2017

AHCA/NCAL National Quality Award Program

Bronze – Commitment to Quality Award Application & Criteria

for

Skilled Nursing Care Centers (SNCC) & Intellectual and Developmental Disabilities (ID/DD) Residential Services Providers
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A NOTE FROM THE PRESIDENT & CEO

Dear AHCA/NCAL member,

Congratulations for taking an important step in your quality journey by applying for an AHCA/NCAL National Quality Award. In long term and post-acute care, the commitment to quality is about more than just meeting the requirements. Quality is about striving to provide the best service possible and exceeding the expectations of staff, and most importantly, patients, residents and their families.

The value of an AHCA/NCAL National Quality Award goes beyond receiving a plaque to hang on the walls of your center. It inherently changes what happens within those walls for the better.

An important part of this program is its use of the nationally-recognized Baldrige Performance Excellence Criteria, developed by the U.S. Department of Commerce’s National Institute of Standards and Technology. This systematic approach is also the essential foundation of the 2015-2018 AHCA Quality Initiative.

By applying the criteria, Bronze applicants learn how to focus on key areas important to any center, such as customer requirements and an established performance improvement system.

At the Silver and Gold levels, our research shows that recipients achieve better quality measures, have higher Five-Star ratings and have higher margins, which is an indicator of better financial health of the organization.

Continued learning and development is essential for skilled nursing care centers, assisted living communities, and ID residential services providers to be at the forefront of our nation’s health care delivery system. I commend you for rising to the quality challenge and wish you all the best in your application process.

Sincerely,

Mark Parkinson
President & CEO
AHCA/NCAL
Chapter 1: Applying for a Quality Award

Thank you for your interest in the AHCA/NCAL National Quality Award Program. The National Quality Award Program is a progressive, three-step program based on the criteria of the Baldrige Performance Excellence program. The program encourages continuous learning and development of integrated quality systems to achieve performance excellence.

The first step in the program is the Bronze – Commitment to Quality Award. Organizations (single centers) are required to start their Quality Award journey at the Bronze level; once this award is achieved, organizations may move to the Silver – Achievement in Quality Award level.

The Bronze criteria are based on the Organizational Profile section of the Baldrige Health Care Criteria for Performance Excellence. The objective of this award level is to provide a context for understanding your organization and its approach to performance improvement. Through the Bronze criteria, you will assess your organization’s mission, vision, and key factors that lead to success. This will provide a strong foundation for the Silver Award level.

This application packet includes important information about the Bronze Award, eligibility requirements, and deadlines. Applicants should read this packet in full before beginning to write and submit their application.

The criteria in this application packet are specific to skilled nursing care centers (SNCC) and intellectual and developmental disabilities (ID/DD) residential services providers. To access the criteria for assisted living communities, please download the Bronze Application Packet for AL Providers, available on the Quality Award website.

If you are unsure of which criteria to use, please use the table below to determine the criteria set that is most appropriate for your organization:

<table>
<thead>
<tr>
<th>Applicant Organization</th>
<th>Appropriate Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>A skilled nursing-only center or combination center applying only for the skilled nursing portion</td>
<td>Bronze criteria for SNCC &amp; ID/DD</td>
</tr>
<tr>
<td>An ID/DD-only center; or an ID/DD group home-only organization; or a combination center applying only for the ICF/IID or ID/DD group home portion</td>
<td>Bronze criteria for SNCC &amp; ID/DD and the Bronze ID/DD Supplement</td>
</tr>
<tr>
<td>A combination center applying for both SNCC &amp; AL</td>
<td>Bronze criteria for SNCC &amp; ID/DD</td>
</tr>
<tr>
<td>A combination center applying for only AL</td>
<td>Bronze criteria for AL providers</td>
</tr>
<tr>
<td>An AL-only provider</td>
<td>Bronze criteria for AL providers</td>
</tr>
</tbody>
</table>
Getting Started – How to Use the Application Packet

Applicants should read this packet in full before beginning to write and submitting their intent to apply and application. Below is quick chapter breakdown:

