OUR STORY

The Problem	• "We were measuring everything but changing nothing" • Make this hit hard (relatable + slightly uncomfortable)
The Insight	• KPIs alone fail • Motivation alone fails
The Equation (Core Model)	• Introduce IMPACT equation (this should feel like a breakthrough moment)
The System	• Our 18 KPI structure (simplified visually) + Methodology
The Turning Point	• "We didn't see change until we tied KPIs to motivation"
Proof	• Data, trends, before/after
Application	• What they can actually do Monday morning

THE IMPACT EQUATION:

KPIs + MOTIVATION = TRANSFORMATION

Aligning Performance, Culture and Outcomes

Becky Newman, Chris Fagerstrom & Heesoo Kim

USAging Conference 2026 – San Diego, CA

CHRIS

DIRECTION HOME'S PERFORMANCE INCENTIVE PROGRAM

- Began in 1998
- Not many AAA's today offer bonus programs to all staff
- Our performance goals are beyond contractual obligations
- Created to align with our mission and vision
- One early indicator that resonated with staff – Client satisfaction!

WHEN GOALS AREN'T CLEAR

- Teams move in different directions
- Hard to stay focused
- Effort doesn't equal impact
- Frustration and burnout increases

SELECTING THE RIGHT MEASURES

- Align with mission and payor expectations
- Provide purpose and meaning for staff
- Focus on quality outcomes, not just activity
- Connect process → outcomes
- Examples: member experience, reduced hospital/NF utilization, effective engagement

PERFORMANCE GOAL & CULTURE ALIGNMENT

Culture must be defined from the top

Incentives should reinforce culture

Our 3 C's: Courtesy, Competency, Compassion

Care Manager Name:

Questions	Very Satisfied	Satisfied	Neutral	Not Satisfied	Very Unsatisfied	Not Applicable
1. Overall, how satisfied are you that your **PASSPORT Care Manager** helps you remain independent and safe at home?	5	4	3	2	1	☐
2. How satisfied are you that your **Care Manager** is professional and courteous?	5	4	3	2	1	☐
3. How satisfied are you that your **Care Manager** cares about you and wants to help?	5	4	3	2	1	☐
4. How satisfied are you that your **Care Manager** has the knowledge and skills necessary to address your concerns?	5	4	3	2	1	☐
5. How satisfied are you that your **Care Manager** takes the time to listen to your concerns and understand your situation?	5	4	3	2	1	☐
6. How satisfied are you with the availability of your **Care Manager** when you need to talk to him/her?	5	4	3	2	1	☐
7. How satisfied are you with the time it took for your **Care Manager** to respond to your request?	5	4	3	2	1	☐

Questions	Very Likely	Likely	Neutral	Not Likely	Very Not Likely	Not Applicable
8. How likely are you to **recommend Direction Home** to your family or friends?	5	4	3	2	1	☐

EXAMPLE: PERFORMANCE GOAL & CULTURE ALIGNMENT

GOALS WITHIN STAFF CONTROL

- Use SMART goals
- Set realistic but challenging targets
- Example: Optimal satisfaction adjusted from 100% to 97%
- Right indicators + motivated staff = transformation

INDIVIDUAL + TEAM ALIGNMENT

Goals should promote collaboration not create competition

Staff must understand their personal impact

Combine team-based goals and agency-wide goals

Examples: QI participation, online ADRC referrals

KEEP IT SIMPLE

- Focus on what matters most
- No more than 5 metrics per division
- Goals should be easy to explain and understand

SETTING THE METRICS

Establish baselines (typically one year)

Define Threshold → Target → Optimal

Stretch performance while recognizing natural ceilings

DATA INTEGRITY

- Data rarely tells the full story
- Validate accuracy
- Standardize processes and collection methods
- Consider external measurement support when needed

MEASURING & PERFORMING

- Share best practices
- Weekly follow-up on client satisfaction
- Use PDSA or DMAIC cycles – pilot, pilot and pilot some more
- Reinforce positive behaviors
- Address issues with root-cause analysis
- Strong supervision and accountability are essential

INDIVIDUAL SCORECARDS

- Scorecards remain private
- Help staff understand their impact
- Ranking systems can motivate when used thoughtfully

