



Continuing Communication

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An electronic newsletter specifically designed for CARF-CCAC-accredited organizations

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Going Green with Exhibit Resources

In an effort to go green, the Aging Services team at CARF has developed a website for its participation in national and state events, association expositions, annual conferences, and trade shows. Instead of copying large documents to have available at its exhibit booths across the country, CARF-CCAC and Aging Services provide a business card with the address to the website where resources are located. Interested parties can access materials regarding CARF accreditation and best practices for several weeks following an event. If you see CARF-CCAC and Aging Services



participating at your next conference, stop by and talk with the staff and then download valuable resources at your convenience from www.carf.org/agingconference.

Innovative Practice: Living Fully, Dying Well

Carleton-Willard Village in Bedford, MA was ahead of the curve when it implemented a program almost three years ago called Living Fully, Dying Well. Living Fully, Dying Well is a palliative care approach that has been used by hospices for many years and is now being offered as a separate program more and more across the U.S. Living Fully, Dying Well does not replace its hospice program, which Carleton-Willard Village contracts through Hospice of the North Shore. The two programs work hand in hand. Living Fully, Dying Well comforts the individual during his or her last days, and Vigil Volunteers are there and present at the end so that no one is alone when they die.

Carleton-Willard Village saw the end of life as important and wanted to improve the care people received in their final days. Living Fully, Dying Well was the vision of Barbara Doyle, Carleton-Willard Village's President and CEO. She helped nurture the program from her vision and made it a reality that continues to receive praise, heartfelt thanks, and monetary donations to support program expansion.

The use of volunteers is a fundamentally unique aspect of this program. Individuals from Carleton-Willard Village's Independent/Residential Living and the local community serve as Vigil Volunteers. This group is a vital part of the program because volunteers are called in at the last minute so that no one is alone when they die. The volunteers' main responsibility is to be with residents at the end of life to provide a presence and to use approaches such as compassionate touch to ease the end-of-life process. Compassionate touch is described as combining one-on-one focused attention, intentional touch, and sensitive massage with specialized communication skills to help enhance quality of life for those in later life stages. The Vigil Volunteers use this approach simply by putting a hand on a shoulder or holding a hand. More advanced massage is provided by the in-house massage therapist, Lee Steppacher. Other complementary therapies, such as Reiki and acupuncture, are available by trained professionals. *Reiki* means "universal life energy" in Japanese and is a form of therapy that uses simple hands-on, no-touch, and visualization techniques, with the goal of improving the flow of life energy in a person.

Palliative Care Coordinator Marcia Feldman, who is also a musician, provides a variety of music and supplies to the Vigil Volunteers and families that can be used at any time to help soothe and calm residents. Vigil Volunteers and families also have access to other resources such as a meditation room, which includes materials on end-of-life decisions and comfort baskets. Comfort baskets are provided to a resident's family or support network in the last week or two of someone's life and include things to read, music CDs, pamphlets, candy, and special footwear to help make family members more comfortable.

The Vigil Volunteers receive initial training once a week for a month prior to working with residents on topics such as what the end of life looks like, sensitivity to culture/diversity, and the importance of presence. Marcia Feldman



commented that “As a culture we have a tendency to always want to be doing something and be active when what is needed is quiet presence.” Therefore, the volunteers focus on the simplicity of just being there for the resident. In addition to continuing education throughout the year, the Vigil Volunteers participate in monthly support group meetings that allow them to share advice and experiences with each other.

Carleton-Willard Village believes education is important not only for the volunteers, but also for the staff and residents as well. Living Fully, Dying Well provides a variety of inservice training each month for staff on topics that include terminal delirium, nutrition and swallowing, spirituality, coping skills for caregivers, pain controversies, and guidance for nursing assistants. Marcia Feldman is currently working with the night shift nursing assistants to educate them to use the same approaches as the Vigil Volunteers and be a quiet presence during the night hours when someone is close to the end of life. The organization’s chaplain is also engaged with the staff to help support them through grief by holding impromptu memorial services to remember each individual resident immediately after death in addition to the organization’s monthly memorial services. Workshops that are open to the residents and the local community are also available. Most recently Living Fully, Dying Well sponsored a workshop on writing ethical wills.

Currently, Living Fully, Dying Well is piloting a new resource for residents and families to utilize at www.caringbridge.org. CaringBridge is a nonprofit web service that connects family and friends during a critical illness, treatment, or recovery. This site is private and available 24/7. It helps relieve the burden and stress of keeping everyone informed. Instead of making dozens of phone calls as a loved one’s status changes, families can post their loved ones’ current situation to a private website through CaringBridge, and selected family and friends will receive the posted information via e-mail. This enables families to spend more precious moments with their loved ones at the end of life and to receive support through an online community.

