Excerpts from the
Baldrige Healthcare Criteria for Performance Excellence

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Externals are articles, chapters, other documents or excerpts thereof that have been previously published elsewhere. They are reprinted in *EMSMJ* in an effort to bring important information from other sources to *EMSMJ* readers. Most of the content in this article has been excerpted from the Malcolm Baldrige Criteria for Healthcare Performance Excellence document.

EMS systems, provider organizations, regulatory agencies, institutional EMS clients, and the governmental bodies who have ultimate responsibility for EMS in their communities have a common need: to assure access and delivery of EMS in a safe, effective and efficient manner. To this end, the EMS Division of the National Highway Traffic Safety Administration, the lead Federal agency for EMS in the United States, worked with a diverse group of EMS community representatives and topic experts to develop a framework that could be used to assess and improve the quality of EMS. They discovered that the Baldrige Criteria for Healthcare Performance Excellence (BCHPE) would meet that need. They consequently used it as the basis for developing the Leadership Guide to Quality Improvement of EMS Systems. Despite its release several years ago, it seems that awareness and utilization of the Leadership Guide and BHCPE remains quite low. To help develop a broader awareness and understanding of the BCHPE, the following article provides major excerpts from the 2003 Criteria for Healthcare Performance Excellence document produced by the Baldrige National Quality Program at the U.S. Department of Commerce's National Institute for Standards and Testing (NIST). Readers should also note that the National EMS Management Association has established a Baldrige Committee for the purpose of creating an EMS industry specific version of the BCHPE that would work in much the same way that most of the states have established state-level Baldrige criteria and recognition processes.

The following content is excerpted from the 2003 Malcolm Baldrige Criteria for Healthcare Performance Excellence:

HEALTH CARE CRITERIA FOR PERFORMANCE EXCELLENCE GOALS

The Health Care Criteria are designed to help organizations use an integrated approach to organizational performance management that results in:
- delivery of ever-improving value to patients and other customers, contributing to improved health care quality
- improvement of overall organizational effectiveness and capabilities as a health care provider
- organizational and personal learning

CORE VALUES AND CONCEPTS

The Health Care Criteria are built upon the following set of interrelated Core Values and Concepts:
- visionary leadership
- patient-focused excellence
- organizational and personal learning
- valuing staff and partners
- agility
- focus on the future
- managing for innovation
- management by fact
- social responsibility and community health
- focus on results and creating value
- systems perspective

These values and concepts, described below, are embedded beliefs and behaviors found in high-performing organizations. They are the foundation for integrating key organizational requirements within a results-oriented framework that creates a basis for action and feedback.

VISIONARY LEADERSHIP

An organization's senior leaders (administrative and health care provider leaders) should set directions and create a patient focus, clear and visible values, and high expectations.

The directions, values, and expectations should balance the needs of all your stakeholders. Your leaders should ensure the creation of strategies, systems, and methods for achieving excellence in health care, stimulating innovation, and building knowledge and capabilities. The values and strategies should help guide all activities and decisions of your organization. Senior leaders should inspire and motivate your entire staff and should encourage all staff to contribute, to develop and learn, to be innovative, and to be creative. Senior leaders should be responsible to your organization's governance body for their actions and performance. The governance body should be responsible ultimately to all your stakeholders for the ethics, vision, actions, and performance of your organization and its senior leaders.

Senior leaders should serve as role models through their ethical behavior and their personal involvement in planning, communications, coaching, development of future leaders, review of organizational performance, and staff recognition. As role models, they can reinforce ethics, values, and expectations while building leadership, commitment, and

initiative throughout your organization.

PATIENT-FOCUSED EXCELLENCE

The delivery of health care services must be patient focused. Quality and performance are the key components in determining patient satisfaction. All attributes of patient care delivery (including those not directly related to medical/clinical services) factor into the judgment of satisfaction and value. Satisfaction and value to patients are key considerations for other customers as well. Patient-focused excellence has both current and future components: understanding today's patient desires and anticipating future patient desires and health care marketplace offerings.

Value and satisfaction may be influenced by many factors during a patient's experience participating in health care. Primary among these factors is an expectation that patient safety will be ensured throughout the health care delivery process. Additional factors include a clear understanding of likely health and functional status outcomes, as well as the patient's relationship with the health care provider and ancillary staff, cost, responsiveness, and continuing care and attention. For many patients, the ability to participate in making decisions on their health care is considered an important factor. This requires patient education for an informed decision. Charac-

teristics that differentiate one provider from another also contribute to the sense of being patient focused. Patient-focused excellence is thus a strategic concept. It is directed toward obtaining and retaining patient loyalty, referral of new patients, and market share gain in competitive markets. Patient-focused excellence thus demands rapid and flexible response to emerging patient desires and healthcare marketplace requirements, and measurement of the factors that drive patient satisfaction. Patient-focused excellence also demands awareness of new technology and new modalities for delivery of health care services.

