



2023 Criteria with Key Examiner Questions

Criteria	Requirement	Key Examiner Questions (Yes or No)	Speaker's Notes
P.1	Organizational Description P.1 Organizational Description: What are your KEY organizational characteristics? Describe your organization's operating environment and your relationships with KEY PATIENTS/RESIDENTS, CUSTOMERS, STAKEHOLDERS, suppliers, and PARTNERS.		
P.1.a.	ORGANIZATIONAL ENVIRONMENT		
P.1.a.1	Service Offerings: What are your main HEALTH CARE SERVICE offerings (e.g., skilled nursing, subacute, etc.)? What is the relative importance of each to your organizational success?	<ul style="list-style-type: none"> • Is at least one Health Care Service offering identified? • Is a statement of relative importance provided? 	
P.1.a.2	Vision and Mission: What is your organization's MISSION/VISION statement (verbatim) and the specific methods used to communicate it across your organization?	<ul style="list-style-type: none"> • Is the verbatim wording of the mission statement provided? • Is at least one way it is communicated provided? 	
P.1.a.3	Key Measures: What are your KEY ORGANIZATIONAL PERFORMANCE MEASURES?	<ul style="list-style-type: none"> • Are at least two key performance measures listed? 	



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P.1	Organizational Description What are your key organizational characteristics? Describe your organization's operating environment and your relationships with KEY PATIENTS/RESIDENTS, CUSTOMERS, STAKEHOLDERS, suppliers, and PARTNERS.		
P.1.a.	ORGANIZATIONAL ENVIRONMENT		
P.1.a.4	Workforce Profile: Using the table in the Quality Award Portal , addressing your WORKFORCE or employee groups of Administration, Clinical Staff, and Support staff, provide the approximate number in each position, and a general description of each group's KEY drivers of ENGAGEMENT.	<ul style="list-style-type: none"> • Are approximate number of persons provided for Administration, Clinical, and Support staff? • Are key drivers of engagement provided for each of these three groups? 	
P.1.a.5	Assets: What are your major equipment and technologies (e.g., computers, transfer equipment, automated dispensers, alarm devices, etc.)?	<ul style="list-style-type: none"> • Is at least one major equipment or technology identified?" 	
P.1.a.6	Regulatory Requirements: What is the regulatory environment under which your organization operates? What are the KEY bodies of regulation related to health care delivery, occupational health and safety, physical plant, payment, and reimbursement regulations?	<ul style="list-style-type: none"> • Is a least one regulatory agency and associated regulation identified?" 	
P.1.a.7	Core Competencies: What are your CORE COMPETENCIES and their relationship to your MISSION?	<ul style="list-style-type: none"> • Are core competencies and their relation to the mission statement provided? 	



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P.1	Organizational Description Organizational Description What are your key organizational characteristics? Describe your organization's operating environment and your relationships with KEY PATIENTS/RESIDENTS, CUSTOMERS, STAKEHOLDERS, suppliers, and PARTNERS.		
P.1.b.	ORGANIZATIONAL RELATIONSHIPS		
P.1.b.1	Customers: Using the table in the Quality Award Portal , describe your principal CUSTOMER groups. In addition to RESIDENTS, identify <u>up to</u> three other principal CUSTOMER groups in the first column of the table. In the second column, identify the important requirements that each of these principal CUSTOMER groups has of your organization. In the third column, identify the PROCESSES that your organization uses to learn of these important CUSTOMER requirements.	<ul style="list-style-type: none"> • Are key customer groups identified? • Is there at least one requirement for each group identified? • Is there at least one way the facility learned of these requirements provided for each group? 	
P.1.b.2	Suppliers and Partners: What are your KEY types of suppliers of goods and services, including other health care providers? What are your KEY requirements of these suppliers?	<ul style="list-style-type: none"> • Is a listing of at least two types of suppliers of goods and services provided? • Are requirements of these suppliers provided? 	
P.1.b.3	What are the limitations, special business relationships, or special requirements that may exist with some or all suppliers and PARTNERS?	<ul style="list-style-type: none"> ○ Are any limitations, special business relationships or special requirements with suppliers provided? • Or, if none exist, is this stated? 	

