

An AAHSA Quality First Educational Resource



A Covenant to Achieve
Healthy, Affordable and
Ethical Aging Services

operations, planning
and service delivery series

Customer Satisfaction as a Discipline

Michele Holleran



**American Association
of Homes and Services
for the Aging**



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RAISING THE BAR



Quality First is a public promise by aging services providers to take responsibility for raising the bar in our field. It is an external covenant to achieve healthy, affordable and ethical aging services for America—and an internal method by which provider organizations can fulfill such commitments to excellence.

Quality First is also the overarching initiative under which all of AAHSA's work is focused and organized. AAHSA offers programs and resources (such as this book) that are based on the latest aging services field-related research and knowledge—including valuable tools, information, education and support to help members honor this Quality First covenant.



**American Association
of Homes and Services
for the Aging**

Our Vision

Advancing Healthy, Affordable, Ethical Aging Services for America

Our Mission

Creating the Future of Aging Services

Customer Satisfaction as a Discipline

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INTRODUCTION

There are literally hundreds of reasons why every organization should place a premium on satisfying customers, but here are four that are most important for providers of services to the aging:

- ◆ It is an obligation of a human services organization to satisfy persons served as part of its mission.
- ◆ Customer satisfaction makes sense economically because positive word of mouth and reputation lead to higher occupancy.
- ◆ The entire aging-services field is trying to find ways to “prove” it is quality-focused to surveyors, the public and accreditation agencies, and customer satisfaction is a key to that proof
- ◆ Increased customer satisfaction can influence employee morale and retention.

Why Is Discipline Important?

Jim Collins, who wrote *Good To Great*, believes discipline is one of five keys in taking an organization from good to great.

Says Collins: “Much of the answer to the question of [how to get from] good to great lies in the discipline to become whatever it takes to become the best within carefully selected arenas and then to seek continual improvement from there. It’s really just that simple. And it’s really just that difficult.”

Even the most challenging resident, family member or employee can be eventually satisfied if enough focus and attention is given to making it happen.

Putting Customer Satisfaction Into Action

Even the most challenging resident, family member or employee can be eventually satisfied if enough focus and attention is given to making it happen. The trouble is, most organizations have more than one grumpy resident, complaining family member or disgruntled employee. It is a time-consuming proposition.

People *are* less easy to please these days— it’s not just our imaginations. Yet, the truly excellent organization does not take the attitude: “We’ll never please these people no matter what we do, so why spend the time and effort on them?” It is the *discipline* of trying to make that last customer happy that is important.

More often than not, providers in our field find they can win over customers and employees if they communicate openly and let customers know they are really listening. If customer satisfaction activity is alive and well in an organization, people will know it as soon as they walk through the door because the energy is unmistakable—and contagious!

Here are three elements needed to deliver high customer satisfaction:

Attitude

This means ensuring that personnel embrace a positive attitude toward customers from the start; training people within the organization about what “positive attitude” actually is and empowering them with the tools and authority to demonstrate that positive attitude to customers.

Hiring people who are intrinsically customer-focused can be challenging when qualified personnel are in short supply. However, prospective

Prospective employees are available who are both competent and customer-oriented, and if a culture emphasizes these traits, it will just naturally attract high-quality workers, even in the current environment.

employees are available who are both competent and customer-oriented. If your organization’s culture emphasizes these traits, you will naturally attract high-quality workers, even in the current environment. However, it will require some patience and a change in the process of hiring people. It also requires communicating to prospective employees what is in it for them—a nicer working environment, for instance.

Feedback

This involves inviting customers to routinely share what the organization is doing right and where it needs improvement. In thinking about “customer touchpoints,” identify opportunities to interface with customers and solicit their points of view. An important point: the feedback system needs to encourage the majority (not just the vocal minority) to participate in expressing their opinion.

Quality Improvement

After developing buy-in from an organization’s leaders to make things happen, the heart of any improvement program is customer feedback, measurement, leadership and a plan of action to raise the quality bar. Getting customer feedback consists of measuring, using and managing data obtained through research and relevant benchmarks. Leaders then can document what needs to change and develop action plans to make change happen. Continuous quality improvement also involves communicating those changes effectively to customers, so they see the effort being put forth. It includes tracking key performance indicators over time.

The Quality First Connection

In 2002, AAHSA adopted a bold five-year plan called “Quality First: A Covenant for Healthy, Affordable and Ethical Aging Services.”

The mission of Quality First is “to ensure excellence in aging-services and earn public trust.” If an organization is achieving excellence, it will be confirmed, in part, through customer satisfaction measurement.

High customer satisfaction is one important way to earn public trust. The key is to measure customer satisfaction properly and objectively using credible research techniques, use the results to improve operations, and to make that information available to stakeholders in an effective and valid manner.

One widely accepted framework for achieving excellence in manufacturing and service organizations today is the Baldrige National Quality Award. While there are no stated criteria for the not-for-profit sector at the present time, state versions of the award exist and a few retirement communities have received these state-level awards. Like all quality frameworks, the Baldrige award criteria emphasize customer satisfaction and measurement of key performance indicators.

If an organization is achieving excellence, it will be confirmed, in part, through customer satisfaction measurement.

Many aging services organizations do not know the specifics of how to define or measure quality. Says William Bowen in the *Harvard Business Review on Non-Profits*, “Non-profit boards have much to learn from certain disciplines characteristic of corporate boards, especially the routine use of benchmark data and the constant monitoring of discrepancies between results and planned outcomes.” Measurement is a key concept not only of the Baldrige National Quality Award, but of other quality frameworks such as Six Sigma, the Balanced Scorecard and continuous quality improvement theories espoused by W. Edwards Deming, Phil Crosby and others.

As our field further defines quality and its application to organizations, the tracking of key indicators such as clinical outcomes, customer satisfaction, customer conversion ratios, employee retention and stability, and measures of care coordination will become increasingly important.

How Many Customers Do You Have?

In aging services, the list of “customers” gets quite long. We are talking about residents and their families/guardians, prospective residents and their families/guardians, referral sources (such as hospital discharge planners, clergy and organizations such as AARP), employees, board members and the community at large. Some would add financing institutions as another customer. That’s a long list, and each customer segment needs to be approached differently.

Satisfying all these customer segments is a major commitment, and the “one size fits all” attitude doesn’t cut it. An overall public relations program and systems to support it continue to be important, but today it is critical to supplement the “macro” approach with the more targeted “micro” approach. This micro approach involves “segmentation” of the customer base, and an approach coined by Don Peppers and Martha Rogers known as “one to one marketing.”

