



NATIONAL QUALITY AWARD PROGRAM
Inspiring Excellence Since 1996

2020

AHCA/NCAL National Quality Award Program

Gold – Excellence in Quality Award Application Packet

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Questions about the contents of this publication may be directed to qualityaward@ahca.org. For additional information about AHCA visit www.ahcancal.org.

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CHAPTER 1: OVERVIEW OF THE GOLD QUALITY AWARD

Thank you for your interest in the AHCA/NCAL National Quality Award Program. The Quality Award program provides a pathway for providers of long term and post-acute care services to journey towards performance excellence. The program is based on the core values and criteria of the [Baldrige Performance Excellence Program](#).

Member centers may apply for three progressive award levels: [Bronze – Commitment in Quality](#), [Silver – Achievement in Quality](#) or [Gold – Excellence in Quality](#). Each level has its own distinct rigors and requirements for quality and performance excellence.



The final step in the program is the [Gold Award](#). Organizations (single centers) are required to receive a [Bronze Award](#) and [Silver Award](#) before applying at the Gold level.

In addition to the Organizational Profile, Gold applicants will respond to the seven Baldrige categories including the basic, overall and multiple item requirements within these categories.

The Gold Criteria can be purchased directly from the [Baldrige website](#). Please review the two Criteria types below to determine what Criteria best fits your center.

Organization Type	2019-2020 Health Care Criteria for Performance Excellence (HCCPE)	2019-2020 Criteria for Performance Excellence (also known as the Business/Nonprofit version)
Skilled Nursing Care Centers	X	
ICFs/IID	X	
State Veteran’s Home	X	
HCB waiver group homes for individuals with ID/DD*	X	X
Assisted Living communities*	X	X

*These organizations can use either Criteria.

This application packet includes important information about the Gold Award, eligibility requirements, and deadlines. **Applicants must read this packet in full.** Questions about the information included in this packet should be directed to qualityaward@ahca.org.

Applicants should also add qualityaward@ahca.org and smartsimple.com to their list of safe senders to help ensure they receive emails and notifications from the program.

A special thank you to our 2020 AHCA/NCAL National Quality Award Sponsors:





Gold Application Process

Intent to Apply and Application Process Opens
in Quality Award Portal
September 19, 2019



Intent to Apply Deadline
November 7, 2019 at 8 P.M. EST



Application and Fee Deadline
January 23, 2020 at 8 P.M. EST



Application Evaluation
January 23, 2020 - May 7, 2020



Site Visit Determination Meeting
May 18, 2020 - May 20, 2020



Gold Award Non-Recipient and
Site Visit Recipient Notification
May 28, 2020



Site Visit Period
June 17, 2020 - July 24, 2020



Award Determination Meeting
August 3, 2020 - August 5, 2020



Gold Award Recipients Announced
August 7, 2020



Gold Feedback Report Distribution
August 14, 2020



CHAPTER 2: GOLD ELIGIBILITY REQUIREMENTS

Membership Requirements:

- Any long-term care organization that is a member in good standing of AHCA/NCAL may apply for the Gold Award.¹ *For consistency, the term “center” will be used throughout the application packet to denote all types of organizations.*
- If an organization is a non-member at the time of application, they will be ineligible to submit an application for the program.
- If an organization is a non-member at the time of award notification, they will be ineligible to receive the award and/or the associated feedback report. In addition, they will not receive a refund of their application fee.
- An applicant’s membership to AHCA/NCAL must cover the scope of their application. For example, if a member is including both AL and SNCC services within the scope of their application, their membership must include both AL and SNCC beds.

Organizational Requirements:

- Multi-center corporations may not apply; however, their individual centers (organizations) may apply.
- Applicants with multi-levels of care may elect to apply for the entire organization or may apply for a distinct part of the organization. The distinct part of the organization must be a separately licensed level of care serving a particular market segment in a clearly defined physical location. In addition, the organization must declare that any award received is for the distinct part rather than for the organization as a whole.
- **ID/DD residential services providers only:** Unlike skilled nursing care centers (SNCC) and assisted living (AL) providers, ID/DD providers may apply for multiple home/sites in a single application.
- Applicants must have received at least *three* Medicare/Medicaid certification surveys (related to the survey requirements below) in order to be eligible to receive the award.
- If an organization is identified by CMS as a [Special Focus Facility \(SFF\)](#) at the time of award notification, they will be ineligible to receive the award. In addition, they will not receive a refund of their application fee. As stated below, applicants that do not meet any of the survey eligibility criteria can apply and receive feedback but will not be eligible to receive the award.

¹ Except in Florida, where SNCC non-members may apply to meet criteria for the FL Medicaid Value Based Purchasing program. Any non-member in FL should contact [Debbie Franklin](#) or visit <https://www.fhca.org/> for more information.



Gold Survey Requirements:

Requirements for Skilled Nursing Care Centers

Skilled Nursing Care Centers are **eligible to receive** the Gold award if they meet both of the following survey eligibility criteria. If applicants do not meet any of the following survey eligibility criteria, they can apply and receive feedback, but won't be eligible to receive the award.

Note that applicants must have received at least three Medicare/Medicaid certification surveys to be eligible to receive the award.

