Minnesota HomeCare Association

Five Pillars of Exceptional Home Care Agencies

May 2008

Presented by
Dr. Robert Fazzi

243 King Street, Suite 246
Northampton, MA 01060
413-584-5300
www.fazzi.com
is a treasure
but practice is the key to it.

—Thomas Fuller

Think of Organizations That You Believe Are Successful

- Profitability: 16.50% revenue growth from 2004 to 2005. Annual sales near $2 billion.
- Quality: Won over thirty national and international quality awards for its various product lines, from clothing and fabric to geochemical to medical.
- Customer Satisfaction: Primary source of growth is customer satisfaction and word of mouth.
- Staff Retention: For the 9th consecutive year, W.L. Gore listed in Fortune’s “100 Best Companies to Work For.” Has also won the same distinction in international locations.
What Are the Five Operational Realities These Highly Successful Companies Focus On?

1. Profitability: Having unit and/or overall profit margins that are significantly greater than norms of their industry—*benchmarked*.

2. Quality: Being recognized as having better quality than competitors—*benchmarked*.

3. Customer Satisfaction: Having customers who rate their product or service better than competitors—*benchmarked*.

4. Growth: Having customers who return and others who recommend and refer friends for service or product—*benchmarked*.

5. Staff: Having turnover rates lower than industry standards in their service area—*benchmarked*.

The Five Pillars of Exceptional Home Care Organizations

1. Profitability
2. Quality
3. Customer Satisfaction
4. Growth
5. Staff Retention

What We Know About the Five Pillars

- Three Are Outcome Oriented: Pillars that are the results of your efforts. They are:
  - Profitability
  - Quality
  - Patient Satisfaction

- Two Are Key Drivers: Pillars whose success strongly influence the success of the outcome Pillars. They are:
  - Growth, Referral Satisfaction and Commitment
  - Staff Satisfaction and Retention
Realities of the Organizational Pillars of Exceptional Home Care

● They are the foundation for excellence in any type of organization.

● Being successful - wildly successful – in one pillar does not make you an exceptional agency.

● Consider…..

For Home Care – Quality is an Obvious Pillar, But…

<table>
<thead>
<tr>
<th>Measure</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Agencies with Scores for All Home Health Compare Measures</td>
<td>5,809</td>
</tr>
<tr>
<td>Hospital-based Reporting</td>
<td>1,289</td>
</tr>
<tr>
<td>Freestanding Reporting</td>
<td>4,520</td>
</tr>
<tr>
<td>Range of Fazzi’s Quality “Composite” Percentile Scores for All Agencies</td>
<td>0 to 100th Percentile</td>
</tr>
<tr>
<td>Range of Quality Composite Percentile Scores for Top 20%</td>
<td>80th to 100th Percentile</td>
</tr>
<tr>
<td>Number of Agencies in Top 20% (Top 20%=Composite Score in 80th Percentile or Higher)</td>
<td>1,165 (20%)</td>
</tr>
</tbody>
</table>

Source: CMS Home Health Compare, March 2008

For Home Care – Profitability Is Another Obvious Pillar But…

<table>
<thead>
<tr>
<th>Measure</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Agencies Reporting</td>
<td>5,916</td>
</tr>
<tr>
<td>Hospital-based Reporting</td>
<td>880</td>
</tr>
<tr>
<td>Freestanding Reporting</td>
<td>5,036</td>
</tr>
<tr>
<td>Range of Profitability/Medicare Episode For All</td>
<td>(50%) to +50%</td>
</tr>
<tr>
<td>Number of Agencies in Top 20%</td>
<td>1,184</td>
</tr>
<tr>
<td>Range of Profitability/Medicare Episode for Top 20%</td>
<td>14.5% to 49.6%</td>
</tr>
</tbody>
</table>

Exceptional Agencies: Those In Top 20% of BOTH Quality and Profit

<table>
<thead>
<tr>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Agencies Eligible for Comparison, i.e. Have Both Quality and Profit Scores</td>
</tr>
<tr>
<td>Top 20% in Quality</td>
</tr>
<tr>
<td>Top 20% in Profit</td>
</tr>
<tr>
<td>Number of Agencies in Top 20% of Both Quality and Profit</td>
</tr>
</tbody>
</table>


How Do Agencies Become Exceptional Agencies?