More and more organizations are recognizing that a key customer segment is their employees. As FedEx CEO Fred Smith has said, “Customer satisfaction begins with employee satisfaction.” Sixteen years of customer and employee satisfaction data bear this out.

FedEx has found a direct statistical correlation between the survey results of its customer and employee surveys. The company has found that a drop in employee satisfaction scores precedes a drop in customer satisfaction by about two months.

Using This Publication as a Tool

The objective of this publication is to help aging-services providers—whether for-profit or not-for-profit, multi-site or single site, faith-based or not—design a blueprint for success in achieving customer satisfaction. Chapter 1 focuses on the big-picture challenges in the field and why these challenges require heightened attention to customer satisfaction. Chapter 2 outlines how to start a customer satisfaction process within your organization, or improve the one already in place. Chapter 3 covers the ins and outs of measuring customer satisfaction at the “macro” level and the significance of benchmarking against others in the field. Chapter 4 discusses the importance of market segmentation and the development of customer profiles so that products and services can be customized to the needs of different groups of customers. Chapter 5 covers Quality Management and the various frameworks used today for process improvement. The final chapter, Chapter 6, answers the question “Where Do We Go From Here?”

CHAPTER 1

RIDING OUT THE STORM

Anyone active in the aging-services field can tell you that our nation's system of long-term care financing is mired in inconsistent regulations and legislation that fragments government health and social services for the elderly. Government reimbursement policies largely determine the amount of revenues that providers have to pay staff and cover other costs of care. The failure of federal and state payments to keep pace with costs has made it increasingly difficult for providers to recruit and retain well-qualified staff.

In addition, many housing facilities for older persons need to be modernized to accommodate support services and assure quality of life for older persons. State Medicaid programs are required to pay for nursing home and home health care for all persons who qualify under federal and state criteria. Yet many state legislatures have severely restricted Medicaid reimbursement for nursing home services. Consequently, providers are struggling to maintain their standards of high quality care in the face of inadequate payments.

“Aging in place” is the popular buzzword these days, and it is a noble goal.

The Good News and the Bad

According to the General Accounting Office, the number of elderly Americans needing long-term care is expected to double over the next 17 years, from approximately 7 million Americans today to nearly 14 million by the year 2020. Despite the positive demographic trend showing that the population is aging, public resources will continue to shift toward home and community-based services.

“Aging in place” is the popular buzzword these days, and it is a noble goal. Yet to achieve it, providers will have to adjust and change the way they deliver services. The vast majority (71 percent) of Americans would like to remain in their current residence for as long as possible, according to research conducted by the American Association of Retired Persons.

Over the past decade, the number of nursing home residents in the United States declined by 200,000 despite a dramatic increase in the number of persons 85 years of age or older.¹ Occupancy rates at all levels of care are dropping, with nursing homes at 87.4 percent, assisted living at 84.5 percent and independent living hovering at 90 percent.²

Construction of housing for older persons has decreased markedly over the past several years, according to the American Seniors Housing Association's Senior Housing Construction Report (2002). Marriott International sold its senior living division because it believes the industry is overbuilt. Lack of demand has caused many CCRCs, in particular, to convert portions of their campus from housing to revenue-generating enterprises such as pharmacies and wellness facilities. Seniors are beginning to move into institutions of care (hospitals, assisted living, skilled nursing) when they are older and live there for shorter periods of time. Seniors who once had the financial wherewithal to afford entrance fees for a CCRC lifestyle are holding back, stung by recent drops in the stock market, where many have their assets.

While tomorrow's elderly in the United States will be more highly educated and on average more financially secure than today's elderly, they are not necessarily prepared to pay for long-term care. Private insurance is unlikely ever to cover more than a small population, and with Medicaid and Medicare cutbacks looming, the financial future of many long-term organizations is uncertain.

How Consumers Are Changing

According to Brooks Adams Research of Richmond, Va., there are at least four generations of the U.S. population now receiving or expecting to receive aging services of some kind in the next 40 years. These generations are categorized as The Lost Generation (age 102+), The G.I. Generation (age 79-101), the Silent Generation (age 61-78) and the Boom Generation (age 43-60). Each of these generational groups has their own values, beliefs and lifestyles. Each is a different customer segment in its own right.

Silent Generation³

- Only generation in American history to be smaller than the one before and the one after.
- Never gave us a president; went from GI to Boomer with Clinton.
- Still seeking to contribute
- Korean war generation - last to get a monument
- Fiercely individual
- See themselves as real people - warts and all.
- Confusing consumers - clip coupons and buy Cadillacs
- Affluent, but do not afford themselves luxury; want comfort and value

¹Prism: Environmental Trends, AAHSA, 2001.

²National Center for Health Statistics, *Seniors Housing Construction Report*, American Seniors Housing Association, 2002.

Silent Generation³

- Shift to wellness orientation
- Desire for fitness, nutritional changes
- Demand for privacy
- Preference for equity
- Desire for options, choices; tough consumer
- Desire for new experiences, lifelong learning
- Desire for community integration
- Concentrate on vitality, staying young
- Comfort and less formality

The Boom Generation³

- The largest generation in American History
- Last generation who had stay at home moms
- You build it up, mother, we're gonna tear it down!
- America's most furious and violent youth upheaval of the twentieth century
- Sought a new, self dictated religion through drugs, transcendental means
- Active inner life in youth
- Rage cooled; J'accuse became Jacuzzi

The Boom Generation³

- Worsening trends: accidental death, DUI, suicide, illegitimacy, crime
- Labeled more than any other generation: Dr. Spock, Pepsi, Rock, Now, Sixties, Love, Woodstock, Vietnam
- Never coalesced around a political ideology
- Value creativity
- Fiercely loyal to family; mission and purpose is key
- Financial late-bloomers but beginning to save, inherit wealth
- Boomers will re-define how to retire, how to age, and how to die

³All information © 2000 Brooks Adams Research, Richmond, VA. "Generations" category titles from *The History of America's Future, 1584 to 2069* by Strauss and Howe.

Many continuing care retirement communities are serving members of each generation, and recognize that people within the groups have needs that differ from the other generations. This will be increasingly true once the Boomers start to seek retirement housing options after 2012.

“Marketers who want to capture these customers should remember that it is pointless to adopt a group approach because there is no mass mentality among the Baby Boomers. If there is one trait of the Boom generation that is carved in stone, it’s their individuality.” So write the authors of *Capturing Customers*, Peter Francese and Rebecca Piirto. Not only are the Boomers more individual and discerning in their tastes, but they look a lot different than their predecessors: they are more racially and ethnically diverse; they want to “retire” in the west and north instead of the east and south, they will have more second and third marriages than any other generation, a portion of them acknowledge that they are homosexuals and they have a passion for learning and becoming better educated as they age.