SHARING RESULTS

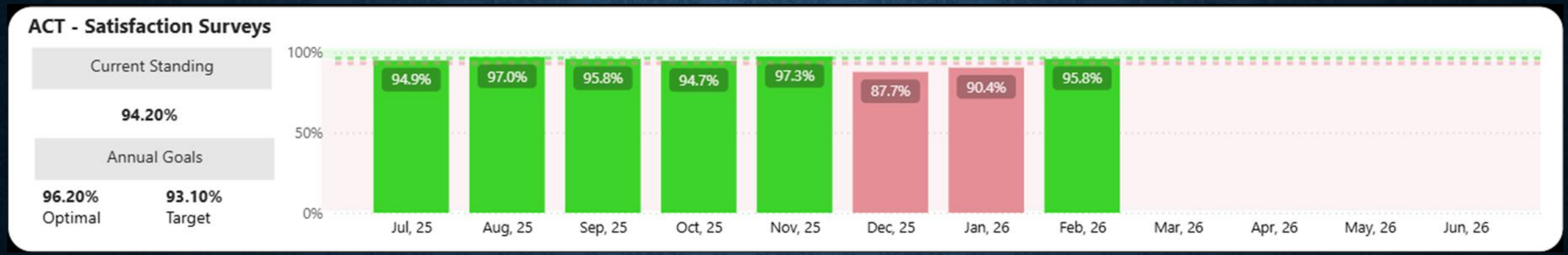
Monthly All Staff meetings

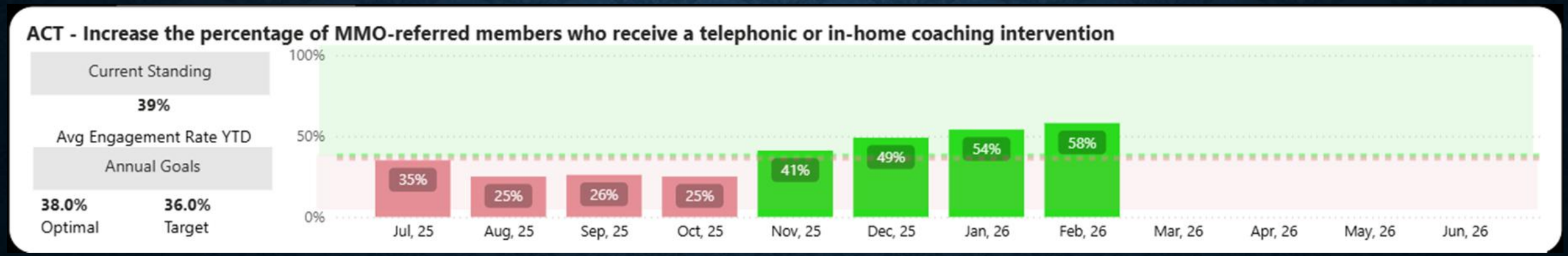
Performance Scorecards

Payor presentation

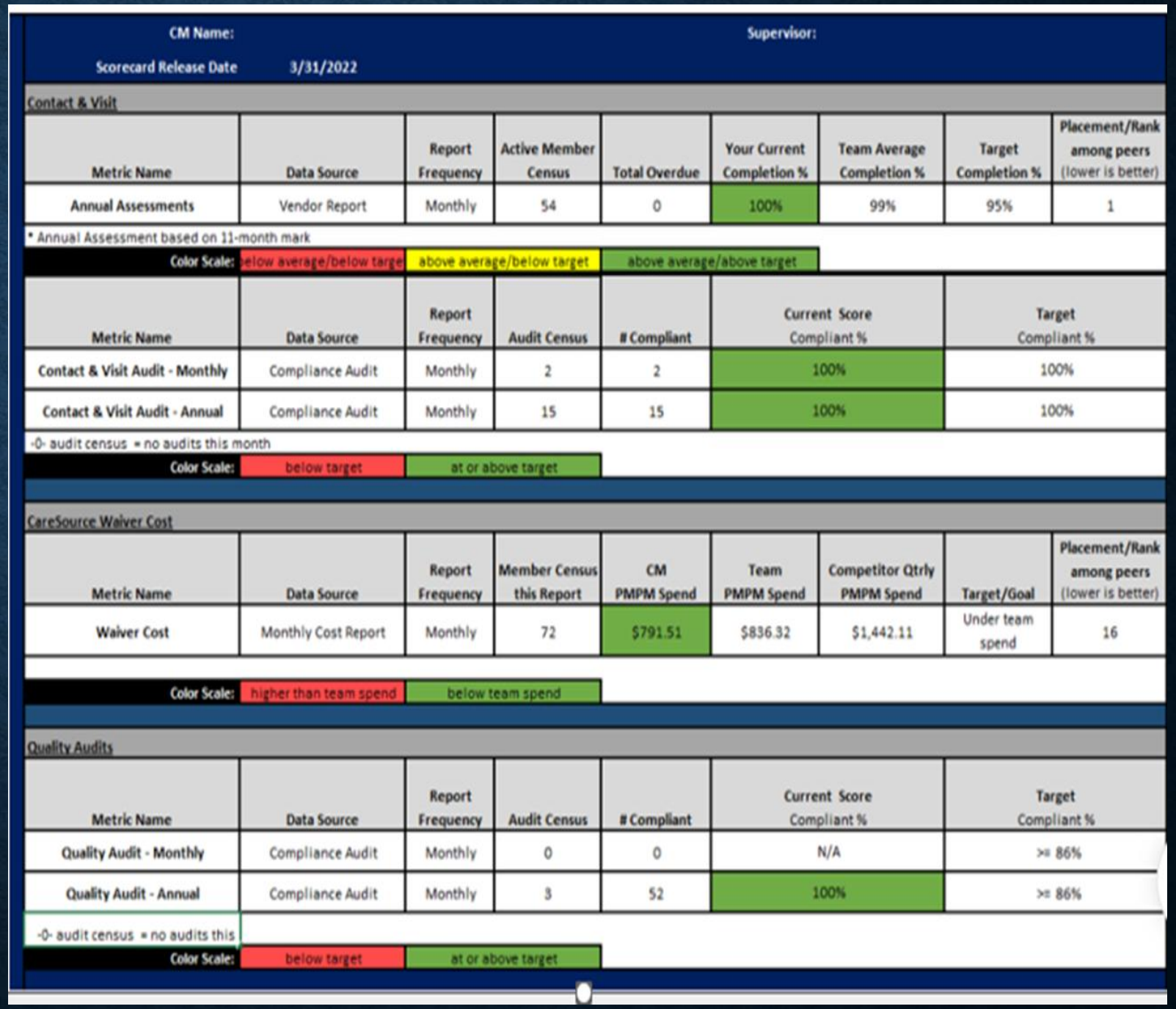
Board reporting

MONTHLY ALL STAFF MEETING SLIDE





PERFORMANCE SCORECARD



CM Name:					Supervisor:			
Scorecard Release Date	3/31/2022							
Contact & Visit								
Metric Name	**Data Source**	**Report Frequency**	**Active Member Census**	**Total Overdue**	**Your Current Completion %**	**Team Average Completion %**	**Target Completion %**	**Placement/Rank among peers** (lower is better)
Annual Assessments	Vendor Report	Monthly	54	0	100%	99%	95%	1
* Annual Assessment based on 11-month mark								
Color Scale:	below average/below targe	above average/below target		above average/above target				
Metric Name	**Data Source**	**Report Frequency**	**Audit Census**	**# Compliant**	**Current Score** Compliant %		**Target** Compliant %	
Contact & Visit Audit - Monthly	Compliance Audit	Monthly	2	2	100%		100%	
Contact & Visit Audit - Annual	Compliance Audit	Monthly	15	15	100%		100%	
-0- audit census = no audits this month								
Color Scale:	below target	at or above target						
CareSource Waiver Cost								
Metric Name	**Data Source**	**Report Frequency**	**Member Census this Report**	**CM PMPM Spend**	**Team PMPM Spend**	**Competitor Qtrly PMPM Spend**	**Target/Goal**	**Placement/Rank among peers** (lower is better)
Waiver Cost	Monthly Cost Report	Monthly	72	$791.51	$836.32	$1,442.11	Under team spend	16
Color Scale:	higher than team spend	below team spend						
Quality Audits								
Metric Name	**Data Source**	**Report Frequency**	**Audit Census**	**# Compliant**	**Current Score** Compliant %		**Target** Compliant %	
Quality Audit - Monthly	Compliance Audit	Monthly	0	0	N/A		>= 86%	
Quality Audit - Annual	Compliance Audit	Monthly	3	52	100%		>= 86%	
-0- audit census = no audits this								
Color Scale:	below target	at or above target						

PAYOR PRESENTATION
SATISFACTION SURVEYS ALL LINES OF BUSINESS

Satisfaction Surveys All Lines of Business		
Survey Response	**YTD**	**Current Month**
Sent	1,122	303
Return Rate	176	64
Return Rate %	16%	21%
Satisfaction Score % [VS +S]	**94%**	**96%**

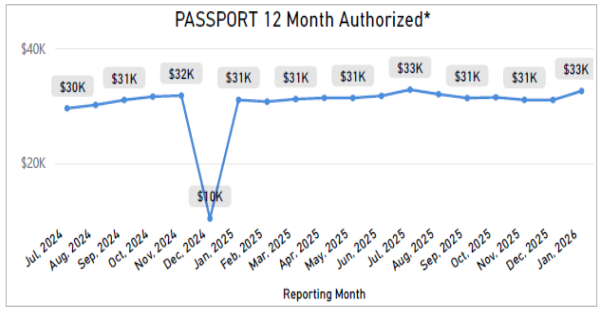
Narrative Comments	YTD	Current Month
Positive	46	15
Negative	5	1
Suggestions/ General	7	4

PROGRAM GOAL: **90%**

HOME & COMMUNITY BASED SERVICES BOARD REPORT

HCBS Board Committee Report ATTACHMENT C **July 1, 2024 - To Current**

Per Member Avg. Spend Annually

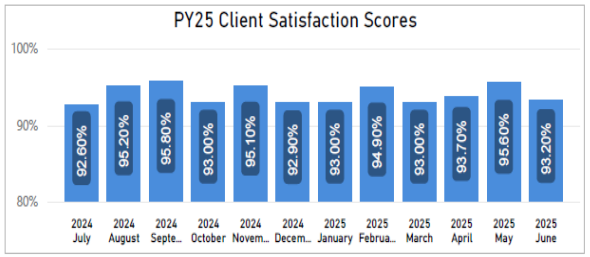


Source: Waiver Enrollee Report

IPRO AUDIT OVERALL RESULTS

PROGRAM	2024	2025
CareSource	99.00%	99.00%
UHC	99.00%	99.00%

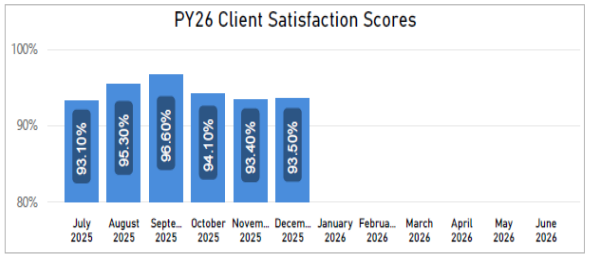
PY 24: **94.00%** **Client Satisfaction Scores** PY 25: **94.00%**



Staffing Opportunities

Program	Current Program Census	Cases that Need Staffing	% of Program Census	% of Hard to Staff List
Care Coor	346	0	0.00%	NaN
CareSource	2,453	0	0.00%	NaN
OHC	153	0	0.00%	NaN
PASSPORT	1,506	0	0.00%	NaN
UHC	2,663	0	0.00%	NaN
Total	**7,121**	**0**	**0.00%**	**NaN**

PY 25: **94.00%** **Client Satisfaction Scores** PY 26 Avg. YTD: **94.33%**



ACHIEVING MAXIMUM PERFORMANCE

- What's your secret sauce?
- Success starts with your people
- Protect culture during change
- Provide clear direction and priorities
- Strong leadership
- Culture of measurement and continuous improvement

STRATEGIC BENEFITS

- Strengthens credibility with payors and customers
- Supports scaling opportunities
- Makes achievement easy to highlight
- Positions the agency for future success

18

TOTAL KEY PERFORMANCE INDICATORS

Department	Goal
ADRC	Increase PASSPORT & Assisted Living enrollments
ADRC	Assessment satisfaction (Very Satisfied / Satisfied)
ADRC	ADRC contact satisfaction
ADRC	Increase online referrals to ADRC
Agencywide	Obtain new funding opportunities supporting strategic initiatives
Agencywide	Achieve operating margin across all programs
Agencywide	Increase number of community members served by core programs
Community Engagement	Training participant satisfaction
Elder Rights	Consumer satisfaction
Elder Rights	Quarterly advocacy presence in all NF / RCF / RCF2
Elder Rights	Increase certified volunteer and intern hours
HCBS	Reduce nursing facility discharges from LTC managed programs
HCBS	HCBS consumer satisfaction
HCBS	Reduce 30-day hospital readmissions for MMO coached members
HCBS	Increase MMO■referred members receiving coaching
HCBS	ACT post■transition satisfaction
Provider Relations	Increase participation in formal Quality Improvement activities
Provider Relations	Provider satisfaction

REMEMBER:

WHEN WE STARTED OUR FOCUS WAS ON

ONE METRIC

PEOPLE ACTUALLY CARED ABOUT

WHY CLIENT SATISFACTION BECAME OUR ANCHOR

01

It **captures** what quantitative data misses.

