oklahoma health care authority

Improving Nursing Home Care
For Oklahoma Seniors
By Rewarding Results

2012 Annual Report - Focus On Excellence Program - April 30, 2013

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OHCA gratefully acknowledges the prominent role of the Focus on Excellence Advisory Board, whose members continue to contribute invaluable expert guidance that has shaped and refined the FOE program, enabling it to meet and exceed its goals.

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INTRODUCTION AND BACKGROUND

In 2008, the Oklahoma Health Care Authority (OHCA) implemented "Focus on Excellence", a voluntary, incentive-based payment and quality reporting system for Medicaid participating nursing facilities. Focus on Excellence (FOE) shares certain features with Medicaid "pay for performance" programs for nursing homes currently found in about a dozen other states, but includes additional components such as public reporting of nursing home performance levels and extensive feedback of data to facilities to support their quality improvement initiatives.

Focus on Excellence assesses participating nursing facilities on a combination of performance outcomes, workforce attributes, and operational processes known to be associated with positive results. Data from these assessments are used by OHCA to reward facilities with modestly higher Medicaid payment adjustments, and to publicly rate facilities using a 5 Star rating system published on a consumer website. While Oklahoma's 319 nursing homes are subject to basic licensing inspections and Medicare-Medicaid certification and enforcement standards, the goal of Focus on Excellence is to motivate and support these facilities toward continuous quality improvement and performance that goes beyond minimum legal standards. Focus on Excellence also provides additional information to assist Oklahoma seniors and their families in making choices when seeking needed care.

Original Focus on Excellence Model

The legislative basis for Focus on Excellence originates in the work of the Health and Human Services Interagency Task Force, whose recommendation for a quality component to nursing facility rates was codified in the Oklahoma Medicaid Reform Act of 2006 (HB2842). Focus on Excellence is structured as three intersecting components – an incentive payment methodology tied to nursing facility performance against defined quality criteria, a star rating system published on a website accessible to consumers (www.oknursinghomeratings.com), and provision of ongoing performance data to facilities for their use in adopting evidence-based strategies to maintain and improve quality.

As originally designed by the OHCA, with extensive input from an interagency, consumer, and provider task force. The program established a set of eleven quality-related performance measures ("metrics"):

1. Quality of Life;
2. Resident/Family Satisfaction;
3. Employee Satisfaction;
4. System-wide Culture Change (person-centered care practices);
5. Certified Nursing Assistant Turnover and Retention;
6. Licensed Nurse Turnover and Retention;
7. Oklahoma State Department of Health Regulatory Survey Compliance;
8. Selected Clinical Performance Measures;
9. Direct Care Staffing Levels;
10. Overall Occupancy (used on website only); and
11. Ratio of SoonerCare (Medicaid) Occupancy and Medicare Utilization (used in the incentive payment methodology only).

Each of these metrics was given equal weight in determining incentive payment levels and consumer ratings. Initially, the performance of each facility was largely assessed on a comparative basis with overall industry performance levels. However, in 2010 OHCA used accumulated Focus on Excellence performance data to set specific numerical targets on most of the metrics as minimum thresholds for awarding future payments and ratings.

Provider Participation and Medicaid Support Levels

Focus on Excellence has successfully attracted participation by Oklahoma nursing homes, with participation rates reaching 90 per cent by the end of 2008 and remaining in that range through the present time. Facilities are automatically enrolled, but can choose to opt out of the program. The few facilities that do not participate are primarily ones which have few Medicaid-dependent residents, or that are in temporary circumstances such as program disqualification, ownership transition, or pending closure.

SoonerCare (Medicaid) expenditures for incentive payments earned by facilities via Focus on Excellence have remained consistent at approximately 2 to 2.5 percent of total Medicaid nursing home payments statewide each year. In the current fiscal year 2013, OHCA will spend an estimated $539 million in federal and state funds on purchases of nursing home SoonerCare-eligible nursing home residents, including an estimated $13 million attributable to FOE performance awards.

Approximately 13,000 nursing home residents receive SoonerCare support on any day, with some 21,000 served over the course of a year. This population is smaller than a decade ago, but as a group they are frailer and more dependent and thus the challenge to meet their needs at a high level of quality and consistency is more important than ever. Focus on Excellence has proved to be an efficient and effective means of partnering with the provider community and other involved stakeholders to meet that challenge.

Administration and Evolution of Focus on Excellence

During the first four years of Focus on Excellence, primary responsibility for collecting, analyzing, and reporting facility performance levels was outsourced to a private contractor. Beginning in 2011, OHCA began to bring primary administration of the program in-house through the OHCA Opportunities for Living Life Division (OLL), with the exception of independently-conducted nursing home resident, family, and employee satisfaction surveys. OHCA also convened a Focus on Excellence Advisory Board to assist with the analysis of the original program experience and creation of a second-generation FOE model that was implemented in July 2012.