How Customer Satisfaction Factors In

In a time of financial uncertainty and diverse customer needs, aging-services care providers need a new model for achieving success in the marketplace. The days of “administrator knows best” are gone.

The days of “administrator knows best” are gone. Consumers of the future will be increasingly selective about the type of service they choose. Consumers of the future will be increasingly selective about the type of service they choose. The new consumer wants to give more input to managers and administrators. In fact, “opportunity for resident input” is one of the drivers of overall consumer satisfaction in today’s retirement communities. These days many residents are former executives with financial and operational expertise they are eager to share. Providers must use consumer input to help create solid managerial decision-making.

When consumers voice continued demand for a community, it certainly boosts solid financial performance. The key to continued demand is satisfied customers who refer others to their community. A community can more easily survive the current climate by meeting customer needs and wants. An ongoing and meaningful dialogue with the people you serve is the most direct route to finding out what they need and want.

CHAPTER 2

THE BASICS OF CUSTOMER SATISFACTION

Different customer groups have different expectations, and often within the same retirement community will be pockets of people with differing expectations. In fact, within any given aging-services organization today, there could be a dozen or more segments of customers who have very different expectations about the kind of service they receive. No matter how similar these people look demographically (age, income), they have different psychographic characteristics (interests, values, belief systems). This will become even more prominent in future years.

Customer Satisfaction Begins With an Attitude

Organizations that emphasize customer satisfaction often screen employees to ensure that is their orientation as well. If you sense a friendly, caring personality, then training programs to teach staff how to be customer-responsive will work.

One of the best ways to recruit new caring staff is by involving current caring staff and/or residents in the effort. They seem to know just what to look for. Ask them to suggest people they know who are qualified for the job. Get them involved through participation in the initial interviews and providing hiring recommendations. Develop a standard set of questions and some role-playing scenarios for use in the interview. Teach the hiring team to use these tools and assess candidates for the job, and make sure that customer satisfaction type questions are laced throughout the interview. Then refuse to hire anyone who does not score strongly in this area. This method takes more time and is more frustrating on the front end of the process, but eliminates many headaches later on.

One of the best ways to recruit new caring staff is by involving current caring staff and/or residents.

(For details and tools on how to recruit and retain customer-oriented staff, see *Workforce Excellence*, a 2003 AAHSA publication.)

Creating the Comprehensive Program

The best place to start creating your program of customer satisfaction is with the recognition that there are two levels of satisfaction—the macro level (the overall, big-picture approach) and the micro approach (a different customized plan for each customer segment). Let’s look at the macro level approach first.

Training Everyone in the Organization

The importance of attitude has already been mentioned—hiring the right people from the start and then making sure each employee understands that it is the customer/resident who allows him or her to collect a paycheck. Customer service training is a crucial component of any orientation session and regular in-service training in this area is imperative.

In his book, *The Customer-Driven Company*, Richard C. Whiteley writes, “Knowing that they are expected to use their abilities to serve the customer makes employees feel they are part of the action and encourages them to stay.” He goes on to say that educating employees “shows people alternatives to old ways—alternatives from which they can create their ways of doing things that serve the customer better.”

Customer service training is crucial to any orientation session and regular in-service training in this area is imperative.

Thus, it opens the organization to improvement.” While many outside reputable trainers can train staff, in-house customer training program development is a worthy undertaking for the Human Resources Department to tackle.

One customer service-training program used in corporate America is called FISH, which originated at the popular Seattle Market in Washington State. FISH is also the curriculum adopted by ACTS Retirement Life Communities. Explains Barbara Hudson of ACTS, “It is already programmed and packaged so there is no need to re-create something. It is tried and true and really works!”

ACTS uses its comprehensive customer service training within all 17 of its retirement living communities located in four states. Using the FISH curriculum and a train-the-trainer model, each ACTS community holds orientation training on customer service for new employees and also sponsors bi-monthly training for all employees.

ACTS offers courses on continuous quality improvement through its ACTS Corporate University, which emphasizes customer focus. Another training course is “Customer Service—An Introduction To Hospitality,” which originated with the culinary department and has now expanded to other departments. And in partnership with Palm Beach Community College, the ACTS Boca campus in Florida is learning even more about the art of customer satisfaction. “We see training in this area as a tremendous need,” explains Hudson. “By partnering with colleges we shorten the learning curve.”

Top Managers Need Customer Service Training, Too

For leaders and managers, part of the learning is getting a better understanding of how customers currently view their operation. They can review recent customer satisfaction surveys, analyze complaints over the past six months, observe focus group sessions with customers, engage an outside party to complete “mystery shopping” reports of how competitors interface with their prospects, and practice MBWA (management by walking around), a favorite technique of Tom Peters, who authored *In Search of Excellence*.

Using Technology and Systems

In addition to hiring the right people, establishing solid training for staff and educating the organization’s leaders, there are at least three macro-level systems that should be put in place within the organization. One is establishing a good database of customer, prospect and referral information. Another is developing an ongoing, real-time way of securing customer feedback and the third is a standard customer satisfaction measurement program for benchmarking over time.

Let’s discuss the database first. A database of residents, family/guardians, prospects, referral agents, board members and employees will be useful to the organization for a multitude of purposes, not merely for the achievement of customer satisfaction. Today, there are several good customer relationship software management systems on the market (*see Resources*). If your organization is unable to afford such a system, you can create your own—in fact, many students at area universities are adept at doing this type of thing. The value of a database system is immense, but it is most useful in tracking the various sub-segments of customers you serve and to individually track information about each person in the database.

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Here’s a real-life example: A retirement community has a waiting list of 1,000 people and wants to categorize these folks by any number of variables. It may be useful, for instance, to understand which 200 of the 1,000 are most ready to move in within the next year so the community leaders can evaluate demand for a second campus. Or, based on the profiles of those on the waiting list (which includes some useful health and fitness data), a certain amenity such as a swimming pool with wheelchair access may be in demand. This same community may wish to reference the type of home that people on the waiting list have expressed interest in so feedback can be provided to the architect who is retrofitting some of the existing space on campus for new units.

Not only is the database useful in anticipating the needs of those who are future residents, but it can help satisfy current residents as well. By collecting and sorting through information in the database, a reservoir of useful data is available. The database can reveal how many residents have grandchildren living within a 25-mile radius, leading to the development of a special day for the two generations to get together for a community-wide picnic or field day.

Maybe the database will unearth other useful pieces of information, like the fact that 40 percent of the residents have an interest in gardening, leading to the creation of a community garden. Or perhaps 20 residents are former business executives who could be tapped for resident leadership or board of trustee positions.