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page Number</th>
<th>Information Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Applying for a Quality Award</td>
<td>2</td>
<td>• Explanation of the objective of the award level.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Explanation of the appropriate criteria/application packet for organization types.</td>
</tr>
<tr>
<td>2. Application Deadlines and Fees</td>
<td>4</td>
<td>• Break down of all deadlines and appropriate fees.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• All payments are only accepted online via credit card.</td>
</tr>
<tr>
<td>3. Application Policies and Eligibility</td>
<td>6</td>
<td>• Please review our policies – an application can be disqualified if our policies or eligibility requirements are not met!</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Technical requirements – how the application must be formatted when submitted.</td>
</tr>
<tr>
<td>5. Application Submission Process</td>
<td>12</td>
<td>• How to submit your application.</td>
</tr>
<tr>
<td>6. Bronze Criteria</td>
<td>15</td>
<td>• The questions to be answered within the application.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Some pages will have Notes at the bottom that expand on a specific criteria item. Refer to these notes when writing your response.</td>
</tr>
<tr>
<td>7. Glossary</td>
<td>19</td>
<td>• Any term written in small caps is defined in this section.</td>
</tr>
</tbody>
</table>

This symbol through the application packet indicates that a supporting educational video further explains this item. These videos are available on ahcancalED; simply search for Bronze Criteria Series under LearnED.

Questions? Applicants can contact Quality Award Program staff at qualityaward@ahca.org.
CHAPTER 2: BRONZE APPLICATION DEADLINES AND FEES

Intent to Apply Deadline: Thursday, November 17, 2016 8 p.m. EST

Applicants are strongly encouraged to submit the $75 Intent to Apply payment. This is not mandatory; however, there are a number of benefits associated:

- The overall cost to submit an application is reduced by $200; and
- Applicants who submit the Intent to Apply will receive regular emails from Quality Award staff with deadline reminders, tips on applying for the award, and links to educational webinars.

Applicants can visit the Quality Award website starting in mid-September 2016 to access the Intent to Apply payment process. Applicants must submit an application that matches the center’s AHCA/NCAL membership type.

- If a member submits a combined SNF/AL application, the AHCA/NCAL membership database must reflect a membership category of SNF/AL. Centers may have a SNF and an AL as members of AHCA/NCAL but membership may be separate. Separate SNF and AL memberships must be amended into one membership account in order to submit a combined SNF/AL application. Centers will need to contact their state affiliates to adjust their accounts if needed.

Application and Payment Deadline: Thursday, January 26, 2017 at 8 p.m. EST

Bronze applicants must submit their application and payment using the online application process by the deadline of Thursday, January 26, 2017 at 8 p.m. EST. Late applications will not be accepted for any reason. Please note the following:

- A successful application submission will immediately generate a confirmation email. The confirmation email is the only proof of submission that will be accepted after the deadline. If you do not receive a confirmation email, contact Quality Award staff.
- Exceptions will not be made for applicants who fail to submit their application by the deadline due to technical issues not related to AHCA/NCAL.
- Submit only one application—only the first version of the application will be accepted.
Applicants can visit the Quality Award website beginning December 1, 2016 to access the online application and payment process.¹

**Bronze Application Fees**

- Intent to Apply Fee: $75
- Bronze Application Fee with the submission of an Intent to Apply: $425
- Bronze Application Fee without the submission of an Intent to Apply: $700

**Notification Deadlines**

- Bronze Award Notification: June 1, 2017
- Bronze Feedback Report Distribution: June 9, 2017

¹ Please note, intent to apply and application payments are only accepted online via credit card payment.
CHAPTER 3: APPLICATION POLICIES AND ELIGIBILITY

➢ Application Deadlines:
  o Late applications or payments will not be accepted for any reason. Program deadlines are listed on page 4.
  o Exceptions will not be made for applicants who fail to submit their application by the deadline due to technical issues not related to AHCA/NCAL.
  o Only the first version of the application will be accepted. Do not submit multiple versions of the application.

➢ Technical Requirements:
  o AHCA/NCAL reserves the right to disqualify any application that does not adhere to the technical requirements and submission format laid out on pages 9-10 of this document.
  o Disqualified applications will not receive a feedback report or a refund of their fee.

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

➢ Recertification Policy
  o Recipients of a National Quality Award must abide by the recertification policy.

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

➢ Educational Requirements:
  o Applicants must participate in a Quality Award educational program in the year that they apply for the award (e.g. Convention education sessions, Quality Award webinars, Bronze Webinar Series, etc.).
Eligibility to Apply

The following eligibility requirements are mandatory.

- **Membership Requirement:**
  - The applying organization (center) must be a member in good standing of AHCA/NCAL.
  - If an organization is a non-member at the time of application, they will be ineligible to submit an application for the program.
  - If an organization is a non-member at the time of award notification, they will be ineligible to receive the award and/or the associated feedback report.
  - Application type (SNF, AL, SNF & AL, ID-DD) must match membership type in the AHCA/NCAL membership database. If you are unclear of your membership, please email qualityaward@ahca.org.

