This self-assessment is designed to assist Ohio Living Home Health in an assessment of their implementation of total quality management and its effects on organizational performance. This tool allows upper management to identify strengths and areas for improvement in the seven (7) major categories relating to quality management: leadership, information and analysis, strategic quality planning, human resource development and management, quality assessment of products and services, quality and operational results and customer focus and perception of care.

Below is a recommended strategy for using the self-assessment:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Action** |  | **Date** |  | **Responsible** |
| 1. Executive Director/Administrator decides whom to include on the “assessment team.” *Includes all direct reports.* |  |  |  | Exec. Dir./Admin |
| 1. Executive Director/Administrator sends memo and/or meets with assessment team inviting them to participate in the self-assessment process. |  |  |  | Exec. Dir./Admin |
| 1. Meeting with the assessment team is scheduled to discuss the process, the survey, and how it will be used. |  |  |  |  |
| 1. Date is set for assessment team to review survey results. |  |  |  | Exec. Dir./Admin |
| 1. Person is designated to collect tally sheets from each respondent and average the scores for the group. |  |  |  |  |
| 1. Assessment team members submit scores to designated person. |  |  |  |  |
| 1. Designated collector presents scores in meeting with assessment team. |  |  |  |  |
| 1. Assessment team identifies organizational strengths and areas for improvement based on scores. |  |  |  |  |
| 1. A short and/or long-term plan is developed based on the team’s assessment. |  |  |  |  |
| 1. The assessment team meets to follow-up on action plans. |  |  |  |  |

**Instructions:**

Each member of the assessment team completes the survey individually.

• Identify any relevant key facts, strengths, and areas for improvement and write them in the comments section after each category. These notes will be helpful in the group discussion.

• Tally the scores for each category after the entire self-assessment is completed and enter them in the grid at the end.

• A designated person will then average the scores for the assessment team.

• You may use the scores to compare one another's perceptions of current organizational performance as a place to begin your discussion. *Remember, the discussion is what is important, not the scores****.***

• The assessment team should address those categories that were disparately scored or received low scores overall. Providing data and information to substantiate your perceptions will help facilitate consensus building.

• Recognition of organizational strengths should also be a part of the assessment.

• A short- and long-term plan may be developed to include actions that will address areas for improvement while reinforcing existing strengths.

### I. Leadership

The Leadership category examines how senior executives create and sustain a clear vision and visible quality values, along with a management system to guide all activities of the organization toward quality excellence. Also examined are the senior executives' and the organization's commitment to cooperative structures in fostering excellence.

*Please use the self-rating scale below to indicate the extent to which you believe each statement describes your Ohio Living Home Health.*

#### Self-Rating Scale

0 **NOT SURE** how my organization compares to this statement.

1 **STRONGLY DISAGREE** this statement **DOES NOT DESCRIBE** my organization **AT ALL**. There is no evidence of this activity in our organization.

2 **DISAGREE** this statement generally **DOES NOT DESCRIBE** my organization. There is little evidence of this activity in our organization.

3 **AGREE** this statement **GENERALLY DESCRIBES** my organization. There is a great deal of evidence of this activity in our organization.

4 **STRONGLY AGREE** this statement **DEFINITELY DESCRIBES** my organization. This activity pervades our organization.

#### Evaluation Statements

1. Senior executives provide leadership and are personally involved in quality-related activities (for example, goal setting, planning, reviewing organization quality performance, communicating with employees and physicians and recognizing employee contributions).

Circle one (1): 0 1 2 3 4

1. Overall leadership of the quality effort is clearly defined, has multidisciplinary representation, and includes the senior leaders (i.e., senior leaders in nursing, medical personnel, general administration) and the board of directors.

Circle one (1): 0 1 2 3 4

1. Senior executives communicate quality achievements and goals outside the organization to such groups as national, state, community, professional, education, government, and other health care organizations.

