Annotated Key Themes

The key themes on the following pages are from the 2012 Tillingate Living Case Study Scorebook, produced by the 2012 Training Scorebook Team based on an evaluation of the 2012 Tillingate Living Case Study against the 2011–2012 Health Care Criteria for Performance Excellence. For the case study, the full scorebook, and the feedback report based on the scorebook, see the Baldrige Program’s website at http://www.nist.gov/baldrige/publications/tillingate.cfm.

Scoring bands (for reference):

Tillingate Living scored in band 4 for process items (1.1–6.2). An organization in band 4 for process items typically demonstrates effective, systematic approaches responsive to the overall requirements of the Criteria, but deployment may vary in some areas or work units. Key processes benefit from fact-based evaluation and improvement, and approaches are being aligned with overall organizational needs.

Tillingate Living scored in band 3 for results items (7.1–7.5). For an organization in band 3 for results items, results typically address areas of importance to the basic Criteria requirements and accomplishment of the organization’s mission, with good performance being achieved. Comparative and trend data are available for some of these important results areas, and some beneficial trends are evident.

Key Theme Breakdown

The following graphics break down the construction of process and results key themes.
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 APEX scorecards. This approach is integrated with the strategic planning process. The use of performance measures helps the applicant achieve key organizational results and strategic objectives. The applicant employs five specific criteria for data selection and monitors performance with cascading APEX scorecards. The systematic performance review process supports organizational sustainability through identification of best practices, which are shared at Leadership Summits.

A robust customer listening process supports the vision of being a top choice for care. Numerous listening mechanisms for current resident and stakeholder groups are reviewed annually during strategic planning. The applicant aggregates VOC information on a portal accessible to all facilities. The TillingNet Portal, which contains lessons learned and best practices based on reviews across facilities, departments, and work areas, supports the communication of residents’ health status. Secure, ADA-compliant portals for each user group support 24-hour staff responses.

Features
- Address important strengths or OFIs as reflected in key factors
- Traceable to comments in the Consensus Review Worksheets:
  - Are crosscutting (common to more than one item/category—drawing from items 1.1, 1.2, 3.1, 4.1, and 4.2 in this example)
  - Address a significant issue in one item (role-model practice or threat to sustainability)
- May address a core value of the Criteria requirements are addressed; may highlight ADLI (approach, deployment, learning, and integration, in this example) or LeTCI

Anatomy of a Key Theme (1)
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 participate in the PDCA or LSS 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 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.

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.

It is not clear how the applicant involves physicians, NPs, 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.

It is not evident that residents, volunteers, physicians, and NPs 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. Such efforts may help reduce performance gaps and enhance performance in Tillingate Living's competitive market.

Features:
- Address important strengths or OFIS as reflected in key factors
- Traceable to comments in the Consensus Review Worksheets:
  - Are crosscutting (drawing from items 4.2, 5.1, 6.1, and 6.2 in this example)
  - Address a significant issue in one item (role-model practice or threat to sustainability)

- May address a core value of the Criteria
- Summarize how well Criteria requirements are addressed; may highlight ADLI (deployment in this example) or LeTCI

Anatomy of a Key Theme (2)
Results in several key areas support the vision of being among the top 10% of SNFs and ALFs.

Examples include results on advance directives, compliance with patient safety goals, pain reduction, and vaccinations. Resident satisfaction has been better than the top 10% level since 2008 for SNFs and since 2010 for assisted living. Likewise, overall employee satisfaction results have been better than the top decile level 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 results for the skilled nursing measure of pressure ulcer rate.

Features:
- Address important strengths or OFIS as reflected in key factors
- Traceable to comments in the Consensus Review Worksheets:
  - Address a significant issue in one item (role-model practice or threat to sustainability)
  - Address crosscutting (drawing from items 7.1, 7.2, and 7.3 in this example)
- May address a core value of the Criteria
- Summarize how well Criteria requirements are addressed; may highlight ADLI or LeTCI (levels and comparisons in this example)

Anatomy of a Key Theme (3)
The applicant does not segment results for several areas it identifies as important. For example, the applicant identifies a growing market of patients with dementia and traumatic brain injury but does not provide customer engagement or financial results for those segments. Quality and patient safety are critical to the applicant, but patient safety results are not segmented by service offering, state, or facility. Nor does the applicant segment efficiency measures, such as help desk response and discharge times. Given geographically dispersed facilities and the competitive market, segmenting these results may enhance the applicant’s ability to maintain its reputation for excellent service and improve operational effectiveness.

The applicant does not segment health care results in several areas of importance. For example, results for assisted living are limited, and results for 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.

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 7.1-3 and 7.1-2) 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.

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.

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.

The applicant does not segment financial results (such as financial return, financial viability, and/or budget performance) by facility or by service line. 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 organization’s sustainability. Monitoring these key financial components may help the applicant improve its operating margins.

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.

Features
- Address important strengths or OFIS as reflected in key factors
- Traceable to comments in the Consensus Review Worksheets:
  - Are crosscutting (drawing from items 7.1, 7.2, 7.3, 7.4, and 7.5 in this example) or
  - Address a significant issue in one item (role-model practice or threat to sustainability)
- May address a core value of the Criteria
- Summarize how well Criteria requirements are addressed; may highlight ADLI or LeTCI
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 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.

++2.1a, b 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.

Features
- Address important strengths or OFIS as reflected in **key factors**
- Traceable to comments in the Consensus Review Worksheets:
  - Are crosscutting (common to more than one item/category)
  - Address a significant issue in **one item** (role-model practice or threat to sustainability, as in this example)
- May address a core value of the Criteria
- Summarize how well **Criteria requirements** are addressed; may highlight ADLI (integration in this example) or LeTCI

Anatomy of a Key Theme (5)