- **Organizational Requirements**
  - Only long term care organizations may apply – skilled nursing care centers (SNCCs), assisted living communities (ALs), intellectual and developmental disabilities (ID/DD) residential services providers (including intermediate care centers for individuals with intellectual disabilities and home- and community-based waiver group homes for individuals with ID/DD), or state veteran’s homes. Multi-center corporations may not apply; however, their individual centers (organizations) may apply.
  - Applicants with multi-levels of care may elect to apply for the entire organization or may apply for a distinct part of the organization. The distinct part of the organization must be a separately licensed level of care serving a particular market segment in a clearly defined physical location. In addition, the organization must declare that any award received is for the distinct part rather than for the organization as a whole.
  - Applicants must have received at least one Medicare/Medicaid certification survey (related to the survey requirements below) in order to be eligible to receive the award.
Survey Requirements:

- Skilled nursing care centers that have been cited for a regulatory deficiency at the Immediate Jeopardy or Substandard Quality of Care\(^2\) level on any Medicare/Medicaid certification survey\(^3\) in their most recent survey cycle (Cycle 1)\(^5\) publically reported on Nursing Home Compare as of the application deadline of January 26\(^{th}\), 2017 or prior to award notification in 2017\(^4\), are not eligible to receive an award at any level.

- The skilled nursing care center cannot have their most recent publically reported CMS survey cycle score (Cycle 1)\(^5\) as of the application deadline (January 26\(^{th}\), 2017) exceed 60 points. Applicants can view their most recent CMS survey cycle scores online at [https://data.medicare.gov/Nursing-Home-Compare/Provider-Info/4pq5-n9py](https://data.medicare.gov/Nursing-Home-Compare/Provider-Info/4pq5-n9py).

- Intermediate care centers for individuals with intellectual disabilities (ICFs/IID) are not eligible to receive the Bronze award if the count of the Conditions of Participation Deficiencies on their most recent standard survey prior to the application deadline (January 26\(^{th}\), 2017) exceeds their State Average Conditions of Participation Deficiencies\(^6\) for the past fiscal (October 2015 to September 2016) year. Special consideration is provided for applicants exceeding the state average by less than 1 point.

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\(^2\) **Substandard Quality of Care F-Tags**: A SNCC is marked substandard quality of care (SQC) if it receives a deficiency in Quality of Care (F309 – F334), Quality of Life (F240 – F258), or Resident Behavior and Facility Practices (F221 – F226) at scope and severity level of F, H, I, J, K, or L. “G” is not considered substandard care because it is isolated in nature. Please note, this language is current as of August 3, 2016; however, CMS will be issuing the final Requirements of Participation rule later this year. At that time, the definition of a SQC will change. The survey check will be based on the new definition of an SQC.

\(^3\) This includes any regulatory inspection conducted according to federal “OBRA” regulations, including but not limited to standard (annual), complaint, life safety, or federal surveys.

\(^4\) Please note, that any IJ/SQCs publically reported after the application deadline of January 26\(^{th}\) 2017 and prior to award notification will render a center ineligible to be a Quality Award recipient.

\(^5\) CMS survey cycles are based off of standard surveys, regardless of the time between surveys. Cycle one refers to the most current standard survey and the most recent 12-month window for complaint surveys. Cycle two refers to the second most recent standard survey and relevant 12-month window for complaint surveys, and cycle three refers to the third most recent standard survey and 12-month window for complaint surveys. For more information on CMS’s survey scoring methodology, see the Technical User’s Guide for Nursing Home Compare’s Five Star Quality Rating System ([Link](https://data.medicare.gov/Nursing-Home-Compare/Provider-Info/4pq5-n9py)).

\(^6\) For the purpose of the Quality Award Program Conditions of Participation deficiencies are defined as W102, W122, W158, W195, W266, W318, W406, and W459.
## Bronze Technical Requirements

The following technical requirements are very important; applications must meet all of the following requirements. **Applications that do not meet these requirements will be disqualified.**

