

Applying Goal and Performance Analysis to Quality Improvement in Long-Term Care

Objective: Equip participants with practical strategies for measurable quality improvement through goal analysis and performance assessment techniques. Featuring real case studies, interactive group activities, and actionable implementation plans.



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Why Focus on Quality Improvement (QI) in LTC?

Quality improvement initiatives are essential for:

Enhancing resident health outcomes

Increasing satisfaction among residents and families

Controlling operational costs

Improving Medicare star ratings

As our aging population grows, so does the complexity of resident needs, making systematic quality improvement more critical than ever.





Research shows direct correlation between systematic QI programs and improved resident outcomes, regulatory compliance, and financial performance.



QI in LTC: Current Landscape

Care Coordination

Fragmented approaches to resident care transitions between providers and settings

Safety Culture

Inconsistent protocols for fall prevention, medication management, and resident mobility

Infection Prevention

Variable implementation of standardized prevention protocols and surveillance systems

LTC facilities face increasing regulatory scrutiny and public reporting requirements, yet implementation of quality initiatives remains uneven across the industry. Many facilities lack standardized approaches to quality measurement and improvement.



Defining Quality Improvement (QI)

"Quality improvement consists of systematic and continuous actions that lead to measurable improvement in health care services and the health status of targeted patient groups."

- Health Resources and Services Administration (HRSA)

Quality improvement in long-term care encompasses two distinct but complementary approaches:

Organization-Wide QI Programs

Comprehensive systems that permeate all aspects of facility operations:

- Structured governance with dedicated quality committees
- Integration across departments from dietary to nursing
- Standardized methodologies
- Alignment with strategic planning and budgeting

Process-Specific QI Initiatives

Targeted interventions addressing particular clinical or operational challenges:

- Fall prevention protocols
- Wound care management
- Medication administration accuracy
- Infection control measures
- Resident engagement programming





The Business Case for QI in Long-Term Care

Financial Pressures

Long-term care facilities face unprecedented economic challenges:

- Rising operational costs (13.9% increase since 2020)
- Staffing shortages driving up labor expenses
- Reimbursement models increasingly tied to quality metrics
- Competitive marketplace demanding demonstrated value

Cost-Benefit Analysis

Research demonstrates QI initiatives deliver tangible ROI:

- \$4.67 saved for every \$1 invested in fall prevention programs
- 30% reduction in medication errors translates to approximately \$450,000 annual savings for a 120-bed facility
- 15% decrease in staff turnover saves \$80,000+ annually in recruitment and training costs

Value Creation

Beyond direct savings, QI creates long-term value:

- Improved star ratings driving referrals and census
- Enhanced reputation attracting higher-paying private pay residents
- Preferred provider status with hospital networks and ACOs
- Reduced liability insurance premiums

When implemented systematically, quality improvement transforms from a cost center to a strategic investment that drives both clinical excellence and financial sustainability.



Benefits for Residents and Staff

Resident Benefits

Enhanced Quality of Life

Structured QI initiatives lead to measurable improvements in resident satisfaction, comfort, and overall well-being.

Improved Clinical Outcomes

Research shows 20-35% reductions in adverse events like falls, pressure injuries, and medication errors when goal and performance analysis drive QI efforts.

Greater Independence

Targeted QI programs focused on functional capacity have demonstrated significant improvements in ADL performance and mobility maintenance.

Better Community Integration

Facilities using goal-driven approaches to social programming show higher rates of meaningful engagement and reduced social isolation.



Staff Benefits

Clarity of Purpose

Well-defined goals and performance metrics provide staff with clear direction and priorities, reducing role ambiguity.

Professional Satisfaction

Seeing measurable improvements in resident outcomes increases job satisfaction and professional fulfillment.

Reduced Burnout

Systematic QI reduces chaos and firefighting, leading to more predictable workflows and lower stress levels.

Enhanced Teamwork

Goal and performance analysis create shared objectives that break down silos between departments and disciplines.





Components of Effective QI Programs

Goal Setting

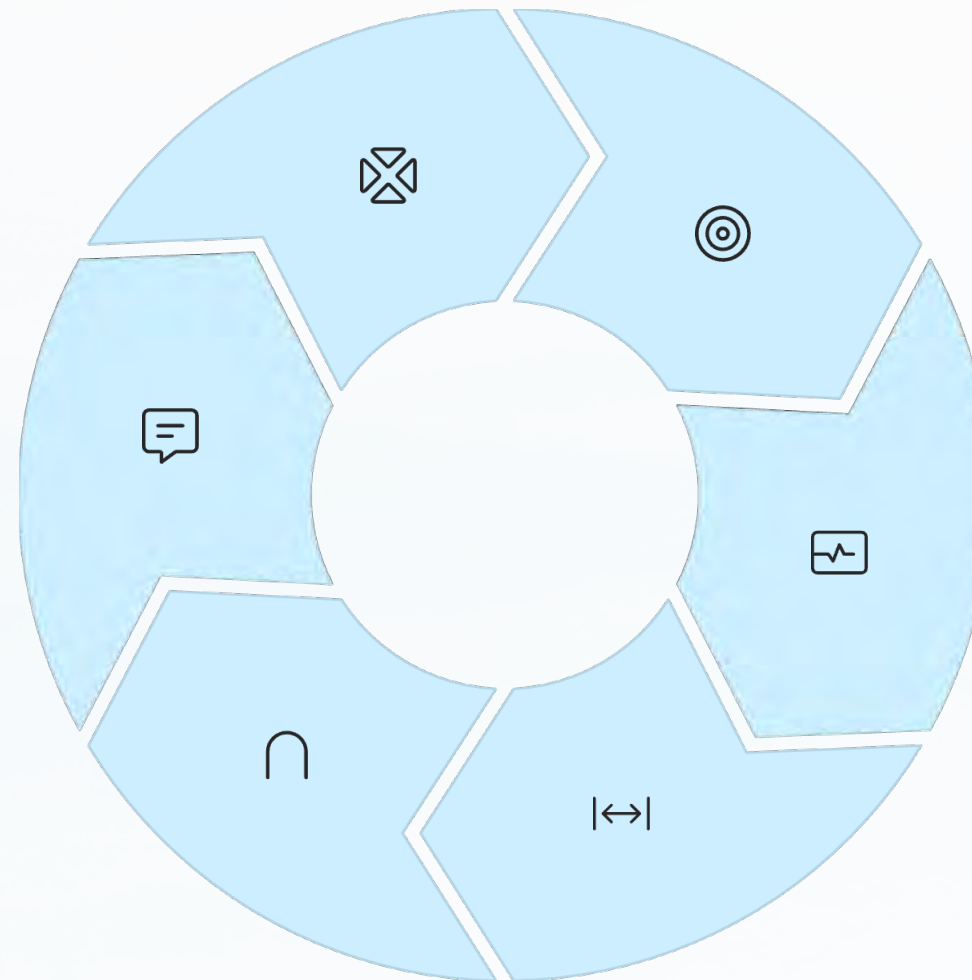
Establishing clear, measurable objectives aligned with facility mission and regulatory requirements. Goals should be SMART (Specific, Measurable, Achievable, Relevant, Time-bound) and reflect both clinical and operational priorities.

Feedback & Refinement

Communicating results to stakeholders and adjusting approaches based on outcomes. This creates a continuous cycle of improvement rather than a one-time project.

Intervention

Implementing targeted changes based on analysis findings. Interventions may range from small tests of change to major system redesigns, following established improvement methodologies.



Strategy Development

Creating evidence-based approaches to achieve identified goals, including resource allocation, staff training, and implementation timelines. Strategies should be developed with input from frontline staff and incorporate best practices.

Monitoring Systems

Implementing robust data collection mechanisms to track performance metrics over time. This includes both process measures (e.g., compliance rates) and outcome measures (e.g., resident health indicators).

Analysis

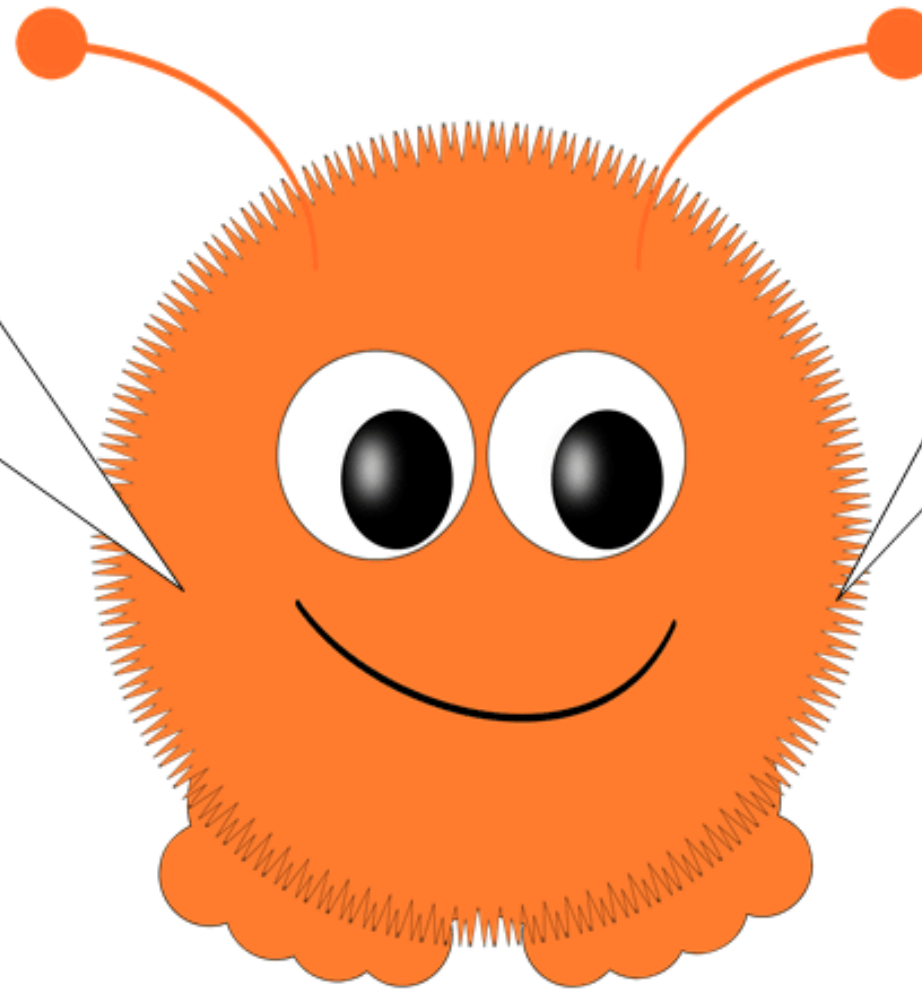
Systematically examining data to identify trends, variations, and opportunities for improvement. Analysis should include statistical tools to differentiate between random variation and significant changes.