Circle one (1): 0 1 2 3 4

1. Our organization has a written vision, policy, mission, or guidelines that demonstrate   
   its quality values.

Circle one (1): 0 1 2 3 4

1. We have a clearly defined communication system to project the organization's vision and quality values both internally and externally.

Circle one (1): 0 1 2 3 4

1. Leadership regularly evaluates how well the vision and quality values have been adopted throughout the organization and continuously finds ways to reinforce management, employee, and physician adoption of these values.

Circle one (1): 0 1 2 3 4

1. Senior executives involve and encourage leadership throughout the organization.

Circle one (1): 0 1 2 3 4

1. Our organization provides ways for promoting cooperation between various professional disciplines and among all levels of management across different functions.

Circle one (1): 0 1 2 3 4

1. Leadership regularly reviews key quality indicators to assess organizational performance.

Circle one (1): 0 1 2 3 4

1. Actions are taken to assist areas not performing according to quality plans or goals.

Circle one (1): 0 1 2 3 4

1. Our policies and practices reflect sound business ethics, waste management, environmental protection, and public health and safety.

Circle one (1): 0 1 2 3 4

1. Employees are encouraged to become involved in quality activities outside of the organization.

Circle one (1): 0 1 2 3 4

Comments regarding key facts, strengths, and areas of improvement:

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### II. Information and Analysis

The Information and Analysis category examines the scope, validity, use, and management of data and information that underlie the organization's overall quality management system. Also examined is the adequacy of the data, information, and analysis to support a responsive, prevention-based approach to quality and customer perception of care built upon action based on facts, data, and analysis.

#### Evaluation Statements

1. Our organization has selected key quality indicators that correlate the highest with internal and external customer perception of care.

Circle one (1): 0 1 2 3 4

1. Challenging benchmarks have been selected to support quality planning, evaluation and improvement. (For example, competitive and benchmark data is used on patient outcomes, service quality, customer perception of care, supplier performance, employee data, business processes and support services).

Circle one (1): 0 1 2 3 4

1. Our organization uses clearly defined processes to ensure reliability, consistency, standardization, review, and timely update of quality-related information.

Circle one (1): 0 1 2 3 4

1. Meaningful data are collected, analyzed and used to support planning and operational priorities, review overall quality performance and improve clinical outcomes, business processes and support services.

Circle one (1): 0 1 2 3 4

1. Leaders ensure that effective mechanisms exist to communicate and coordinate quality improvement priorities and activities across functional lines.

Circle one (1): 0 1 2 3 4

Comments regarding key facts, strengths, and areas of improvement:

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### III. Strategic Quality Planning

The Strategic Quality Planning category examines the organization's planning process for achieving or retaining a quality leadership position and how the organization integrates quality improvement planning into overall organizational planning. Also examined are the organization's short-term and longer-term plans to achieve and/or sustain a quality leadership position.

#### Evaluation Statements

1. Our organization has established short-term and long-term plans to achieve and maintain a quality leadership position in target markets.

Circle one (1): 0 1 2 3 4

1. We use organization requirements, process capabilities, competitive data, and supplier abilities to develop overall strategic plans.

Circle one (1): 0 1 2 3 4

1. Strategic plans and goals are implemented and reviewed among all areas of the organization and with external suppliers.

Circle one (1): 0 1 2 3 4

1. There is a direct linkage between strategic goals and objectives and departmental goals and objectives throughout the organization.

Circle one (1): 0 1 2 3 4

1. Goal setting and strategic planning processes are evaluated and improved.

Circle one (1): 0 1 2 3 4

1. Our organization has established major quality goals and strategies to achieve these goals.

Circle one (1): 0 1 2 3 4

Comments regarding key facts, strengths, and areas of improvement:

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### IV. Human Resource Development and Management

The Human Resource Development and Management category examines the effectiveness of the organization's efforts to develop and realize the full potential of the workforce, including management and physicians, and to maintain a work environment conducive to full participation, empowerment, quality leadership, and personal and organizational growth.

#### Evaluation Statements

1. Our human resource plans (including training, development, hiring, employee involvement, empowerment and recognition) are derived from our quality goals, strategies, and plans.