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Focus on Excellence Program

Program Achievement Summary

The Focus on Excellence Program began tracking the performance of Oklahoma nursing homes in July 2007 in preparation for the introduction of a schedule of incentive-based Medicaid payments to facilities meeting or exceeding targets on specific measures in January 2008, and the launch of a public nursing home rating website in April 2008. (www.oknursinghomeratings.com)

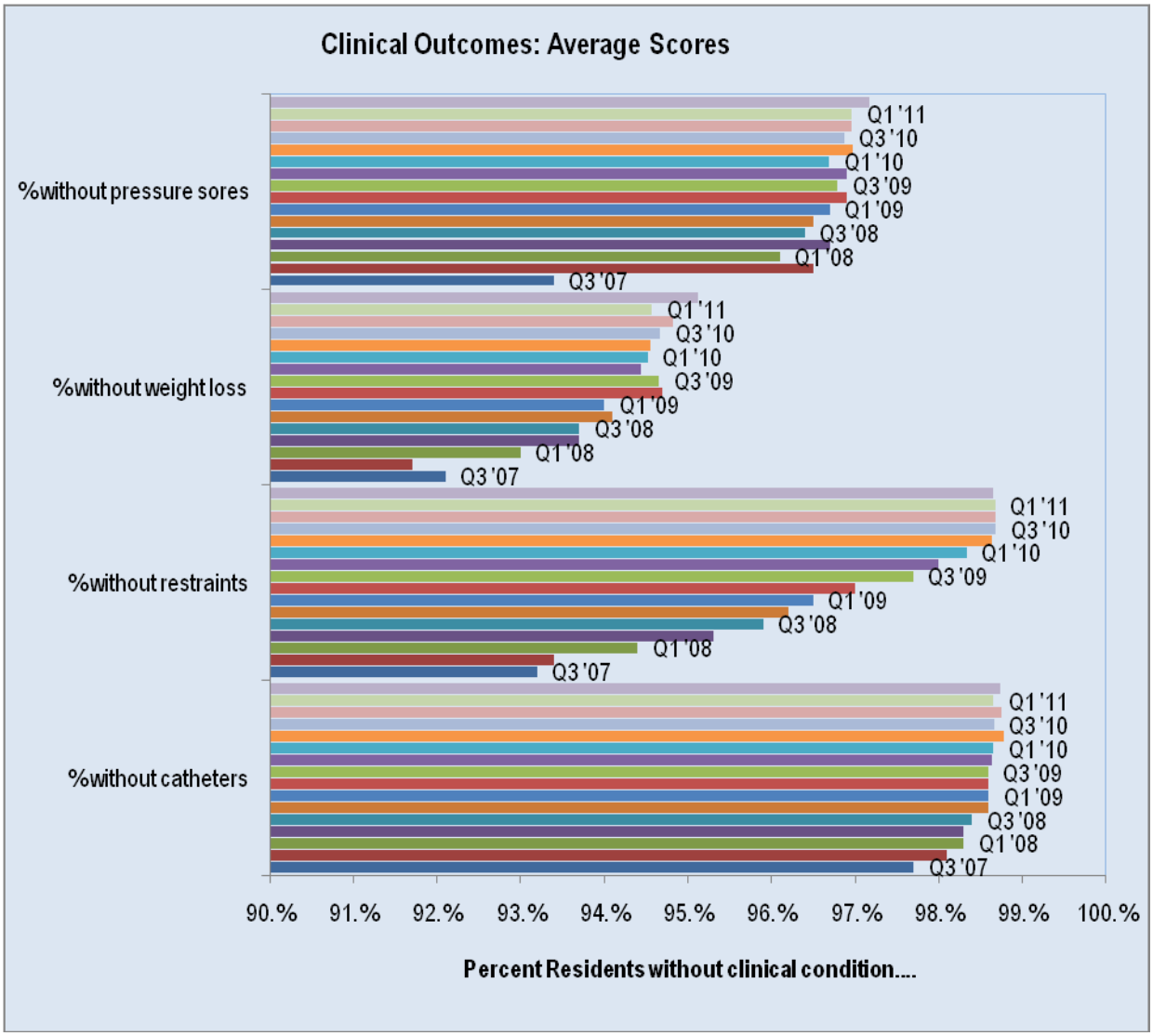
The chart below tracks scoring trends on each of the Focus on Excellence performance metrics that have been in place from the onset of the program, comparing data from the end of its first full year of operation to the most recent quarter. It should be noted that the program used a different set of satisfaction surveys in 2012. Likewise, staff retention data, thought commonly defined, were reported to an external contractor in 2008, but directly to OHCA in 2012.