Survey Eligibility Criteria	Cycles Calculated	Reporting date	Data Source
Have no regulatory deficiencies at the Immediate Jeopardy or Substandard Quality of Care ² level on any Medicare/Medicaid certification survey ³	Cycle 1, Cycle 2 and Cycle 3 (Includes standard and complaint surveys)	December 1, 2019 or prior to award notification	Nursing Home Compare
Have a weighted three cycle ⁴ survey score that is equal to or below 60 points	Weights: Cycle 1 = 1/2, Cycle 2 = 1/3, and Cycle 3 = 1/6	Posted as of December 1, 2019 ⁵	Nursing Home Compare

² As of November 28th, 2017, A SNCC is marked substandard quality of care (SQC) if it receives a deficiency in Quality of Care (F684 – F700), Quality of Life (F675– F680), Resident Rights (F550, 558, 559, 561, 565, or 584), Freedom from Abuse, Neglect, and Exploitation (F600-F610), Behavioral Health Services (F742-F745), Pharmacy Services (F757-F760), Administration (F850) or Infection Control (F883) at scope and severity level of F, H, I, J, K, or L. "G" is not considered substandard care because it is isolated in nature. Deficiencies prior to November 28, 2017 will be defined as SQC using the older definition.

³ This includes any regulatory inspection conducted per Federal "OBRA" regulations, including but not limited to, standard (annual), complaint, life safety, or Federal surveys.

⁴ Cycle one refers to the most current standard survey and the most recent 12-month window for complaint surveys. Cycle two refers to the second most recent standard survey and the most recent 13-24 month window for complaint surveys, and cycle three refers to the third most recent standard survey and the most recent 25-36 month window for complaint surveys. For more information on CMS's survey scoring methodology, see the Technical User's Guide for Nursing Home Compare's Five Star Quality Rating System ([Link](#)).

⁵ Applicants may contact qualityaward@ahca.org if they have a survey occurring *prior to* December 1, 2019 that has not been published to Nursing Home Compare by December 1, 2019 that they would like to have considered for the survey score eligibility calculation. Applicants must contact Quality Award staff no later than 1-week post notification.



Requirements for Intermediate Care Centers for Individuals with Intellectual Disabilities

ICFs/IID are **eligible** to receive the Gold award if they meet the following survey eligibility criteria:

- The count of the Conditions of Participation Deficiencies on their three most recent standard surveys prior to the application deadline (January 23, 2020) is below their State Average Conditions of Participation Deficiencies⁶ for the past three fiscal years (October 2016 to September 2019).
- Special consideration is provided for applicants exceeding the state average by less than 1 point.

⁶ For the purpose of the Quality Award Program, Conditions of Participation Deficiencies are defined as W102, W122, W158, W195, W266, W318, W406, and W459.



CHAPTER 3: GOLD APPLICATION DEADLINES AND FEES

	Intent to Apply	Application and Fee
Deadline	November 7, 2019 at 8 p.m. EST	January 23, 2020 at 8 p.m. EST
Fee	\$300	\$3,700 with Intent to Apply \$5,000 without Intent to Apply
Mandatory?	No <i>(applicants who submit the Intent to Apply will pay a reduced application fee and receive extra educational resources)</i>	Yes
How to Submit	Log into the Quality Award Portal to submit the fee. No paperwork or application is required.	Log into the Quality Award Portal to start working on an online application form or upload a PDF of the application and pay the fee online.
Forms of Payment Accepted	All major credit cards (Cash, checks or money orders are not accepted.) Payment(s) must be made online in the Quality Award Portal.	
Fine Print	All payment(s) are non-refundable and non-transferable.	



CHAPTER 4: QUALITY AWARD APPLICATION POLICIES

Membership Requirements:

- An applicant's membership to AHCA/NCAL must cover the scope of their application. For example, if a member is including both AL and SNCC services within the scope of their application, their membership must include both AL and SNCC beds.

Deadlines:

- **All program deadlines are final- no exceptions will be made.**
 - Late Intent to Apply submissions will not be accepted for any reason.
 - Applications and payments must be submitted before the deadline in order to be considered. Late submissions will not be accepted for any reason.
 - Exceptions will not be made for applicants who fail to submit any of the above by the deadline due to technical issues not related to AHCA/NCAL.

Program deadlines are listed on page 7.

Intent to Apply:

- If submitting an Intent to Apply (optional), the payment type must match the application type (i.e. SNCC, AL, SNCC/AL) to receive the discounted application fee.

Application and Payment Submission:

- All Gold Intent to Apply submissions, applications and payments must be submitted online using the [Quality Award Portal](#). No other forms of submission will be accepted.
- A successful application submission will immediately generate a confirmation page and confirmation email. The confirmation email is the only proof of submission.
 - If a submitted application is reopened for revision, it must be re-submitted for award consideration.
 - A payment receipt is not the same as the application confirmation email and will not be accepted as proof of application submission.
- A successful payment submission will immediately generate an emailed receipt from PayPal. A payment receipt is the only proof of payment submission.
 - The scope of the application must match the payment type (i.e. SNCC, AL, AL/SNCC).
- A successful application and payment submission will generate all three of the following prior to the deadline:
 - A status of "submitted" in the Quality Award Portal.
 - An email from qualityaward@ahca.org confirming the application submission
 - A separate email from PayPal confirming payment submission

If you do not receive any of the above, your application has not been submitted successfully. Please contact [Quality Award staff](#) for assistance.



Technical Requirements:

- AHCA/NCAL reserves the right to disqualify any application and supporting document that does not adhere to the technical requirements and submission format laid out on pages 10-15.
- Supporting documents must be uploaded in a PDF to the Quality Award Portal and are also required to follow the technical requirements laid out on pages 10-15.
- Disqualified applications will not receive a feedback report or a refund of their fee(s).