02

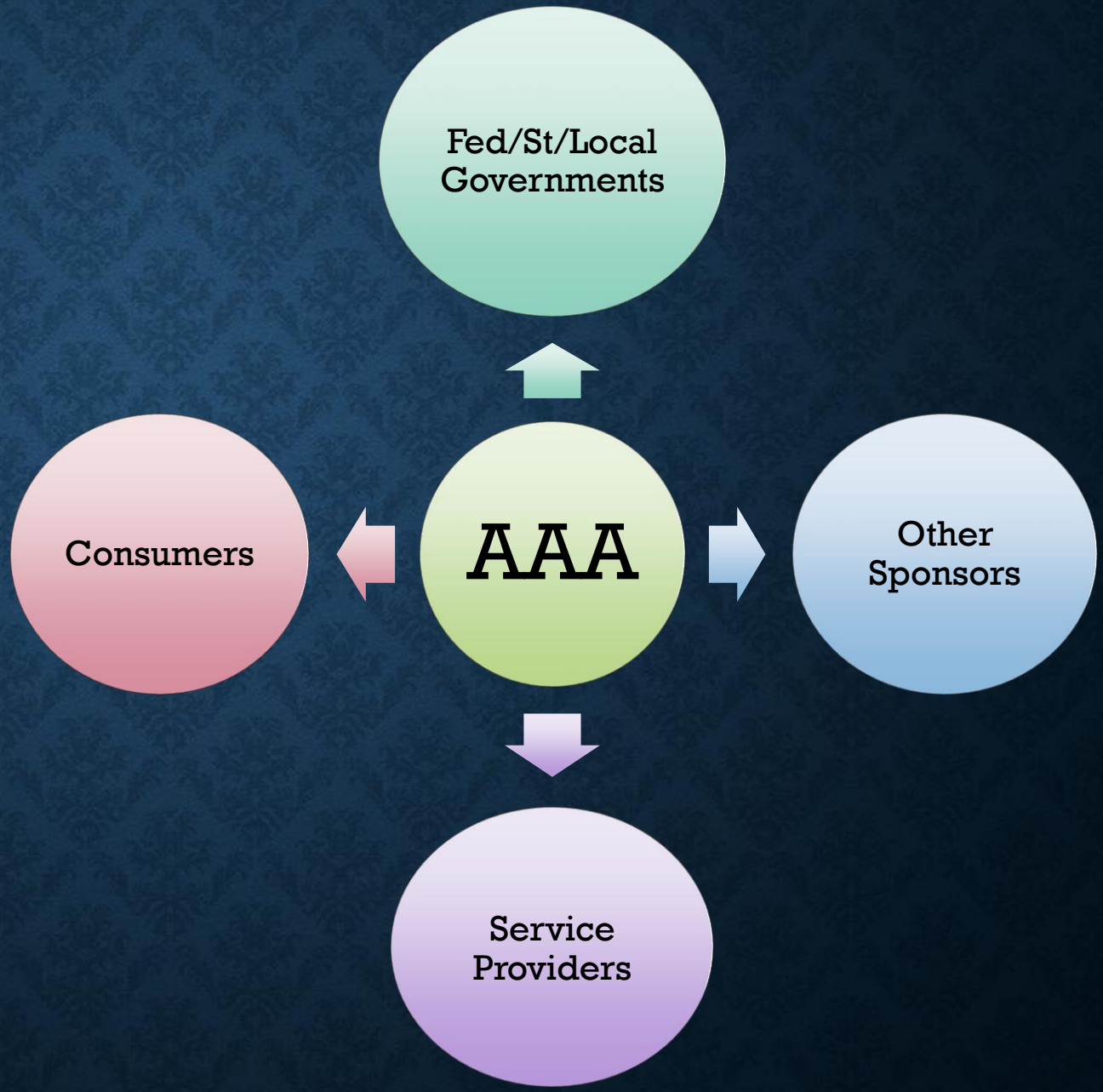
It **reflects** the real human experience.

03

It **reinforces** mission alignment (why we do what we do).

HEESOO

KEY STAKEHOLDERS

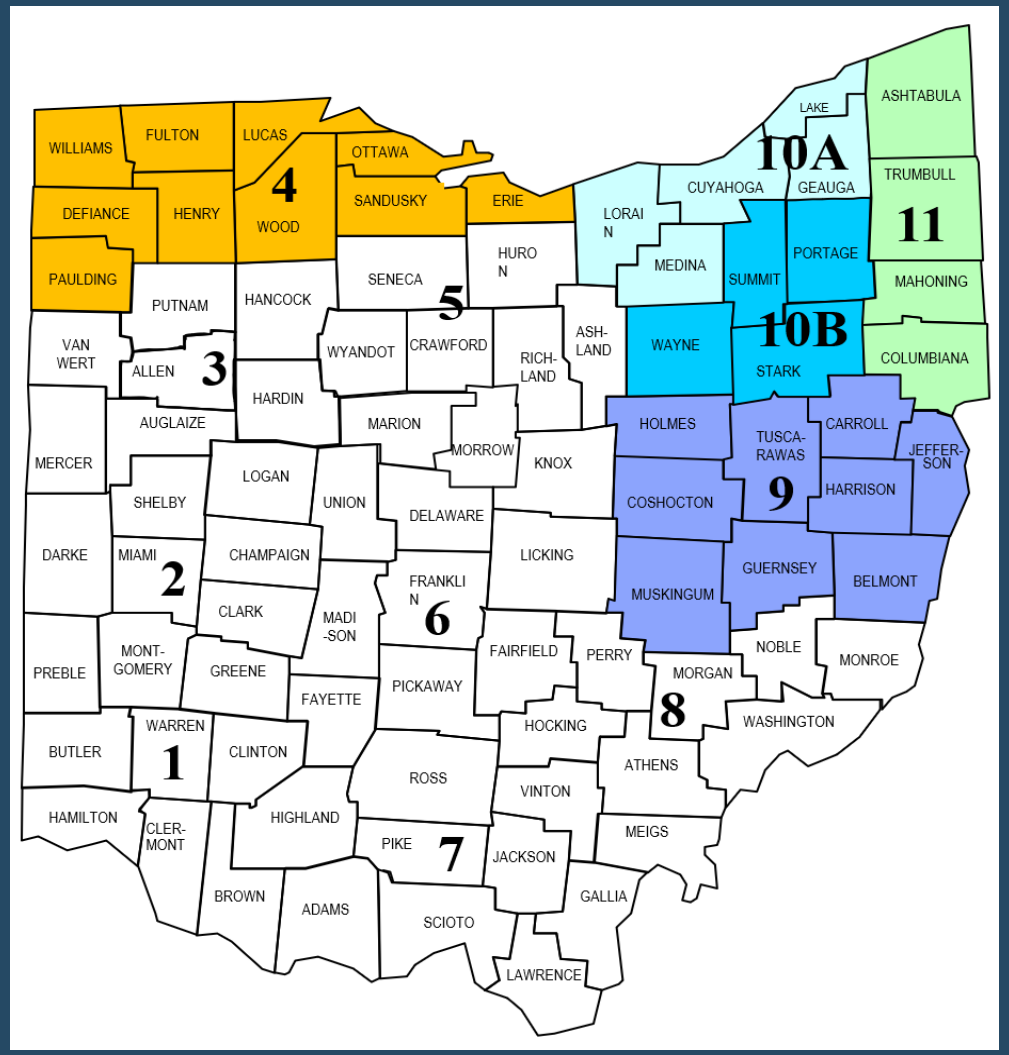


IF YOU CAN'T MEASURE IT, YOU CAN'T IMPROVE IT…

Peter Drucker

SCALE & REACH
OUR OHIO AAA NETWORK

5 Area Agencies on Aging in OH	15+ Programs Evaluated	32 Counties	350,000+ individuals served annually
Started survey since 1998	Urban + Rural + Appalachian coverage	Major metros: Cleveland, Akron/Canton, Toledo and Youngstown	High-growth aging population [85+]