<table>
<thead>
<tr>
<th>Element</th>
<th>Requirement</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Format</td>
<td>Microsoft Word</td>
<td>Applicants at the Bronze Award level are required to submit their applications in Microsoft Word format. The file name extension should read .doc or .docx.</td>
</tr>
<tr>
<td>Page Limit</td>
<td>Bronze: 5 pages maximum</td>
<td>The acronym list (see below) does not count against this requirement. However, any responses to the criteria or additional information that exceeds 5 pages will result in disqualification.</td>
</tr>
<tr>
<td>Page Size and Color</td>
<td>Standard, 8 ½ - by11-inch, white</td>
<td></td>
</tr>
<tr>
<td>Page Orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Text Pages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pages with graphs, figures, and tables</td>
<td>Portrait</td>
<td>Larger margins are acceptable.</td>
</tr>
<tr>
<td>Margins</td>
<td>1-inch minimum all around (top, bottom, left, and right)</td>
<td></td>
</tr>
<tr>
<td>Page Numbering</td>
<td>Number pages 1 – 5 in sequence.</td>
<td>The acronym list (see below) can also be numbered.</td>
</tr>
<tr>
<td>Responses to Criteria</td>
<td>Criteria Version</td>
<td>Applicants must respond to the 2017 Bronze Quality Award criteria (see chapter 6).</td>
</tr>
<tr>
<td></td>
<td>Criteria Labeling</td>
<td>Applicants must complete all sections of the application and label responses sequentially to correspond to all section and subsection numbers and letters of the criteria. Each criterion must be responded to separately. This requires applicants to fully label criteria, as demonstrated on the next page.</td>
</tr>
<tr>
<td></td>
<td>Prose Style Writing</td>
<td>Applications should be written in prose style using complete sentences.</td>
</tr>
<tr>
<td>Font and Type Size:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Running text</td>
<td>Times New Roman, 12pt min.</td>
<td>Applicants are encouraged to use properly labeled charts, tables and graphs to present evidence and results related to the criteria.</td>
</tr>
<tr>
<td>Text within tables</td>
<td>Times New Roman, 10pt min.</td>
<td>Applicants must use a minimum of 10 point Times New Roman font in all tables. Use of a smaller font in tables will result in disqualification. Applicants should avoid using tables in lieu of prose responses unless required or clearly appropriate. Prose text in a box does not constitute a table.</td>
</tr>
<tr>
<td>Text within graphs and charts</td>
<td>Any font, legible text size</td>
<td>Graphs, charts, diagrams must be legible when viewed at 100%. Information presented in illegible format will not be considered during the evaluation of the application.</td>
</tr>
</tbody>
</table>

**Acronym List:** If the application submitted uses a number of organization-specific acronyms, the applicant may submit a list defining these acronyms. The list should be included as the last page of the application and does not count against the page limit. Acronyms should be listed in alphabetical order. The inclusion of an acronym list is not a requirement.
Bronze Submission Format
Applicants must use the following format when responding to the criteria. Applicants should copy and paste the submission format below into a Microsoft Word document, and add their responses to the criteria. Failure to complete all sections of the application and label them correctly will result in disqualification.

P.1 Organizational Description:

P.1.a.1.
P.1.a.2.
P.1.a.3.
P.1.a.4.
P.1.a.5.
P.1.a.6.
P.1.a.7.

P.1.b.1.

<table>
<thead>
<tr>
<th>Principal Customer Groups</th>
<th>Requirements this Group has of your Organization</th>
<th>How your Organization Learned of these Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patients (Residents)</td>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
<td>2.</td>
</tr>
<tr>
<td>3.</td>
<td>3.</td>
<td>3.</td>
</tr>
<tr>
<td>4.</td>
<td>4.</td>
<td>4.</td>
</tr>
</tbody>
</table>

P.1.b.2.
P.1.b.3.
P.1.b.4.
P.1.b.5.

P.2 Organizational Situation:

P.2.a.1.
P.2.a.2.
P.2.a.3.

P.2.b.1.
P.2.b.2.

P.2.c.1.
P.2.c.2.
P.2.c.3. Intellectual Disability (ID) residential services providers only
CHAPTER 4: BRONZE EXAMINATION PROCESS*

Center prepares and electronically submits application by 8 pm EST on January 26, 2017.

Staff conducts eligibility review, including membership check, and assigns each application to a Bronze Examiner.

A Bronze Examiner conducts review of application and provides a recommendation and feedback report to Quality Award staff.

Recommended for Award?

Yes

No

Quality Award staff verifies membership.

Quality Award staff conducts survey performance check and membership check.

Staff notifies applicant and emails feedback report.

* Examination Process is subject to change in order to ensure a fair and accurate evaluation process.
CHAPTER 5: APPLICATION SUBMISSION PROCESS

Submission

The application must be submitted online. You will enter the information gathered on the following two pages into the online application form before uploading a Microsoft Word document (.doc or .docx) containing your responses to the Bronze criteria.