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P.1	Organizational Description What are your key organizational characteristics? Describe your organization's operating environments and your key relationships with residents, stakeholders, suppliers and partners.		
P.1.b.	ORGANIZATIONAL RELATIONSHIPS		
P.1.b.4	Organizational Links: What is the leadership structure of your organization? Also, what are the KEY management links to the parent company if the applicant organization is owned by a parent organization?	<ul style="list-style-type: none"> • Is the leadership structure of the organization described? • Are any organizational or management links to the parent company provided? If there is no parent company, is this stated? 	
P.2	Organizational Situation What is your organization's strategic situation? Describe your organization's competitive environment, KEY STRATEGIC CHALLENGES and ADVANTAGES, and your system for performance improvement.		
P.2.a.	COMPETITIVE ENVIRONMENT		
P.2.a.1	Competitive Position: What is your organization's position (relative size) within the local market environment? Include numbers and types of competitors. ID/DD residential services providers only: Are your competitors public, private or both?	<ul style="list-style-type: none"> • Is a description of the facility's position (relative size) in the local market provided? • Also, are numbers AND types of competitors provided?" <i>Note that the second question requires two types of data, number and types.</i> 	

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P.2	Organizational Situation What is your organization's strategic situation? Describe your organization's competitive environment, KEY STRATEGIC CHALLENGES and ADVANTAGES, and your system for performance improvement.		
P.2.a.	COMPETITIVE ENVIRONMENT		
P.2.a.2	Competitive Changes: What KEY changes, if any, are affecting your competitive situation?	<ul style="list-style-type: none"> Is at least one competitive change identified, or if no changes are current, is this stated" 	
P.2.a.3	Data: What are your KEY sources of COMPARATIVE DATA from inside and outside the long-term care profession?	<ul style="list-style-type: none"> Is at least one source of comparative data identified? 	
P.2.b.	STRATEGIC CONTEXT		
P.2.b.1	Strategic Planning: What are at least two major STRATEGIC CHALLENGES or ADVANTAGES for your organization (e.g., entry into new markets or SEGMENTS; relationships or partnerships with Preferred Provider Networks; preparing for different expectations of the next generation of residents; human resource recruitment and retention; new alliances with suppliers, physicians, or other partners; introduction of new technologies; changes in the health care environment that impact the organization's delivery of services; or changes in strategy)?	<ul style="list-style-type: none"> Are at least two major strategic future challenges or advantages for the facility identified? 	
P.2.b.2	What is the reason(s) why it is important that your organization address these <u>two</u> STRATEGIC CHALLENGES or ADVANTAGES?	<ul style="list-style-type: none"> Is an explanation provided as to why it is important to address the two challenges or advantages identified in P.2.b.1.? 	

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P.2	Organizational Situation What is your organization's strategic situation? Describe your organization's competitive environment, KEY STRATEGIC CHALLENGES and ADVANTAGES, and your system for performance improvement.		
P.2.c.	PERFORMANCE IMPROVEMENT SYSTEM		
P.2.c.1	What are the KEY elements of your PERFORMANCE improvement system? In your response, describe the KEY steps and/or tools that you typically use for PROCESS improvement or INNOVATION.	<ul style="list-style-type: none"> • Are the key elements of the performance improvement system, including the approach generally used to improve performance outcomes provided? 	
P.2.c.2	What one HEALTH CARE RESULT did your organization improve by applying the KEY elements of your PERFORMANCE improvement system? The RESULT should be clearly clinical in nature, not merely a PROCESS RESULT that impacts a HEALTH CARE RESULT. Using the key steps and/or tools of your PERFORMANCE improvement system, describe the PROCESS by which this RESULT was improved, including what specific changes were made. Include data illustrating the improvement.	<ul style="list-style-type: none"> • Is a <u>Health Care Result</u> identified? • Does the performance improvement system used reflect the steps described in P.2.c.1? • Is at least <u>one</u> specific change described? • Is data provided? • Does this data indicate positive change? 	
P.2.c.3	ID/DD residential services providers only, not including ICFs/IID: Because national survey performance is not considered in evaluation, please report briefly on a <i>second</i> quality improvement effort. This effort need not necessarily be clinical in nature. Describe the PROCESS by which improvement was attained, including what specific changes were made. Include DATA illustrating the improvement.	<ul style="list-style-type: none"> • Is a <u>Resident-focused Result</u> identified? • Does the performance improvement system used reflect the steps described in P.2.c.1? • Is at least <u>one</u> specific change described? • Is data provided? • Does this data indicate positive change? 	