All the variables mentioned earlier can be gleaned from a database if it is set up to receive appropriate input and to sort data. This is why it is important to research software options carefully, and to anticipate how your organization will use the database information in the future.

Securing Valuable and Constant Feedback

In addition to good hiring/training to develop customer-oriented attitudes and putting a usable customer relationship management database in place, the next leg of getting started is development of a broad-based feedback program. In other words, develop a comprehensive network of “customer touch points.” This might take the form of an 800 number for complaint-registration and resolution, a monthly “fireside chat” with customers at different locations or regular focus group sessions to discuss specific aspects of service and care. Periodic surveys on your Web site are useful for computer-savvy residents (75 percent of those age 65 and over are computer literate according to an overall random survey of persons 65 years and older).

There are countless ways to derive feedback from customer segments.

A good way to figure out which methods work best is to ask the customers and employees themselves.

There are countless ways to derive feedback from customer segments. A good way to figure out which methods work best is to ask the customers and employees themselves. Communication should ideally be two ways—the community gives out information and the customers and employees respond and bring up new issues that they want to discuss. Every progressive provider should strive toward an overarching public relations program that continuously communicates to all customer segments and invites feedback. The CARF/CCAC Standards of Excellence require ongoing collection of information from residents to be used in improvement activities.

CHAPTER 3

THE INS AND OUTS OF STATISTICAL SATISFACTION RESEARCH

Whether an organization chooses to do its own study or hire an outside research firm,* the process should always start the same way—with a set of objectives spelling out why the research is being conducted.

Objectives can range from “determining whether new residents are as satisfied as long-time residents” to “fulfilling requirements for accreditation” to “learning where our organization needs improvement.” Optimally, these objectives are agreed upon by a steering committee that includes administrators, staff

Optimally, these objectives are agreed to by a steering committee that includes administrators, staff and customers.

and customers. The steering committee plays an invaluable role, overseeing the logistics of the study. The steering committee starts its work by establishing a timeline for the study and determining the appropriate methodology.

Written surveys are often used with independent living residents. To measure family satisfaction, telephone calls to family/guardians of assisted living and skilled nursing residents work well and allow interviewers to probe for more in-depth qualitative responses in addition to the quantitative feedback. Customers with cognitive or physical limitations may respond well to face-to-face interviews. Tailor your collection methodology to the needs of the people being surveyed. The overriding principles are:

- ♦ Using a valid instrument that is easy for the customer to complete
- ♦ Using third-party administration
- ♦ Using consistent methodology.

Firms that offer professional customer satisfaction studies are listed in the Resources section, page 32.

Deciding Who Gets Surveyed

The next step is for the steering committee to decide on a sampling strategy. In other words, should every possible customer have an opportunity to respond to a survey, or only some segment (randomly selected or otherwise)? Many researchers believe that all residents and staff should have an opportunity to give their opinion so no one feels excluded. Polling the entire universe of customers also eliminates the need to keep track of who has turned in their surveys (by number, not name), a complexity which occurs in sampling. However, if you are conducting a satisfaction study among referral sources, it may make sense to target only those who make a certain number of referrals to the community as participants of the study.

Designing the Survey

After the sampling strategy has been decided, the challenge of creating a survey tool must be faced. This is potentially the most difficult part of the process. Robert S. Kaplan and David P. Norton, in their book *The Balanced Scorecard*, say, "Writing a customer survey may seem simple, but getting valid responses from a high percentage of customers usually requires specialized expertise." To make the survey statistically accurate, you must follow certain procedures to reduce the possibility of making mistakes. That usually calls for a professional researcher.

Even if you decide to write your own survey, strive to ask questions of importance to the population being surveyed. That means seeking input from these folks through focus groups or a test of a pilot survey. After you have determined what to ask, the committee needs to figure out how to ask the questions. It is extremely easy to ask questions the wrong way, leading to bias. Objectivity and reliability are key elements of good research and both are compromised by poorly worded questions.

More and more organizations are recognizing that a key customer segment is their employees. You also must decide which demographic and psychographic variables to collect in the survey. Length of residency, gender and location of residence are basic variables. More and more researchers are also asking respondents about their general health, religious practices and other questions that will yield useful cross-tabulations for further analysis.

Finally, it is critical to select an appropriate rating scale. For social research (as opposed to academic research), it is most acceptable to use an uneven number of response choices, with five being typical. An odd number of responses provides an option for the respondent to select a neutral response such as "neither agree or disagree."

One popular way of structuring responses is the Likert Scale, which conveys various levels of agreement or disagreement with a statement. For example, the instructions may ask a respondent how much she

agrees or disagrees with the statement “There is sufficient variety on the menu to select from.”

The set of Likert scale responses might be “strongly agree, somewhat agree, neither agree or disagree, somewhat disagree, strongly disagree.”

Another wording of rating scale responses could be “excellent” to “very poor” or “very satisfied” to “very dissatisfied.”

Communicating the Importance of the Survey to Customers

Once the tool has been created and refined, the steering committee must define a communications strategy. About a week before the study begins, send a letter to the survey population so it becomes clear that your organization is sponsoring and sanctioning the research. The more that people are encouraged to fill out the survey and understand its purpose, the higher the response rate will be. And that is the next step—determining an acceptable response rate goal. Most experts agree that a minimum target is 70 percent; anything below this number may not be statistically significant. After all, the point is to get feedback from the majority of persons served.

The more that people are encouraged to fill out the survey and understand its purpose, the higher the response rate.

Training Interviewers

If you are using a telephone or face-to-face method, you must train interviewers to properly administer the survey. Administering a survey requires an understanding of the survey and all its dimensions—and much patience—since questions often need to be repeated or explained to the survey participants. Set aside a minimum of two weeks for training interviewers. One suggestion is to use non-employee volunteers to conduct interviews on the organization’s behalf.

Making Confidentiality a Priority

One of the key components of satisfaction research is confidentiality. The GI and Silent Generation cherish their privacy and generally do not freely criticize others. Because you need candid responses to truly understand how residents and others feel about the organization, it is important to convey the confidential nature of the survey to them. Respondents should feel confident that their answers will be kept anonymous. Never ask for a respondent’s name on a survey. Also, be careful that individuals cannot be identified through a demographic subgroup or through identification of handwriting. (The familiar handwriting of a respondent on an employee survey, for instance, could compromise the objectivity of the process, or worse yet, lead to recrimination.) One of the key reasons to use an outside party to analyze the returned surveys is confidentiality.

Before a satisfaction survey, many organizations conduct focus groups to determine which questions and dimensions are important to research. After the survey, a focus group can help to find ideas that will correct an identified problem.

