Mission by the Numbers

New York-Based Nursing and Rehabilitation Center Uses Quality Improvement Methods to Measure Mission Integration

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abrini Center for Nursing and Rehabilitation is a 240-bed skilled nursing and rehabilitation center located in New York City. Its sponsor, the Missionary Sisters of the Sacred Heart of Jesus (MSCs), asked center officials in 2001 the following two questions:

- 1) How do we know how well we live the mission?
- 2) How can we measure mission integration?

The challenge set forth by the sisters earlier this decade was to develop a method to measure how well we incorporate the mission into daily activities at the center, and to identify opportunities for improvement in living the mission. The final challenge was to be able to identify and summarize everything we do for mission in one easy-to-read, easy-to-use document. This document would be used to report mission integration to the sisters and the board of trustees.

The mission standards were developed by the Mission Integration Standing Committee of the Province. The committee's work commenced in 1994 after it was deemed necessary to enhance the essential elements of the mission integration programs, which had been instituted in the Cabrinian ministries in the late 1980s and the

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early 1990s. The charge of the standing committee was to construct a document that would clearly articulate the overarching principles of a

mission-driven organization, as well as enumerate specific indicators that would address the affective, behavioral and cognitive aspects of the mission. These indicators, or standards, would provide the basis for evaluating the efficacy of the mission within each Cabrinian organization.

Given that the Cabrinian ministries included hospitals, schools, nursing homes and other works, the input of the cross-section of committee members helped to ensure that the ethos, content and language of the standards was



From left, Mary Devlin, center administrator; Dr. Robert Kennedy, center trustee; Rosetta Montalbano, director of quality improvement at the center; and Diane Patton, center trustee.

inclusive and appropriate to all the ministries. The 26th draft form of the standards received final approval by the Provincial Council in January 1996.

Prior to developing the Mission Integration Quality Improvement tool, the mission standards were discussed at the center's department head and mission integration meetings. Staff members gave examples of various activities demonstrating how the standards were evident in life at the center. What was lacking was a comprehensive method of viewing all the activities and compiling evidence that all standards were addressed.

A method to determine the areas calling for improvement was also necessary. Much like the standards of the Joint Commission on the Accreditation of Healthcare Organizations, the mission standards were developed to set forth the requirements of being a sister-sponsored ministry. Therefore, it seemed natural to incorporate the mission standards into our quality improvement process. The tool was developed to allow us to measure the mission performance on an ongoing basis. The mission integration committee is responsible for implementing the tool by correlating the standards with the activities at the center.

The grid-like tool is composed of the following sections:

- The Standards
- Indicators, or the substandards required to meet the standards
- The Likert Scale, a type of response format used in surveys with responses usually including "strongly agree," "agree," "disagree" and "strongly disagree."
 - As Evidenced By, which shows a list of activities
 - The Plan of Action
 - The Estimated Date of Accomplishment
 - The Analysis of Findings

The mission integration committee, using the "interview" process of collecting data, correlates the standards and indicators with the supporting activities ("as evi-

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Do you have ideas for "Innovation at Work" topics? Send an e-mail to hpeditor@chausa.org. denced by") at the center. After assigning all activities to the appropriate standards and indicators on the form, the committee used the Likert Scale (1 to 5, with 5 being "always") to deter-

mine how frequently the activities are present. Each indicator is evaluated separately. In the analysis of findings, the actual number of points achieved is divided by the maximum number of opportunity for "always." This equals the degree of compliance in percentages for each indicator. Once the score is achieved for each indicator, the total number of scores is divided by the total number of questions (indicators) to get the total score for compliance in each standard. Did we meet 100 percent compliance? If not, what was the variation? Based on the percent rating, the committee is able to quickly identify those areas that require improvement and to develop a plan to meet the standard. Whenever possible, an estimated date of accomplishing the activities that fulfill the mission standard is given.

The Mission Integration Quality Improvement tool and process is innovative because it integrates the mission and vision with quality improvement. Many times the mission is viewed as philosophical or spiritual rather than as tangible and concrete. The quality improvement process is a data-driven analysis. By looking at mission in a quality improvement format, an institution can measure progress and move forward in mission.

"Mission by the numbers truly gets to the heart of what mission integration actually is," said Sr. Sharon Casey, MSC, a mission integration board member. "As I have experienced the work of mission integration in various institutions, it has become distinctly clear that the only way to get everyone within the institution to reach

for the high bar of the ideals presented in the mission standards is to do something akin to a 360-degree evaluation. Mission by the Numbers is the closest to an objective tool I have ever encountered."

Dr. Robert Kennedy, a trustee of the center and member of the quality improvement and mission integration board committees, said, "At a glance you are able to view percentage of compliance to each standard at set time intervals. It can be used also as a tool to modify plans or set new mission goals. Most importantly it is easy to use and understand."

The Mission Integration Quality Improvement process is successful because:

- all standards are measurable.
- relevant information is on one document.
- the grid-like format makes it easy to use and read.
- we are able to think about everything we do in terms of mission.
- we are able to easily identify areas for improvement, act on these opportunities and analyze our progress in mission.
 - the document is outcome-based.

The document in its entirety is presented to the sisters and the board of trustees annually as a reliable testament to mission integration at the center.

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-Sr. Sharon Casey, MSC, mission integration board member

The measurement tool is easily adaptable. At the sisters' leadership conference in April 2008, the tool and process was presented to representatives of Cabrini College, two Cabrini High Schools and to Cabrini Home for Young Adults. Each ministry was able to adapt the tool. In May 2008, the tool was shared with another sponsor who was trying to develop a measurement device for mission, and it was deemed very helpful.

Most importantly, the tool addresses what the sisters set out to accomplish in 1996: to clearly articulate the overarching principles of a mission-driven organization and to evaluate the efficacy of the mission within each Cabrinian organization.



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