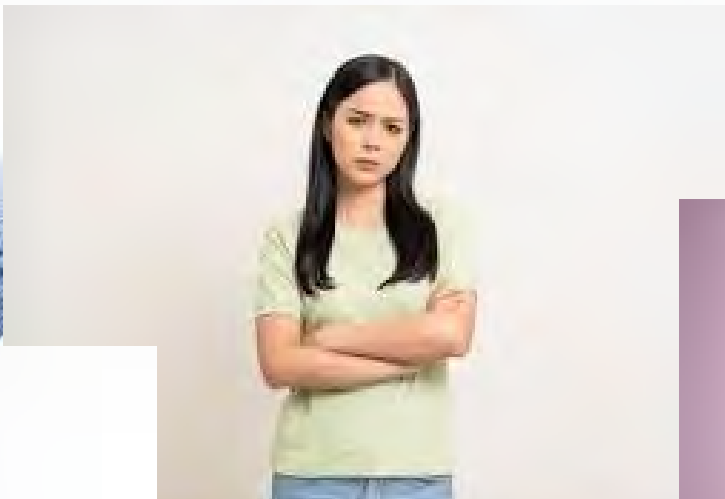


Warm fuzzies make people feel happy

Think before
you speak
and make
the world a
fuzzier place
to live

Use kind words
and compliments
to make people
feel happy





Fuzzy GOALS
do the opposite!





The Power of SMART Goals in QI

Specific

Target exact measures and processes (e.g., "Reduce falls on Unit B" vs. "Improve safety")

Measurable

Include quantifiable metrics to track progress (e.g., "Reduce by 20%" or "Increase to 95%")

Achievable

Set realistic targets based on available resources and capabilities

Relevant

Align with facility priorities and meaningful resident outcomes

Time-bound

Establish clear deadlines for accomplishment (e.g., "within 6 months")

Introducing Goal Analysis: What & Why

What is Goal Analysis?

Goal analysis is the systematic process of defining, clarifying, and validating the objectives that drive quality improvement efforts. It ensures that goals are:

- **Clear and unambiguous** - Every team member understands exactly what success looks like
- **Measurable** - Progress can be objectively tracked through defined metrics
- **Aligned with organizational priorities** - Goals support broader facility mission and strategy
- **Feasible within resource constraints** - Objectives can realistically be achieved with available staffing
- **Meaningful to residents and staff** - Goals address genuine needs rather than merely satisfying external requirements

Why is Goal Analysis Essential?

Without proper goal analysis, QI initiatives often fail because:

- Teams work toward different interpretations of the same goal
- Progress cannot be reliably measured or demonstrated
- Resources are wasted on initiatives that don't address core problems
- Staff become disillusioned with improvement efforts that lack clear purpose

Effective goal analysis transforms vague aspirations like "improve resident care" into actionable targets such as "reduce pressure ulcer incidence by 30% within 6 months through implementation of a comprehensive skin assessment protocol."



"If you don't know where you're going, you'll end up somewhere else."

- Yogi Berra



What is Goal Analysis?



Goal Analysis is a structured approach that:

- Clarifies desired outcomes with specific, measurable targets
- Establishes clear priorities that guide decision-making
- Creates urgency and direction for improvement efforts
- Aligns team members around common objectives
- Provides benchmarks against which progress can be measured



Step-by-Step: Conducting Goal Analysis

Step 1: Identify the Problem or Opportunity

Begin with a clearly defined challenge or opportunity area based on:

- Resident outcome data and quality metrics
- Regulatory survey findings
- Resident/family feedback
- Staff observations
- Benchmark comparisons

Step 2: Draft Initial Goal Statement

Create a preliminary goal that addresses the identified problem:

Example: "Reduce falls in our memory care unit"

Step 3: Apply SMART Criteria

- **Specific:** What exactly will be accomplished?
- **Measurable:** How will progress be quantified?
- **Achievable:** Is this realistic given our resources?
- **Relevant:** Does this align with our priorities?
- **Time-bound:** What is our deadline?

Step 4: Refine Goal Statement

Revise the initial statement to incorporate SMART criteria:

Example: "Reduce fall incidents in the memory care unit by 25% within 6 months through implementation of an enhanced environmental assessment protocol and staff training program."

Step 5: Distinguish Ultimate vs. Incremental Goals

Break down larger goals into manageable increments:

- **Ultimate goal:** 25% reduction in falls within 6 months
- **Incremental goals:**
 - Complete environmental assessment within 2 weeks
 - Train 100% of staff within 1 month
 - Achieve 10% reduction in falls by month 3

Step 6: Validate with Stakeholders

Confirm goal alignment with:

- Frontline care staff
- Department leaders
- Residents and families
- Administrative leadership



What is Performance Analysis?



Current State Assessment

Evaluate existing processes, outcomes, and capabilities through data collection and observation



Gap Identification

Determine the difference between current performance and desired goals



Root Cause Analysis

Investigate underlying factors that contribute to performance gaps



Focused Intervention

Develop targeted quality initiatives based on identified causes



Key Elements of Performance Analysis



Performance analysis is the systematic examination of the gap between current and desired performance.

Unlike simple data reporting, performance analysis:

- **Identifies measurable gaps** between current state and goal state
- **Examines multiple dimensions** of performance including:
 - Staff knowledge, skills, and behaviors
 - Process efficiency and reliability
 - System design and infrastructure
 - Resident and family engagement
- **Utilizes diverse data sources** such as:
 - Clinical documentation and EHR metrics
 - Direct observation of care practices
 - Staff interviews and surveys
 - Resident feedback and experience measures
- **Applies root cause analysis** to identify underlying issues rather than symptoms
- **Prioritizes intervention opportunities** based on impact potential and feasibility

"Without data, you're just another person with an opinion."

- W. Edwards Deming





Performance Analysis: Tools and Techniques

Data Sources

- Resident and staff surveys and trend reports
- Minimum Data Set (MDS) measures
- Internal quality tracking systems
- Incident reports and near-miss logs

Analysis Methods

- Gemba walks (direct process observation)
- Process mapping and workflow analysis
- Root cause analysis (5 Whys, fishbone)
- Resident/family interviews and focus groups



Linking Goal & Performance Analysis to QI



Goal Analysis

Establishes clear targets for improvement based on facility priorities, regulatory requirements, and resident needs. Creates shared understanding of what success looks like.

Example: Reduce pressure ulcer incidence by 30% within 6 months



Performance Analysis

Examines current state, identifies gaps between actual and desired performance, and determines root causes of underperformance.

Example: Analysis reveals inconsistent skin assessments during shift changes and insufficient documentation of repositioning



Strategic Intervention

Develops targeted approaches that directly address identified performance gaps and move toward established goals.

Example: Implement standardized skin assessment tool and electronic repositioning reminders



Measurement & Adjustment

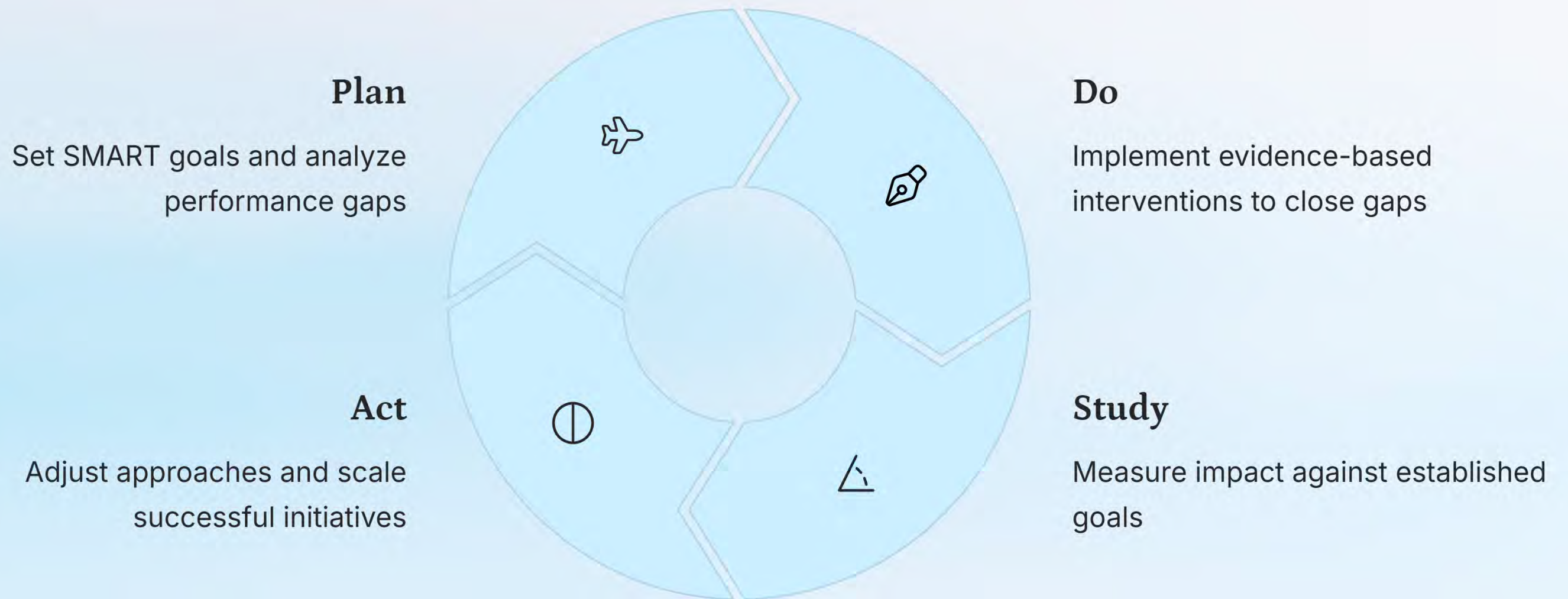
Continuously monitors progress, evaluates effectiveness of interventions, and refines approach based on results.