To conduct a focus group, use a professional focus group facilitator if at all possible. Their experience provides the proper setting to encourage active and useful responses. Participants must feel free to express their opinions so they will be forthcoming with their ideas and opinions.

Scoring and Analyzing Results With Care

The next step in the process is tabulating and coding the surveys, which is a science unto itself. Helpful software tools such as SPSS (or SAS) are designed to tabulate and analyze data, but this requires knowledge of how to use the tools. There are training courses available for this purpose and local universities often have students trained in these programs. These software tools not only have the ability to analyze data, but also to convert them into usable graphs and charts that make the information more user-friendly.

The most useful way to share information is by contrasting your community's results against those of similar organizations.

To get the most information from a satisfaction survey, it is highly recommended that you run cross-tabulations, so that the organization can see information broken down by geographic location, level of care, job function (in the case of an employee survey), and any other variable that will give insight into segments of the population.

In the case of an employee satisfaction survey, you may want to see whether responses are affected by variables such as gender, race, length of employment with the community, full-time or part-time, medical or non-medical personnel.

The final step is to produce an executive summary of the information and create a presentation for board, residents, staffs and other stakeholders. Overwhelming people with too many statistics is counterproductive and boring, so give much thought about what you want to convey.

The most useful way to share information is by contrasting your community's results against those of similar organizations. Unfortunately, this information ("normative databases") does not readily exist for all levels of care, except from private research companies. In lieu of this, some communities use historical databases of their previous years' studies and compare current results. This is not the ideal way to benchmark, but it is a meaningful start.

Communicating the Important Findings

Now comes the big opportunity: to take the data gleaned from the survey and translate them into meaningful and interesting information. The temptation is to overwhelm people with lots of data so they will be impressed with the scope of the study. A better approach is to err on the side of telling less. It may be that having several versions of the report—each for a specific group—makes the most sense.

The most difficult challenge is figuring out what exactly is meaningful. The challenge is made easier if you are working with a normative database, against which you can contrast your results. Otherwise, here are two other options:

1. One way to figure out how each factor is faring is to contrast the previous year's results against this year's result and to calculate any statistically meaningful differences. This assumes that you conducted a previous study and that most questions were identical from one year to the next.
2. You may have structured the survey so that participants told you how each factor stacked up in importance relative to other factors. You may have also obtained measures of perceived performance. Calculating the statistical difference between the importance rating and the performance rating on each factor is one way to determine where an organization is exceeding expectations and where it is not. A professional statistician or survey designer can help with this.

Once you or your consultant have sorted through such comparisons, factors will emerge that demonstrate strengths or possible areas of improvement. Both are important to share with staff and other stakeholders. The strengths are areas to celebrate and reward; the areas for improvement guide your future quality effort.

Creating an executive summary of these points, complete with colorful graphs and charts, is the best way to quickly communicate the results of your survey. Additionally, each geographic location should have its own report. Specific reports can be created to share with each department (dining services, housekeeping, nursing, etc.) as well. And marketing will surely appreciate having the data cut several ways so they can see where customer sub-segments weigh in on all the factors.

Senior managers should cite the findings regularly as a way of praising employee efforts and to reinforcing the need for change.

Offer oral reports to all interested stakeholder groups, conducted either by senior managers or the consultant who conducted the research on the organization's behalf. Senior managers should cite the findings regularly as a way of praising employee efforts and reinforcing the need for change. This way, the satisfaction research "lives" within the organization and is not relegated to a shelf in someone's office.

The Pros and Cons of In-House Surveying

The advantage of doing in-house satisfaction research is primarily perceived as lower cost, although for a multi-site or multi-service organization, the personnel resource expense can be quite high. Some firms cater to single-site facilities on a budget (*see Resources*). The other advantage is that when an organization goes through the process once, the second and third times become much easier.

WHAT IS BENCHMARKING?

- ◆ Benchmarking begins with an organization determining that it would like to track certain measurements of performance over time.
- ◆ “Collecting data is time consuming and costly, so it is important that organizations have a clear sense of how the data will be used before starting the collection,” says Chris Gardner, manager of the American Productivity and Quality Center. APQC helps organizations uncover performance gaps and best practices through benchmarking.
- ◆ The next step in the benchmarking process is collecting and comparing data to determine how the organization stacks up to others. “This is what most organizations traditionally think of as benchmarking,” says Gardner.
- ◆ Key performance indicators—such as customer satisfaction scores—are essential to understand the operational health of an organization. Such metrics allow an organization to assess its progress over time and to understand its performance relative to external benchmarks. Says Emma Skogstad of the APQC, “Measuring performance allows an organization to objectively determine what is working and what is not. By identifying successes, managers can reward and learn from best practices.”

The cons of in-house surveying include: longer timetable to get the job done (nine months average versus three months using a professional research firm); no national or regional normative database to benchmark against; potential perception that the process is not as professional or confidential as it should be; and perceived lack of objectivity.

Despite these drawbacks, some organizations have successfully managed to do a credible job with in-house satisfaction research. One outstanding example is the American Baptist Homes of the West (ABHOW), a multi-site retirement community organization headquartered in Pleasanton, Calif.

ABHOW is a customer-centered organization dedicated to hearing the voice of residents and employees. Since the 1980s, ABHOW has used various survey tools to capture feedback, including the Quality of Life survey developed by Dr. Lloyd Ahlem, and later its own customized surveys.

Sue Roderick, who came to ABHOW in 1983 as chief administrative officer, assumed responsibility for customer satisfaction measurement then, and used her extensive educational background (DPA and gerontology certificate, University of Southern California) along with lots of trial and error to develop state of the art survey tools. “We initially switched from the Quality of Life survey because it was very complex and lengthy,” explains Roderick. “Our first effort was a one-page, 20-question survey which was much simpler, but we later found out, didn’t supply us with all the information we wanted to know.” After multiple revisions over the years, ABHOW ended up with three user-friendly 15-page written survey tools, one for each level of care—residential living, assisted living and skilled nursing.

Each survey section allows the respondent to add comments, and asks for an overall rating.

Roderick has since retired from ABHOW, but today, the organization administers the survey once every three years to each level of care, rotating among the three levels. The ABHOW surveys use a 5-point Likert type scale, offering the respondent choices from very satisfied to very unsatisfied. The survey for residential living occupants covers departments such as dining services, marketing and sales as well as dimensions such as corporate oversight and management. Each section allows the respondent to add comments, and asks for an overall rating. Response rates have averaged in the 75-80 percent range. Dr. Roderick offers this word of advice to those doing satisfaction research, "Try to conduct your survey at the right time of the year, not when there is a rate increase or some other unusual circumstance taking place."