Originality:

- All Quality Award applications must be written by staff member(s) within the applicant organization (single center) submitting the application.
- Applicants are cautioned against using language drawn verbatim from corporate or other documents not originating from the single center submitting the application (mission and related statements exempt).
- If applications are found to have sections of identical or near-identical language as another submitted application, it will be deemed as non-original.
- Applications deemed non-original will be disqualified, and the involved organizations will be ineligible to apply for two subsequent years.

Recertification Policy:

- Recipients of the AHCA/NCAL National Quality Award must abide by the [recertification policy](#).

Confidentiality:

- AHCA/NCAL will not disclose applicant information to anyone outside the applicant organization, parent company, or their state affiliate.
- Only the names of applicants who receive the award will be disclosed publicly.



CHAPTER 5: GOLD APPLICATION SUBMISSION INSTRUCTIONS

All Gold Intent to Apply submissions, applications and payments must be submitted online using the [Quality Award Portal](#). No other forms of submission will be accepted.

To access the [Quality Award Portal](#), visit ahcancal.smartsimple.com.

All first-time users must establish a log-in to gain access to the system. Instructions for first-time users are available on the website.

Once you log-into the system, you must request access to your center/corporation's portal. Access is granted by your organization. If your organization is a first-time user of the system without a defined corporate account administrator, your request will be granted by AHCA/NCAL staff.

The [Quality Award Portal](#) allows applicants to submit their Intent to Apply payment, write and submit their Gold application and submit the Gold application fee.

Please note that Gold applicants have two options to submit their application:

- **Submit Online Form:** Select this option to submit your application by responding to the criteria questions in the online form. The online form already includes the submission format that applicants are required to follow and instead of a page limit, has an equivalent character count limit built-in. The online form also has an option of attaching a supporting PDF document with graphs and charts as necessary.
 - Note that your attached PDF must meet the applicable technical requirements (see below for details). Applicants can also save their work in the Quality Award Portal, allowing applicants to use the online form to build their application over time.
- **Submit as a PDF (Upload PDF Application):** Select this option to upload a PDF file containing the responses to the criteria. If you choose this option, you must adhere to all the technical requirements listed on pages 10 - 11. Be sure to only provide additional information and select individual results that relate to criteria requirements or that you consider important to the management of your organization. Do not attach comprehensive reports, such as pharmacy reports or the full CMS Nursing Home Compare Provider Rating Report.

For assistance on how to use the portal, please refer to the [help documents](#) on our [Quality Award website](#). Help documents are available on the following:

- How to get access to the center/corporation
- User roles
- How to submit online form
- How to submit payment

For additional assistance, please contact program staff at qualityaward@ahca.org



Gold Technical Requirements & Guidelines

The following technical requirements are very important. They have been established to maintain fairness across applications and to allow for accurate review. Technical requirements vary based on the submission method selected – online form **or** PDF upload (see page 9 for details). The chart below outlines each requirement and how it is applied to each submission method.

AHCA/NCAL reserves the right to disqualify any application that does not meet the following technical requirements. Disqualified applications will not receive a refund of their fee(s) or a feedback report.

Technical Requirements	Submit Online Form	Submit as a PDF
The application must respond to the 2019-2020 Baldrige Criteria (Either Health Care Criteria for Performance Excellence (HCCPE), or Baldrige Criteria for Performance Excellence)	This is built into the online form.	Applicants need to purchase criteria from Baldrige website .
The supporting document OR uploaded document must be submitted as a PDF.	Applicants should not submit a scanned PDF document.	Applicants should not submit a scanned PDF document.
Applicants must respond to all Criteria questions and label the Criteria as shown in the submission format (see pages 13-15).	All criteria and labels are built into the online form. Applicants simply need to fill in their responses to the Criteria questions. Supporting PDF documents must include relevant criteria codes.	Applicants will copy and paste the submission format (see pages 13-15) into a new Microsoft Word document, and add their responses next to the Criteria code. Final version must be saved as a PDF document.
The application must be formatted to 8 ½ by 11-inch pages and be no more than 55 pages in length, not including the acronym page. For online applications, the supporting document is limited to 25 pages.	An equivalent character limit and a page limit for supporting PDF documents (with graphs and charts) is built into the online form, so online applications will adhere to the requirement. Supporting PDF documents must be on 8 ½ by 11-inch (standard size) pages.	Applicants must ensure their document meets this technical requirement.
Margins should be at least 1 inch all around.	Applicants must ensure their supporting PDF document meets this technical requirement.	Applicants must ensure their document meets this technical requirement.



Technical Requirements	Submit Online Form	Submit as a PDF
Times New Roman font in size 12 or Calibri font in size 11 should be used in running text.	This is built into the online form, so all online applications will adhere to the requirement. Applicants must ensure their supporting PDF documents also meet this requirement.	Applicants must ensure their document meets this technical requirement.
Font in tables should be a minimum of Times New Roman font in size 10 or Calibri font size 9.	This is built into the online form, so all online applications will adhere to the requirement. Applicants must ensure their supporting PDF documents also meet this requirement.	Applicants must ensure their document meets this technical requirement.
For online forms, the supporting document must only include figures, tables, graphs, and the glossary. Table references or brief explanations are permissible but extensive narrative should not be included.	Applicants must ensure their supporting PDF documents also meet these requirements. Be sure that the information in the attachment is legible and easy to interpret.	Not applicable.