Example: Weekly tracking of compliance with new assessment protocol and monthly tracking of pressure ulcer rates

This integrated approach creates a continuous improvement cycle that is both intentional and data-driven. Rather than implementing generic "best practices," facilities target specific performance gaps that stand between their current state and their defined goals.

The result is more efficient resource utilization, faster improvement cycles, and sustainable gains in quality metrics that matter to residents, staff, and regulators.

The QI Cycle: Where Goal & Performance Analysis Fit



This continuous improvement cycle depends on effective goal setting and performance measurement to drive meaningful change.



Goals vs. Performance: Critical Distinctions

Goal Analysis

Answers: "Where do we want to be?"

Focuses on the desired future state

Sets targets and expectations

Creates vision and direction

Establishes measurable objectives

Aligns with organizational mission

Provides motivation for change

Serves as a reference point for all improvement activities

Effective goal analysis requires stakeholder input from administrators, clinical staff, residents, and families to ensure

Performance Analysis

Answers: "Where are we now and why?"

Examines current state and historical trends

Identifies barriers and opportunities

Reveals root causes of issues

Evaluates existing processes and systems

Measures staff capabilities and resource allocation

Analyzes environmental factors affecting outcomes

Establishes accurate baseline metrics for comparison

Performance analysis should utilize multiple data sources including clinical documentation, direct observation, staff interviews, and resident/family feedback.



Both components are essential for creating effective quality improvement plans in long-term care settings. Without clear goals, improvement efforts lack direction and purpose. Without thorough performance analysis, interventions may target symptoms rather than underlying causes.

When Used Together

The integration of goal and performance analysis creates a powerful foundation for sustainable quality improvement by:

- Identifying meaningful and achievable targets based on actual conditions
- Ensuring interventions address root causes rather than symptoms
- Creating realistic timeframes that account for implementation challenges
- Allowing for tailored approaches that fit facility-specific contexts
- Establishing clear metrics that demonstrate progress to stakeholders

Common Pitfalls

LTC facilities often face challenges when implementing these analytical approaches:

- Setting aspirational goals without considering resource constraints
- Conducting superficial performance analysis that misses underlying issues
- Failing to involve frontline staff in both goal setting and performance evaluation
- Collecting data without dedicating time for meaningful analysis
- Not adjusting goals based on performance findings





Group Activity: Analyzing Your Facility Data

Instructions (10 minutes):

1. Form groups of 4-5 with people from different facilities
2. Identify one lagging quality measure at your facility
3. Discuss potential root causes and measurement challenges
4. Prepare to share one key insight with the larger group

While you work, answer: "What's your biggest barrier to accurate quality measurement at your facility?"



Case Study: Reducing Pressure Ulcers

1

Baseline Assessment

Mountain View Care Center identified a 6% pressure ulcer prevalence rate across all units, significantly above the national average of 3.4%.

2

Goal Analysis

The facility set a SMART goal: Reduce pressure ulcer prevalence by 50% (from 6% to 3%) within 9 months.

3

Performance Gap Analysis

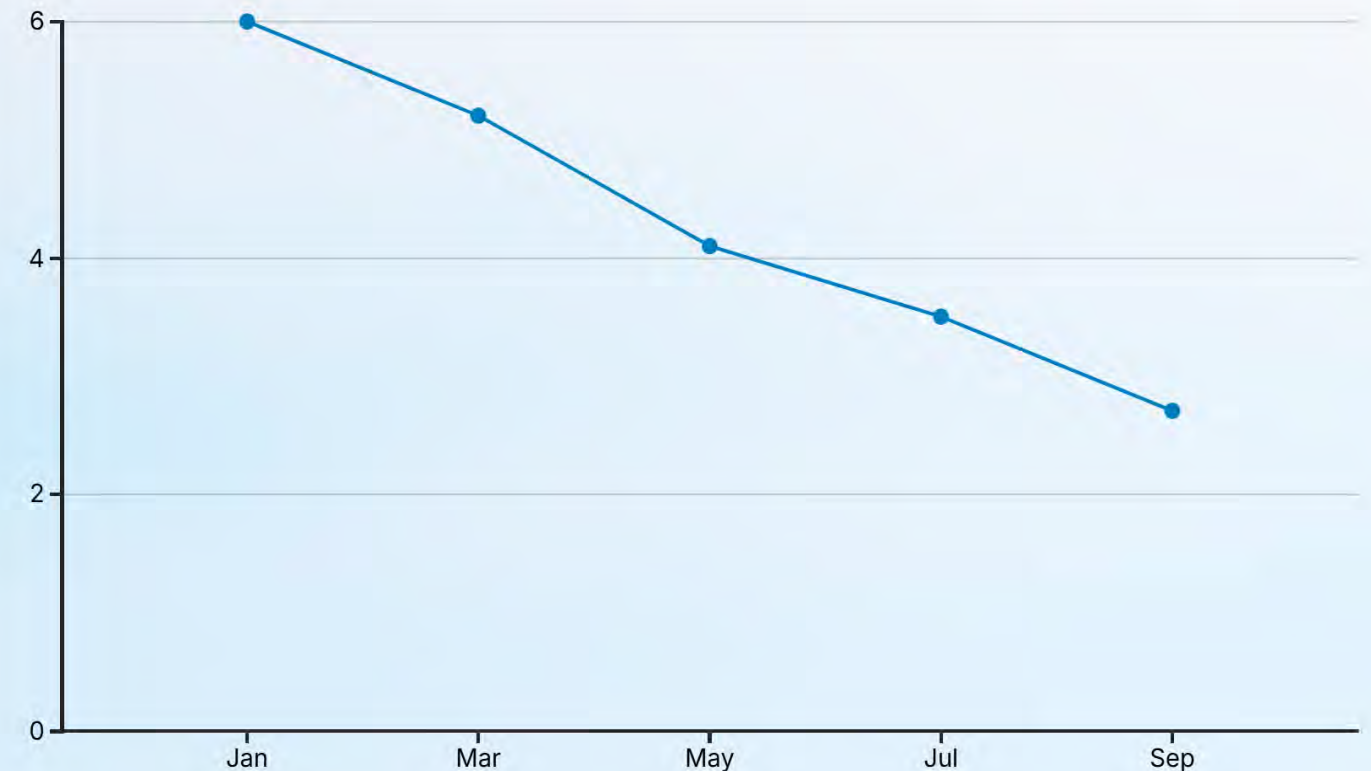
Root causes identified: Delayed risk assessments, inconsistent repositioning schedules, documentation errors, and staff knowledge deficits.



Pressure Injury Case Study: Intervention and Outcome

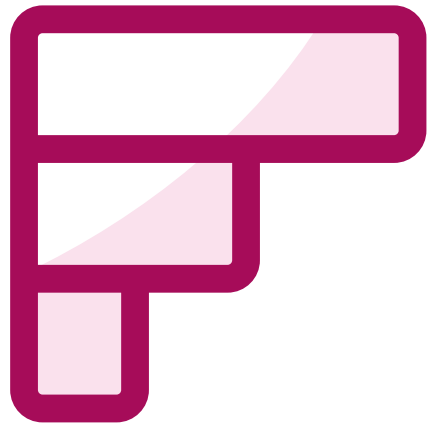
Interventions Implemented:

- Adopted AHRQ's (Agency for Healthcare Research & Quality) On-Time Pressure Ulcer Prevention toolkit
- Conducted comprehensive staff training on risk assessment
- Implemented standardized documentation process
- Established unit-based "skin champions"
- Created weekly audit system with feedback loops



Result: Pressure ulcer rate dropped to 2.7% in 9 months, exceeding the goal.





Which factor is hardest to address in pressure ulcer QI efforts at your facility?

CASE STUDY: Reducing Fall Rates

Facility Profile

Lakeview Senior Living, a 120 -bed skilled nursing facility with memory care unit

Challenge

The facility was experiencing an alarming 28% resident fall rate in Q1 2024, significantly above the national average of 17% and resulting in:

- 3 serious injuries requiring hospitalization
- Increased use of psychotropic medications for "fall risk" residents
- Low staff morale due to safety concerns
- Potential regulatory citations during upcoming survey