CHAPTER 4

SEGMENTING THE CUSTOMER BASE

Now that the macro-level approach has been covered, let's address the equally important micro-level strategies associated with achieving customer satisfaction. As with anything, you need a plan. And because there are so many different types of customers, try to have a plan for each customer segment.

Aren't you, as a consumer of goods and services, more likely to buy from and be loyal to a supplier of goods and services that treats you like an individual? This is true even for a small purchase such as a TV or bicycle, so how much truer is it for a decision with long-term effects on a person's lifestyle and happiness? In her book *Customer Loyalty—How To Earn It; How To Keep It*, Jill Griffin writes, "Customers want to be thought of as individuals and treated as such if they are to remain loyal and help your organization grow and prosper."

"Customers want to be thought of as individuals and treated as such if they are to remain loyal and help your organization grow and prosper."

Defining Customer Groups

The first step is to segment your customer base. Each community will do this differently, there are no set "rules" about what a customer segment looks like except that it is a group of people who have common characteristics. For instance, within every retirement community there seems to be a group of "activists," or those residents who are more involved socially than others. These folks are frequently found heading up campaigns to raise money for good causes, leading the resident council meetings and interacting regularly with administrators to share their good ideas on how to improve the place. This could be considered a customer segment. Another customer "segment" might be low-involvement types who stay in their homes and don't interact much with other residents.

Employees fall into various segments as well. One employee group could be the “old-timer” staff, and another might be the “less than two years” group that behaves entirely differently and holds expectations that are very different than the old-timers. The board of directors may be another customer segment you wish to address with a plan.

And don’t forget the referral agents in the community—a customer satisfaction plan for them might also be required. Whether you choose to define 3 or 13 customer segments is up to you, but each segment you define should have a satisfaction plan attached to it.

WHY CONDUCT AN EMPLOYEE SATISFACTION STUDY?
<ul style="list-style-type: none">• Enhances communication with employees• Demonstrates a commitment to quality and improvement (both to stakeholders and accreditation agencies)• Defines priorities from the employee perspective• Drives the strategic planning process (how to best allocate limited personnel and money, as well as to direct policies—particularly on volatile issues)• Identifies “best practices” among individual communities• Develops a performance history (benchmarking)• Provides industry comparisons and trends• Provides specific feedback so managers can develop effective action plans• Identifies operational deficiencies and strengths• Can be used as a marketing tool to prospective residents and employees• Provides a mechanism for honest feedback—systematic, <i>statistically-reliable</i>, ongoing feedback—without fear of retribution;• Ferrets out the key issues pertinent to the majority, as opposed to a vocal few• Provides an evaluation of ancillary service providers and vendors• Can be used as input into performance evaluations

Developing Profiles

Generational profiles, such as those developed by Brooks Adams Research, are useful in understanding the overall characteristics of the four age groups served by aging-services providers. However, to take the concept one step further, you may want to consider creating specific profiles of residents, staff and prospects.

Remember the customer relationship management database? If you have one, it can come in handy here. A good database will incorporate a variety of variables, revealing everything from values to belief systems. The individual profiles of customers and prospects are kept totally confidential, but you can use the aggregate data to develop new services, programs and marketing campaigns based on the common characteristics and preferences of groups. The database information is based on intake interviews or information gathered during the sales process. The better the input, the more accurate the profiles.

Judson Retirement Community in Cleveland, Ohio, uses its REPS customer relationship management database (see *Resources*) of 5,000 prospects as a dynamic marketing tool. According to Kristina Kuprevicius, vice president of marketing, the database helps Judson develop special events, such as cooking classes and musical performances, based on prospects' areas of interest. Invitations go to the prospects most likely to attend the events. To create the database, Judson purchases zip code-specific lists and cross-references them with demographic variables such as age and income, as well as readership patterns. For example, lists of area readers of *Smithsonian*, *The Kiplinger Report* and *Reader's Digest* are also thrown into the mix.

You may want to consider creating specific profiles of residents, staff and prospects.

In an age of savvy marketing—and selective consumers—having a good product or service is no longer sufficient. Organizations must satisfy the needs of discriminating customers who can choose from a multitude of alternatives in the marketplace. The concept of market segmentation—developing profiles of customer groups based on common characteristics—has been used by major corporations to diversify product lines, customize advertising messages and direct marketing strategy.

Most marketing professionals recognize that market segmentation is both a science and an art. One approach is based on the idea that “birds of a feather stick together,” or, simply put, that some people will be attracted to a retirement community primarily because there are other people there who are like them. This was the case of a CCRC based in Pennsylvania—it attracts former schoolteachers who love mature landscaping and beautiful gardens. This community picked up on the opportunity to satisfy these customers by starting a lecture series on horticultural topics and creating a sophisticated lending library.

Starting With a Vision

Progressive, marketing-oriented organizations write a vision of what they want to be for each customer segment. Richard C. Whiteley, in his book *The Customer-Driven Company*, defines vision as “a vivid picture of an ambitious, desirable future state that is connected to the customer, and better in some important way than the current state.” Here are examples:

Customer Segment #1: Activist Residents

Our vision is to be responsive to the suggestions of this customer segment and to actively involve them in word-of-mouth promotion of the organization within and outside of the community.

Customer Segment #2: Low-Involvement Residents

Our vision is to seek ways to get them more involved in community activities and provide feedback to the administration on how we can better meet their needs.

Customer Segment #3: Old-Timer Employees

Our vision is to provide a sense of security to these loyalists, while inculcating a desire to learn new skills. We want to assure them of their position within the organization by leveraging their role as “mentors” to newer employees.

Customer Segment #4: Less Than Two-Year Employees

Our vision is to retain these employees long-term by giving them a sense of mission and belongingness to the organization. We also seek to reward their efforts to satisfy the residents and the families of residents.

Customer Segment #5: Board Members

Our vision is to involve the board of trustees in meaningful service to the organization and to tap into their creative ideas for improving quality.

Customer Segment #6: Referral Sources

Our vision is to have a highly interactive and reciprocal relationship with referral sources and to give them confidence in our ability to meet the needs of residents on a long-term basis.

The visions are different for each customer segment, and therefore each segment requires a customized plan.

Customer Satisfaction Plans

The “owner” of each plan will likely differ. For instance, the owner of the plan for the board of directors may be the CEO. The owner of the plan for the prospective residents may be the vice-president of marketing. The owner of a plan targeted to “old-timer” employees is most likely the director of human resources.

The strategies and action plans for each segment should relate to fulfillment of the vision. Here’s an example for Customer Segment #6: Referral Sources. Recall that the vision statement for this segment is: “Our vision is to have a highly interactive and reciprocal relationship with referral sources and to give them confidence in our ability to meet the needs of residents on a long-term basis.”