Measure	4th Quarter 2008 Median	4th Quarter 2012 Median	% Change	NRC National Benchmark Score 2012*
Resident/Family Satisfaction (maximum = 100)	70.6	82.5	16.9%	76
Employee Satisfaction (maximum = 100)	72.3	83.0	14.8%	62
CNA Retention =/> 1 year	47.0%	40.0%	(14.8%)	n/a
Licensed Nurse Retention =/> 1 year	57.0%	52.0%	(8.8%)	n/a
Direct Care Staffing Hours per resident day	3.31	3.56	7.6%	n/a

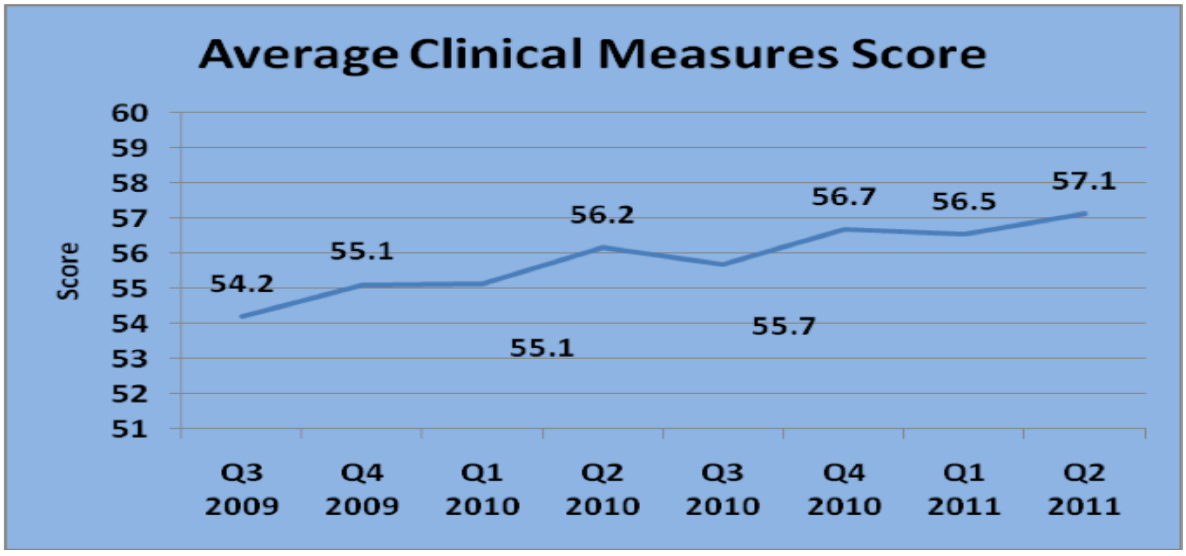
*NRC (National Research Corporation) is the nation's largest provided of satisfaction surveys in post-acute care, and publishes a national report each year of nursing facility customer and employee satisfaction levels.

FOE's contractor My InnerView also tracked the percentages of residents who did not have specified adverse clinical outcomes from the onset of the program through the first quarter of 2011. For the four outcome categories shown below, an overall pattern of either marginal or more substantial improvement is noted in these data. (A fifth category, residents without falls, did not reveal a consistent pattern in either a positive or negative direction during these years.) To be sure, it is not possible to precisely measure the extent to which FOE incentives contributed to these results, so these data should be received as positively correlative but not necessarily causal. Moreover, as viewed from the individual facility level, aggregate

statewide data do not depict individual facility performance due to differences in the medical acuity of patients admitted from facility to facility.



Correspondingly, steady improvements were also noted in overall clinical care outcomes as measured by an index of all five clinical measures used by FOE as part of the original model, with few quarterly deviations. (The index would show a score of 100 if all the nursing home residents in the state were free of any of the listed negative clinical outcomes.) These data do not imply that negative outcomes were avoidable or constitute evidence of poor care in all instances.



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NEW FOCUS ON EXCELLENCE MODEL

In late 2011, the OHCA Board approved the new FOE model recommended by the FOE Advisory Board and senior management. The new program was submitted as an amendment to the Oklahoma Medicaid State Plan and approved without change by the Centers for Medicare and Medicaid Services (CMS) in the Spring of 2012. A series of regional training seminars was conducted by OHCA staff and consultants to familiarize nursing home staff with the changes in metrics, scoring, and reporting processes preparatory to implementation at mid-year.