OHIO AREA AGENCIES ON AGING

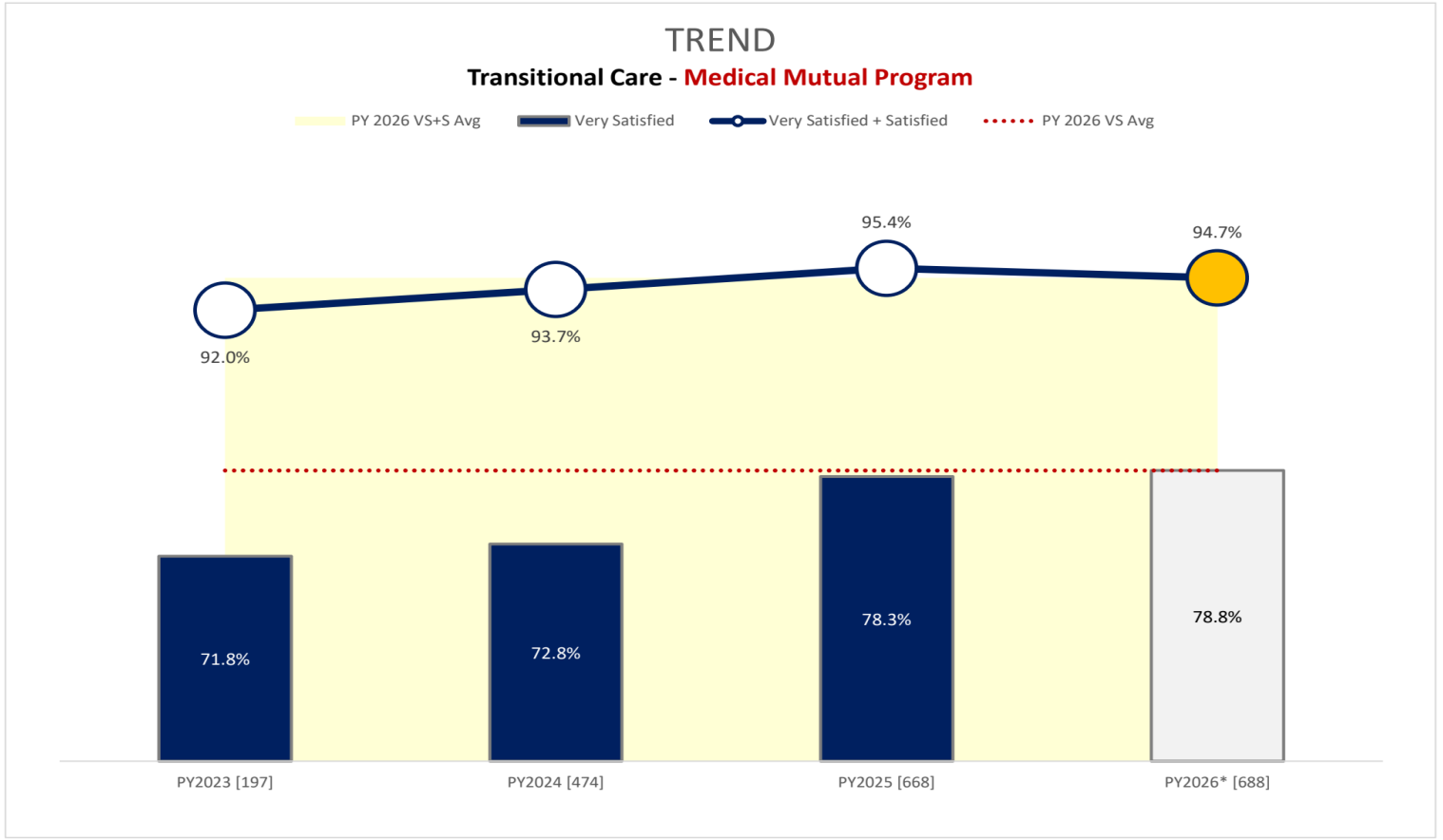
12 IN TOTAL

PROGRAMS SURVEYED [10+]

- Assessment
  - Home, Nursing Facility, Hospital
- Screening
- HCBS Care Management
  - Assisted Living, Care Coordination, PASSPORT
  - MyCare Waiver – Anthem, Buckeye, CareSource, Molina, UnitedHealth
- Elder Rights / Ombudsman
- Provider Relations
- CEU Education/Training
- Acute Care Transitions Program
- Veteran Directed Care Program
- Aging in Place – Summit County
- Nursing Home Quality Improvement Project

STATEWIDE SURVEY

- Acute Care Transitions Program



*As of April 1, 2026. Program Year [PY] 2026 covers survey period between July 2025 and June 2026.

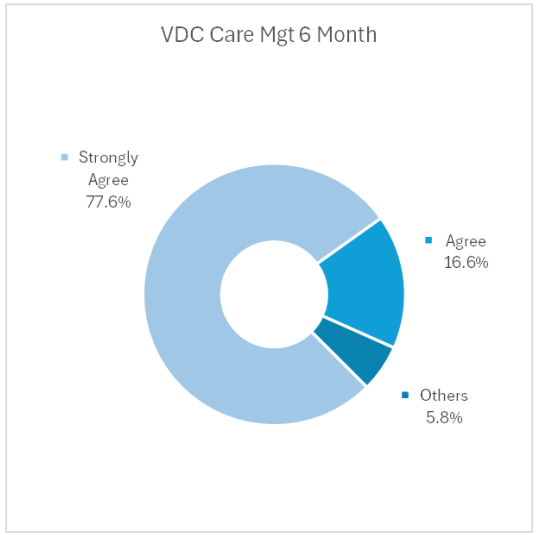
VETERAN DIRECTED CARE PROGRAM

- 3 AAAs in Ohio
- Started since July 2025
- Use the survey tools developed by Hana Research Group & US Dept. of Veterans Affairs
- 3 surveys
  - Assessment [10 questions + Open-ended comment]
  - 6 months Care Management [23 questions + Open-ended comment]
  - 1+ year Care Management [23 questions + Open-ended comment]
- Over 95% of satisfaction on average

VDC CARE MANAGEMENT SURVEY

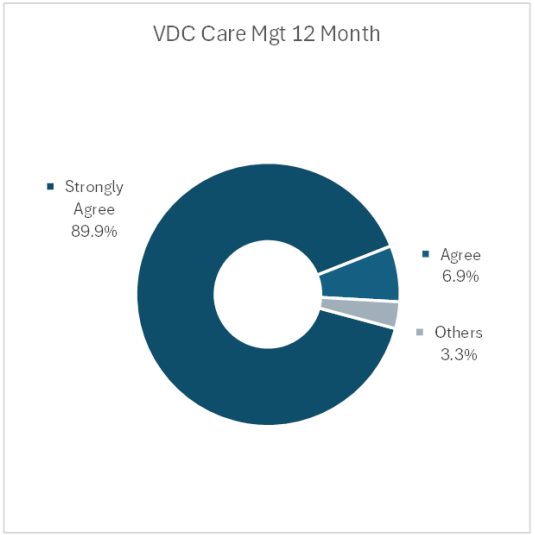
VDC Care Management 6 Mo and 1Yr

SA + A **94.2%**



n= 62

SA + A **96.7%**

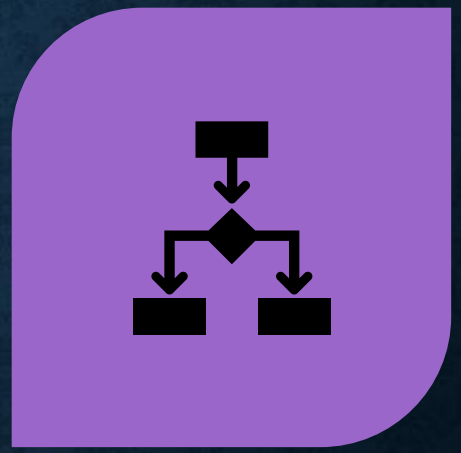


n= 45

SUSTAINED RESULTS

ACHIEVED 95% CLIENT SATISFACTION [VERY SATISFIED + SATISFIED] IN THE PAST 10+ YEARS

POSITIVE IMPROVEMENT OF ‘VERY SATISFIED’ CLIENTS



MAINTAINED CONSISTENTLY OVER MULTIPLE SURVEY PERIODS.