Goal Analysis

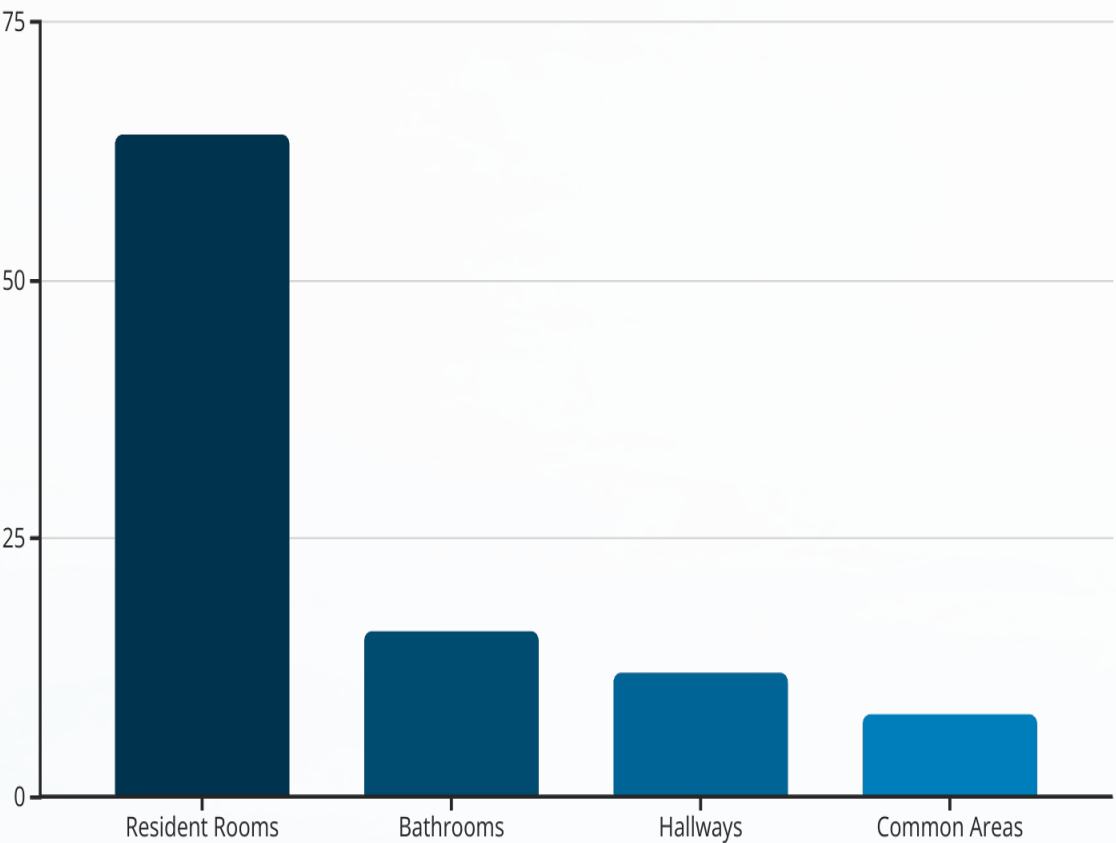
The quality committee developed this SMART goal:

"Reduce facility-wide fall rate from 28% to 18% within 12 months through implementation of a comprehensive fall prevention program incorporating environmental modifications, resident assessment protocols, and staff education."

Performance Analysis

The team conducted a thorough analysis revealing:

- 75% of falls occurred between 2:00-4:00 PM during shift change
- Staffing ratios were lowest during these hours
- 64% of falls happened in resident rooms during self-transfers
- Fall risk assessments were often outdated or incomplete
- Environmental hazards like poor lighting and cluttered pathways were common



The performance analysis identified critical gaps between current practices and best practice standards, particularly around staffing patterns and environmental safety.



Solutions Implemented

1

Staffing Optimization

- Adjusted shift schedules to increase coverage during high-risk hours (2-4 PM)
- Implemented 30-minute safety rounds during shift changes
- Created "Fall Champions" on each unit responsible for monitoring compliance with fall prevention protocols

2

Environmental Modifications

- Conducted room-by-room environmental safety audits
- Installed additional lighting in high-risk areas
- Removed or secured trip hazards
- Added contrasting color strips on floor level changes

3

Resident-Centered Interventions

- Implemented daily exercise classes focusing on balance and strength
- Developed individualized fall prevention plans for high-risk residents
- Introduced bed/chair alarms for identified high-risk residents
- Established scheduled toileting program

4

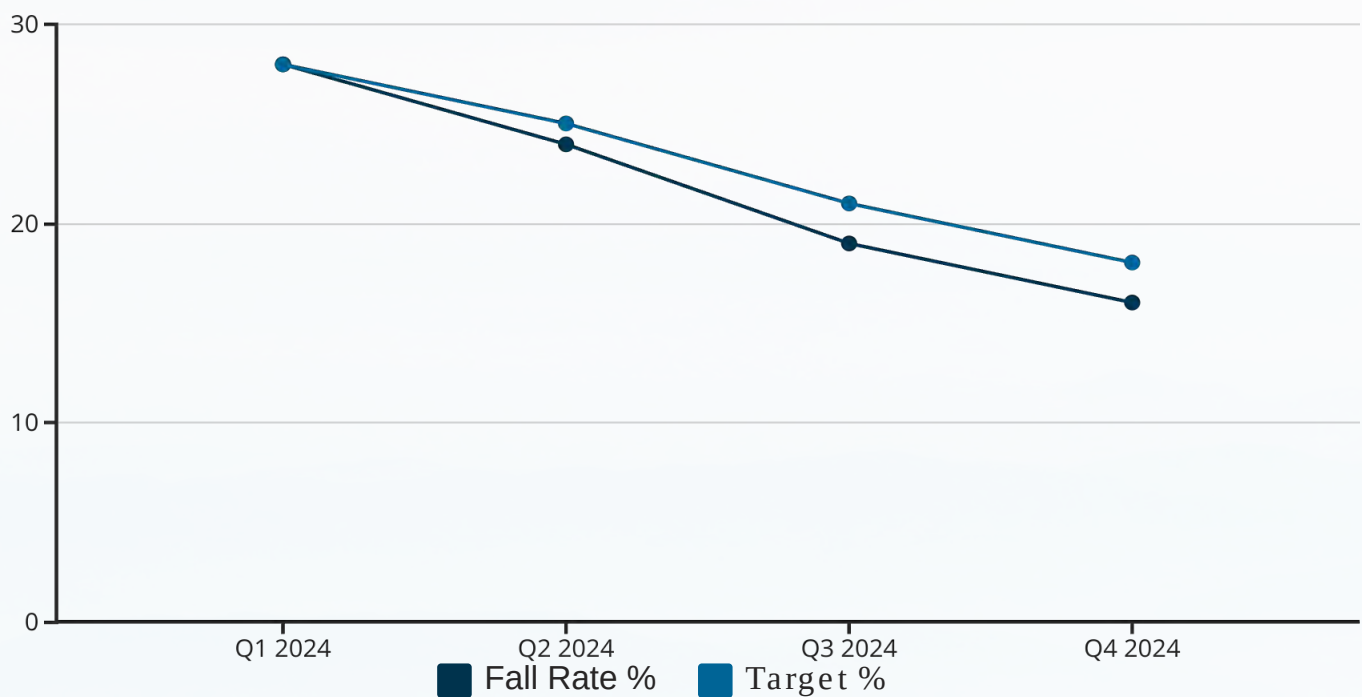
Staff Education & Engagement

- Mandatory fall prevention training for all staff (clinical and non-clinical)
- Weekly review of falls data with frontline staff
- Recognition program for units achieving fall reduction targets
- Post-fall huddles to identify immediate prevention opportunities



Results and Lessons Learned

Quantitative Outcomes



- Fall rate dropped from 28% to 16% in just 9 months, exceeding the 12-month goal
- Serious injury falls decreased by 85%
- Staff satisfaction scores improved by 17% on safety measures
- Psychotropic medication use decreased by 24%

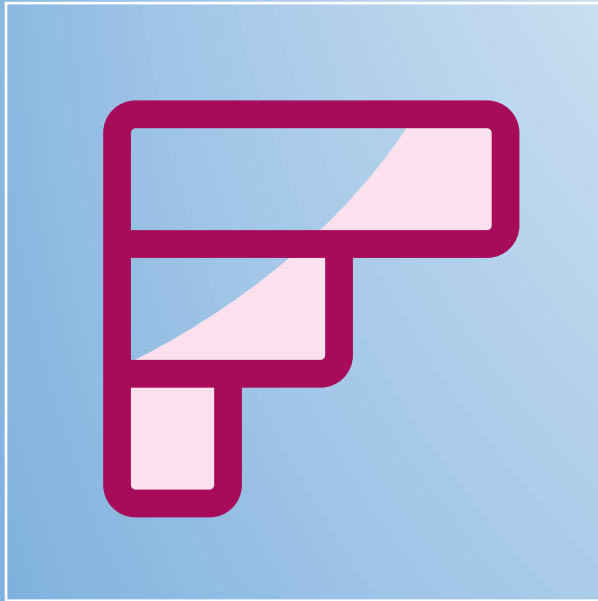
Qualitative Outcomes

- Residents reported greater confidence in mobility
- Family satisfaction scores increased significantly
- Staff reported less anxiety about resident safety
- The facility passed their annual survey with zero deficiencies related to falls

Key Lessons Learned

- "The most impactful changes came not from expensive equipment but from better coordination of existing resources."
 - Director of Nursing, Lakeview Senior Living
- **Data drives targeted solutions:** Without the performance analysis identifying the 2-4 PM risk period, resources would have been misallocated
- **Multi -component approach works best:** No single intervention would have achieved these results
- **Staff engagement is critical:** Fall Champions created ownership at the unit level
- **Regular measurement maintains momentum:** Weekly data reviews kept the initiative visible and prioritized





Select ONE of the following options that represents your facility's most significant safety challenge:

CASE STUDY: Improving Medication Administration Accuracy

Facility Profile

Evergreen Rehabilitation Center, a 150 -bed post-acute and long-term care facility

Challenge

The facility was experiencing an alarming medication error rate of 4.5 errors per 1,000 doses administered, well above the industry benchmark of 2.0 per 1,000 doses. Consequences included:

- Two residents requiring transfer to acute care due to medication errors in the previous quarter
- Increased monitoring requirements consuming nursing time
- Citations on recent state survey
- Pharmacy consultant concerns about compliance