A successful submission will immediately generate a confirmation email. If you do not receive a confirmation email, your application may not have been submitted successfully. The confirmation email is the only proof of submission that will be accepted after the deadline. If you do not receive a confirmation email, contact Quality Award staff at qualityaward@ahca.org.

Bronze applications will be accepted online beginning December 1, 2016, and must be submitted prior to 8 p.m. EST on January 26, 2017. Applicants are strongly advised to upload their application early. Applications that are not uploaded before the deadline will not be accepted.

Authorization

Prior to submitting your application, you will be asked to agree with the following statements:

- The attached application was written by organization (single center) staff and is an accurate and true reflection of this organization.
- I understand that my application will be checked for originality and confirm that the content of this application is original to this organization (single center) and was not supplied by others, including the corporate office or external consultants (mission and related statements exempt).
- With the exception of the identification of recipients, I understand that AHCA/NCAL will not disclose applicant information to anyone outside my organization or parent company or my state affiliate.
- I understand that if this application is deemed by AHCA/NCAL not to meet these requirements, or the technical requirements and submission format (available on pages 8-10), it will be disqualified and the application fee will be forfeited.
- I understand that my application will be evaluated by Examiners based on the criteria solely and not against other measures of performance or information not included in the application. The process established is comprehensive and rigorous, but there is a subjective nature to the criteria. By submitting this document, I agree to this process and to respect any final decisions made pertaining to my application.
- I understand that I may be called upon by AHCA/NCAL to share success stories, lessons learned, or practices that have led to improved quality. I also may be asked to serve as an Examiner or an informal mentor to other applicants. In the spirit of the mission of the program, I will assist to the best of my ability in advancing quality improvement in long-term care.
Online Application Form
The online application process will open on December 1, 2016. Please print and complete this form prior to initiating the online application process.

1. CONTACT INFORMATION
   Important — Please specify the name of your organization (single center) exactly as you would like it to appear on your award. If you are chosen as a recipient, you will not be given the opportunity to make a change. Please double check for spelling errors.

   Name of Organization (single center): ______________________________
   Six-Digit Federal Medicare/Medicaid Provider Number7 (if none, write N/A): _________
   Primary Contact: ______________________________ Email: ________________
   Secondary Contact: ______________________________ Email: ________________
   Address: __________________________________________
   City: ________________ State: __ Zip: ________ Phone: _____________

2. DEMOGRAPHICS

   Is your organization independently owned or part of a regional or national company?
   [ ] Independently Owned
   [ ] Regional/National (Name of Parent Company: ____________________________)

   Put an “X” next to the primary service(s) your organization provides that will be the focus of your responses to the Criteria:
   [ ] Skilled Nursing [ ] Assisted Living
   [ ] Skilled Nursing/Assisted Living [ ] ICFs/IID
   [ ] HCB waiver group homes for individuals with ID/DD

   Please specify the scope of your application. Does your application cover a distinct part of your organization or the entire organization?
   [ ] I am applying for my entire organization
   [ ] I am applying for a distinct part of my organization (please indicate below):
       [ ] Skilled Nursing [ ] Assisted Living
       [ ] Skilled Nursing/Assisted Living [ ] ICFs/IID
       [ ] HCB waiver group homes for individuals with ID/DD

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7 Your six-digit federal provider number - often referred to as the "Medicare Number" - can be found on the top right corner of any recent CMS-Form-2567 (the statement of deficiencies). It can also be found on any recent OSCAR 3 & 4 Report.
3. **PUBLICITY RELEASE**

AHCA/NCAL publicizes names of award recipients in printed materials and at events. Do we have your permission to publicize your center’s name (see item 1 above) if you are an award recipient?

| Yes ☐ | No ☐ |

4. **ELIGIBILITY - You must answer “Yes” to the following to be eligible for an award.**

| Is your center a member in good standing of AHCA/NCAL? | Yes ☐ | No ☐ |
| Have you or your staff participated in an educational program focusing on the 2017 National Quality Award Program? | Yes ☐ | No ☐ |