DESIGNING CLIENT SATISFACTION SURVEYS

COMPETENCY

COURTESY

COMPASSION

SURVEY QUESTIONNAIRE

9 Objective Questions

1 Open-ended Comment

SURVEY TYPE

Paper based

Online

Phone

In-person

WHAT WE MEASURE

- **Overall Experience:** The "bottom line" of the interaction.
- **Professionalism & Courtesy:** Was the staff respectful?
- **Skills & Knowledge:** Did they provide accurate info?
- **Responsiveness:** Did they follow up quickly?
- **Recommendation [NPS]**: Would you recommend us to others?

SURVEY RESPONSE BREAKDOWN

Program

Question

Staff

Comments

HOW TO MEASURE?

Previous Yrs → Current Yr → Current Month

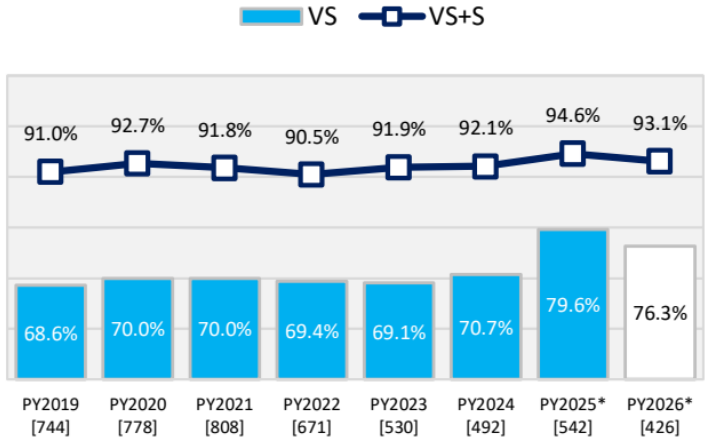
Name	**Teri Sharpe**
Average Score [Samples]	98.2% [197]
Survey Period From	28-Jul-25
Survey Period To	27-Oct-25
Program	Screening

DIRECTION HOME
AKRON CANTON AREA AGENCY ON AGING

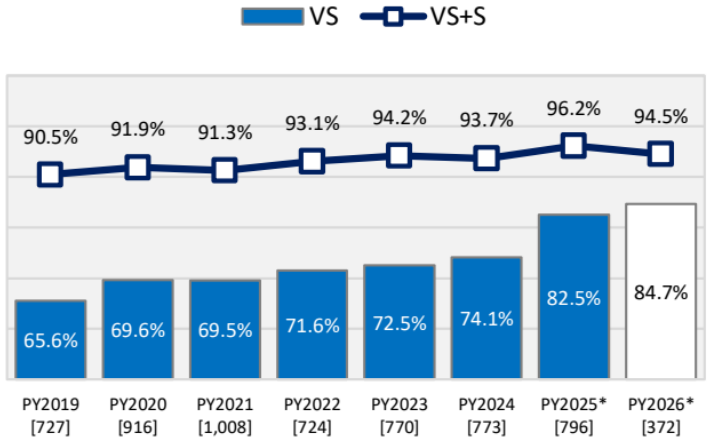
98.2% ①	96.8% ②	96.4% ③	95.0% ⑧
My Score [197]	My Program [1,804]	My Agency [3,436]	Regional Avg [21,511]
97.7% ④	96.1% ⑤	95.7% ⑥	
Last Program Year [602]	Last Program Year [4,543]	Last Program Year [8,816]	
	96.7% ⑦		
	Regional Avg [8,796]		