Structure and Process of the Revised Focus on Excellence Model (FOE 2.0)

As adopted in 2012, the current FOE program structure retains many features of the original features, but some are modified and new metrics were added. The latter provide a stronger emphasis on organizational culture change within nursing facilities, along with a new focus on improved preparation and ongoing training of frontline care staff. The new performance set is comprised of the following nine metrics:

1. Person-centered care practices (culture change)
2. Leadership commitment artifacts (culture change)
3. Licensed nurse retention (minimum 60% with 1 year or more tenure required)
4. CNA retention (minimum 50% with 1 year of more tenure required)
5. Direct Care Staffing hrs./day (minimum 3.5 hours required)
6. Resident and Family Satisfaction (combined score of 72 required on 100 pt. scale)
7. Employee Satisfaction (minimum score of 65 required on 100 pt. scale)
8. Distance learning (use of approved programs for CNAs)
9. Peer Mentoring of CNAs (use of approved programs)

FOE 2.0 Performance Metrics Defined

1. Person-centered care practices

   Person-centered care practices under FOE 2.0 are comprised of ten (10) specific "artifacts of culture change". These are listed later in this report. In order to earn points on this measure, facilities must report and document implementation of any 6 of the 10 listed practices. Detailed guidance on culture change artifacts are available from the Pioneer Network (www.pioneernetwork.net) and other sources.

2. Leadership commitment

   The leadership commitment metric under FOE is likewise comprised of ten (10) specific culture change artifacts. These are listed later in this report. In order to earn points for this measure, facilities must report and document implementation of any 6 of the 10 listed practices.

3. Licensed nurse retention

   Facilities no longer report turnover of licensed nurses, but report retention rates each month to OHCA on the Quality of Care Report (QOCR).

   Specifically, this measure consists of the percentage of facility licensed nurses who have been continuously employed by the facility for one-year or longer, excluding any temporary break in service of not more than 45 days duration.

   This measure includes all full- and part-time RNs and LPNs, but does not include temporary contract nurses.

4. CNA retention

   Facilities also report retention rates for CNAs on the monthly QOCR. Full- and part-time CNAs are included in the calculation, but not temporary contracted CNAs.

   Specifically, this measure consists of the percentage of certified nursing assistants who have been continuously employed by the facility for one-year or longer, excluding any temporary break in service of not more than 45 days duration.

5. Direct care staffing ratio

   Facilities will continue to report this staffing ratio via the monthly QOCR. Staff included as "direct care" staff are defined in the same manner as before.

6. Resident and family satisfaction surveys

OHCA staff, with the assistance of the FOE Advisory Board and Thevenot/ARC Consulting developed new satisfaction survey instruments for residents, family members and employees for use under FOE 2.0. The new instruments are somewhat lengthier and more probing, and include new items designed to align with other new features of FOE 2.0. A new survey contractor, Applied Marketing Research, Inc., (AMR) was selected via a competitive procurement in the Spring of 2012. New surveys were administered by AMR in the Fall of last year. Summaries of satisfaction scores from the 2012 surveys are included in this report.

The new surveys for residents and family members continue to focus on familiar and critical areas, including the resident's room and living environment, quality of clinical and personal care, variety of activities, physical aspects of the facility, food and dining experience, staff and management responsiveness and communication, resident autonomy, and overall satisfaction. Also, facilities are now required to use a common protocol for determining the cognitive ability of residents to take part in the resident survey process. This process centers on the results of the Brief Interview for Mental Status, a federally-mandated assessment that all facilities are required to perform regularly as part of the Minimum Data Set 3.0 (MDS 3.0).

Survey Integrity. As under prior OHCA policy, the survey contractor and facility staff and management must ensure that the opportunity for residents, family members, and staff to participate in the satisfaction surveys is provided through a voluntary and confidential process. Staff and management may encourage respondents to participate in the survey, but must refrain from any verbal or other actions designed to require participation, or to coerce or influence how respondents complete their surveys. A toll-free complaint hotline is provided for use by any individuals who observe irregularities that might violate this requirement.

7. Employee satisfaction surveys

The new employee surveys focus on the both the physical aspects of the workplace and the strength of the workplace culture. Emphasis is laid on the safety, cleanliness, and maintenance of the facility and equipment, and the availability of sufficient supplies. Other probes address the quality of training, relationships among managers, supervisors and line staff, the extent of effective communication and collaboration, staff-to-resident assignments, commitment to meeting residents' needs, and satisfaction with pay and benefits.