Goal Analysis

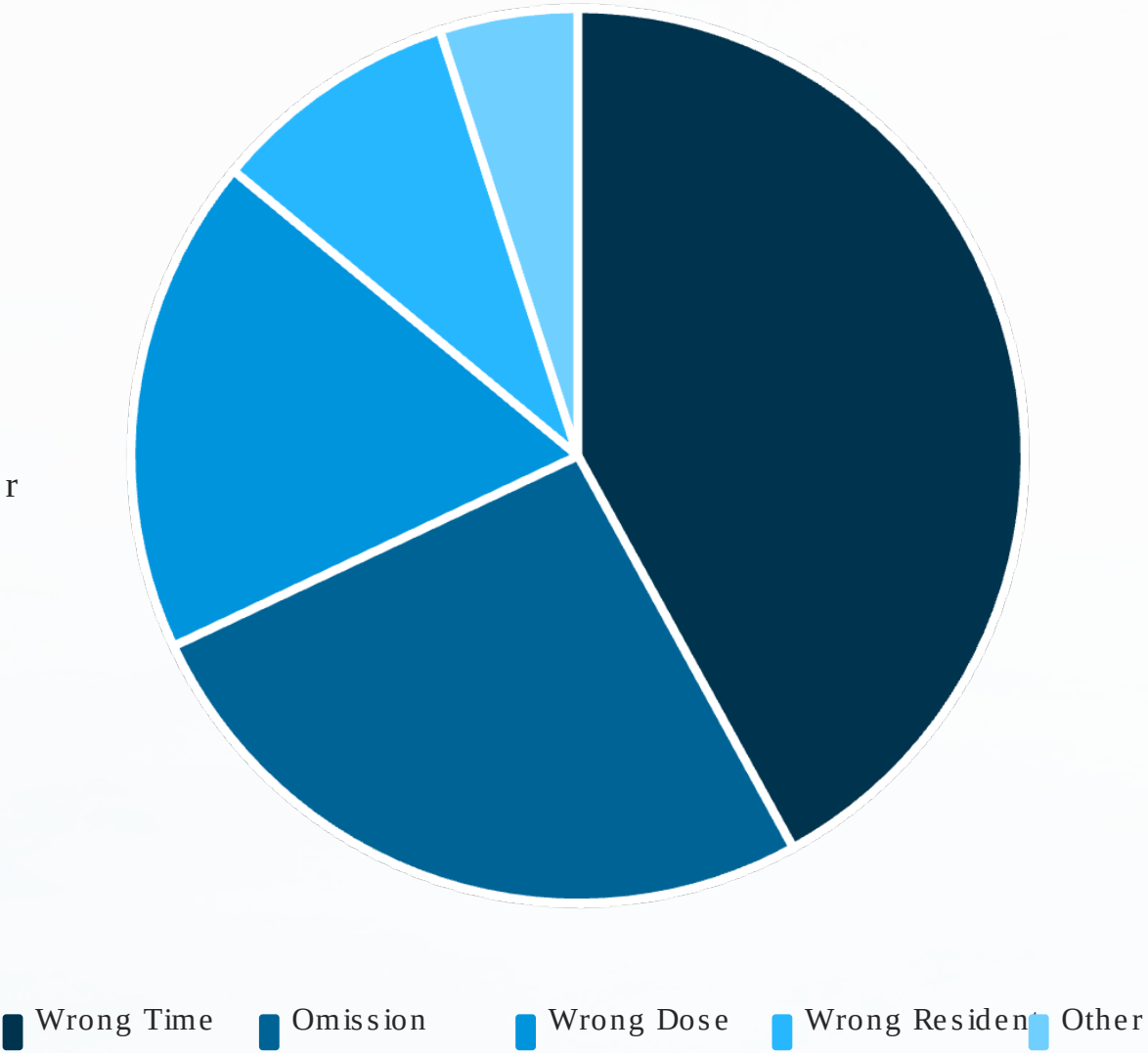
The interdisciplinary team developed this SMART goal:

"Reduce medication administration errors from 4.5 to 2.2 per 1,000 doses within six months through implementation of standardized protocols, technology solutions, and enhanced staff education."

Performance Analysis

A comprehensive review of error reports, direct observation, and staff interviews revealed:

- 90% of errors occurred during shift changes (6-8am and 2-4pm)
- Interruptions during medication passes were frequent (average of 4.3 per pass)
- Documentation in the electronic MAR was often delayed
- Medication cart organization was inconsistent between units
- Agency staff had higher error rates than permanent staff



The performance analysis identified that errors weren't evenly distributed – specific times, error types, and staff groups accounted for the majority of incidents, allowing for targeted interventions.





Solutions Implemented

Technology Enhancement

Implemented barcode medication administration system with:

1

- Resident identification scanning
- Medication verification
- Real-time documentation
- Automatic alerts for high-risk medications

Protected Medication Administration

Created a "no interruption zone" during medication passes:

2

- Visual indicators (yellow vests for nurses administering medications)
- Staff education on minimizing disruptions
- Delegation of non-medication tasks during med passes

Double-Check Protocol

Implemented mandatory two-nurse verification for:

3

- High-alert medications (insulin, anticoagulants, opioids)
- Medication dosage calculations
- New medication orders

Staff Training and Accountability

Enhanced education and oversight:

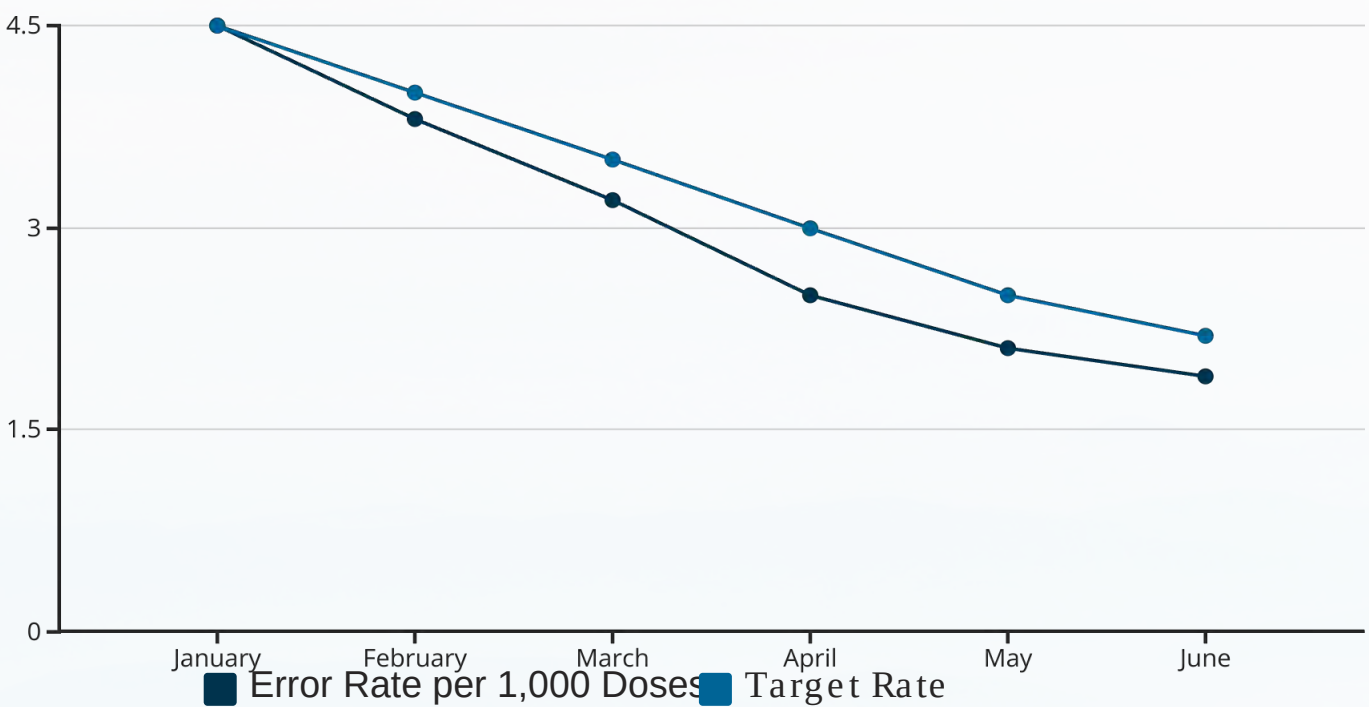
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- Medication safety competency validation for all nurses
- Customized orientation for agency staff
- Weekly review of error trends with nursing leadership
- Just culture approach to error reporting and investigation



Results and Impact

Quantitative Outcomes



- Error rate reduced from 4.5 to 1.9 per 1,000 doses in six months, exceeding the target goal
- Zero serious harm events related to medication errors in the final three months
- Medication pass time reduced by an average of 12 minutes per nurse per shift
- Documentation compliance improved from 78% to 96%

Financial Impact

- Estimated annual savings of \$117,000 from:
 - Reduced adverse events requiring interventions
 - Decreased pharmacy waste from medication errors
 - Improved nursing efficiency
 - Reduced liability insurance premiums
- Return on investment of 215% on technology implementation

Regulatory and Reputation Benefits

- Follow-up survey found zero deficiencies related to medication administration
- Facility selected as a best practice site by state quality improvement organization
- Improved relationships with referring hospitals
- Enhanced resident and family confidence in care quality

Key Success Factors

- Targeted interventions based on detailed performance analysis
- Multi-faceted approach addressing technology, process, and people
- Regular measurement and feedback to staff
- Leadership support for necessary resource investments
- Just culture encouraging error reporting





How have you reduced your medication error rate?

Creating Actionable Goals: Unit-Based vs. Facility-Wide Goals

Unit - Based Goals	Facility - Wide Goals
Address specific challenges in a particular area (e.g., memory care, rehabilitation)	Address systemic issues affecting the entire organization
Typically more narrowly focused with detailed interventions	Broader in scope with higher -level strategies
Owned by unit leadership and staff	Owned by senior leadership and quality committee
Example: "Reduce falls in memory care unit by 20% in 3 months through hourly rounding and enhanced supervision during high -risk periods"	Example: "Reduce facility -wide falls by 15% in 6 months through implementation of a comprehensive fall prevention program"

Goals Aligned with External Requirements

Effective goals should align with:

- CMS Quality Measures and Five -Star Rating System
- State survey requirements
- Accreditation standards (e.g., CARF, Joint Commission)
- Value-based purchasing metrics

Goal Hierarchy Example

Aligning Goals with Staff Training

For each goal, identify specific knowledge and skill requirements:

Goal: Reduce Pressure Injuries by 25%

Required Knowledge/Skills:

- Wound staging and assessment
- Preventive skin care techniques
- Documentation requirements
- Equipment selection and use

Training Approach:

- Hands -on skills validation
- Wound care specialist mentoring
- Photo documentation practice

Goal: Improve Resident Satisfaction by 15%

Required Knowledge/Skills:

- Person -centered care principles
- Communication techniques
- Service recovery methods
- Cultural competence

Training Approach:

- Role-playing scenarios
- Resident panel discussions
- Service excellence in -services



CASE STUDY: Enhancing Resident Social Engagement

Facility Profile

Oakwood Gardens, a 95 -bed assisted living and memory care community

Challenge

Post-pandemic assessment revealed concerning levels of resident isolation:

- 41% of residents self-reported feeling "often lonely" on satisfaction surveys
- Activity attendance had declined 35% compared to pre-pandemic levels
- Staff noted increased behavioral incidents, particularly in memory care
- Family complaints about loved ones "just sitting in their rooms"
- Weight loss and declining function observed in previously active residents

Goal Analysis

The interdisciplinary team, including residents, developed this SMART goal:

"Reduce the percentage of residents reporting social isolation from 41% to 25% within 9 months through implementation of a person-centered engagement program that includes individual preference assessment, diverse activity offerings, and targeted outreach to at-risk residents."