Trend by Program

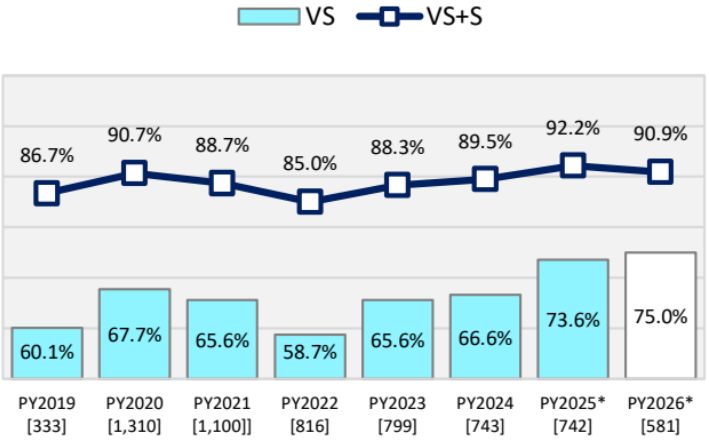
PASSPORT



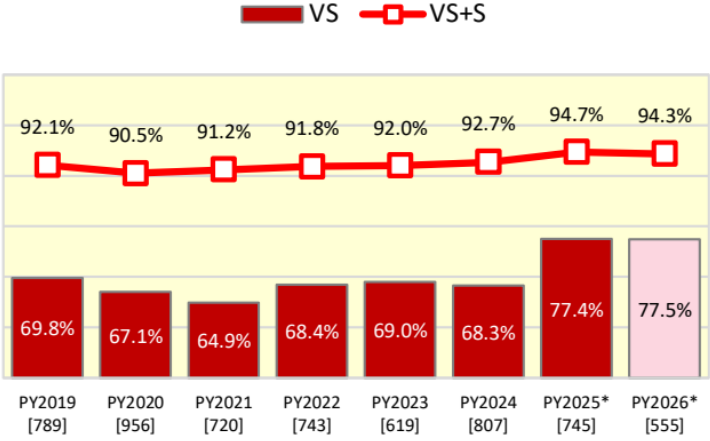
UnitedHealth



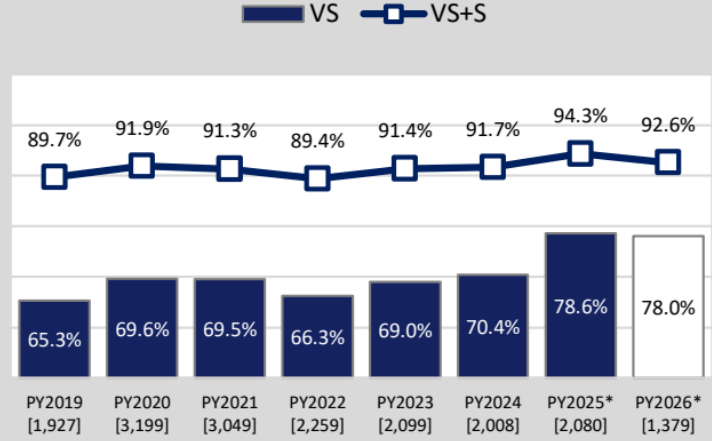
CareSource



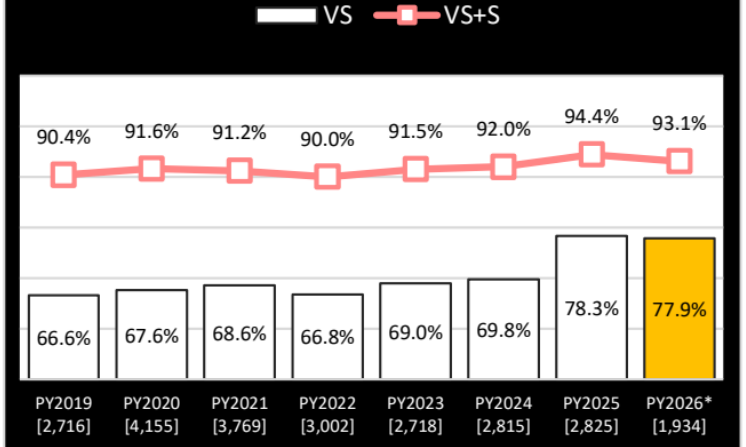
Assessment



LTCM Combined

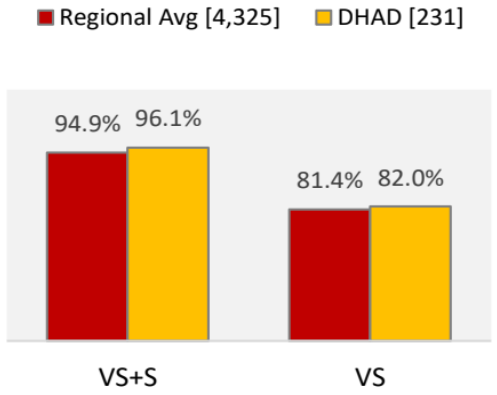


Agencywide Total

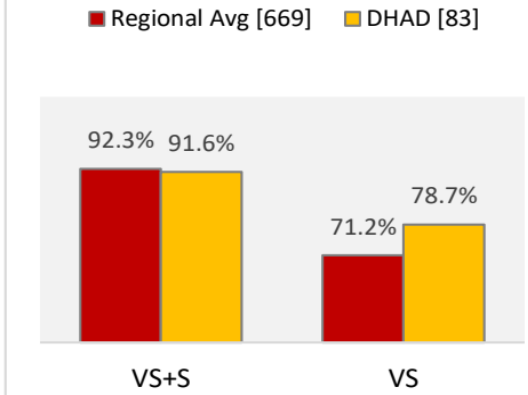


REGIONAL PROFILE

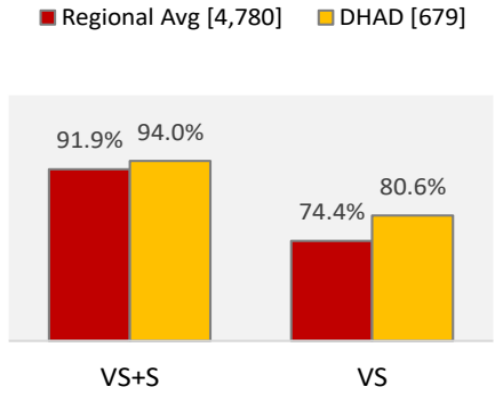
PASSPORT



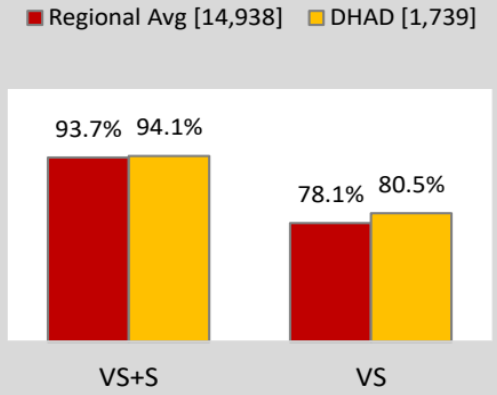
Assisted Living



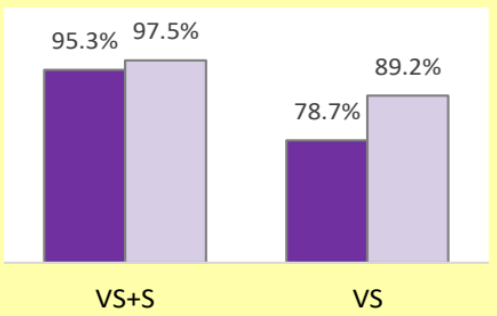
CareSource



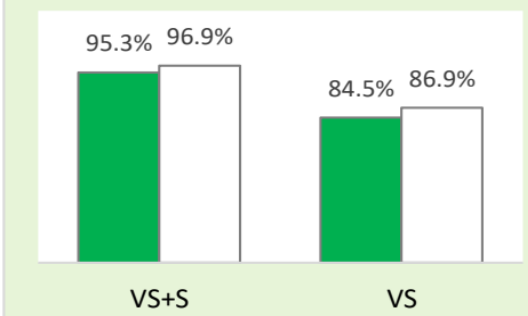
HCBS Combined



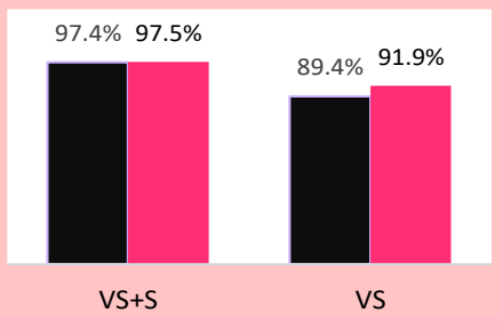
Assessment



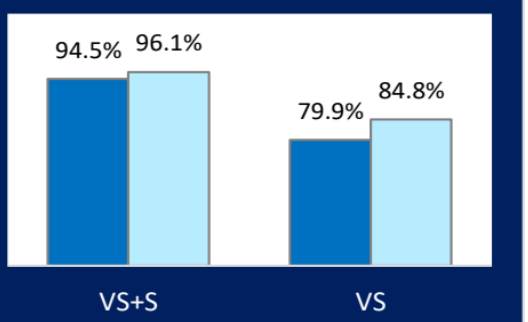
Screening



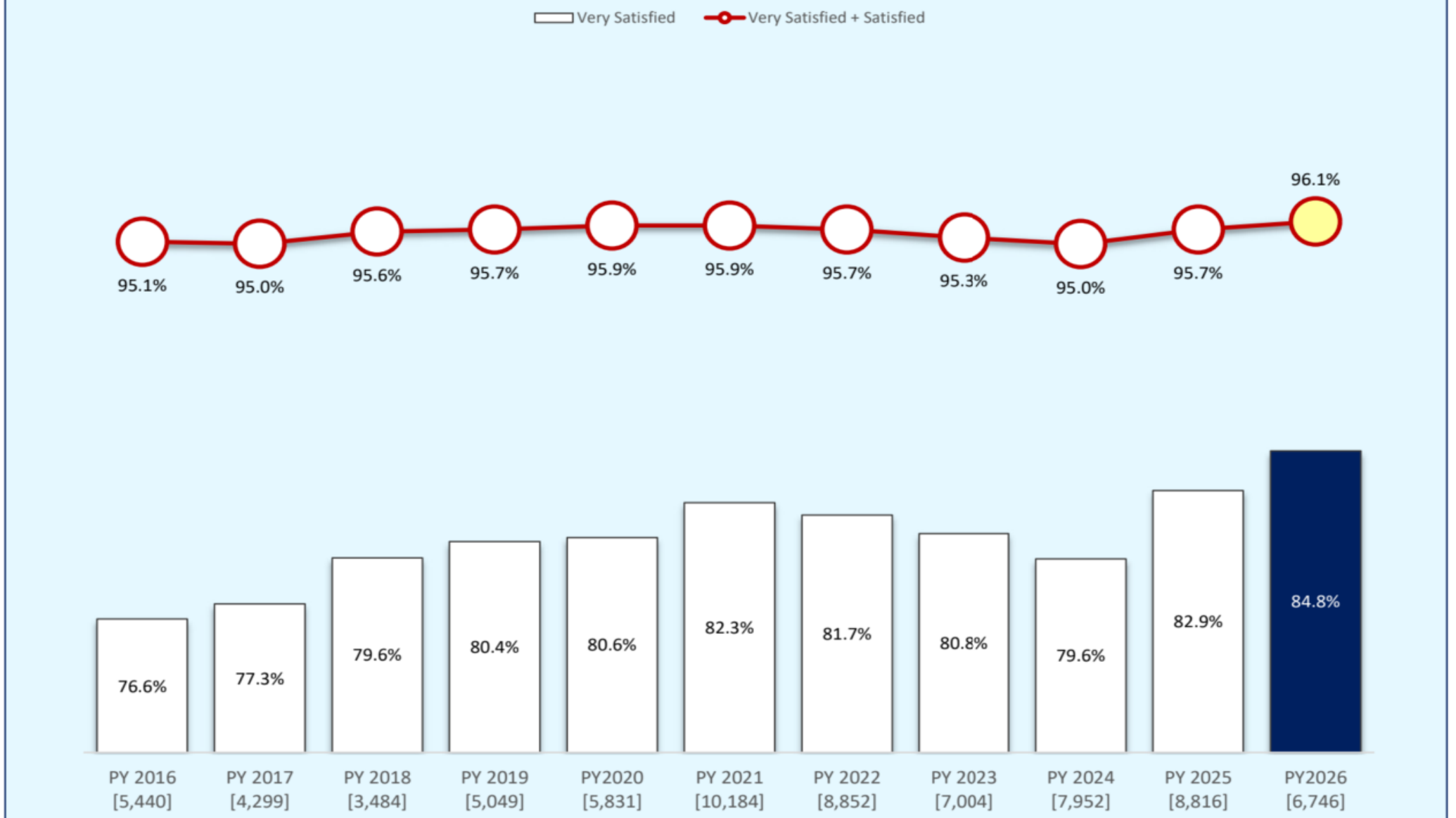
Provider Relations



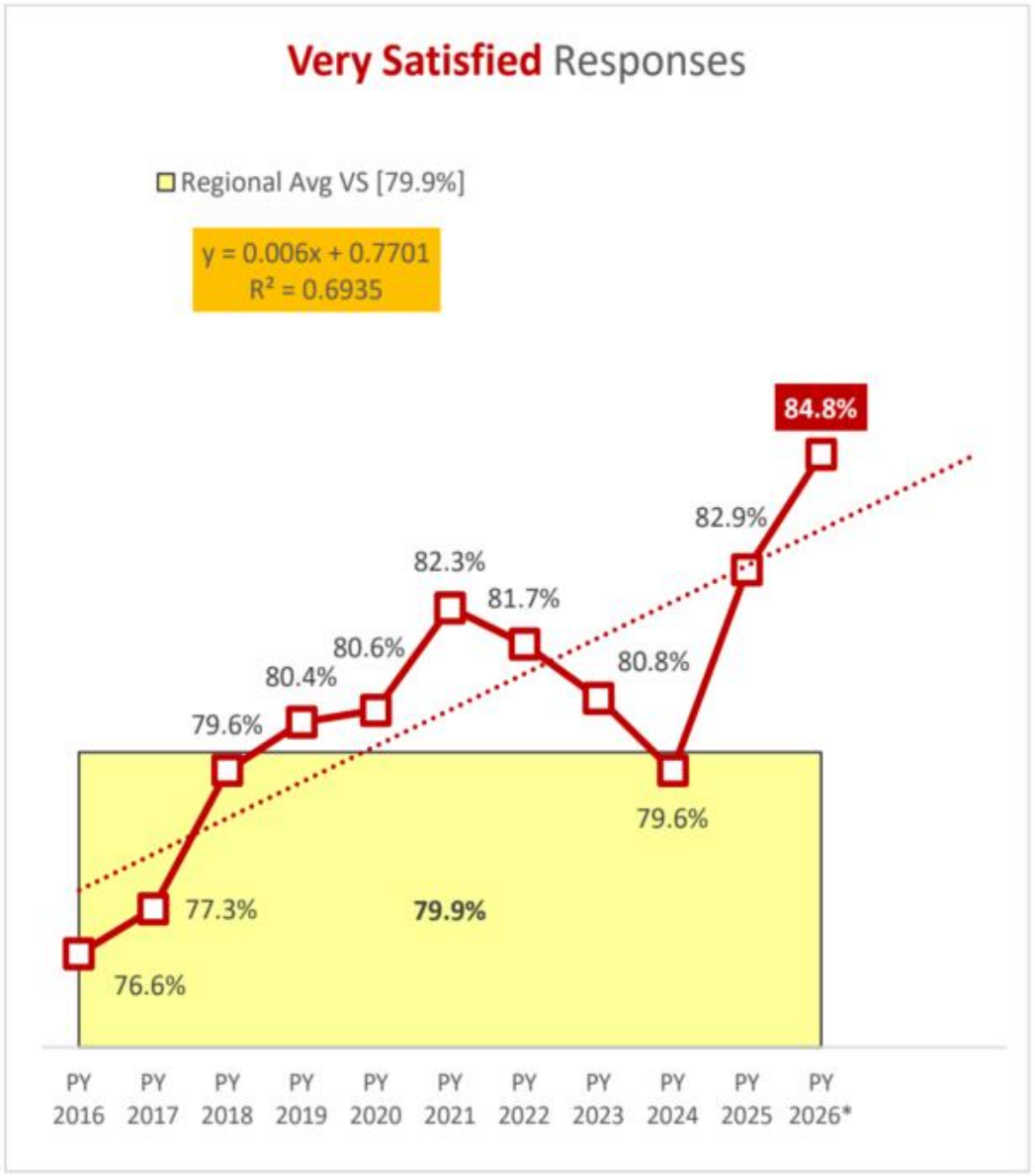
Agencywide Total

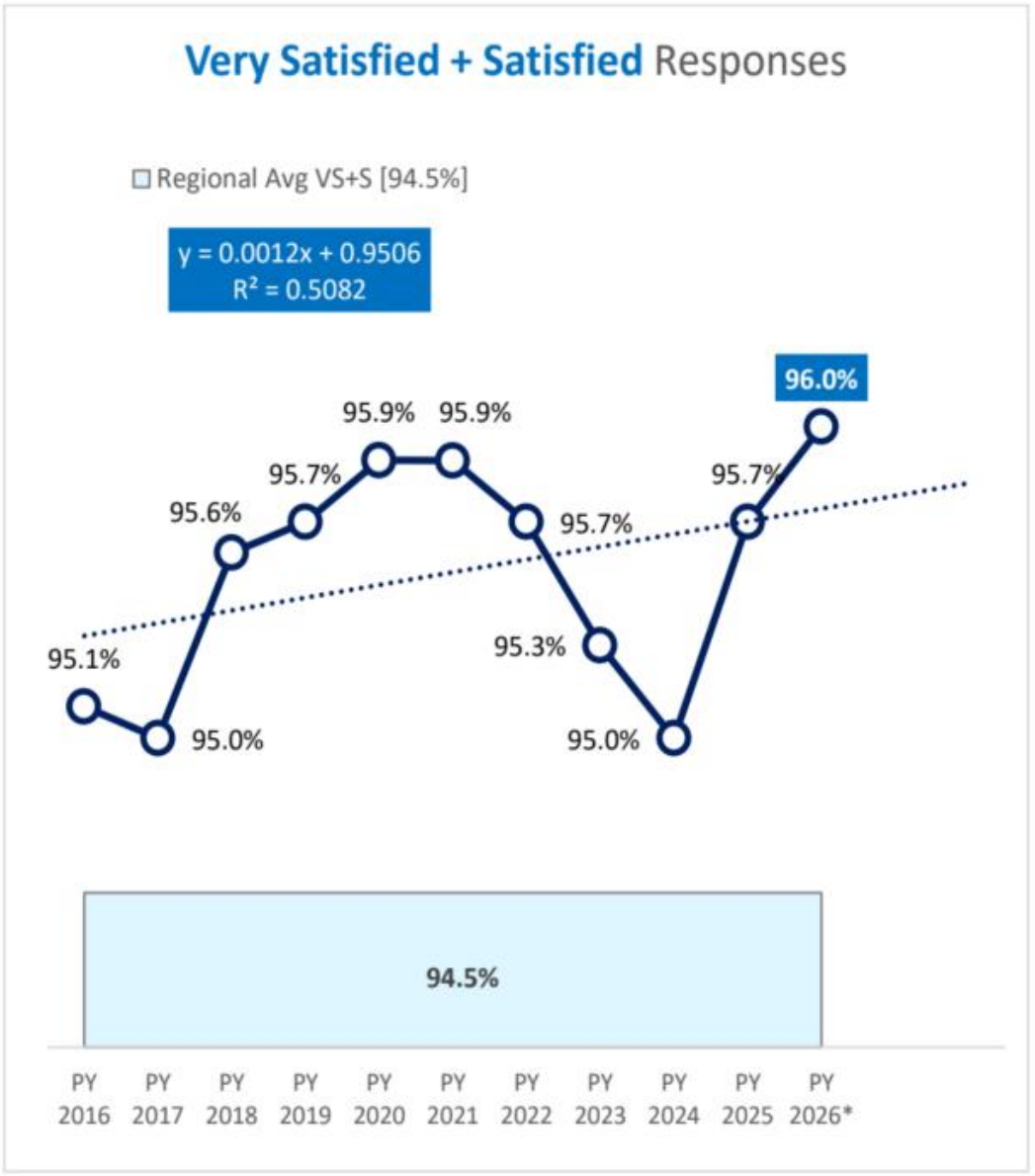


Overall Agencywide Annual Trend