Circle one (1): 0 1 2 3 4

1. We have an effective system to assess and monitor the need for quality education and training for physicians and various types of employees.

Circle one (1): 0 1 2 3 4

1. The amount of quality education and training physicians and employees have received has increased substantially over time.

Circle one (1): 0 1 2 3 4

1. Our organization has useful measures to evaluate and improve the effectiveness of quality education and training activities.

Circle one (1): 0 1 2 3 4

1. Support for the organization's quality objectives is achieved through employee and physician recognition, reward, and performance measurement systems.

Circle one (1): 0 1 2 3 4

1. Individual and group contributions to quality are recognized and rewarded.

Circle one (1): 0 1 2 3 4

1. We consistently inform personnel of quality improvement activities and how those activities support our quality vision and goals.

Circle one (1): 0 1 2 3 4

1. Middle managers are provided training on how to encourage continuous quality improvement.

Circle one (1): 0 1 2 3 4

1. We use key indicators to evaluate and improve our reward and performance systems.

Circle one (1): 0 1 2 3 4

1. Factors contributing to employee and physician perception of care are considered in quality improvement activities.

Circle one (1): 0 1 2 3 4

1. Employee development is supported through mobility, flexibility and retraining.

Circle one (1): 0 1 2 3 4

1. Special services and facilities such as fitness, counseling, and recreational or cultural opportunities are available to employees.

Circle one (1): 0 1 2 3 4

Comments regarding key facts, strengths, and areas of improvement:

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### V. Quality Assessment of Products and Services

Categories V and VI are very closely related, therefore, they will be explained together. Category V, the Quality Assurance of Products and Services category, examines the systematic processes used by the organization for assuring quality of products, initiatives, and services. Also examined is the integration of process control with continuous quality improvement of services. Category VI, Quality and Operational Results is outcome oriented and examines quality levels and quality improvement based upon objective measures derived from analysis of customer requirements and expectations and from analysis of the organization's operations. Also examined are current quality levels in relation to other health care organizations.

#### Evaluation Statements

1. Our organization effectively measures the quality of its systems, processes, practices, products, and services.

Circle one (1): 0 1 2 3 4

1. When we design new services and processes, we select key process performance characteristics based on customer requirements.

Circle one (1): 0 1 2 3 4

1. When we design new services and processes, we determine appropriate performance levels and measure our performance to these levels.

Circle one (1): 0 1 2 3 4

1. We review and validate new product, service and process designs by considering current and future process and supplier capabilities and requirements.

Circle one (1): 0 1 2 3 4

1. We have identified key indicators of quality and operational performance and have an effective mechanism to monitor in-process and end-of-process measurements.

Circle one (1): 0 1 2 3 4

1. We have a specific mechanism to identify significant variations in processes and outputs and a methodology to define and correct root causes.

Circle one (1): 0 1 2 3 4

1. We use benchmarking information, research, technology, information from customers, and challenge goals to improve the quality of our services, business processes, supplier, and overall operational performance.

Circle one (1): 0 1 2 3 4

1. We design our key business processes and support services to meet the customer and operational performance requirements.

Circle one (1): 0 1 2 3 4

1. Processes are continuously improved. Opportunities for improvement are identified from day-to-day process control, patient outcomes, competitive data, evaluation of all process steps, process benchmark data, and other sources.

Circle one (1): 0 1 2 3 4

1. We define and communicate the organization's specific quality requirements to suppliers.

Circle one (1): 0 1 2 3 4

1. Through appropriate mechanisms (audits, inspection, etc.) we assure that our suppliers meet our quality requirements.

Circle one (1): 0 1 2 3 4

1. We have an active, current strategy to improve the quality and responsiveness of external suppliers through partnerships, training, incentives, and recognition and/or supplier selection.

Circle one (1): 0 1 2 3 4

Comments regarding key facts, strengths, and areas of improvement:

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### VI. Quality and Operational Results

Explanation is the same as Category V.