8. Distance learning program use

FOE 2.0 implements a provision of H.B. 2842 which listed expanded nurse assistant training as a component to be included within the structure of performance incentives for nursing homes. OHCA and the FOE Advisory Board determined that this component could be efficiently incorporated into FOE by leveraging newly-emergent on-line training programs that were not generally available when FOE was first

created. Accordingly the revised program awards points to nursing facilities that contract for and utilize approved online learning programs for CNAs. OHCA has established standards for approval of distance learning vendors and their online programs, and requires vendors to track and report utilization by facilities of their programs in detail.

The intent of this component of FOE is that facilities will use these programs to provide structured coursework beyond the basic topics needed for initial CNA certification, as well as to employ online learning resources to supplement or replace training that would otherwise be provided to meet federally-required in-service hours.

9. Establishment of Peer Mentoring programs for frontline staff.

FOE now includes this element in recognition of research evidence of the effectiveness of peer mentoring programs, particularly as a means of on-boarding new hires and accelerating the pace of engagement, productivity, and satisfaction of frontline staff, who comprise the largest but least satisfied occupational group in nursing facilities. Peer mentoring programs have also shown to contribute positively to a reduction in staff turnover and hiring costs.

OHCA has authored guidelines for facility use that describe the philosophy, purpose, and structural characteristics of a formal peer mentoring program for CNAs and other frontline staff.

Unlike the distance learning programs, which center on the use of pre-approved vendors, the peer mentoring component of FOE requires facilities to formulate their own peer mentoring programs and submit a detailed outline to OHCA for approval. However, the guidelines do contain minimum training requirements for mentors and peer mentoring program supervisors, which must be provided by qualified independent consultants or organizations with the training resources and capability of equipping mentors and supervisors to perform effectively in the mentoring of their peers. Specific coursework may vary, but must be tangibly related to this goal.

Beyond the initial required program submissions, OHCA will require additional reporting of peer mentoring program activity and results at a later date after facilities have had a period of implementation.

Effect of OSDH Certification Surveys and Enforcement

Previously, Focus on Excellence included a scored metric related to outcomes of Medicare/Medicaid program certification surveys conducted under federal standards by the Oklahoma State Department of Health. That is no longer the case. Instead, acceptable OSHC survey outcomes now serve as a prerequisite for facilities to continue to be eligible for any of the FOE 2.0 incentives.

Under FOE 2.0 a facility will forfeit all eligibility for performance-based payments for any calendar quarter in which the facility receives a final determination of a survey citation from OSDH at a scope and severity level of "I" or higher. The loss of eligibility will be continue

for any additional quarters during which CMS issues an order of denial of payment for new admissions to the facility. As of the publication of this report, eighteen (18) nursing facilities had been impacted by this provision.

Scoring Methodology

Until July 2012, Medicaid (SoonerCare) awarded one (1) point for meeting the target for each metric, with each point valued at $1.09 per resident day. Facilities were required to achieve at least two metrics in order to qualify for any additional payment.

Under FOE 2.0 a total of 500 points are available to be earned, with each point earning $.01 per resident day. However, each of the nine new metrics is assigned a differential point value.

The new point system also provides point ranges for determining star ratings on the consumer web site. The new system can be summarized as follows:

Allocation of FOE 2.0 Performance Metric Incentives

Person centered care	120 points
Leadership Commitment	35 points
Licensed Nurse Retention	50 points
CNA Retention	50 points
Direct Care Staffing	50 points
Resident/Family Satisfaction	80 points
Employee Satisfaction	50 points
Distance Learning Program	35 points
Peer Mentoring Program	30 points

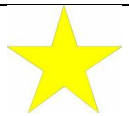
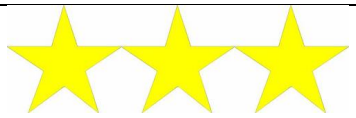
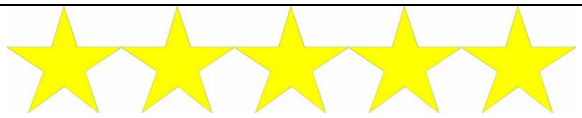
- A facility will be able to earn a maximum of 500 points for meeting the established metrics.
- Payment will be established at $.01 per point to be added to the daily rate for each Medicaid resident.
- A facility must earn a minimum of 100 points to receive any payment.
- FOE payments earned will be recalculated each calendar quarter.