- Their leaders focus on all five pillars, not just one.
- They excel in all five pillars.
- They monitor key environmental factors that can negatively or positively impact each pillar.

How Do Successful Leaders Monitor and Manage Their Environment? Critical Thinking

What's Going To Happen?
What Should We Do About It?
What Are The Implications?
There are numerous realities and forces that have implications to each of the five pillars.

Most are challenges or threats.

Some can be opportunities.

If not addressed, they can challenge the strength of one or more of the five pillars.

1. Challenge to Your Financial Stability

- Record tax cuts led to significant reductions in federal revenue that still impacts us today.
- Record tax dollars diverted to military: $8 billion per month in Iraq plus $1 billion in Afghanistan.
- Budget deficit grew by 49.3 billion from previous year. Bush Administration estimates the new figure to be 339.2 billion.
- Available funds are going down while projected need and cost are going up.

1991-2005 Medicaid Long-Term Care Services Expenditures Going Up

Source: Kaiser Commission on Medicaid and the Uninsured, Burwell et al. 2006, CMS-64 data.
**Home Health Care Expenditures**

**Historical and Projected**

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount in Billions</th>
</tr>
</thead>
<tbody>
<tr>
<td>2002</td>
<td>$34.2</td>
</tr>
<tr>
<td>2004</td>
<td>$42.7</td>
</tr>
<tr>
<td>2006</td>
<td>$53.4</td>
</tr>
<tr>
<td>2008</td>
<td>$62.7</td>
</tr>
<tr>
<td>2010</td>
<td>$72.7</td>
</tr>
<tr>
<td>2012</td>
<td>$83.7</td>
</tr>
<tr>
<td>2014</td>
<td>$96.3</td>
</tr>
<tr>
<td>2016</td>
<td>$111.1</td>
</tr>
</tbody>
</table>

Source: Centers for Medicare & Medicaid Services, Office of the Actuary, Table 10, Home Health Expenditures; Aggregate and Per Capita Amounts, Percent Distribution and Annual Percent Change by Source of Funds, Calendar Years 2001-2016

**Result: Growing Effort to Reduce Home Care Revenues and Control Home Care**

- New PPS regulations.
- Therapy being more important, more complicated and more closely monitored.
- More scrutiny by OIG.
- Greater emphasis on OASIS accuracy.

**Insights From an Analysis by NAHC**

- 2008: 35.6% of all home health agencies in the nation will have negative Medicare margins based on CMS-planned 2.75% “coding creep” adjustment and the proposed freeze on the 3.0% annual inflation update occurs.
- 2010: 46.6% of agencies will experience negative Medicare margins as the House of Representatives-proposed 5% rural add-on comes to an end.
- 2011: 51.8% of all home health agencies will experience negative Medicare margins. This increase in 2011 is due to the CMS proposed 2.71% coding creep adjustment that is proposed as part of the recent final rule on HH PPS.
Implications: What Does This Mean to Home Care and Hospice Agencies?

- Government has less money available.
- Government now spending more money.
- There will be increased efforts to control and more likely lower cost for services.
- Agencies financial stability will depend on their ability to lower cost (best practice) rather than increase revenue.

2. A Challenge to Improve Quality

- Most quality measures have not improved very much.
- Unplanned hospitalization has not improved at all.
- Government believes that the best way to improve quality is to tie financial reward into good quality…and possibly financial punishment into poor quality.
- Pay for Performance now being tested.

Implications: What Does This Mean to Home Care and Hospice Agencies?