Performance Analysis

A comprehensive review revealed several key insights:

- Generic, one-size-fits-all activities failed to engage diverse resident interests
- Limited evening and weekend programming left gaps in the social calendar
- Staff lacked training in engaging residents with cognitive impairment
- No system existed to identify and monitor at-risk residents
- Transportation limitations prevented community participation



Solutions Implemented



Personalized Activity Assessment

- Developed comprehensive preference assessment tool capturing:
 - Past hobbies and interests
 - Cultural and generational preferences
 - Social vs. solitary activity preference
 - Cognitive and physical capabilities
- Created individual engagement profiles for all residents
- Established quarterly reassessment process



Staff Development

- Trained all departments in engagement techniques:
 - Dementia-specific approaches
 - Spontaneous engagement opportunities
 - Validation techniques
 - Adaptation for physical limitations
- Created "engagement champions" on each shift
- Revised job descriptions to emphasize social connection



Diversified Programming

- Expanded activity calendar to include:
 - Small-group interest-based clubs
 - One-to-one engagement options
 - Evening and weekend activities
 - Intergenerational partnerships
 - Technology-facilitated connections
- Created activity "menus" with daily choices
- Implemented resident-led programming



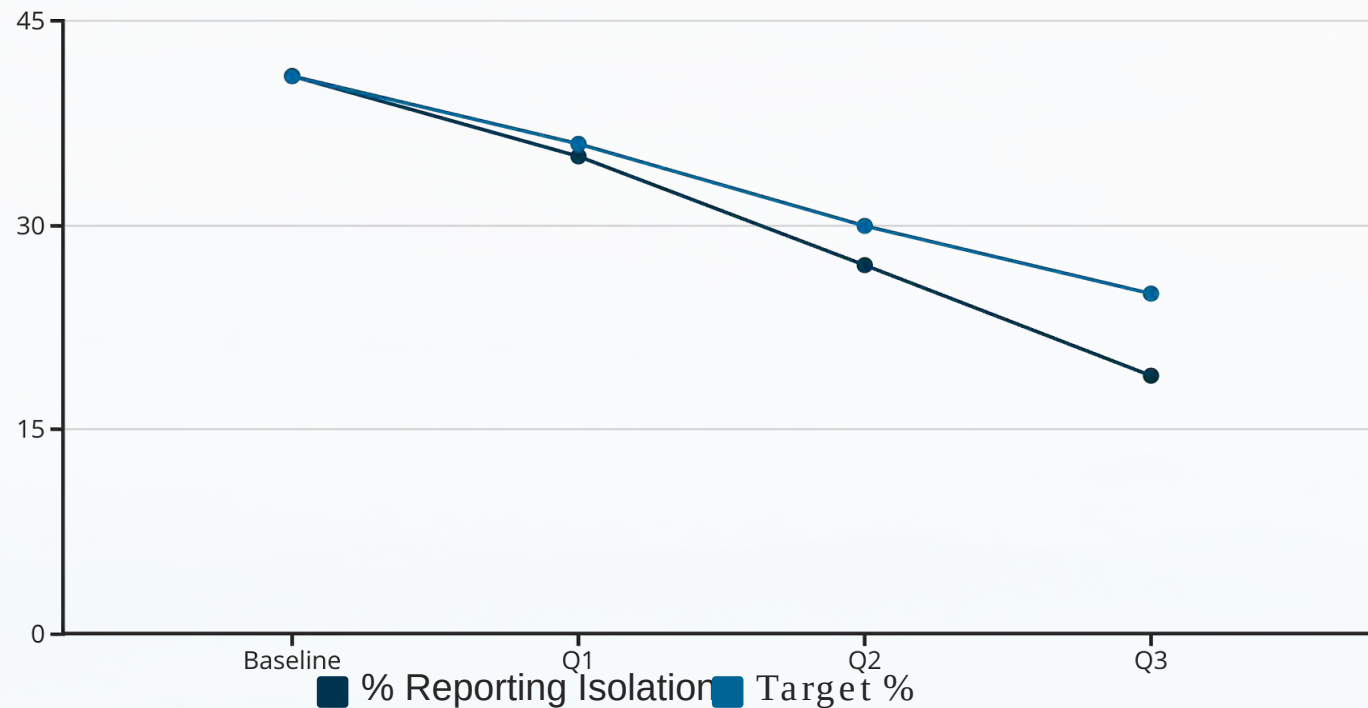
Tracking & Accountability

- Implemented daily engagement tracking system
- Established "at-risk" identification protocol
- Created weekly review process for residents with low engagement
- Added social engagement to care planning process
- Developed quality metrics for social wellness



Outcomes and Reflection

Quantitative Results



- Social isolation reduced from 41% to 19%, exceeding the target goal
- Activity participation increased by 68% overall
- One-to-one engagement sessions averaged 15 minutes per resident per day
- Behavioral incidents in memory care decreased by 42%
- Family satisfaction with activities increased from 3.2 to 4.6 on 5-point scale

"The most important outcome was seeing residents come alive again. The joy in the building is palpable."

- Life Enrichment Director, Oakwood Gardens

Clinical & Operational Impact

- **Improved Clinical Outcomes:**
 - 15% reduction in antipsychotic medication usage
 - 22% reduction in symptoms of depression
 - Stabilization of weight loss trends
 - Improved sleep patterns
- **Operational Benefits:**
 - Enhanced marketing appeal leading to 8% census increase
 - Improved staff satisfaction scores
 - Reduction in family complaints
 - Lower staff turnover in activities department

Key Lessons Learned

- **Personalization matters most:** Generic programming was the primary barrier to engagement
- **Cross-departmental approach:** Social engagement cannot be the sole responsibility of activities staff
- **Measurement drives attention:** What gets measured gets managed
- **Resident voice is essential:** Involvement in program development increased buy-in
- **Small interactions add up:** Brief, frequent engagements often more impactful than longer, scheduled events





Common Pitfalls in Goal/Performance Analysis

Goal-Setting Pitfalls

- **Vague, Unmeasurable Goals**

Example: "Improve resident care" instead of "Reduce pressure injuries by 25% within 6 months"

Remedy: Apply SMART criteria rigorously; have peers review goals for specificity

- **Unrealistic Targets**

Example: Setting a goal to eliminate all falls completely

Remedy: Use benchmarks and baseline data to set challenging but achievable targets

- **Too Many Competing Goals**

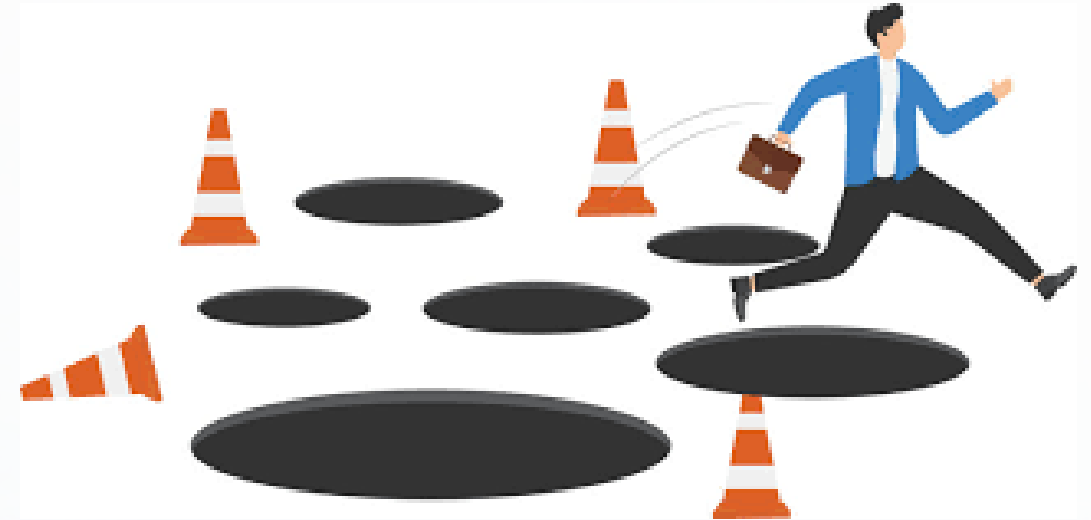
Example: Launching 10 improvement initiatives simultaneously

Remedy: Prioritize 2 - 3 high - impact goals; sequence others for later implementation

- **Misaligned Goals**

Example: Unit goals that contradict organizational priorities

Remedy: Create a goal hierarchy ensuring alignment across levels



Performance Analysis Pitfalls

- **Insufficient Data Collection**

Example: Analyzing fall prevention without location/time data

Remedy: Develop comprehensive data collection tools; utilize EHR capabilities

- **Overreliance on Averages**

Example: Missing patterns by looking only at monthly averages

Remedy: Segment data by time, unit, resident characteristics

- **Failure to Identify Root Causes**

Example: Addressing symptoms (falls) without underlying causes (medication issues)

Remedy: Use structured root cause analysis techniques like 5 Whys or fishbone diagrams

- **Infrequent Measurement**

Example: Checking progress only quarterly

Remedy: Establish regular (weekly/monthly) performance checks for timely course correction



Building Your Action Plan

Step 1: Set Clear Quality Goals

- Identify 2-3 priority areas based on:
 - Quality metrics below benchmarks
 - Survey deficiencies
 - Resident/family feedback
 - Staff concerns
- Develop SMART goals for each area
- Engage stakeholders in goal-setting process

Step 2: Analyze Current Performance

- Collect baseline data on target metrics
- Identify gaps between current and desired performance
- Conduct root cause analysis of performance gaps
- Document findings using structured templates

Step 3: Select Strategic Interventions

- Choose evidence-based approaches targeting root causes
- Consider multiple dimensions:
 - Process changes
 - Staff education
 - Technology/equipment needs
 - Environmental modifications
- Prioritize interventions based on impact potential and feasibility

Step 4: Implement & Monitor

- Develop implementation timeline with milestones
- Assign specific responsibilities:
 - Executive sponsor
 - Project lead
 - Team members
 - Data collector/analyst
- Establish regular reporting and review process
- Plan for course correction as needed





Performance analysis primarily focuses on:



Which of the following is NOT a characteristic of a SMART goal?