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P.2	Organizational Structure What is your organization's strategic situation? Describe your organization's competitive environment, key strategic challenges and advantages, and your system for performance improvement.		
P.2.c.	PERFORMANCE IMPROVEMENT SYSTEM (CONTINUED)		
P.2.c.2	What one HEALTH CARE RESULT did your organization improve by applying the KEY elements of your PERFORMANCE improvement system? The RESULT should be clearly clinical in nature, not merely a PROCESS measure that impacts a HEALTH CARE RESULT. Using the key steps and/or tools of your PERFORMANCE improvement system, describe the PROCESS by which this RESULT was improved, including what specific changes were made. Include data illustrating the improvement. Note for ID residential service providers: Given the largely non-clinical nature of services provided, these centers may choose to report on improvement of a non-clinical resident-related RESULT in response to this criteria.	<ul style="list-style-type: none"> • Is a Health Care Result identified? • Does the performance improvement system used reflect the system described in P.2.c.1? • Is at least one specific change described? • Is data provided? • Does this data indicate positive change? 	



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P.2	Organizational Structure What is your organization's strategic situation? Describe your organization's competitive environment, key strategic challenges and advantages, and your system for performance improvement.		
P.2.c.	PERFORMANCE IMPROVEMENT SYSTEM (CONTINUED)		
P.2.c.3	<p>Intellectual Disability (ID) residential services providers only: Because you are not required to report survey data, please report briefly on a <i>second</i> quality improvement effort. This effort need not necessarily be clinical in nature. Describe the PROCESS by which improvement was attained, including what specific changes were made. Include data illustrating the improvement.</p> <p>Assisted Living Applicants: Address a PATIENT related RESULT (clinical or non-clinical) that your organization improved by applying the KEY elements of your PERFORMANCE improvement SYSTEM? As in the previous criteria, using the key steps and/or tools of your PERFORMANCE improvement system, describe the PROCESS by which this result was improved, including what specific changes were made. Include DATA illustrating the improvement.</p>	<ul style="list-style-type: none"> • Is a second quality improvement effort (ID/DD) identified? • Does the performance improvement system used reflect the system described in P.2.c.1? • Is at least one specific change described? • Is data provided? • Does this data indicate positive change? 	



P.2	Organizational Structure What is your organization's strategic situation? Describe your organization's competitive environment, key strategic challenges and advantages, and your system for performance improvement.	
P.2.c.	PERFORMANCE IMPROVEMENT SYSTEM (CONTINUED)	
P.2.c.3	Assisted Living Applicants: Address a second PATIENT related RESULT (clinical or non-clinical) that your organization improved by applying the KEY elements of your PERFORMANCE improvement SYSTEM? As in the previous criteria, using the key steps and/or tools of your PERFORMANCE improvement system, describe the PROCESS by which this result was improved, including what specific changes were made. Include DATA illustrating the improvement.	<ul style="list-style-type: none"> • Is a second quality improvement effort (ID/DD) identified? • Does the performance improvement system used reflect the system described in P.2.c.1? • Is at least one specific change described? • Is data provided? • Does this data indicate positive change?