- Quality will play a bigger role in identifying successful agencies.
- Home Health Compare will play a bigger role.
- Because of the twelve month averaging of scores, it will take six to nine months to improve.
- Some agencies will be incredibly vulnerable under P4P.
3. Challenge to Improve Patient Satisfaction

- NCQA, the accreditation group for managed care companies, uses patient satisfaction to monitor MCO quality.
- Managed care uses patient satisfaction to monitor agency quality.
- CMS is making it clear that patient satisfaction will play a bigger role in home care.
- Agency for Healthcare Research and Quality (AHRQ) is now field testing questions to be part of a national benchmark system.

Implications: What Does This Mean to Home Care and Hospice Agencies?

- CMS is expected to implement nation-wide requirements in 2009, possibly as part of the pay-for-performance system.
- Patient satisfaction is expected to be part of Home Health Compare.
- Patient satisfaction scores will play a bigger role with both quality scores and with referrals.

4. Challenge of Potential Increase in Competition

- Most agencies (not all) are making significant money on their Medicare business.
- The value of agencies increases as the number of referrals, particularly Medicare, grow.
- Since 2000, there has been a major increase in the number of home care and hospice agencies throughout the country.
- Agencies are becoming more aggressive and more sophisticated in seeking growth in referrals.
Competition in Home Care is Growing

- 6,881: Number of Agencies in 2000
- 9,289: Number of Agencies in 2007
- 22%: Growth of agencies from 2002 to 2006
- 1.9: Agencies per 10,000 beneficiaries in 2002
- 2.4: Agencies per 10,000 beneficiaries in 2006

Source: MedPAC, Report to the Congress: Medicare Payment Policy, March 2008

Competition in Home Care is Growing

- 165: Agencies acquired by Gentiva, Amedisys and LHC in 2006
- 60%: Growth of new agencies in Florida and California
- 95%: New agencies that are for-profit.
- 6%: Higher profit margins in for-profit agencies (17.4%) versus not-for-profits (11.6%)

Source: MedPAC, Report to the Congress: Medicare Payment Policy, March 2008

Hospice Has Also Grown and Changed Significantly

<table>
<thead>
<tr>
<th>Hospice Programs Nationwide</th>
</tr>
</thead>
<tbody>
<tr>
<td>1974</td>
</tr>
</tbody>
</table>

Centers for Medicare & Medicaid Services, Health Standards and Quality Bureau, January 2006
Implications: What Does This Mean to Home Care and Hospice Agencies?

- Competition will continue to increase.
- Agencies that differentiate themselves to referral sources - faster, more responsive, better array of services – will become preferred by referral sources.
- Agencies that differentiate themselves to patients – customer service, caring, quicker response – will be preferred by patients and they will recommend the agency to friends.

5. Challenge of Staff Shortages and Employee Turnover

1. Today… there are significant shortages in:
   - Nurses
   - Home Health Aides
   - Rehab Staff – especially PT

2. Today… there is greater competition for limited staff.

3. Today… turnover has been found to affect quality.

4. Tomorrow… shortages are projected to get worse and worse in subsequent years.

Number of Projected Open RN Positions from 2004 - 2020

US Department of Labor February 2004
**RN Employment Percentage Distribution by Setting**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitals</td>
<td>62.1%</td>
<td>62.0%</td>
<td>61.9%</td>
<td>62.0%</td>
<td>62.0%</td>
</tr>
<tr>
<td>Nursing Homes</td>
<td>8.4%</td>
<td>9.0%</td>
<td>9.5%</td>
<td>9.9%</td>
<td>10.4%</td>
</tr>
<tr>
<td>Public Health</td>
<td>4.8%</td>
<td>4.4%</td>
<td>4.0%</td>
<td>3.6%</td>
<td>3.3%</td>
</tr>
<tr>
<td>Ambulatory Care</td>
<td>8.0%</td>
<td>7.8%</td>
<td>7.6%</td>
<td>7.3%</td>
<td>7.0%</td>
</tr>
<tr>
<td>Home Health</td>
<td>6.5%</td>
<td>7.1%</td>
<td>7.6%</td>
<td>8.2%</td>
<td>8.9%</td>
</tr>
<tr>
<td>Other</td>
<td>10.1%</td>
<td>9.9%</td>
<td>9.4%</td>
<td>9.0%</td>
<td>8.6%</td>
</tr>
</tbody>
</table>