Additional Guidelines

AHCA/NCAL will not disqualify applicants for not meeting the following requirements; however, failure to adhere to them will reduce the readability of an application, which may have negative consequences during the review process. These guidelines apply to both applications created in the online form as well as those uploaded as PDFs.

- Pages of the application or supporting document should be numbered consecutively.
- Criteria should be responded to in prose (i.e. not extensive bulleted lists).
- Graphs and charts within the application should be legible when printed. Examiners are instructed to disregard graphs and charts that are unreadable when viewed at 100%.
- Appropriate breaks between paragraphs and clear identification of Criteria codes (i.e. bolded text) is encouraged for readability.



Criteria Submission Format for the Upload PDF Application option:

Note that this is only for those applicants who choose the option of uploading a PDF document instead of completing the online application form.

Preface: Organizational Profile

P.1 Organizational Description:

P.1.a. Organizational Environment

P.1.a(1) Health Care Service Offerings

P.1.a(2) Mission, Vision, Values, and Culture

P.1.a(3) Workforce Profile

P.1.a(4) Assets

P.1.a(5) Regulatory Environment

P.1.b. Organizational Relationships

P.1.b(1) Organizational Structure

P.1.b(2) Patients, Other Customers, and Stakeholders

P.1.b(3) Suppliers, Partners and Collaborators

P.2 Organizational Situation:

P.2.a. Competitive Environment

P.2.a(1) Competitive Position

P.2.a(2) Competitiveness Changes

P.2.a(3) Comparative Data

P.2.b. Strategic Context

P.2.c. Performance Improvement System

Leadership

1.1 Senior Leadership

a. Vision and Values

(1) Setting Vision and Values

(2) Promoting Legal and Ethical Behavior

b. Communication

c. Mission and Organizational Performance

(1) Creating an Environment for Success

(2) Creating a Focus on Action

1.2 Governance and Societal Contributions

a. Organizational Governance

(1) Governance System

(2) Performance Evaluation

b. Legal and Ethical Behavior

(1) Legal, Regulatory, and Accreditation Compliance

(2) Ethical Behavior

c. Societal Contributions

(1) Societal Well-Being

(2) Community Support



Strategy

2.1 Strategy Development

- a. Strategy Development Process
 - (1) Strategic Planning Process
 - (2) Innovation
 - (3) Strategy Considerations
 - (4) Work Systems and Core Competencies
- b. Strategic Objectives
 - (1) Key Strategic Objectives
 - (2) Strategic Objective Considerations

2.2 Strategy Implementation

- a. Action Plan Development and Deployment
 - (1) Action Plans
 - (2) Action Plan Implementation
 - (3) Resource Allocation
 - (4) Workforce Plans
 - (5) Performance Measures
 - (6) Performance Projections
- b. Action Plan Modification

Customers

3.1 Customer Expectations

- a. Listening to Patients and Other Customers
 - (1) Current Patients and Other Customers
 - (2) Potential Patients and Other Customers
- b. Patient and Other Customer Segmentation and Service Offerings
 - (1) Patient and Other Customer Segmentation
 - (2) Service Offerings

3.2 Customer Engagement

- a. Patient and Other Customer Relationships and Support
 - (1) Relationship Management
 - (2) Patient and Other Customer Access and Support
 - (3) Complaint Management
- b. Determination and Patient and Other Customer Satisfaction and Engagement
 - (1) Satisfaction, Dissatisfaction, and Engagement
 - (2) Satisfaction Relative to Other Organizations
- c. Use of Voice-of-the-Customer and Market Data

Measurement, Analysis, and Knowledge Management

4.1 Measurement, Analysis, and Improvement of Organizational Performance

- a. Performance Measurement
 - (1) Performance Measures
 - (2) Comparative Data
 - (3) Measurement Agility
- b. Performance Analysis and Review
- c. Performance Improvement



- (1) Future Performance
- (2) Continuous Improvement and Innovation
- 4.2 Information and Knowledge Management
 - a. Data and Information
 - (1) Quality
 - (2) Availability
 - b. Organizational Knowledge
 - (1) Knowledge Management
 - (2) Best Practices
 - (3) Organizational Learning

Workforce

5.1 Workforce Environment

- a. Workforce Capability and Capacity
 - (1) Capability and Capacity Needs
 - (2) New Workforce Members
 - (3) Workforce Change Management
 - (4) Work Accomplishment
- b. Workforce Climate
 - (1) Workforce Environment
 - (2) Workforce Benefits and Policies

5.2 Workforce Engagement

- a. Assessment of Workforce Engagement
 - (1) Drivers of Engagement
 - (2) Assessment of Engagement
- b. Organizational Culture
- c. Performance Management and Development
 - (1) Performance Management
 - (2) Performance Development
 - (3) Learning and Development Effectiveness
 - (4) Career Development

Operations

6.1 Work Processes

- a. Service and Process Design
 - (1) Determination of Service and Process Requirements
 - (2) Key Work Processes
 - (3) Design Concepts
- b. Process Management and Improvement
 - (1) Process Implementation
 - (2) Patient Expectations and Preferences
 - (3) Support Processes
 - (4) Service and Process Improvement
- c. Supply-Network Management
- d. Innovation Management



6.2 Operational Effectiveness

- a. Process Efficiency and Effectiveness
- b. Security and Cybersecurity
- c. Safety and Emergency Preparedness
 - (1) Safety
 - (2) Business Continuity

Results

7.1 Health Care and Process Results

- a. Health Care and Customer-Focused Service Results
- b. Work Process Effectiveness Results
 - (1) Process Effectiveness and Efficiency
 - (2) Safety and Emergency Preparedness
- c. Supply-Network Management Results