Living Fully, Dying Well has made a significant difference in the quality of life of the residents, families, and staff at Carleton-Willard Village. The program functions as a support and comfort to all involved. Living Fully, Dying Well has been very well received by the organization and the local community. Carleton-Willard Village is hopeful that it will be able to bring this program to the local community through its “At Home” services or home health services in the near future.

CARF Introduces Home and Community Services Standards

CARF is pleased to announce the availability of new standards for home and community services. Home and community services are generally utilized when individuals prefer to stay at home but need care that cannot easily or effectively be provided solely by family and friends.

Increasingly, individuals who are electing to stay in their homes are receiving various home and community services as their physical and/or cognitive capabilities may benefit from supportive services. Likewise, people of all ages who are disabled or recuperating from acute illness are choosing home and community services when possible.



Chronically ill infants and children may also be receiving services in their home environments. In today's expansive human services profession, this increase in the utilization of various home and community service options supports CARF's development of international standards of quality that offer consumers insight when making choices regarding service providers and offer providers a consultative, peer review process to enhance quality.

In a unique effort to address the interests of CARF's multiple customer service markets, these standards have been designed as a broad, flexible framework and will be available to organizations seeking to accredit the following types of service delivery in a variety of home and community settings:

- Services for persons who are in need of specialized health services and assistance due to illness, injury, impairment, disability, or a specific age or developmental need.
- Services for persons who need assistance to access and connect with family, friends, or coworkers within their homes and communities or who choose to have services that reflect their personal preferences.
- Services for persons who need or want help with activities in their homes or other community settings.
- Services for caregivers that may include support, counseling, respite, or hospice.

Key concepts addressed in the standards for home and community services include:

- A person-centered approach to service delivery.
- A culture within the provider organization that supports autonomy, diversity, and individual choice of persons receiving services.
- Services that promote and optimize the activities, function, performance, productivity, participation, and/or quality of life of the person served.
- Services that are provided to persons of any age, from birth through the end of life.
- Services that are provided by a variety of personnel including, but not limited to, health professionals, personal care support staff, educators, drivers, coaches, and volunteers.
- Services that are dynamic and focus, after a planning process, on the expectations and outcomes identified by both the person served and the service providers.
- Effective and efficient use of resources, including technology.
- Service providers who are knowledgeable about their roles in and contribution to the broader health, community, and social services systems.



Home and community services standards will be available to the field in the 2010 standards manuals. Organizations may be surveyed using these standards as of July 1, 2010. For additional information, please call the CARF Aging Services office in Washington, DC.

2009 Ratio Trends Publication

The *Financial Ratio and Trends Analysis* publication is a one of a kind reference, including eighteen years of analyzed information from the audited financial statements of multiple CARF–CCAC-accredited organizations. Ziegler Capital Markets, ParenteBeard LLC, and CARF–CCAC collaborated on this project to define, calculate, and explain the included graphs, tables, and charts for each financial ratio. This publication provides valuable industry benchmarks, allowing readers a unique opportunity to view the financial trends resulting from a number of factors, including provider growth, account challenges, operating challenges, and regulatory challenges.

The publication's ratios are available for CARF–CCAC-accredited organizations to use as points of reference for developing internal targets of financial performance, but only after evaluating their own specific marketing, physical plant, and mission/vision considerations. It is anticipated that others will use these ratios, particularly within the capital markets, to learn about the financial position of organizations that have been through CARF–CCAC's accreditation process. The ratios can also be used as benchmarks against which to evaluate non-accredited organizations and gain a deeper understanding about the sector as a whole.

The *Financial Ratio and Trends Analysis* publication is now available for purchase at the CARF bookstore (<http://bookstore.carf.org>) for \$140. CARF–CCAC-accredited organizations receive a complimentary copy by mail as a benefit of accreditation.

Hot Topics: What Is Performance Measurement?

Performance measurement is the process or system for collecting measurement data, organizing the data, and using the data to calculate values that describe an organization's performance. It provides information about the results achieved by persons served and the functioning of the organization. Performance measurement is a framework for evidence-based decision making and continual improvement of both business and service delivery areas. The goal of an effective performance measurement system is to improve the quality and usefulness of the data that are collected.

Performance measurement can be used for three main purposes: to describe the effectiveness of some intervention on a specified group of individuals; to measure improvement in outcomes caused by a modification in process; and to compare the quality of care being delivered by different entities.



Why Organizations Need Performance Measurement

Increasing pressures are coming from many directions, including government, third-party payers, persons served, and internal business needs, for organizations to focus on performance and outcomes measurement and demonstrate accountability. Organizations need more information with which to plan and manage their resource allocation, monitor and improve the quality of services, make informed strategic decisions about programs and services, and communicate with external stakeholders.

Insurance and other third-party payers are increasingly requiring providers to conduct performance measurement and report outcomes as a condition of participation. In a time of shrinking reimbursement, information from the performance measurement system can be used to support that services provided are cost-effective and merit continued (or increased) reimbursement.