ITEM-SPECIFIC PERFORMANCE TARGETS:

- Person-centered Care: facility meets at least 6 of 10 listed artifacts
- Leadership Commitment: facility meets at least 6 of 10 listed artifacts
- Licensed Nurse Retention: minimum 60% with 1 year+ tenure
- CNA Retention: minimum 50% with 1 year+ tenure
- Direct Care Staffing: 3.5 hours or more per resident per day
- Resident/Family Satisfaction: weighted avg. score of 72
- Employee Satisfaction: weighted avg. score of 65

CONSUMER STAR RATING WEBSITE

www.oknursinghomeratings.com reflects the new FOE metrics and scoring

100 - 149 points = 1 star	
150 – 249 points = 2 stars	
250 – 349 points = 3 stars	
350 – 449 points = 4 stars	
450 – 500 points = 5 stars	

Selected Statistical Analysis of FOE Data

4th Quarter 2012 Data Period

Average Scores on Selected Metrics within FOE Point Tiers

Groupings	Facility Count
Top 20% of point earners	58
Middle 60% of point earners	172
Bottom 20% of point earners	58
Total	**288**

Metric	Top 20%	Middle 60%	Bottom 20%
Resident/Family Satisfaction	85.6	80.2	40.7
Employee Satisfaction	86.9	80.9	38.9
Direct Care Staffing Hours/Day	3.88	3.58	1.56
CNA Retention	58.7%	38.7%	11.5%
Licensed Nurse Retention	74.9%	47.9%	12.6%

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Correlation Tables

Grouping	Facility Count
Quintile 1 (Top 20%)	58
Quintile 2	58
Quintile 3	58
Quintile 4	57
Quintile 5 (Bottom 20%)	57
Total	**288**

A. Reference Metric: Direct Care Staffing Hours Per Resident Day

Direct Care Staffing Hours	Resident/Family Satisfaction	Employee Satisfaction	Licensed Nurse Retention	CNA Retention
Quintile 1 (Top 20%)	82.5	82.5	54.4%	42.3%
Quintile 2	81.4	80.6	54.2%	43.1%
Quintile 3	74.6	76.8	54.4%	46.6%
Quintile 4	79.1	80.2	49.7%	39.8%
Quintile 5 (Bottom 20%)	48.6	47.9	18.1%	14.3%

B. Reference Metric: Resident/Family Satisfaction

Resident/Family Satisfaction	Employee Satisfaction	Licensed Nurse Retention	CNA Retention
Quintile 1 (Top 20%)	86.9	58.4%	46.0%
Quintile 2	84.5	59.5%	46.6%
Quintile 3	80.9	49.7%	41.1%
Quintile 4	79.7	43.1%	34.1%
Quintile 5 (Bottom 20%)	35.7	19.9%	18.3%

C. Reference Metric: CNA Retention

CNA Retention	Employee Satisfaction	Licensed Nurse Retention
Quintile 1 (Top 20%)	81.7	74.7%
Quintile 2	83.1	65.5%
Quintile 3	80.3	53.7%
Quintile 4	76.1	29.7%
Quintile 5 (Bottom 20%)	46.6	6.6%

D. Reference Metric: Overall Occupancy (total resident days/available bed days)

Overall Occupancy	Direct Care Staffing Hours	CNA Retention	Licensed Nurse Retention	Resident/Family Satisfaction	Employee Satisfaction
Quintile 1 (Top 20%)	3.64	43.8%	56.1%	83.8	83.0
Quintile 2	3.75	45.0%	51.4%	77.7	78.8
Quintile 3	3.56	39.9%	52.6%	76.7	78.3
Quintile 4	3.60	39.8%	47.8%	75.5	75.1
Quintile 5 (Bottom 20%)	1.59	17.6%	22.9%	52.4	52.8

E. Reference Metric: Total FOE Points Earned

	Direct Care Staffing Hours	Resident/Family Satisfaction	Employee Satisfaction	CNA Retention	Licensed Nurse Retention	Resident Census
Quintile 1 (Top 20%)	377	373	362	401	413	357
Quintile 2	385	365	382	406	391	331
Quintile 3	331	350	324	296	315	328
Quintile 4	284	304	310	276	239	311
Quintile 5 (Bottom 20%)	126	110	126	124	145	178