7.2 Customer Results

- a. Patient- and Other Customer-Focused Results
 - (1) Patient and Other Customer Satisfaction
 - (2) Patient and Other Customer Engagement

7.3 Workforce Results

- a. Workforce-Focused Results
 - (1) Workforce Capability and Capacity
 - (2) Workforce Climate
 - (3) Workforce Engagement
 - (4) Workforce Development

7.4 Leadership and Governance Results

- a. Leadership, Governance, and Societal Contribution Results
 - (1) Leadership
 - (2) Governance
 - (3) Law, Regulation, and Accreditation
 - (4) Ethics
 - (5) Society

7.5 Financial, Market and Strategy Results

- a. Financial and Market Results
 - (1) Financial Performance
 - (2) Marketplace Performance
- b. Strategy Implementation Results



CHAPTER 6: REQUIREMENTS FOR AWARD RECOMMENDATION

Gold Award Recipient Determination

The Quality Award Program utilizes a Panel of Judges to make all final Site Visit and Award determinations. The Panel of Judges evaluates applications against the Gold Site Visit Recipient Characteristics and Gold Quality Award Recipient Characteristics to determine which applications move forward in the process.

The Gold Site Visit Recipient Characteristics and Gold Quality Award Recipient Characteristics will be available on the [Quality Award website](#) in Fall of 2019. Applicants are encouraged to review these characteristics as they put their applications together.

Required Results

Applicants are required to report the following results in the relevant area. To receive a Site Visit, applicants cannot fail to report more than two required results (for SNCC or SNCC/AL), or more than one required result (for AL) within their applications.

7.1– Health Care and Process Results

- o 30-day Readmissions or Hospitalization Rates (*choose one*)
- o Antipsychotic Rates
- o Five-Star Quality Measure Rating*

7.2– Customer Results

- o Applicants can choose one of the following customer results:
 - Overall Customer Satisfaction
 - Customer Willingness to Recommend
 - CoreQ

7.3– Workforce Results

- o Staff Turnover or Staff Retention (*choose one*)
- o Five- Star Staffing Measure Rating – Overall*
- o Five- Star Staffing Measure Rating – RN*

7.4– Leadership and Governance Results

- o Five-Star Overall Rating*
- o Five-Star Survey Measure Rating*

7.5 – Financial, Market, and Strategy Results

- o An appropriate measure for 7.5 (see Criteria)

**Organizations that do not participate in the CMS Five-Star program, such as Assisted Living, select State Veterans Homes and ID/DD applicants, are not expected to provide Five-Star results, but must provide item-appropriate measures in its place.*

If a required result cannot be obtained for any reason not identified above, applicants must contact program staff at qualityaward@ahca.org.



CHAPTER 7: GUIDELINES FOR RESPONDING TO THE CRITERIA

The guidelines given in this section are largely adapted from the [2019-2020 Baldrige Excellence Framework](#) and are offered to assist applicants in responding most effectively to the requirements of the Criteria. At several key points in the following information, sections of the Baldrige Health Care Criteria for Performance Excellence (HCCPE) document are referenced. Applicants are strongly urged to read these HCCPE sections.

The guidelines are presented below in three parts:

- General Guidelines
- Guidelines for Responding to Process Items
- Guidelines for Responding to Results Items

Additionally, applicants should view the “[Gold Series](#)”, a five-part webinar series to help Gold applicants understand the Criteria and apply it to their organization. The National Quality Award Gold Series is available on [ahcancalED](#).

General Guidelines

1. Read this entire application packet.

2. Review the category format and understand how to respond to the Basic, Overall and Multiple components of each Criteria category.

Each item is classified as either PROCESS or RESULTS, depending on the type of information required. Item requirements are presented in question format. Responses to the associated multiple item requirements should contain information that fully addresses the questions posed at the basic, overall, and multiple levels.

3. Refer to the Gold Scoring Calibration Guidelines.

To respond most effectively to the Criteria, your organization will find it helpful to refer to the Gold Scoring Calibration Guidelines, which is the primary tool Master (Gold) Examiners use to evaluate an application. The Gold Scoring Calibration Guidelines describe HOW organizations can demonstrate increasing accomplishment and improvement relative to the requirements of the Criteria. The Gold Scoring Calibration Guidelines will be available on the [Gold Award website](#) in October 2019.

The evaluation of PROCESS and RESULTS item responses includes a review of the Criteria item requirements in combination with the Gold Scoring Calibration Guidelines. Specifically, as a complement to requirements of the PROCESS items (Categories 1–6), the Gold Scoring Calibration Guidelines address the maturity of your APPROACHES, the breadth of DEPLOYMENT, the extent of LEARNING, and INTEGRATION with other elements of your performance management system. Similarly, as a complement to requirements of the RESULTS items (Category 7), the Gold Scoring Calibration Guidelines focus on the actual performance levels, the significance of the RESULTS TRENDS, relevant COMPARATIVE DATA, and INTEGRATION with important elements of your organization. Therefore, you need to consider both the Criteria and the Gold Scoring Calibration Guidelines as you prepare your responses to all items.



4. Understand the meaning of KEY terms.

Many of the terms used in the Criteria have meanings that may differ somewhat from standard definitions or definitions used in your organization. Terms printed in SMALL CAPS can be found in the Glossary of Key Terms in the HCCPE. Understanding these terms can help you accurately self-assess your organization and communicate your PROCESSES and RESULTS to those reviewing your responses. Evaluation will be based on the definitions given in the Glossary of Key Terms.