5. **TECHNICAL REQUIREMENTS – Your application must meet all of the following technical requirements (also listed on page 9) in order to be reviewed and considered for the award. If your application does not meet any one of these requirements, it will be disqualified and you will not receive feedback or a refund of your fee.**

| Did you respond to all the 2017 Bronze Quality Award Criteria questions (see chapter 6)? | Yes ☐ | No ☐ |
| Is your application original to your center and no part was supplied by others, including the corporate office or external consultants (mission and related statements exempt)? | Yes ☐ | No ☐ |
| Is your application document 5 pages or less (not counting the acronym page)? | Yes ☐ | No ☐ |
| Are the margins on your application document 1 inch or larger throughout? | Yes ☐ | No ☐ |
| Are the pages on your application document numbered 1-5 in sequence? | Yes ☐ | No ☐ |
| Did you follow the Bronze submission format outlined on page 10? | Yes ☐ | No ☐ |
| Is your application presented in 12 point (or larger) Times New Roman font? | Yes ☐ | No ☐ |
| Are your tables presented in 10 point (or larger) Times New Roman font? | Yes ☐ | No ☐ |
| Are your charts and graphs legible when the document is at 100% magnification? Note, if they are illegible, they will not be considered in the evaluation of your application. | Yes ☐ | No ☐ |

6. **SURVEY RESULTS**

| Has your organization reviewed the survey eligibility criteria listed on page 8 and is your organization in compliance with this criteria? | Yes ☐ | No ☐ | N/A ☐ |
CHAPTER 6: BRONZE – COMMITMENT TO QUALITY CRITERIA FOR SNCC & ID/DD PROVIDERS

(NOTE: ID/DD PROVIDERS MAY CHOOSE TO USE CRITERIA LANGUAGE IN THE SUPPLEMENT)

Please create a separate Microsoft Word document to address all Bronze criteria.

Within the criteria, you will find several words/phrases written in SMALL CAPS. This indicates that these terms are defined in the glossary (see chapter 7). Applicants are strongly encouraged to review the terms in the glossary to gain a better understanding of the criteria and response required.

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

ORGANIZATIONAL PROFILE

The Bronze Award application is an overview of the applicant’s organization. For the purposes of these criteria, organization refers to the single center that is applying for the award, not a multi-center organization. The intent of the criteria is for the applicant to address what is most important to your organization and the key factors that influence HOW your organization operates. The application provides the foundation from which the more complex and in-depth Silver and Gold applications may be written and submitted in subsequent years.

P.1 Organizational Description: What are your KEY organizational characteristics? Describe your organization’s operating environment and your relationships with KEY RESIDENTS, CUSTOMERS, STAKEHOLDERS, suppliers, and PARTNERS.

Provide a response for each of the following questions:

a. ORGANIZATIONAL ENVIRONMENT

1. Service Offerings: What are your main HEALTH CARE SERVICE offerings? What is the relative importance of each to your organizational success (e.g., skilled nursing, subacute, etc.)?
2. VISION and MISSION: What is your organization’s MISSION/VISION statement (verbatim) and the specific methods used to communicate it across your organization?
3. KEY Measures: What are your KEY ORGANIZATIONAL PERFORMANCE MEASURES?
4. WORKFORCE Profile: What are your WORKFORCE or employee groups by position (e.g., professional nurse, nursing assistant, cook, dietary aide, housekeeper), the desired number in each position, and a general description of the education level and/or professional requirements for each position? Use a table to provide your response.
5. Assets: What are your major equipment and technologies (e.g., computers, transfer equipment, automated dispensers, alarm devices, etc.)?
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?

7. What are your CORE COMPETENCIES and their relationship to your MISSION?

b. ORGANIZATIONAL RELATIONSHIPS

1. CUSTOMERS: What are your principal CUSTOMER groups? In addition to RESIDENTS, identify up to three other principal CUSTOMER groups in the first column of the table below. 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.

<table>
<thead>
<tr>
<th>Principal Customer Groups</th>
<th>Requirements this Group has of your Organization</th>
<th>How your Organization Learned of these Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Patients (Residents)</td>
<td>1.</td>
<td>1.</td>
</tr>
<tr>
<td>2.</td>
<td>2.</td>
<td>2.</td>
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<tr>
<td>3.</td>
<td>3.</td>
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<tr>
<td>4.</td>
<td>4.</td>
<td>4.</td>
</tr>
</tbody>
</table>

2. Suppliers: What are the KEY types of suppliers of goods and services, including other health care providers? What are your KEY mechanisms for communicating with suppliers?

3. From the above, what are the most important types of suppliers of goods and services?

4. What are the limitations, special business relationships, or special requirements that may exist with some or all suppliers and PARTNERS?

5. Organizational Links: What are your organizational structures and KEY management links to the parent company if the applicant organization is owned by a parent organization? Respond “NA” if the applicant is not owned by a parent organization.