Applying Goal Analysis to Staff Training

QI Initiative Example: Improve Resident/Family Communication

SMART Goal: Increase resident and family satisfaction scores in "communication with staff" category by 10% within 12 months

Measurement Methods:

- Pre/post-implementation surveys
- Complaint log frequency analysis
- Family satisfaction quarterly tracking
- Staff communication competency assessments



Case Study: Improving Communication

Baseline Assessment

Lakeview Manor received multiple family complaints about inconsistent updates on resident care. Satisfaction Survey communication scores were at 72%, below the state average of 81%.

Goal Analysis

Facility set specific monthly staff communication targets: each resident's family to receive at least one proactive update per week, with all care changes communicated within 24 hours.

Performance Gap Analysis

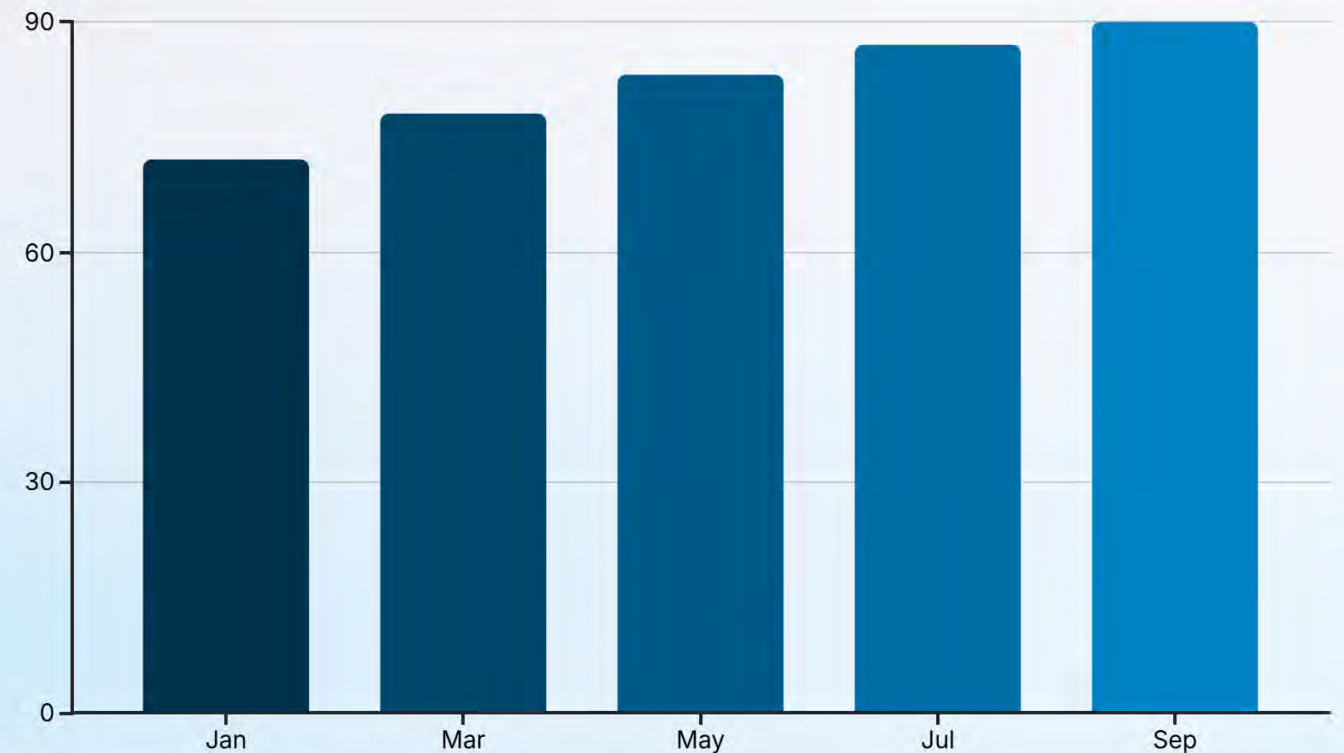
Root causes identified through observation and interviews: Poor handoffs during shift changes, unclear responsibility for family updates, and inconsistent documentation of communication attempts.



Communication Case Study: Intervention and Result

Interventions Implemented:

- Introduced TeamSTEPPS LTC communication tools and structured handoffs
- Established scheduled "family update" calls at regular intervals.
- Created communication log in EMR with accountability tracking
- Implemented SBAR (Situation-Background-Assessment-Recommendation) format for all updates



Result: Family satisfaction scores rose from 72% to 90% in 8 months.





What's the most common root cause of poor communication in long-term care settings?

Type up to 3 single words or short phrases

Overcoming Barriers to Achieving QI Goals

Staffing Challenges

High turnover and burnout can derail QI efforts. Solution: Build QI into orientation and make participation accessible for all shifts.

Resource Limitations

Time and budget constraints often restrict implementation. Solution: Focus on high-impact, low-resource interventions first.

Leadership-Staff Alignment

Disconnect between administration and frontline staff. Solution: Include representatives from all levels in goal-setting and performance reviews.

Clear, incremental goals with visible progress tracking foster buy-in and sustain momentum during implementation challenges.



Performance Monitoring: Sustaining Gains

Key Monitoring Strategies:

- Implement regular audits with standardized tools
- Create visual scorecards for each unit or department
- Conduct monthly review meetings with representatives from all levels
- Share progress publicly through unit-based displays
- Celebrate milestones and recognize improvement efforts

Visual management tools make performance data accessible to all staff members.





Integrating Goal and Performance Analysis in Daily Huddles

- **Start Each Shift with Purpose**

Begin huddles with a quick review: "Where are we versus our weekly goal?" This reinforces priorities and maintains focus.

- **Adjust in Real Time**

Use performance feedback to make immediate workflow adjustments rather than waiting for monthly reviews.

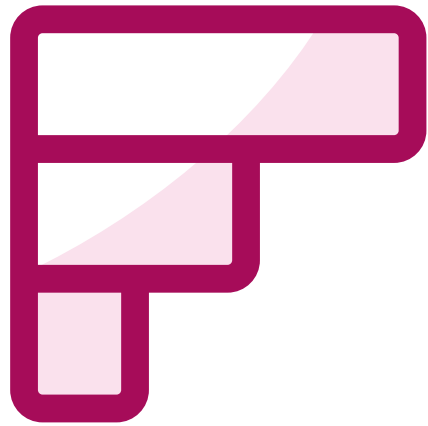
- **Make Data Visual and Accessible**

Use simple visual trackers that staff can update during huddles to show real-time progress toward goals.

- **Empower Staff Input**

Staff engagement increases dramatically when their observations and suggestions influence daily operations and QI direction.





What's the top QI priority at your facility right now?



Case Study: Infection Reduction (CAUTI)

Baseline Assessment

Riverside Care Center identified a high rate of catheter-associated urinary tract infections (CAUTI) at 7.5 infections per 1,000 catheter days, compared to the national benchmark of 3.1.

Goal Analysis

SMART Goal: Reduce CAUTI rate by 40% (from 7.5 to 4.5 per 1,000 catheter days) within 12 months

Performance Gap Analysis

Root causes identified:

- Inconsistent catheter care protocols between shifts
- Inadequate staff training on aseptic technique
- Delayed catheter removal assessments
- Incomplete documentation of catheter necessity
- Lack of alternatives to indwelling catheters



Case Study: Intervention and Outcome



Protocol Standardization

Adopted AHRQ CAUTI toolkit with standardized protocols for insertion, maintenance, and removal



Nurse Training

Implemented competency-based training program with return demonstration for all nurses



Real-time Audits

Instituted daily necessity reviews and care practice observations with immediate feedback



Results

CAUTI rates decreased from 7.5 to 3.8 per 1,000 catheter days in one year, exceeding the goal



Improvement Strategies That Work



Standardized Huddles

5-10 minute daily team meetings using SBAR format reduced adverse events by 22% at Riverside Care Center. Focusing on high-risk residents and incorporating visual goal trackers improved staff engagement by 35%.



Protocol Standardization

Implementing the AHRQ CAUTI toolkit with competency validation improved compliance from 68% to 91% within 3 months. Staff reported 77% higher confidence in performing evidence-based procedures.



Quality Champions

Lakeview Manor's CAUTI reduction program achieved 49% decrease by assigning unit-based champions who conducted peer audits and provided real-time coaching on catheter care protocols every shift.



Visual Management Tools

Units displaying real-time performance metrics on communication scores achieved 18% higher family satisfaction rates than those using traditional reporting methods. Daily scorecards helped maintain CAUTI prevention gains after initial intervention.