RESIDENT SATISFACTION SCORES 2012

Maximum Score = 100

		AVERAGE SCORES
OVERALL	I would recommend this nursing facility to family, friends or others as a place to consider for nursing care.	84
	Overall, I am satisfied with this nursing facility.	85
ROOM	My room is clean.	84
	Overall, I am satisfied with the room.	83
	My room is comfortable.	82
	My bathroom is clean.	82
	My bed linens are changed as often as needed.	81
	My room is usually the right temperature.	75
FACILITY ACTIVITIES	I am able to talk to the activity director when needed.	83
	Overall, I am satisfied with the activities this facility provides.	80
	The facility offers activities that I enjoy and can participate in.	79
	Activities are offered 7 days a week.	76
FOOD AND DINING EXPERIENCE	The dining room is clean and comfortable.	82
	I get the help I need while eating.	81
	Overall, I am satisfied with the dining experience.	80
	I can choose where and when to eat meals.	79
	I have choices of what I want to eat.	77
	The menu offers a good variety overall.	75
	The food is tasty	73
PHYSICAL ASPECTS	I feel safe at this facility.	86
	The facility overall is clean.	85
	The facility as a whole is well maintained.	84
	Overall, I am satisfied with the physical aspects of the facility.	84
	My belongings are safe at this facility.	77
STAFF AND MANAGEMENT	I see familiar faces among the staff and care providers daily.	85
	The staff treats me with courtesy and respect.	85
	Overall, I am satisfied with the staff and management.	84
	I can rely on staff members for help and answers.	83
	The staff and management work to improve my quality of life.	82
	The facility staff gives me clear explanations of things we need or want to know about.	81
OVERALL CARE	Overall, I am satisfied with the care provided to me at this facility.	83
	I am satisfied with the daily personal care I received.	82
	I am satisfied with the medical care and routine nursing care he/she receives.	82
	I can see a doctor when needed.	78
	I can receive proper dental care when needed.	77
	When rehabilitation therapy is ordered for me, it is provided in a satisfactory manner.	77
	I am satisfied with the restorative nursing care I receive.	77

Family Satisfaction Survey Scores 2012

Maximum Score = 100

		AVERAGE SCORES
OVERALL	The resident would recommend this nursing facility to family, friends or others as a place to consider for nursing care.	75
	Overall, the resident is satisfied with this nursing facility.	75
ROOM	The resident's room is clean.	77
	The resident's room is comfortable.	76
	The resident's bed linens are changed as often as needed.	75
	Overall, the resident is satisfied with the room.	75
	The resident's bathroom is clean.	74
	The resident's room is usually the right temperature.	73
FACILITY ACTIVITIES	Overall, the resident is satisfied with the activities this facility provides.	69
	The facility offers activities that the resident enjoys and can participate in.	69
	The resident is able to talk to the activity director when needed.	68
	Activities are offered 7 days a week.	66
FOOD AND DINING EXPERIENCE	The dining room is clean and comfortable.	77
	The resident gets the help he/she needs while eating.	75
	Overall, the resident is satisfied with the dining experience.	71
	The menu offers a good variety overall.	70
	The resident likes the food.	68
	The resident has choices of what he/she wants to eat.	63
	The resident can choose where and when to eat meals.	62
PHYSICAL ASPECTS	The resident feels safe at this facility.	79
	The facility overall is clean.	78
	The facility as a whole is well maintained.	76
	Overall, the resident is satisfied with the physical aspects of the facility.	75
	The resident's belongings are safe at this facility.	66
STAFF AND MANAGEMENT	The staff treats the resident with courtesy and respect.	81
	The resident sees familiar faces among the staff and care providers daily.	81
	The facility staff gives the resident clear explanations of things we need or want to know about.	77
	The resident can rely on staff members for help and answers.	76
	The staff and management work to improve the resident's quality of life.	76
	Overall, the resident is satisfied with the staff and management.	76
OVERALL CARE	Overall, the resident is satisfied with the care provided to him/her at this facility.	75
	The resident is satisfied with the medical care and routine nursing care he/she receives.	75
	The resident can see a doctor when needed.	75
	When rehabilitation therapy is ordered for the resident, it is provided in a satisfactory manner.	71
	When rehabilitation therapy is provided in a satisfactory manner.	70
	The resident is statisfied with the retorative nursing care provided.	70
	The resident can receive proper dental care when needed.	66