5. Start by preparing the Organizational Profile.

The Organizational Profile is the starting point. While the Organizational Profile is similar to the Bronze Criteria that your organization has already successfully addressed, there are key differences between the Organizational Profile and Bronze Criteria, so your application must be appropriately updated to reflect the requirements within the Organizational Profile. The Organizational Profile is intended to help applicants and Examiners understand what is most relevant and important to the organization and provides information for a table of expected results.

6. Criteria Notes

Items in the criteria notes that say “should” or “must” will be viewed as criteria requirements to which applicants must respond. Those notes that state “may” or “might” will remain optional suggestions of response content.

Guidelines for Responding to Process Items

The purpose of PROCESS items is to enable analysis of your organization’s *most important* PROCESSES—the ones that contribute most to your organizational performance improvement and contribute to PROCESS OR PERFORMANCE RESULTS. Evaluation and feedback depend heavily on the content and completeness of your item responses. For this reason, it is important to respond to these items by providing your KEY PROCESS information. Guidelines for organizing and reviewing such information follow.

1. Understand the meaning of “HOW.”

PROCESS items include many questions that begin with the word “HOW”. Responses should clearly address HOW the process works, rather than merely providing an anecdotal example of process success.

2. Write and review responses with the following ADLI guidelines in mind.

Responses should outline your KEY PROCESS information that address APPROACH, DEPLOYMENT, LEARNING, and INTEGRATION (ADLI).

- **(A) Show that APPROACHES are SYSTEMATIC.** SYSTEMATIC APPROACHES are repeatable and use DATA and information to enable LEARNING. In other words, APPROACHES are SYSTEMATIC if they build in the opportunity for evaluation, improvement, INNOVATION, and knowledge sharing, thereby enabling a gain in maturity.

As you write your application and respond to the “HOW” or approach criteria, be sure to describe, step-by-step, what you do for that approach. Simply stating that you develop a strategic plan each year doesn’t show a systematic approach. An example of responding



to 2.1a(1) could be “In June and July of each year, departments heads prepare information from our current strategic plan, and gather resident satisfaction, employee engagement, and quality measure/clinical results. In August, the administrator leads a half-day meeting with the department head team in which we review last year’s plan, the corporate objectives, current data, and complete a SWOT analysis. Based on this information the senior leader team selects the strategic objectives for the next year.” Sometimes approaches are shown in a flow chart or simple diagram.

- **(D) Show DEPLOYMENT.** DEPLOYMENT information should summarize how your APPROACHES are implemented in different parts of your organization. DEPLOYMENT often can be shown compactly by using tables.
- **(L) Show evidence of LEARNING (Evaluation and Improvement).** PROCESSES should include evaluation and improvement cycles, as well as the potential for breakthrough change. Ideally, evaluation systems for the various processes should be SYSTEMATIC and fact-based. PROCESS improvements should be shared with other appropriate units of the organization to enable organizational LEARNING. Include examples of what you changed in a process and explain why these changes were made.

It is important to evaluate the actual processes that you are implementing, not to simply respond to information that you learn from the processes. For example, as you monitor the action plan progress (described in 2.2), you may realize that the processes to reduce falls are not effective. If you change the process of monitoring and/or preventing falls, that may be a good example of how you improved a work process (6.1) but doesn’t describe how you evaluate the methods you use to implement action plans (2.2). An example of fact-based evaluation of strategy implementation may be to measure the number of completed action plans at the end of each strategic planning cycle.

Wherever possible, the evaluation of your processes should be fact-based. For example, you may use retention or turnover reports to evaluate the effectiveness of your hiring process (5.1a(2)), or there may be a question on the customer satisfaction survey that provides evaluation and feedback on how well you respond to complaints (3.2a(3)). Also provide some detail about the nature of the evaluation – don’t simply mention that you evaluate the specific process. Some extra details may include who, why, when, and how did you evaluate the process.

As you have fact-based evaluation systems in place, then work to continuously improve those processes and describe what you did to improve based on the evaluation and when you implemented the improvement. For example, based on the evaluation of how you implemented strategy (2.2), an improvement could be to add an “action plan” update section to the monthly senior leader meeting to see if any action plans need to be modified, added, or stopped (as an improvement to 2.2b). Based on monitoring the retention and turnover statistics each month in the QAPI meeting and related root cause analysis, you could decide to lengthen new employee orientation from one day to two days to focus more on employee onboarding (5.1a(2)). Finally, given the feedback from the specific question related to complaints on the resident and family satisfaction surveys, you may decide to add to the policy that all complaints are acknowledged within 24 hours (3.2a(3)).



- **(I) Show INTEGRATION.** INTEGRATION shows ALIGNMENT and harmonization among PROCESSES, plans, measures, actions, and RESULTS that generate organizational EFFECTIVENESS and efficiencies.

3. Show Focus and Consistency.

Applications should show focus and consistency in responding to all areas of the criteria. Three important things to keep in mind:

- (1) The Organizational Profile should contain clear, thoughtful and complete responses to the criteria questions - what is most important to your organization.
- (2) These important elements from the Organizational Profile should be reflected in robust processes described in responses to the questions within Categories 1-6.
- (3) The results reported in Category 7 should be measures of these important elements mentioned in the Organizational Profile and throughout the application.

Respond fully to the basic, overall, and multiple item requirements. Missing information will be interpreted as a gap in your PERFORMANCE management system.