Government regulations for Medicare and Medicaid participation are requiring increased reporting of standardized measures. Programs across the country are under more scrutiny than ever before, and there appears to be an increased outcry for federal oversight across the continuum. The ability of providers to demonstrate quality services and accountability will be essential. Limited state and federal funding will make the ability to demonstrate quality and efficiency crucial to increasing coverage of program services.

Performance measurement also provides the information necessary for individuals to understand “what happens for people like me?” and make informed choices. It helps determine if a program can help to meet their needs and informs individuals of the outcomes they can expect from certain treatments or services.

Performance measurement increases an organization’s transparency and allows it to share information with stakeholders to whom it is accountable. By setting performance goals for outcomes at the individual level, developing performance indicators, collecting and analyzing data for those indicators, and making decisions based on the analysis, the organization responsibly demonstrates—both to its external stakeholders and itself—the effects of the strategic and program activities it uses in the service process.

As performance measures are increasingly the basis for payment for services, market positioning, and reputation, it is essential that organizations learn how to gather accurate and timely information in a way that allows them to manage and improve performance and share information with outside stakeholders.

From the perspective of management, performance measurement provides a means of monitoring the effectiveness and efficiency of particular services offered and stakeholder satisfaction with those services so that the organization can determine how to meet the needs of persons served. It is the basis of the organization’s efforts to improve care.



Performance measurement can also provide insight into how resources are being used in order to determine how to best allocate limited resources. This information should guide decision making for strategic planning, budgeting, and organizational operation.

What to Measure?

An organization's performance measurement system should address the needs of the persons served, the needs of other stakeholders, and the business needs of the organization. That means the organization must measure both its service delivery processes (i.e., the care and services provided to persons served) and its business processes (i.e., how the administrative, financial, and business functions are performed). Of course, service delivery and business functions are often interrelated. For example, an organization's ability to hire and retain good staff members will affect not only its delivery capacity and financial expenses (business practices), but also the satisfaction of and outcomes for persons served (service delivery).

The key domains of service delivery performance measurement are:

1. **Effectiveness**—a performance dimension that assesses the degree to which an intervention has achieved the desired outcome. In other words, the results of services (e.g., the percentage of persons served who are able to return to independent living after receiving therapy services or the percentage of persons served who utilize transportation services for medical appointments).
2. **Efficiency**—a performance dimension addressing the relationship between the outputs and the resources used to deliver the service (e.g., the number of units cleaned per day per housekeeping staff member or the number of leads per advertising dollar spent).
3. **Access**—a performance dimension addressing the degree to which a person needing services is able to access those services (e.g., the average length of time between initial referral and move-in).
4. **Satisfaction and other feedback from the persons served**—a performance dimension that describes reports or ratings from persons served about their satisfaction with and other feedback on services received from an organization (e.g., the percentage of persons served reporting that spiritual needs are met or the percentage of persons served who want expanded meal times).
5. **Satisfaction and other feedback from other stakeholders**—a performance dimension that describes reports or ratings from stakeholders other than persons served (such as personnel, referral sources, family members, and community groups) about their satisfaction with and other feedback on services delivered by the organization (e.g., the percentage of employees who would recommend their job to a friend or the number of referral sources who are satisfied with their abilities to obtain needed services for clients).



For business function improvement, the organization will want to include information from many sources in its performance measurement system. Among these are:

1. Financial information (e.g., profit and loss statements, balance sheets, investment reports, and accounts receivable).
2. Accessibility status reports.
3. Surveys (e.g., employee satisfaction, family satisfaction, and opinion polls).
4. Risk analysis reports (e.g., risk exposures, critical incident reporting, or litigation reports).
5. Human resource reports (e.g., overtime reports, full-time equivalent (FTE) reports, workers' compensation reports, and insurance and benefits reports).
6. Technology reports (e.g., needs assessment, planning, and utilization reports).
7. Environmental health and safety reports (e.g., safety rounds reports, health department reports, life safety inspections, and OSHA reports).
8. Service delivery system (e.g., payer mix reports, characteristics of persons served, volume of services, and billing codes).

For more information, consider attending [Transforming Outcomes Data into Management Information](#), January 27-29 in Tucson, AZ. Training co-sponsored by CARF and Boston University School of Public Health.

Upcoming Events

January 27-29: [Transforming Outcomes Data into Management Information](#), in Tucson, AZ. Training co-sponsored by CARF and Boston University School of Public Health.

February 22-24: [AAHSA Future of Aging Services Conference and Leadership Summit](#), in Washington, DC. CARF Aging Services will be conducting a pre-conference session at the meeting titled "CARF-CCAC Accreditation: A Focus on Quality" on Sunday, February 21.

If you have suggestions for content to be included in a future issue of Continuing Communication, please email the editor, Rebecca Best, at continuingcommunication@carf.org

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