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, National Center for Health Workforce Analysis, July 2002

**Supply, Demand for Full Time Equivalent RNs in Minnesota: 2000-2020**

<table>
<thead>
<tr>
<th>Year</th>
<th>FTE Supply</th>
<th>FTE Demand</th>
<th>Shortage</th>
<th>% Shortage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000</td>
<td>37,357</td>
<td>38,704</td>
<td>-1,347</td>
<td>-3.5%</td>
</tr>
<tr>
<td>2005</td>
<td>44,200</td>
<td>42,247</td>
<td>1,953</td>
<td>*</td>
</tr>
<tr>
<td>2010</td>
<td>47,003</td>
<td>45,943</td>
<td>1,060</td>
<td>*</td>
</tr>
<tr>
<td>2015</td>
<td>47,837</td>
<td>50,229</td>
<td>-2,392</td>
<td>-5%</td>
</tr>
<tr>
<td>2020</td>
<td>47,213</td>
<td>55,309</td>
<td>-8,096</td>
<td>-14.6%</td>
</tr>
</tbody>
</table>

*No definitive shortage. Estimate is -3% or above.

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Professions, National Center for Health Workforce Analysis, July 2002

**Percentage of Nurses Under Age 30**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>30.3%</td>
<td>12.1%</td>
<td>9.1%</td>
<td>8.1%</td>
</tr>
</tbody>
</table>

Challenge of Hiring Home Health Aides Will Continue to Grow

1. Eight out of ten hours of paid care received by long term care clients is provided by a paraprofessional.

2. Three major types of paraprofessional workers:
   - Home Health Aides
   - Personal Care Attendants
   - Certified Nurse Aides

3. Home Health Aides are projected to be the fastest growing occupation from 2004 to 2014 - 56% increase in employment;

4. An additional 350,000 Aides needed by 2014.

Implications: What Does This Mean to Home Care and Hospice Agencies?

- Staffing will be a bigger and bigger problem.
- Turnover in staff affect continuity, consistency and quality scores.
- Strategies for retaining staff are far more cost-effective than strategies to recruit staff.
- In a P4P environment, staffing will not only have a significant impact on your quality, but also your profitability.

What Are the Realities That Leaders Must Face Related to the Five Pillars

- Profitability: Pressure of reduction in revenue and profitability.
- Quality: Challenge maintaining quality and more pressure due to P4P.
- Patient Satisfaction: Patient satisfaction will play a bigger role.
- Referrals: In a growing number of areas, more competition for patients.
- Staff: More competition for staff from within home care and from other parts of the health continuum.
To Control Your Pillars, You Must Go Beyond Simply Naming Them

1. Competitive financial outcomes.
   Outcomes are not measurable.
2. Competitive clinical outcomes.
   No way to measure success.
3. Competitive patient satisfaction results.
   No way to reward people who exceed outcomes.
4. Competitive number of referrals.
   No way to hold people accountable.
5. Competitive retention of staff.
   No way to set standards for agency.

Measurable Goals for Agencies Must Be Measurable

<table>
<thead>
<tr>
<th>Organizational Goals</th>
<th>Outcome Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Profitability</td>
<td>11.4% Profit/Medicare Episode (MedPAC)</td>
</tr>
<tr>
<td>Exceptional Quality</td>
<td>Top 20% of Home Health Compare</td>
</tr>
<tr>
<td>Satisfied Patients</td>
<td>Top 20% of Patient Satisfaction Service</td>
</tr>
<tr>
<td>Satisfied Referrals</td>
<td>5% Growth from Previous Year</td>
</tr>
<tr>
<td>Satisfied Staff</td>
<td>Turnover less than 15% for all positions</td>
</tr>
</tbody>
</table>

