Planning					
2.1 Strategy Development	40	60%	24		
2.2 Strategy Implementation	45	55%	25		
Category Totals	85		49		
Category 3 - Customer Focus					
3.1 Voice of the Customer	45	55%	25		
3.2 Customer Engagement	40	50%	20		
Category Totals	85		45		
Category 4 - Measurement, Analysis, and Knowledge Management					
4.1 Measurement, Analysis, and Improvement of Organizational Performance	45	55%	25		
4.2 Management of Information, Knowledge, and Information Technology	45	60%	27		
Category Totals	90		52		
Category 5 - Workforce Focus					
5.1 Workforce Environment	40	50%	20		
5.2 Workforce Engagement	45	45%	20		
Category Totals	85		40		
Category 6 - Operations Focus					
6.1 Work Systems	45	50%	23		
6.2 Work Processes	40	55%	22		
Category Totals	85		45		
SUBTOTAL Cat. 1-6		550		301	4 (261-320)
Category 7 - Results					
7.1 Health Care and Process Outcomes	120	40%	48		
7.2 Customer-Focused Outcomes	90	50%	45		
7.3 Workforce-Focused Outcomes	80	35%	28		
7.4 Leadership and Governance Outcomes	80	45%	36		
7.5 Financial and Market Outcomes	80	55%	44		
SUBTOTAL Cat. 7		450		201	3 (171-210)
GRAND TOTAL		1000	TOTAL SCORE	502	