Employee Satisfaction Scores 2012

Maximum Score = 100

		AVERAGE SCORES
OVERALL	Overall, I am satisfied with my job at this facility	84
	I probably will be working at this facility one year from now	83
	I would recommend this facility to others as a place to work	82
	I would recommend this facility as a nursing care facility	82
PHYSICAL ASPECTS	I feel safe while at this facility	88
	This facility provides safe accommodations for the residents	87
	Overall, I am satisfied with the physical aspects of this facility	83
	This facility is clean	83
	The facility as a whole is well maintained	81
	This facility furnishes enough supplies to take care of residents	80
	The equipment in this facility is well maintained	78
COMMUNICATION	I am satisfied with the training I continue to receive at this facility	81
	The training I received when I first started my job here was helpful to me	80
	The manner in which my supervisor communicates with me is good	80
	I can freely offer my suggestions without any concerns	78
	The manner in which the mgmt/admin. communicates with me is good	78
	Sups./mgmt. are interested in my ideas about improving resident living conditions	77
	Overall, I am satisfied with the communication at this facility	76
	Sups. & mgmt. are interested in my ideas about improving work conditions	76
	The communication that is exchanged at shift change is sufficient	71
SUPERVISOR AND THE MANAGEMENT/ADMINISTRATION	The administrator knows my name and recognizes me at work	85
	My direct supervisor is respectful to me	84
	My direct supervisor is fair to me	83
	My direct supervisor helps me succeed at my job	82
	Overall, I am satisfied with my sup. and the mgmt/admin.	81
	Mgmt's review of my work is fair	80
	My direct supervisor makes me feel valued	80
	The admin. overall recognizes my hard work	78
	Mgmt. understands the value of my work	74
WORK ENVIRONMENT	I am motivated to care for the residents	89
	The staff at this facility treats family members with respect	86
	This facility provides great care to the residents	84
	The staff at this facility treats residents with respect	83
	Overall, I am satisfied with the work environment at this facility	81
	The supervisors I work with seem to enjoy their job	80
	This facility offers a positive employee working environment	78
	I am usually assigned to the same residents	78
	The employees at my job level seem to enjoy working here	76
	Our staff works together as a team	75
	There are future opportunities for advancement for me here	67
	The pay I receive is comparable to a similar job	63
	The benefits I receive are comparable to a similar job	61

Person Centered Care Practices

1.Residents allowed to choose

(a) when they awaken,

(b) when to go to bed,

(c) when t0 bathe

2. Residents provided either

(a) open dining during at least a two-hour time period, or

(b) 24 hour dining accommodating resident's meal order.

3. Residents provided any of the following

(a) restaurant style dining where staff takes resident orders;

(b) buffet style dinning where resident help themselves or instruct staff what they want; or

(c) family style dining where food is served in bowls on dining tables and residents help themselves or staff assists them.

4. Facility meets the Advancing Excellence criterion of consistent staffing.

5. Facility is set up on the household model, wherein each household has 25 or fewer residents who have their own kitchenette, living room, and dining room.

6. Learning Circle or equivalents used regularly in resident and staff meetings

7. Resident has substantial, documented input into the timing and choices of activities.

8. Facility implements flexible medication administration times within the limits of therapeutic protocols and medical orders.

9. Residents are provided regular forums in which to provide input into aspects of facility operations affecting their choices and well-being.

10. Facility does not use overhead, audible paging system except in cases of emergency.

Leadership Commitment Practices

1. CNAs attend resident care conferences.
2. Residents have an assigned staff member who serves as a "buddy," case coordinator, Guardian Angel, etc. to check with the resident regularly and follow up on any concerns. This is in addition to any assigned social service staff.
3. Community meetings are held on a regular basis bringing Staff, residents, and families together as a community.
4. CNAs consistently work with residents of the same neighborhood/household/unit (with no rotation).
5. Self-scheduling of work shifts where CNAs develop their own schedule and fill in for absent CNAs, CNAs independently handle the task of scheduling, trading shifts/days and covering for each other instead of a staffing coordinator.
6. Facility pays expenses for non-managerial staff to attend outside conferences/workshops, e.g. CNAs, direct care nurses.
7. Activities, formal or informal, are led by staff in other departments such as nursing, housekeeping or any other departments.
8. Awards are given to staff to recognize commitment to person-directed care, e.g. Culture Change Award, Champion of Change Award (not including Employee of the Month).
9. Career ladder positions or job development programs are in use for CNAs and LPNs.
10. Employee Evaluations include observable measures of employee support of individual resident choices, control, and preferred routines in all aspects of daily living.

FOE Program Priority Work Plans for 2013

Having completed and implemented the first major structural update of FOE in 2012, further major changes are not in view for 2013. However, with the input of its FOE Advisory Board, OHCA will continue to fine-tune the new program model as nursing facilities gain more experience with its newer components. In particular, more succinct definitions of the person-centered care and leadership commitment elements are planned for release by mid-year. In addition, facility documentation requirements in connection with their adoption of any of those elements will be made more distinct.

In the same vein, policy reviews will be conducted based on the early experience with the new distance learning and peer mentoring features of FOE. At the end of 2012, some 70 percent of the nursing facilities had undertaken these programs and were gaining experience in using them. However it is likely that the remaining facilities, many of which are smaller operations and many in rural areas, will need additional attention in part because the FOE financial incentives are likely insufficient to enable smaller facilities to establish high quality training and mentoring programs.

Finally, continuing activities undertaken in 2012, OHCA internal information systems resources will be used more broadly for primary statistical analyses of FOE performance data, with a focus on validating program results and providing a basis in empirical evidence to guide future evolution of this important and innovative program.