Profitability Focus on the Drivers

1. Set goal – 11.4%
2. Identify drivers that most control your profits.
   - Revenue/episode – OASIS assessment and case mix weights.
   - Cost/visit – practices, processes, staffing structures and ratios, etc.
   - Visits/episode – clinical practices, use of technology, etc.
3. Identify best practices for each driver.
4. Name “Responsible Person” and hold them accountable.
Quality Focus on the Drivers

1. Set goal – top 20% in all Home Health Compare scores.
2. Identify drivers that most control your quality.
   - OASIS admission assessment
   - OASIS discharge assessment
   - Clinical practices by diagnosis - practices, processes, staffing structures and ratios, etc.
3. Identify best practices for each driver.
4. Name “Responsible Person” and hold them accountable.

Bonus: Improve Your Quality and Financial Outcomes by Focusing On One Activity: OASIS Assessments

<table>
<thead>
<tr>
<th>Average Case Mix Weight</th>
<th>Revenue/Episode $2,270.32*</th>
<th>500 SOC Net Revenue</th>
<th>What a Small Improvement Would Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>National 1.23**</td>
<td>$2,792.49</td>
<td>$1,396,247</td>
<td>N/A</td>
</tr>
<tr>
<td>1.20</td>
<td>$2,724.38</td>
<td>$1,362,192</td>
<td>($34,055)</td>
</tr>
<tr>
<td>1.15</td>
<td>$2,610.87</td>
<td>$1,305,434</td>
<td>($90,813)</td>
</tr>
<tr>
<td>1.10</td>
<td>$2,497.35</td>
<td>$1,248,676</td>
<td>($147,571)</td>
</tr>
<tr>
<td>1.05</td>
<td>$2,383.84</td>
<td>$1,191,918</td>
<td>($204,329)</td>
</tr>
<tr>
<td>1.00</td>
<td>$2,270.32</td>
<td>$1,135,160</td>
<td>($261,087)</td>
</tr>
<tr>
<td>0.95</td>
<td>$2,156.80</td>
<td>$1,078,402</td>
<td>($317,845)</td>
</tr>
</tbody>
</table>

*Current CMS Standardized 60 Day Rate for Episodes as of Jan. 1, 2008 **BestWorks®, SOC Case Wgt. 2008/Q1

Patient Satisfaction Focus on the Drivers

1. Set goal – top 20% as measured by National Patient Satisfaction Benchmark Service.
2. Identify drivers that most control your patient satisfaction scores.
   - Caregivers “interpersonal” approach to patients.
   - Practices that impact the patient’s perception of care, i.e. feeling rushed.
   - The “cultural reality” of your agency or team’s customer service orientation.
3. Identify best practices for each driver.
4. Name “Responsible Person” and hold them accountable.
How the Three Outcomes Are Prioritized Depends on Who Is Looking At Them

<table>
<thead>
<tr>
<th>How Agencies Prioritize</th>
<th>How Referral Sources Prioritize</th>
<th>How Managed Care Prioritizes</th>
<th>How Patients Prioritize</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Profits</td>
<td>Patient Satisfaction</td>
<td>Clinical Quality</td>
<td>Clinical Quality</td>
</tr>
<tr>
<td>Clinical Quality</td>
<td>Clinical Quality</td>
<td>Patient Satisfaction</td>
<td>Patient Satisfaction</td>
</tr>
<tr>
<td>Patient Satisfaction</td>
<td>Agency Profits</td>
<td>Agency Profits</td>
<td></td>
</tr>
</tbody>
</table>

Referral Sources Focus on the Drivers

1. Set goal – 5% growth each year. *Note: Adjust growth goals based on realities of your competitive environment.*

2. Identify drivers that most control your profits.
   - Referral source perceptions of your agency.
   - Your staffs’ responsiveness to referral sources.
   - Your organization’s systemic, process and customer service response to referral sources.