The Science of Setting Effective Goals

Research on goal-setting in healthcare settings reveals:

- Quantifiable targets drive 2-3x greater improvements than vague aspirational goals
- Teams respond better to short-cycle goals (30-90 days) than annual objectives
- Public commitment to goals increases likelihood of achievement by 65%
- Stretch goals work best when paired with specific implementation strategies

Example Goal Structure

"Increase resident participation in scheduled activities by 5% within 3 months by implementing personalized activity invitations and enhanced activity calendars."





Leadership & Accountability in QI

Leadership Responsibilities:

- Communicate clear, measurable targets to all staff
- Provide resources necessary for improvement
- Remove barriers to implementation
- Recognize and celebrate positive changes
- Model data-driven decision making

Regular, transparent reporting builds trust and demonstrates commitment to quality improvement as a priority.



Driving Sustained Change with Goal/Performance Reviews

1 Create Visual Management Systems

Use dashboards and scorecards to display progress toward goals in areas visible to staff, residents, and families. Simple visuals make complex data accessible.

2 Recognize Achievement

Celebrate staff and units that successfully close performance gaps. Recognition reinforces the behaviors that drive improvement and encourages continued engagement.

3 Address Performance Drift

Quickly identify when metrics begin to slip and implement refresher education or process adjustments. Preventing backsliding is easier than restarting improvement efforts.





Leveraging Technology for QI Success

Technology Solutions:

- EMR alerts for fall risk, infection symptoms, and skin integrity
- Telehealth platforms for specialist consultations and family check-ins
- Real-time data dashboards for performance monitoring
- Mobile documentation tools to improve compliance
- Automated reminder systems for time-sensitive interventions



Engaging Staff in QI: Practical Tactics



Daily Huddle Questions

Start each shift with: "What went right yesterday? What could have gone better? What will we focus on improving today?"



Visual Storyboards

Create visual displays in staff areas showing specific goal progress with photographs and testimonials from successful improvements.



Recognition Systems

Develop incentives for accurate data reporting and active participation in change projects. Celebrate "QI Champions" monthly.





Addressing "Initiative Fatigue"

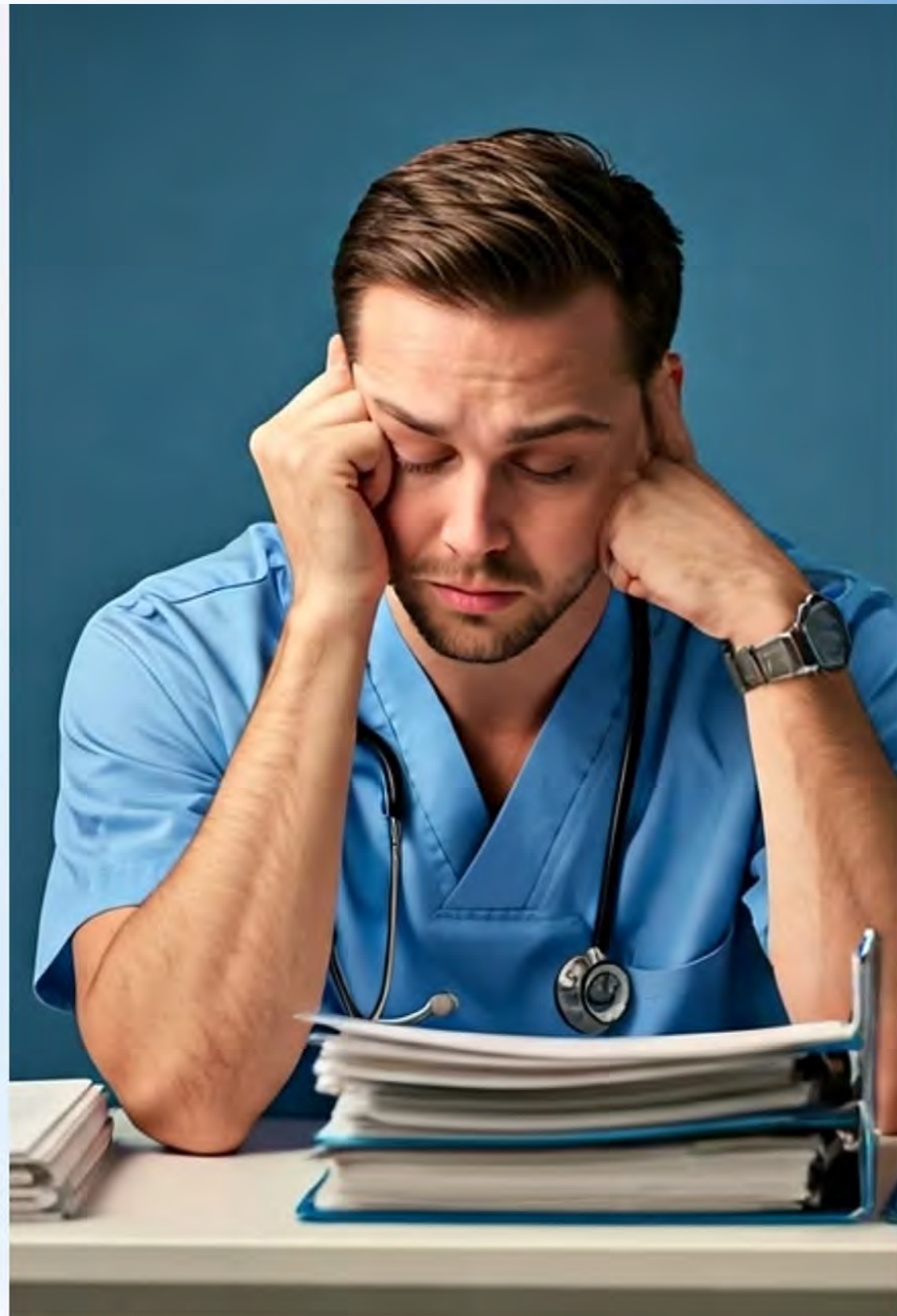
Initiative fatigue occurs when staff face too many competing priorities and improvement projects simultaneously. Signs include:

- Decreased engagement in new initiatives
- Declining documentation compliance
- Cynicism about "the next big thing"
- Reverting to old practices when not observed



Prevention Strategies

- Focus on only 1-2 key goals per quarter
- Fully integrate changes before starting new initiatives
- Celebrate and publicly recognize wins
- Connect all initiatives to a consistent mission



Measuring Long-Term Impact

Monthly Reviews

1

Track process measures and early outcome indicators to make rapid adjustments to implementation strategies.

2

Quarterly Assessments

Evaluate progress toward SMART goals and identify any performance drift or implementation barriers.

3

Annual Analysis

Conduct comprehensive review of all quality measures, including resident outcomes, regulatory compliance, and staff engagement.

4

Performance Integration

Link staff evaluations and facility bonuses to measurable quality outcomes to reinforce accountability.

Continuous solicitation of resident and family feedback provides essential qualitative data for course correction and validation of quantitative improvements.





What's the #1 challenge to sustaining quality improvement in your facility?

Group Activity: Overcoming Resistance

Activity Instructions (10 minutes)

In this final group activity, you'll develop strategies for addressing common barriers to quality improvement implementation.

1. **Each team will choose** one of these common resistance scenarios:
 - Scenario A: "We're too busy and short - staffed for another initiative"
 - Scenario B: "We tried something similar before and it didn't work"
 - Scenario C: "Our facility is different - that won't work here"
 - Scenario D: "This is just another flavor - of-the-month program"
2. **Brainstorm the underlying concerns** behind this resistance
3. **Generate two creative solutions** for each concern:
 - One immediate, tactical response
 - One longer -term, strategic approach
4. **Prepare to share** your best ideas with the larger group

④ Focus on practical, realistic strategies that acknowledge legitimate concerns while still moving quality improvement forward. Consider how goal analysis and performance analysis principles might help address these barriers.



Summary: Key Takeaways



Next Steps for Your Facility

1

Identify Priority

Select your most urgent quality improvement need based on data, resident impact, and regulatory requirements.

2

Apply SMART Goals

Develop specific, measurable objectives with clear timelines and accountability measures.

3

Analyze Performance

Conduct thorough gap analysis to identify root causes and implementation barriers.

4

Schedule Reviews

Establish monthly progress check-ins with your quality team to maintain momentum.

Remember that successful quality improvement is an ongoing journey, not a destination. Building these analytical skills into your facility's culture will drive continuous advancement in resident care.



Further Resources & Reading



QI Toolkits & Templates

- **AHRQ Nursing Home Quality Improvement Toolkit**
 - Comprehensive resources for nursing home QI
 - <https://www.ahrq.gov/patient-safety/settings/long-term-care/resource/index.html>
- **CMS Quality Assurance & Performance Improvement (QAPI)**
 - Regulatory guidance and implementation tools
 - <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI>
- **Institute for Healthcare Improvement Open School**
 - Free online courses in quality improvement methodology
 - <http://www.ihi.org/education/IHIOpenSchool>



Recommended Reading

- **Books:**
 - "The Improvement Guide: A Practical Approach to Enhancing Organizational Performance" by Langley, Nolan, et al.
 - "Quality By Design: A Clinical Microsystems Approach" by Nelson, Batalden, and Godfrey
 - "Mastering the Five Tiers of Audit Competency" by Cutler
- **Journals:**
 - Journal of Nursing Care Quality
 - BMJ Quality & Safety
 - Journal of the American Medical Directors Association



Data Resources

- **ClearPoint Strategy**
 - Dashboarding and performance management software
 - Offers free templates for healthcare quality metrics
- **LTC Focus**
 - Publicly available data on nursing home performance
 - Benchmarking tools and reports
 - <http://ltcfocus.org>
- **Nursing Home Compare**
 - Public reporting of quality measures
 - Five-Star rating system information
 - <https://www.medicare.gov/care-compare/>



Organizations & Networks

- **Advancing Excellence in Long-Term Care Collaborative**
 - National quality improvement collaborative
 - Free quality improvement tools and resources
- **National Association of Directors of Nursing Administration in Long Term Care (NADONA)**
 - Professional network and educational resources
 - Quality improvement certification programs
- **Pioneer Network**
 - Person-centered care resources and community
 - Implementation guides for culture change initiatives