Notes:

P. Your responses to the Organizational Profile questions are very important. They set the context for understanding your organization and HOW it operates. Your responses to all other questions in the Baldrige Health Care Criteria should relate to the organizational context you describe in this profile. Your responses to the Organizational Profile questions thus allow you to tailor your responses to all other questions to reflect your organization’s uniqueness.

P.1a(1). HEALTH CARE SERVICE offerings are the services you offer in the marketplace.

P.1a(4). WORKFORCE or employee groups (including organized bargaining units) might be based on type of employment or contract-reporting relationship.

P.1a(4). Organizations that also rely on volunteers and unpaid staff to accomplish their work may include these groups as part of their WORKFORCE.

P.1a(7). CORE COMPETENCIES are your organization’s areas of greatest expertise. They are those strategically important capabilities that are central to fulfilling your MISSION or...
provide an advantage in your marketplace or service environment. CORE COMPETENCIES are frequently challenging for competitors to imitate and frequently preserve your competitive advantage.

P.1a(7). CORE COMPETENCIES are one example of concepts that are woven throughout the Baldrige Criteria to ensure a systems APPROACH to organizational PERFORMANCE management. Other such concepts include INNOVATION, use of data and information to review PERFORMANCE and create knowledge, and change readiness and management.

P.1b(1). CUSTOMERS are the actual or potential users of your HEALTH CARE SERVICES. Other CUSTOMERS often include families of PATIENTS. PATIENT and other CUSTOMER groups might be based on common expectations, behaviors, and preferences.

P.1b(2). Communication mechanisms might involve in-person contact, e-mail, social media, or the telephone.

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.

Provide a response for each of the following questions:

a. COMPETITIVE ENVIRONMENT
   1. Competitive Position: What is your organization’s position (relative size) within the local market environment? Include numbers and types of competitors.
   2. Factors of Local Success: What are the principal factors that determine competitive success in the local market?
   3. Data: What are your key sources of COMPARATIVE DATA from inside and outside the long-term care profession?

b. STRATEGIC CONTEXT
   1. Strategic Planning: What are at least two major STRATEGIC CHALLENGES or ADVANTAGES for your organization (e.g., entry into new markets or SEGMENTS; 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 your organization’s delivery of services; changes in strategy; or other challenges or advantages)?
   2. What is the reason(s) why it is important that your organization address these STRATEGIC CHALLENGES or ADVANTAGES?

c. PERFORMANCE IMPROVEMENT SYSTEM
   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. To qualify for the Bronze Award level, you must be able to articulate the APPROACH you generally use to improve a PERFORMANCE outcome. This may be a methodology such as FOCUS-PDSA, Six Sigma’s DMAIC, or another APPROACH that has been developed or adopted by your organization from other resources such as Advancing Excellence.
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.

*ID residential services 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.

3. *Intellectual Disability (ID) residential services providers only*: Because you are not required to report survey data, please report briefly on a second 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.

**Notes:**

P.2b. STRATEGIC CHALLENGES and ADVANTAGES might relate to technology; HEALTH CARE SERVICES; finances; operations; organizational structure and culture; your parent organization’s capabilities; PATIENTS, other CUSTOMERS, and markets; reputation; the health care industry; and people.

STRATEGIC ADVANTAGES might include differentiators such as technology leadership, INNOVATION rate, geographic proximity, accessibility, health care and administrative support services, cost, reputation for service delivery, and wait times for service.

**END OF BRONZE – COMMITMENT TO QUALITY CRITERIA**
CHAPTER 7: GLOSSARY OF KEY TERMS

The following key terms are taken directly from the Baldrige Health Care Criteria. Each term is followed by a definition. Subsequent sentences in the first paragraph elaborate on this definition. The paragraphs that follow provide examples, descriptive information, or key linkages to other Criteria information. The terms included here are those presented in small caps in the Bronze Criteria in chapter 6.

**APPROACH.** The methods your organization uses to carry out its processes.

**COLLABORATORS.** Organizations or individuals who cooperate with your organization to support a particular activity or event or who cooperate intermittently when their short-term goals are aligned with or are the same as yours. Typically, collaborations do not involve formal agreements or arrangements. See also PARTNERS.

**COMPARATIVE DATA.** “Comparisons” refers to your performance relative to appropriate comparisons, such as competitors or organizations similar to yours; your performance relative to benchmarks or industry leaders. “Relevant Comparisons” refer to competitors or organizations similar to yours. Sources of comparative data may include national surveys, published research on turnover rates, the federal nursing home compare website, state health care associations, state databases for cost reports and census data, “secret shopper” initiatives, etc.