3. Conduct objective, third party survey (50% or more return) of referral sources segmented by source and target changes.

4. Name “Responsible Person” and hold them accountable.

What We Know From Fazzi Associates National Referral Source Surveys

1. More than 10% are dissatisfied with services that they receive from agencies.

2. 10% name agencies that are harder to work with.

3. Nearly 25% feel that they do not have the right amount of contact and communication with an agency.
Other Insights From Referral Source Studies

4. Nearly 50% identify specific agencies where they view the quality of services as better than competing agencies but.....

5. Many of these referral sources state that they prefer NOT to refer to some of those “quality” agencies because:
   - “They are hard to work with.”
   - “Other quality agencies in this area are easier, faster and more responsive to work with.”

6. Most referral sources have clear ideas for how the agency can be more valuable to them.

Staff Focus on the Drivers

1. Set goal – turnover rates no higher than 15% by position.

2. Identify drivers that most control your profits.
   - Staff perceptions of your agency by department.
   - Managers relationship with their staff.
   - Your agency’s real culture and norm expectation on quality of worklife.

3. Conduct third party objective survey (75% or more return) by staff segmented by discipline and department and target changes.

4. Name “Responsible Person” and hold them accountable.

Why Focusing on Retaining Staff is So Critical to the Future of Agencies

- Existing staff are the image of your agency. Referral sources and patients know these staff.
- Existing staff are often the reasons that referral sources choose your agency over others.
- Existing staff know how things work in your agency. No special training is needed.
- Existing staff can be your best ambassadors to get new staff to work in your agency.
What an Employee Satisfaction Study Can Do for Your Agency

- Tell you what your staff think about their employment experience.
- Tell you how different disciplines view your agency.
- Tell you how departments view your agency.
- Tell you how any segment you choose views your agency.
- Tell you what areas you can improve (by segment) to enhance the work experience, motivation and retention of staff.

There Is One Number That Is Key to Dealing With Your Staffing Challenges

1.5

Why Are Agencies Far Better Off To Retain Staff?

- Study of four hospitals with 26.8% turnover rate: Cost of replacing nurse: 1.37 x salary. (Journal of Nursing, 1990)
- Study of one hospital with 23% turnover rate: Cost: 1.31 x salary. (Nursing Economic, 1990)
- Study of six hospitals: Cost: 2.1 – 2.6 x salary. (Nursing Watch, 1999)
- Study of four units in six countries: Cost: $21,514. (37th Biennial Convention, 2003)
- Study of one hospital with 29% turnover rate. Cost: 1.7 to 2.0 x salary. (Health Care Management Review, 2004)
- Study of one hospital. Cost 2.1 to 2.3 x salary. (Journal of Nursing Administration, 2005)
Five Pillars….
But There is a Sixth

Leadership

- Growth
- Profitability
- Patient Satisfaction
- Quality
- Staff

Five Facts About Leadership From Fazzi’s Work With Hundreds of Home Care Leaders

1. They **DO NOT** share the same leadership style.
2. They **DO** share a clear vision for where they want their agency to go.
3. They **DO** focus on clear goals and clear expectations.
   - Organization, department and team goals.
   - Individual staff goals - Measures of Success.
   - Supervisors and managers are trained to support, motivate and hold staff accountable.
4. They **ARE** proactive in making evidence based practice changes.
5. They **ARE** seen by their subordinates as having the same traits, attributes and characteristics.