Here are some associated strategies that support the vision:

Strategy #1: Find out how they currently see the organization to determine where image improvements are required.

Action Plan:

1. Conduct an image survey among 100 key referral sources in the community by the end of summer.
2. Analyze the findings and prepare report for administrative team by September 15.
3. Brainstorm five to eight areas for improvement and implement improvement campaign.
4. Track each area of improvement over next year and reassess next summer.

Strategy #2: Identify the 15 most active referral sources and develop a method of demonstrating appreciation for their past confidence in our organization.

Action Plan:

1. Analyze referral patterns over the past two years and create report.
2. Bring administrative team together to discuss appreciation strategy options for the top referral-givers.
3. Implement appreciation strategies by December.

Strategy #3: Hold a reception for current and potential referral agents to share results of recent resident satisfaction survey and our financial status with them.

Action Plan:

1. Re-construct satisfaction survey report for layperson understanding.
2. Choose date for reception and send out invitations.
3. Contact catering department to determine menu and entertainment arrangements.

Measurement and Tools For Tracking “Micro” Satisfaction Levels

Ideally, evaluate each customer segment’s satisfaction on an ongoing basis. Let’s take the example of the “old-timers” employee group. In survey results, those checking off the variable of “worked here 10 years or more” can be separated out of the overall employee satisfaction results to contrast year one’s scores with years two and three. Another way to assess satisfaction of this group would be to hold periodic focus groups.

Quality Improvement From the Customer’s Point of View

Let’s say your organization adopts one of the above methods for assessing “Old-timer Employee” satisfaction. Here are some hypothetical examples of what some quality improvement goals could look like:

QI goal #1: Improve the rating of factor “assignments of shifts and/or working hours are fair” from 71.8 percent to at least 80 percent within a year.

(This goal comes from the annual employee satisfaction survey whereby staff who had been employed for 10 years or more responded with a significantly lower satisfaction rating on this specific factor than did the overall employee population.)

QI goal #2: Develop 10 old-timer employee team leaders and take them through a new mentoring curriculum by fall of this year. (This goal comes from feedback obtained at three focus groups earlier this year).

CHAPTER 5

REVOLUTIONIZING HOW OUR FIELD DEFINES QUALITY

Quality management is driven by the constant attainment of customer satisfaction through the continuous improvement of all organization processes. Quality is an important goal for all providers of services for the aging, because it improves efficiency and allows an organization to be a good steward of its resources. A research team at the University of Missouri School of Nursing found that more than \$400,000 could be saved in a 120-bed nursing home simply by following the quality mantra of “doing things right the first time.”

The second reason why quality management is important is because providers in our field are coming under intense scrutiny. Not-for-profit providers in particular are committed to demonstrating there is a difference when it comes to quality. For example, these communities consistently provide more hands-on care to their residents (average RN hours were 69 percent higher than for-profits in 2002). What’s more, not-for-profit nursing homes show fewer deficiencies than their for-profit counterparts. In 2002, not-for-profit Medicare/Medicaid-certified nursing homes had 33 percent fewer deficiencies than for-profits, according to the Centers for Medicare and Medicaid Services.

Quality is an important goal for all providers of services for the aging, because it improves efficiency and allows an organization to be a good steward of its resources.

Part of what drives these not-for-profit providers is their focus on mission. Not-for-profit providers have no shareholders to pay. Instead, they reinvest funds into the customers they serve, using money to better the facility, provide incentives to staff and improve the quality of care for the people they serve.

Masonic Homes of Pennsylvania

One such high-quality provider is Masonic Homes of the Grand Lodge of Masons of Pennsylvania, with three locations—Elizabethtown, Warminster and Sewickley—serving about 1,800 residents. According to Ray Tierney, chief operating officer for retirement services, “We benchmark against ourselves and we benchmark against others. We approach quality in a very methodical way.”

Tierney starts with the results of Masonic Homes’ annual resident satisfaction study. Armed with fresh data, a workgroup of staff and residents gets together to review the findings. They identify overall areas in need of improvement campus-wide, and then with a fine-tooth comb review scores as they relate to different campuses. The goal is to pull out three to five areas of focus for quality improvement, based on resident feedback.

The group takes the same approach in reviewing results of the employee satisfaction study. They pinpoint areas of focus after examining where Masonic Homes falls short relative to national scores from other not-for-profit facilities across the country. A second gauge is seeing where scores have dropped significantly from prior years. Areas that are of higher importance to customers get more attention than those that are lower.

After the workgroup puts the areas for improvement into priority order and discusses preliminary action plans, Tierney himself meets with residents at various locations throughout the Elizabethtown campus to give them a customized summary of findings. He starts the meetings by establishing credibility, reviewing what improvements came about over the past year in response to the last satisfaction study. (Throughout the year, he gives weekly progress reports to the residents during one-hour “Coffee With Ray” sessions at various locations. He says the two-way communication is “a tremendous method for allowing interaction and exchange of ideas.”)

After each annual survey, Tierney explains which areas of focus the workgroup identified as needing improvement. Many positive changes have taken place at Masonic Homes as a result of the improvement program, from better health care response times to better food selection in the campus dining rooms.

Quality Frameworks That Drive Organizations Toward Excellence

Fifteen years ago, the United States government instituted the Baldrige National Quality Award for the purpose of making American businesses more competitive in the global marketplace. For the past five years, healthcare organizations have been invited to participate in the program. A seven-part framework comprises the healthcare criteria for the award and includes these dimensions of quality: leadership, strategic planning, focus on customers and markets, measurement/analysis/knowledge management, staff focus, process management and organizational performance results.

Many healthcare organizations apply for the award simply because the framework requires a disciplined approach to quality improvement. In addition, every applicant receives a detailed feedback report based on an independent, external assessment conducted by a panel of specially trained and recognized experts.

To date, no not-for-profit aging services provider unaffiliated with a hospital system has applied for the national award, because as Baldrige Examiner Bob Myers of Asbury Services in Maryland explains, “There are no national criteria for not-for-profits at this time.”

However, non-profits can compete for state level awards, and Asbury has won two bronze level awards—one for Asbury Methodist and the other for the corporation, Asbury Services. For the past four years, Asbury has been rigorously using the Baldrige criteria to improve quality and has developed excellent documentation of systems and measurements throughout the organization. Myers admits that it has been a big job and believes many providers may feel intimidated by the Baldrige requirements, describing them as “tough and overwhelming.” However, he is a staunch supporter of the criteria, believing they force organizations to be disciplined in their approach toward quality. “It works in private industry, why wouldn’t it work in our field?” he asks.