Please note, comparisons should be external to your multi-center corporation.

**CORE COMPETENCIES.** Your organization’s areas of greatest expertise; those strategically important capabilities that are central to fulfilling your mission or that provide an advantage in your marketplace.

**CUSTOMER.** An actual or potential user of your organization’s health care services. See also STAKEHOLDERS.

**HEALTH CARE RESULT.** A health care result is a measure of a specific clinical factor, either negative or positive, which is typically measured and expressed in terms of frequency of occurrence or prevalence of condition with a population.

**HEALTH CARE SERVICES.** All services delivered by your organization that involve professional clinical/medical judgment, including those delivered to patients and to the community. Health care services also include services that are not considered clinical or medical, such as admissions, food services, and billing.

**HOW.** The systems and processes that your organization uses to achieve its mission requirements.

**INNOVATION.** Making meaningful change to improve health care services, processes, or organizational effectiveness and create new value for stakeholders. The outcome of innovation is a discontinuous or breakthrough change.

**KEY.** Major or most important; critical to achieving your intended outcome.

**MISSION.** Your organization’s overall function. The mission answers the question, “What is your organization attempting to accomplish?”

**ORGANIZATIONAL PERFORMANCE MEASURES.** Organizational performance measures are output results obtained from processes and services that permit evaluation and comparison relative to goals, standards, past results, and other organizations. Performance might be expressed in non-financial and financial terms.
Resident/patient and other customer-focused performance refers to performance relative to measures and indicators of patients'/stakeholders' perceptions, reactions, and behaviors, and to measures and indicators of health care and service performance important to patients/stakeholders. Examples of patient and other customer-focused performance include patient loyalty, customer retention, complaints, and customer survey results. Examples of health care performance include falls, pressure sores, weight loss, and use of psychotropic medications.

Financial and marketplace performance refers to performance measured by cost and revenue, including asset utilization, asset growth, and market share. Examples include returns on investments, bond ratings, debt-to-equity ratio, returns on assets, operating margins, and other profitability and liquidity measures.

Operational performance refers to organizational, staff, and supplier performance relative to effectiveness and efficiency measures and indicators. Examples include cycle time, productivity, waste reduction, accreditation results, and legal/regulatory compliance. Operational performance might be measured at the work unit/department level, key process level, and organizational level.

PARTNERS. Key organizations or individuals who are working in concert with your organization to achieve a common goal or improve performance. Typically, partnerships are formal arrangements. See also COLLABORATORS.

PATIENT. The person receiving health care, including long-term care, preventive, promotional, acute, chronic, rehabilitative, and all other services in the continuum of care. Other terms used for patient include member, consumer, client, and resident.

PERFORMANCE. Outputs and their outcomes obtained from health care services, processes, patients, and other customers that permit you to evaluate and compare your organization’s results to performance projections, standards, past results, goals, and other organizations’ results.

PROCESS. Linked activities with the purpose of producing a product or service for a customer (user) within or outside your organization.

RESIDENT. See PATIENT.

RESULTS. Outputs and outcomes achieved by your organization.

SEGMENT. One part of your organization’s patient, other customer, market, health care service offering, or workforce base.

STAKEHOLDERS. All groups that are or might be affected by your organization’s actions and success. Key stakeholders might include customers, the community, employers, health care providers, patient advocacy groups, departments of health, students, the workforce, partners, collaborators, governing boards, stockholders, donors, suppliers, taxpayers, regulatory bodies, policy makers, funders, and local and professional communities. See also CUSTOMER.

STRATEGIC ADVANTAGES. Those marketplace benefits that exert a decisive influence on your organization’s likelihood of future success. These advantages are frequently sources of current and future competitive success relative to other providers of similar health care services.

STRATEGIC CHALLENGES. Those pressures that exert a decisive influence on your organization’s likelihood of future success. These challenges are frequently driven by your organization’s anticipated competitive position in the future relative to other providers of similar health care services.

VISION. Your organization’s desired future state.

WORKFORCE. All people actively supervised by your organization and involved in accomplishing your organization’s work, including paid
employees (e.g., permanent, part-time, temporary, and telecommuting employees, as well as contract employees supervised by your organization), independent practitioners not paid by the organization (e.g., physicians, physician assistants, nurse practitioners, acupuncturists, and nutritionists), health care students (e.g., medical, nursing, and ancillary), and volunteers, as appropriate. Your workforce includes team leaders, supervisors, and managers at all levels.