4. Cross-reference when appropriate.

As much as possible, each item response should be self-contained. However, responses to items also should be mutually reinforcing. It is appropriate to cross-reference rather than repeat information. In such cases, KEY PROCESS information should be given in the item requesting this information.

5. Use a compact format.

Applicants should make the best use of the space available. Applicants are encouraged to use flowcharts and tables to present information concisely. The page limit/character count is designed to force your organization to consider what is most important in managing your enterprise and reporting RESULTS.

Guidelines for Responding to Results Items

Although the Criteria focus on KEY ORGANIZATIONAL PERFORMANCE RESULTS, these RESULTS by themselves offer little *diagnostic* VALUE. For example, if some RESULTS are poor or are improving at rates slower than your competitors or comparable organizations, it is important to understand *why* this is so and *what* might be done to accelerate improvement.

The Criteria place a major emphasis on RESULTS. The following information, guidelines, and examples relate to EFFECTIVE and complete reporting of RESULTS.

1. Focus on the most critical ORGANIZATIONAL PERFORMANCE RESULTS.

RESULTS reported should cover the most important requirements for your organization's success, highlighted in your Organizational Profile and in Categories 1-6.

Examiners develop a table of expected RESULTS from an application's Organizational Profile and responses to the process items. They compare this table against the RESULTS actually reported in the Results category. This comparison is the basis for the points awarded in this category.



2. Address all required results. For all required results, the term REQUIRED is to be written with the measure/figure.

Please note that these results are REQUIRED. Applicants are required to report the following results in the relevant area. To receive a Site Visit, applicants cannot fail to report more than two required results (for SNCC or SNCC/AL), or more than one required result (for AL) within their applications.

7.1– Health Care and Process Results

- o 30-day Readmissions or Hospitalization Rates (*choose one*)
- o Antipsychotic Rates
- o Five-Star Quality Measure Rating*

7.2– Customer Results

- o Applicants can choose one of the following customer results:
 - Overall Customer Satisfaction
 - Customer Willingness to Recommend
 - CoreQ

7.3– Workforce Results

- o Staff Turnover or Staff Retention (*choose one*)
- o Five- Star Staffing Measure Rating – Overall*
- o Five- Star Staffing Measure Rating – RN*

7.4– Leadership and Governance Results

- o Five-Star Overall Rating*
- o Five-Star Survey Measure Rating*

7.5 – Financial, Market, and Strategy Results

- o An appropriate measure for 7.5 (see Criteria)

**Organizations that do not participate in the CMS Five-Star program, such as Assisted Living, select State Veterans Homes and ID/DD applicants, are not expected to provide Five-Star results, but must provide item-appropriate measures in its place.*

If a required result cannot be obtained for any reason not identified above, applicants must contact program staff at qualityaward@ahca.org.

3. Include Data Sources

The data source is to be identified on the graph/chart in the application for all results. If a data source for a particular result is not identified, that result will not get credit for comparative data. If “peer” group is utilized as the comparison group, define who is in the “peer” group (such as national average, state average, etc.).

4. Note the meaning of the ITLeC (formerly LeTCI) dimensions from the Gold Scoring Calibration Guidelines for reporting of results data:

- Integration (I) to show that all important RESULTS are included and segmented (e.g., by important PATIENT/RESIDENT or STAKEHOLDER, WORKFORCE, PROCESS, and HEALTH CARE SERVICE groups).
- Trends (T) to show directions of RESULTS, rates of change, and the extent of DEPLOYMENT.



- Performance Levels (Le) that are reported on a meaningful measurement scale.
- Comparisons (C) to show HOW RESULTS compare with those of other, appropriately selected organizations.

5. Include TREND data.

A minimum of three historical DATA points is required to ascertain a TREND. TRENDS should represent historic and **current** PERFORMANCE and not rely on projected (future) PERFORMANCE. No minimum period of time is specified for TREND DATA, however time intervals between data points should be meaningful for the specific measure(s) reported. TRENDS might span five or more years for some RESULTS. For important RESULTS, new DATA should be included even if TRENDS and comparisons are not yet well established.

6. Use a compact format -- graphs and tables.

Many RESULTS should be reported compactly by using graphs and tables. Graphs and tables should be labeled for easy interpretation. RESULTS over time or compared with others should be “normalized” (i.e., presented in a way, such as using ratios, that takes into account different sized data sets).

7. Integrate RESULTS into the body of the text and interpret where appropriate.

Discussion of RESULTS and the RESULTS (graphs, tables, etc.) themselves should be presented close together in an award application. TRENDS that show a significant beneficial or adverse change should be briefly explained.

The following graph illustrates data an organization might present as part of a HEALTHCARE response. In the Organizational Profile, the organization has indicated the importance of decreasing rehospitalizations. Therefore, rehospitalization is a KEY measure.