Six Sigma: Process Improvement

One of the most visible quality frameworks among U.S. businesses today is Six Sigma. Six Sigma is a statistical measurement of only 3.4 defects per million. In the book, *Strategic Six Sigma*, Mike Joyce of Lockheed Martin observes that customer satisfaction is the driver of quality improvement. “Understanding value from the customers’ perspective is the first principle for us because if you get that wrong, then by definition, the rest of what you do is waste.” The underlying concept of the Six Sigma quality framework is that even incremental improvements in quality have big consequences for customer service, efficient operations and improved profitability.

The 100 percent benchmark serves as a goal for each employee’s actions and is reinforced in each corporate communication and in all training, rewards and recognition programs.

A real-life illustration of Six Sigma can be found at FedEx, which has set a 100 percent performance goal. The 100 percent benchmark serves as a goal for each employee’s actions at all times and is reinforced in each corporate communication and in all training, rewards and recognition programs. For many organizations, 99 percent satisfaction may be acceptable. For FedEx, this rate would result in 30,000 mis-routed packages per day—and an equivalent number of dissatisfied customers. FedEx’s high standard keeps employees focused on the impact of incremental improvements and small details.

The Balanced Scorecard Approach

Another quality framework being used is the Balanced Scorecard. This is the framework adopted by CARF/CCAC and other organizations such as Mobil Oil and CIGNA Property and Casualty.

In their book *The Balanced Scorecard*, Robert Kaplan and David Norton point out, “The multiple measures on a properly constructed balanced scorecard should consist of a linked series of objectives and measures that are both consistent and mutually reinforcing. The metaphor should be a flight simulator, not a dashboard of instrumental dials.”

A good balanced scorecard, according to the authors, should track four perspectives: financial, customer, internal (quality, cost, new product introductions) and learning and growth. The measures under the customer perspective are market share, customer acquisition, customer retention, customer satisfaction and customer profitability.

Only two of these—customer retention and customer profitability—may not be as relevant in the field of services for the aging as they are in the consumer goods industry. However, they could easily be replaced with other relevant measures such as customer loyalty (“Would you recommend this retirement community to others?”) and customer confidence (“How do you rate the organization’s management of funds?”)

Accreditation

For eligible aging-services providers, CARF/CCAC accreditation may be a fast track to quality improvement. The CARF/CCAC Standards of Excellence are based on principles widely accepted and applied in the aging services field. The Standards of Excellence give consumers, regulators, financiers, insurers and the general public a way to identify organizations that meet rigorous criteria for good business practices. The standards include the areas of governance, finance and strategy and health and wellness. Under Standard 2I-C (Resident/Client Services and Amenities), one of the required documents is “satisfaction assessment and/or measurement tools the organization uses, including recent results.”

The multiple measures on a properly constructed balanced scorecard should consist of a linked series of objectives and measures that are both consistent and mutually reinforcing.

Whether the Baldrige National Quality Award, Six Sigma, the Balanced Scorecard or the CARF/CCAC Standards of Excellence, quality improvement frameworks call for customer satisfaction as a discipline. Each advocates and requires input and feedback from persons they serve as the foundation for quality process improvement.

Where Do We Go From Here?

It will be some time before all providers embrace the need for customer satisfaction enhancement and quality process improvement. Some long-term care organizations are at the bottom rung of Maslow’s hierarchy of needs—they are in the survival mode. Staffing shortages, financial concerns, compliance issues and liability insurance challenges consume the day-to-day existence of many long-term care leaders. Many do not feel prepared to put in place full-blown customer satisfaction and quality management programs.

Given these realities, providers should start with one simple step in the process. That step could be beginning a customer satisfaction study with one level of care at one location, or reading one or two of the books listed in the *Resources* section of this publication. Achieving excellence is about striving to become better. It is not an all-or-nothing proposition.

Quality First is a commitment that the entire field needs to embrace collectively. If Quality First is as successful as leaders in the aging services field believe it can be, more improvement in quality and public trust can be achieved in 5 years than regulation has accomplished in the past 20.

Until providers take more responsibility for quality in our field, it is unrealistic to expect less regulation and more reimbursement. There is much work to do in advancing the six outcomes of Quality First by 2006. By simply taking the steps outlined in this publication, all providers can work toward expected outcome #5: “High rates on consumer satisfaction surveys, indicating improved consumer satisfaction with services.” Through the Quality First initiative, providers will work in partnership with consumers and the government so that consumers can feel confident they are receiving the high quality care and service they deserve.

Until providers take more responsibility for quality in our field, it is unrealistic to expect less regulation and more reimbursement.

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Pivotal, www.pivotal.com

REPS Database System, www.idealsoft.com

Siebel Systems, www.siebel.com

CCAC Accreditation Handbook, Continuing Care Accreditation Commission, 2003

Segmentation Studies

Third Age, Inc.
722 Springdale Drive
Suite 300
Exton, PA 19341-2873
(610) 594-8100
Contacts: Steve Jeffrey and Scott Townsley

Customer Satisfaction Measurement Research Resources

Generational Profiles
Brooks Adams Research
207 West Franklin St.
Richmond, VA 23220
(804) 649-3704
Hema Iyer, Research Specialist
www.researching.com
www.seniorsurvey.com

Holleran Consulting
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Michele Holleran

Michele D. Holleran is founder of Holleran Consulting, a firm specializing in strategic planning, market research and satisfaction studies for providers of services for the aging across the United States. She holds a master's degree in business administration from Pennsylvania State University and is a Ph.D. candidate at Capella University in Minneapolis, Minn.

Holleran pioneered the concept of customer satisfaction studies in the long-term care field in the 1980s, after having worked with many corporations involved in the total quality management movement. Her concept was to develop a national normative database of resident/guardian/employee satisfaction scores representing leading aging-services providers from every region of the country. Today, the Holleran Consulting normative database contains more than 28,000 cases sorted by independent living, assisted living, and skilled nursing, as well as 11,747 employees. Her organization has enjoyed a strategic partnership with the Continuing Care Accreditation Commission (CCAC) in best practices collection, as well as REACH, an affordable customer satisfaction product for the field.

Holleran is the author of *Best Practices in CCAC Accredited Organizations*, published by the American Association of Homes and Services for the Aging (AAHSA). She also oversaw Contemporary Long Term Care's landmark "Strategies and Trends" study, published in 1999. In addition, she has been a session leader and speaker at numerous AAHSA conferences on the subjects of strategic planning, marketing, best practices and customer satisfaction.

Michele and her husband, Brad, are the parents of two children and reside in Crested Butte, Colorado.



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