#### Evaluation Statements

1. We monitor trends in service quality through key measures derived from customer requirements and process analysis.

Circle one (1): 0 1 2 3 4

1. We compare our current product and service quality levels with principal competitors in our key markets, health care industry averages, industry leaders, and national leaders.

Circle one (1): 0 1 2 3 4

1. We monitor trends and current levels of key quality measures for our processes, operations, and support services.

Circle one (1): 0 1 2 3 4

1. We compare our measures of quality for processes, operations, and support services with industry averages, industry leaders, and national leaders.

Circle one (1): 0 1 2 3 4

1. We measure trends and current levels of external supplier quality.

Circle one (1): 0 1 2 3 4

1. We compare our external supplier quality with that of competitors and/or with other appropriate benchmarks.

Circle one (1): 0 1 2 3 4

1. Every employee can suggest a quality improvement study based on comparative data.

Circle one (1): 0 1 2 3 4

Comments regarding key facts, strengths, and areas of improvement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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### VII. Customer Focus and Perception of Care

The Customer Focus and Perception of Care category examines the organization's knowledge of, responsiveness to, and ability to meet the requirements and expectations of its customers. Also examined are current levels and trends in customer perception of care and community perception.

*Evaluation Statements*

1. We determine current and future requirements and expectations of customers through objective surveys, interviews, or other appropriate mechanisms.

Circle one (1): 0 1 2 3 4

1. We have a process in place to identify and prioritize the importance of service offerings and features to our customers.

Circle one (1): 0 1 2 3 4

1. We evaluate and improve our processes for identifying requirements and expectations.

Circle one (1): 0 1 2 3 4

1. Our customers have easy access to the organization to comment or seek assistance.

Circle one (1): 0 1 2 3 4

1. We follow up with customers to assess their perception of care with services or recent experiences.

Circle one (1): 0 1 2 3 4

1. Our employees are specially trained, empowered with decision-making authority, recognized and rewarded for excellent customer service.

Circle one (1): 0 1 2 3 4

1. Our technology and logistics support enables customer contact personnel to provide reliable and responsive service.

Circle one (1): 0 1 2 3 4

1. We assess our customer relationship management through such factors as accuracy, timeliness and customer perception of care and use this information to improve training, technology or business practices.

Circle one (1): 0 1 2 3 4

1. We have established well-defined service standards on an organizational and departmental level to meet the customer requirements in a timely and effective manner.

Circle one (1): 0 1 2 3 4

1. Employees have a role in tracking, evaluating and improving service standards.

Circle one (1): 0 1 2 3 4

1. The organization makes commitments to promote customer trust and confidence through various mechanisms.

Circle one (1): 0 1 2 3 4

1. Formal and informal complaints made to different organization units are compiled for evaluation and used throughout the organization as appropriate.

Circle one (1): 0 1 2 3 4

1. Complaints are analyzed to determine underlying causes and findings are translated into improvements.

Circle one (1): 0 1 2 3 4

1. We have an updated, objective, and valid process to determine the customer perception of care.

Circle one (1): 0 1 2 3 4

1. Customer perception of care data are analyzed and compared with other indicators such as various utilization rates.

Circle one (1): 0 1 2 3 4

1. We monitor trends and current levels of the customer perception of care and segment results by customer groups.

Circle one (1): 0 1 2 3 4

1. We monitor major indicators of adverse customer response.

Circle one (1): 0 1 2 3 4

1. We compare our customer perception of care results with industry averages, key competitors and industry and national leaders.

Circle one (1): 0 1 2 3 4

1. Our organization has received quality-related awards, recognition, or ratings from independent organizations, including customers.

Circle one (1): 0 1 2 3 4

1. We have steadily gained customers and improved customer perception of care.

Circle one (1): 0 1 2 3 4

1. Customer feedback indicates that our patients believe we deliver a high quality of care.

Circle one (1): 0 1 2 3 4

Comments regarding key facts, strengths, and areas of improvement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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