Example:

Figure 7.1-1 – REQUIRED

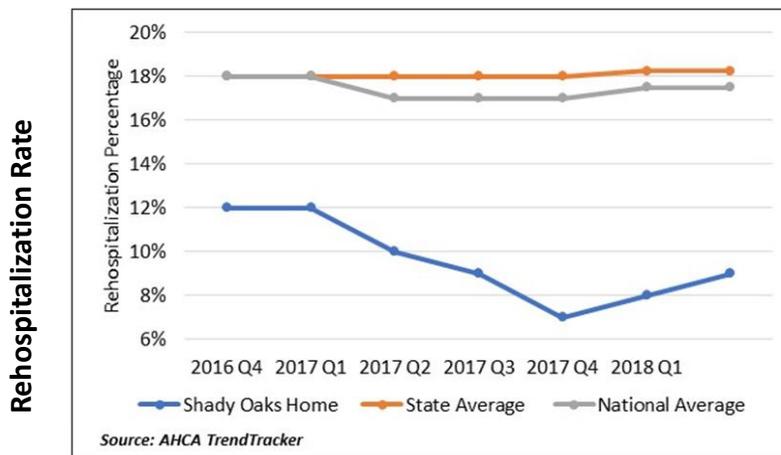


Figure 7.1-1 30-Day Rehospitalization Required Result

Source: LTC Trend Tracker

The graph above illustrates a number of characteristics of clear and EFFECTIVE RESULTS reporting.

- A simple figure number is provided for reference to the graph in the text.



- As a required result (30-Day Rehospitalization) this title includes “REQUIRED”
- Both axes and units of measure are clearly labeled.
- TREND lines report data for a KEY organizational success factor— rehospitalization.
- RESULTS are presented for several years.
- An arrow indicates that a downward direction is good performance for this measure.
- An appropriate comparison is shown clearly.

8. Interpret the graphed RESULTS.

The following comments would be appropriate for the graph shown in Figure 7.1-1.

- The Rehospitalization rate in Figure 7.1-1 is measured by the number of residents who go back to the hospital within 30 days. This measurement method is consistent with our comparison groups.
- The current overall organization performance level is good as compared to the state and national performance. Our organization shows an overall improvement TREND and favorable comparisons.

9. Stay focused on RESULTS.

Do not describe the activities and PROCESS changes that affected your PERFORMANCE in Category 7 Results. Such examples of improvements should be described in the appropriate Process Item in Categories 1 through 6. You may cross-reference to those items in explaining a significant trend as shown in the last bullet above.

10. Reference the Comparative Data Statement.

The comparative data statement on the following page contains important information on how to properly include comparisons. Comparisons are necessary for applicants to achieve higher scoring ranges, per the scoring guidelines. Read the comparative data statement in full to be successful with the Gold application.



Comparative Data Statement for Gold Applicants

Applicants for the AHCA/NCAL National Quality Award Program at the Gold level are encouraged to provide **relevant comparisons** for their results in Category 7. Providing relevant comparisons is necessary to achieve higher scoring ranges, per the scoring guidelines, as this is an indication of high-performing organizations that have objective ways to validate their good performance. Comparisons are likely not available for ALL important measures; however, applicants should provide comparisons for as many measures as possible.

The criteria require applicants to provide relevant, or appropriate comparisons – this means that not just any comparison will suffice. The information here provides direction to applicants on what is considered a relevant comparison.

What is a relevant comparison?

Examples of relevant comparisons include:

- Top quartile or top decile performance of similar organizations (i.e., SNCCs, ALs).
- National average performance of similar organizations (i.e., SNCCs, ALs).
- State average performance of similar organizations (i.e., SNCCs, ALs).
- Local market average performance:
 - Note that for most comparisons the national and state averages generally carry more weight than local market comparisons.
 - An exception is in the case of marketplace comparisons (Item 7.5a(2)) where your local market is often the most appropriate comparison if the data set includes the entire market and not select centers within the market.
- Baldrige recipients, Gold Quality Award recipients or recipients of a top-tier recognition level from a state Baldrige program within the last three years. The recipients you utilize for comparative purposes should be similar organizations, and you must include the timeframe of the comparison [e.g., 2017].
- For the Five-Star system, you must provide relevant comparisons **unless** your performance is at the highest rating possible (a rating of 5 stars) **or if** you are using just the survey component, which should only be compared to other SNCCs within the state.

When determining whether a comparison is relevant, some concepts to keep in mind include:

- The broader the base of comparison data, the more likely it is to be relevant (see exception noted above regarding marketplace comparisons).
- Comparisons to examples of high performance, such as top quartile/decile, demonstrate an organization's high performance more than comparisons to averages.
- Comparisons to the nation or state are more likely to be valid than comparisons to fewer specially-selected organizations.

If a comparison with fewer specially-selected organizations is used, be sure to explain why the comparison should be considered valid (e.g., similar size, services, environment, etc.). *While not assured to be considered valid, an explanation will allow Examiners to make an informed decision.*



What is NOT considered a relevant comparison?

- Centers within your parent company, **unless** the levels of “goodness” of the parent can be determined in the area under comparison. Exception: For 7.1a only; an assisted-living-only application from a provider that is part of a multi-facility organization, may compare to other assisted living communities in their corporation. Examiners will consider this a valid comparison.
- Individual centers, **unless** their performance can be objectively established (see bullet 5 under the relevant comparisons).
- Internally-derived goals or targets **unless** the applicant provides valid evidence that the goal or target is good or excellent when compared with a relevant external level of performance.

When is it appropriate to NOT include a comparison?

When the organization’s performance is at or near the extremes of possibility, such as achieving customer satisfaction rates of 99% or 100% or instances of falls at or near zero.

Why are comparisons important?

To truly understand and improve your organization’s performance, you need to know where it stands relative to similar organizations. For example, to determine the effectiveness of your processes and systems, you must understand the results they are achieving. Comparing your organization to others may reveal organizational challenges to address, and advantages on which to capitalize. Comparative data are also necessary to support fact-based analysis and decision making regarding priorities and activities within the organization. The effective use of comparative data can also help identify areas for significant or breakthrough improvements.