Characteristics That Executives Most Look For in Leaders in the United States

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>2002</th>
<th>1995</th>
<th>1987</th>
</tr>
</thead>
<tbody>
<tr>
<td>Honest/Integrity</td>
<td>88</td>
<td>88</td>
<td>83</td>
</tr>
<tr>
<td>Forward-Looking</td>
<td>71</td>
<td>75</td>
<td>72</td>
</tr>
<tr>
<td>Competent</td>
<td>66</td>
<td>63</td>
<td>67</td>
</tr>
<tr>
<td>Inspiring</td>
<td>65</td>
<td>68</td>
<td>58</td>
</tr>
<tr>
<td>Intelligent</td>
<td>47</td>
<td>40</td>
<td>43</td>
</tr>
<tr>
<td>Fair-minded</td>
<td>42</td>
<td>49</td>
<td>40</td>
</tr>
<tr>
<td>Supportive</td>
<td>35</td>
<td>41</td>
<td>32</td>
</tr>
<tr>
<td>Straightforward</td>
<td>34</td>
<td>33</td>
<td>43</td>
</tr>
</tbody>
</table>

Source: Leadership Challenge, Kouzes/Posner 2002
Characteristics That Executives Most Look For in Leaders in Other Countries

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Honest Integrity</th>
<th>Forward Looking</th>
<th>Competent</th>
<th>Inspire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>93</td>
<td>83</td>
<td>59</td>
<td>73</td>
</tr>
<tr>
<td>Canada</td>
<td>88</td>
<td>88</td>
<td>60</td>
<td>73</td>
</tr>
<tr>
<td>Japan</td>
<td>67</td>
<td>83</td>
<td>61</td>
<td>51</td>
</tr>
<tr>
<td>Korea</td>
<td>74</td>
<td>82</td>
<td>62</td>
<td>55</td>
</tr>
<tr>
<td>Malaysia</td>
<td>95</td>
<td>78</td>
<td>62</td>
<td>60</td>
</tr>
<tr>
<td>Mexico</td>
<td>85</td>
<td>82</td>
<td>62</td>
<td>60</td>
</tr>
<tr>
<td>New Zealand</td>
<td>86</td>
<td>86</td>
<td>68</td>
<td>71</td>
</tr>
<tr>
<td>Scandinavia</td>
<td>84</td>
<td>86</td>
<td>53</td>
<td>90</td>
</tr>
<tr>
<td>Singapore</td>
<td>65</td>
<td>78</td>
<td>78</td>
<td>94</td>
</tr>
<tr>
<td>United States</td>
<td>88</td>
<td>71</td>
<td>69</td>
<td>63</td>
</tr>
</tbody>
</table>

What Leaders Do to Create an Exceptional Agency

1. Establish “Clear Goals” for all five of your major outcomes and be ready to make changes:
   - Quality
   - Profitability
   - Customer/Staff Satisfaction
   - Growth
   - Staff Satisfaction and Retention
2. Implement new management models – Outcome Management, Lean Management or Six Sigma.
4. Establish meaningful, outcome oriented “Measures of Success” for all staff. Tie into organizational goals.
5. Name “Responsible Person” for major change efforts and hold them (and all staff) accountable.

Recognizing What Makes a Leader

Leadership is not “making friends and influencing people” – that is flattery.
Leadership is lifting a person’s vision to higher sights, the raising of a person’s performance to a higher standard, the building of a personality beyond its normal limitations.

Peter F. Drucker
Fazzi Services for Improving Your Outcomes

- OASIS Audits and Trainings
- Operational Reviews
- Benchmark, Surveys and Performance Improvement Services:
  - BestWorks: Financial, quality and operational best practice benchmark and improvement service.
  - Pat/Stat: Patient satisfaction AND Home Health Compare benchmark and improvement service.
  - Referral/Insight Survey and Service: Measure and improve referral satisfaction and number of referrals.
  - Staff/Insight Survey and Service: Measure and improve staff satisfaction and retention.
- Full Customer Service Program

Why Fazzi Associates?

“Fazzi Associates is the only national consulting firm to have an operational, financial and quality best practice benchmark service. We have evidence based knowledge and insights into what practices work the best. We use these insights to support and inform clients in all of our operational, strategic, quality and OASIS consulting services.”

Dr. Robert Fazzi, President/CEO
Founder: Fazzi Associates

Fazzi Associates, Inc.
243 King Street, Suite 246
Northampton, MA 01060

800-379-0361
www.fazzi.com