* As of April 1, 2026 Figures in [ ] represent the number of surveys collected.


Very Satisfied Responses
Regional Avg VS [79.9%]
y = 0.006x + 0.7701
R² = 0.6935
84.8%
82.9%
82.3%
81.7%
80.8%
80.6%
80.4%
79.6%
79.6%
77.3%
76.6%
79.9%
PY 2016
PY 2017
PY 2018
PY 2019
PY 2020
PY 2021
PY 2022
PY 2023
PY 2024
PY 2025
PY 2026*


Very Satisfied + Satisfied Responses
Regional Avg VS+S [94.5%]
y = 0.0012x + 0.9506
R² = 0.5082
96.0%
95.9%
95.9%
95.7%
95.7%
95.7%
95.6%
95.3%
95.1%
95.0%
95.0%
94.5%
PY 2016
PY 2017
PY 2018
PY 2019
PY 2020
PY 2021
PY 2022
PY 2023
PY 2024
PY 2025
PY 2026*

OPEN-ENDED COMMENTS

- 4 different types
- 1,682 Comments in PY 2025 from DHAD
- Over 8,000+ Comments from 5 AAAs per year

SUMMARY BY COMMENT TYPE

N=420

Transitional Care Program – Medical Mutual

Direction Home Akron Canton Area Agency on Aging & Disabilities partners with your Health Plan for Care Transitions Services. Your input is crucial in making our **Transitional Care Program** even better.

Please take a moment to share your thoughts about the experience with your Transitions Coach by circling the appropriate number from 1 to 5. Choose 1 if you are 'Very Not Satisfied' and 5 if you are 'Very Satisfied.' If a question doesn't apply to you, simply check 'Not Applicable.'

Your survey is completely anonymous, and we do not require any confidential information. Simply place your completed survey in the enclosed postage-paid envelope and mail it back – no postage is necessary.

Alternatively, you can complete the survey online using the following link:
https://www.surveymonkey.com/r/DHAD-ACT-MMO
or scan this QR Code with your phone camera

Thank you in advance for participating in this important survey.

Erin Lippe
Director of Acute Care Transitions
1-800-421-7277 Ext. 5289
330-899-5289

OPTIONAL

If you wish to be contacted by our staff, please provide your information below and return this page with your completed survey.

Name	
Phone Number	
Email address	

Transition Coach Name: Desiree Boldi

Questions	Very Satisfied	Satisfied	Neutral	Not Satisfied	Very Unsatisfied	Not Applicable
1. Overall, how satisfied were you with the **Transitions Coaching** that took place?	5	4	3	2	1	☐
2. How satisfied were you that the **Transition Coach** took the time to discuss your personal health goals?	5	4	3	2	1	☐
3. How satisfied were you that the **Transition Coach** had the knowledge to help you manage your health more effectively?	5	4	3	2	1	☐
4. How satisfied were you that the **Transition Coach** cared about helping you understand how to manage your health concerns?	5	4	3	2	1	☐
5. How satisfied were you with the time the **Transition Coach** took to listen and understand your concerns?	5	4	3	2	1	☐
6. How satisfied were you that the **tools provided** will help you to keep track of your health information, medications and questions for your doctor?	5	4	3	2	1	☐
7. How satisfied were you with the communication from your **Transition Coach**?	5	4	3	2	1	☐

Questions	Very Likely	Likely	Neutral	Not Likely	Very Not Likely	Not Applicable
8. How likely are you to recommend the **Transitions Program** to your family or friends after a hospital stay?	5	4	3	2	1	☐

Transition Coach Name: Desiree Boldi

Please share any additional comments you may have in the space below.

Desiree is always a delight and she took time with my husband and he, actually we enjoyed the time with her. She was helpful, Kind and respectful. We love her.

On a sad note.
My husband died within hours of her visit.
When she was here he was up talking and laughing, we enjoyed our last evening together and she was here for that.
His passing was unexpected and my heart is broken, but Desiree made it such a beautiful last day.

Ronnie.

Thank you very much!
Please mail it promptly in the envelope that came with this survey to:
The Hana Research Group
P.O. Box 159 ■ Norristown, PA 19408

“Desiree Boldi is always a delight, and she took time with my husband and actually we enjoyed the time with her. She was helpful, kind and respectful. We love her.

On a sad note, my husband died within hours of her visit.

When she was here, he was up talking and laughing. We enjoyed our last evening together and she was here for that.

His passing was unexpected and my heart is broken, but Desiree made it such a beautiful last day.”

CHALLENGES & MITIGATION

Resistance → include staff early, pilot, ensure transparency

Small sample sizes → use rolling windows and aggregation

Survey fatigue → short surveys, sampling rotation

ENSURING

SURVEY RELIABILITY & RESPONSE RATES

Standardize administration mode (phone/mail/online)

Consider third-party to reduce bias

Avoid over-surveying; use rotating samples

Dashboards √

Reports √

Scorecards √

Behavior Change ×

FROM MEASURED → MEANINGFUL

We didn't see real change
until we connected **KPIs** to **motivation**.

MEASUREMENT DIDN'T CHANGE BEHAVIOR

MOTIVATION DID

I + M = T

THE IMPACT EQUATION

Indicators + Motivation = Transformation

KPIs

Incentives

Culture

BECKY

PERFORMANCE INCENTIVE PROGRAM

Began in 1998

Created to align with our mission and vision

Performance goals are over and above contractual obligations


EACH OF US HAS AN IMPACT!

FROM GOALS TO INCENTIVE

Setting performance goals :
Goals reflect consumer-focused quality measures staff can influence.

Review and approval:
Goals are reviewed by DHAD leadership, recommended to the board committees, and approved by full board annually

FROM GOALS TO INCENTIVE

CONTINUED

Performance period:
July 1 – June 30,
performance reviewed
monthly at all staff meetings

Division-level goals: Payout tied to achieving specified targets within each division

FROM GOALS TO INCENTIVE

CONTINUED

Agency-wide achievement:
All goals weighted equally in overall calculation

Performance scale:
Threshold → Target → Optimal

Payout varies by level:
e.g., line staff at 5% of eligible salary × Agency %

TYPES OF PERFORMANCE GOALS

Total Number

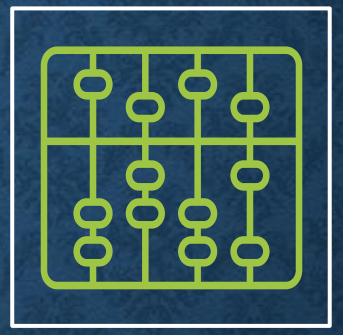
Obtain additional revenue opportunities

Increase number of community members served

Increase PP and AL enrollments

Increase referrals

Increase quality improvement activities



Overall Percentage

Satisfaction surveys

Ombudsman presence

Reduction in enrollees discharged due to nursing home placement

Reduce hospital readmissions

THRESHOLD TO OPTIMAL

Threshold: Lowest point of the goal range (0% payout)

Optimal: Top of the goal range (100% payout)

Above Threshold: Earns a percentage of the available payout

Scale: Payout scales proportionally between Threshold (0%) and Optimal (100%)

EXAMPLE

- July 1, 2024 – June 30, 2025
- Aging & Disability Resource Center [ADRC]

Goal Desc	Threshold	Target	Optimal	Actual	% of Indicator	Overall Possible Weight	Overall Actual Agency
Increase PP & AL Enrollments from Tracking Log	992	1,022	1,042	**1,127**	100.0%	5.5%	**5.5%**
Assessment Client Satisfaction Survey	90.0%	94.8%	99.6%	**96.3%**	65.3%	5.5%	**3.6%**
Screening Client Satisfaction Survey	90.0%	95.0%	100.0%	**96.1%**	61.0%	5.5%	**3.4%**
Increase Online Referrals to the ADRC	4,875	5,021	5,119	**6,678**	100.0%	5.5%	**5.5%**

INCENTIVE PLAN CHECKLIST

- Set payout date: Typically, late August
- Confirm goal provenance: All divisions, collected monthly
- Complete AUP: Corporate auditor performs Agreed Upon Procedures
- HR approval: AUP submitted to HR committee for review
- Submit payroll: Process incentive payments

THE IMPACT EQUATION

KPIs + Motivation = Transformation

WHAT YOU CAN DO NEXT

Identify one KPI
that isn't driving behavior.

Redesign it
for clarity and impact.

Share the new vision
with your team within **30 days.**

KEY TAKEAWAYS

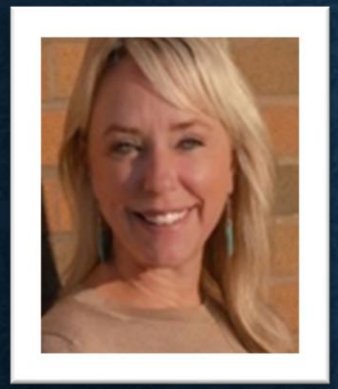
Measure what matters, fairly and transparently

Combine client voice with robust process/ outcome metrics

Incentives work when ethical, piloted, and transparent


Measure What Matters.
Reward What Matters.
Share What Matters.

Q & A



Becky Newman

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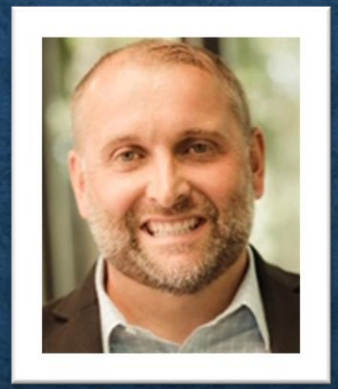

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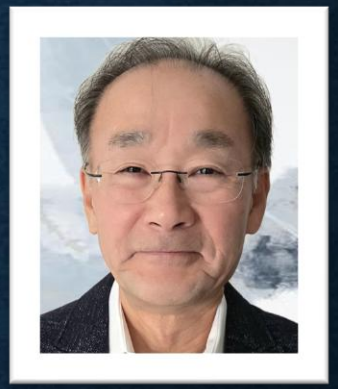

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