ORGANIZATIONAL AND PERSONAL LEARNING

Achieving the highest levels of performance requires a well executed approach to organizational and personal learning. Organizational learning includes both continuous improvement of existing approaches and adaptation to change, leading to new goals and/or approaches. Learning needs to be embedded in the way your organization operates. This means that learning (1) is a regular part of daily work; (2) is practiced at

personal, department/work unit, and organizational levels; (3) results in solving problems at their source ("root cause"); (4) is focused on sharing knowledge throughout your organization; and (5) is driven by opportunities to effect significant change and to do better. Sources for learning include staff ideas, health care research findings, patients' and other customers' input, best practice sharing, and benchmarking.

Organizational learning can result in (1) enhancing value to patients through new and improved patient care services; (2) developing new health care opportunities; (3) reducing errors, defects, waste, and related costs; (4) improving responsiveness and cycle time performance; (5) increasing productivity and effectiveness in the use of all resources throughout your organization; and (6) enhancing your organization's performance in building community health and fulfilling its societal responsibilities.

Staff success depends increasingly on having opportunities for personal learning and practicing new skills. Organizations invest in personal learning through education, training, and other opportunities for continuing growth. Such opportunities might include job rotation and increased pay for demonstrated knowledge and skills. On-the-job training offers a cost-effective way to train and to better link training to your organizational needs and priorities. For health care providers, personal learning includes building discipline knowledge, discipline retraining to adjust to a changing health care environment, and enhancing knowledge of measurement systems influencing outcome assessments and clinical guidelines, decision trees, or critical pathways. Education and training programs may benefit from advanced technologies, such as computer- and Internet-based learning and satellite broadcasts.

Personal learning can result in (1) more satisfied and versatile staff who stay with the organization, (2) organizational cross-functional learning, and (3) an improved environment for innovation. Thus, learning is directed not only toward better health care services but also toward being more responsive, adaptive, and efficient—giving your organization health care marketplace sustainability and performance advantages.

VALUING STAFF AND PARTNERS

An organization's success depends increasingly on the knowledge, skills, creativity, and motivation of its staff and partners.

Valuing staff means committing to their satisfaction, development, and well-being. Increasingly, this involves more flexible, high-performance work practices tailored to staff with diverse workplace and home life needs. Major challenges in the area of valuing staff include (1) demonstrating your leaders' commitment to your staff's success, (2) recognition that goes beyond the regular compensation system, (3) development and progression within your organization, (4) sharing your organization's knowledge so your staff can better serve your patients and other customers and contribute to achieving your strategic objectives, and (5) creating an environment that encourages appropriate risk taking.

Organizations need to build internal and external partnerships to better accomplish overall goals. Internal partnerships might include cooperation between health care providers and other staff, and labor-management cooperation, such as agreements with unions. Partnerships with staff might entail staff development, cross-training, or new work organizations, such as high-performance work teams. Internal partnerships also might involve creating network relationships among your departments/work units to improve flexibility, responsiveness, and knowledge sharing and to develop processes that better follow patient care and needs.

External partnerships might be with customers, suppliers, business associations, third-party payors, community and social service organizations, and other health care providers. Strategic partnerships or alliances are increasingly important kinds of external partnerships. Such partnerships with other health care organizations could result in referrals or in shared facilities that are either capital intensive or require unique and scarce expertise. Also, partnerships might permit the blending of your organization's core competencies or leadership capabilities with the complementary strengths and capabilities of partners.

Successful internal and external partnerships develop longer-term objectives, thereby creating a basis for mutual investments and respect. Partners should address the key requirements for success, means for regular communication, approaches to evaluating progress, and means for adapting to changing conditions. In some cases, joint education and training could offer a cost-effective method for staff development.

AGILITY

Success in today's health care environment demands agility—a capacity for rapid change and flexibility. All aspects of electronic communication and information transfer require and enable more rapid, flexible, and customized responses. Health care providers face ever shorter cycles for the introduction of new/improved health care services, as well as for faster and more flexible response to patients and other customers. Major improvements in response time often require simplification of work units and processes and/or the ability for rapid changeover from one process to another. Cross-trained and empowered staff are vital assets in such a demanding environment.

Today's health care environment places a heavy burden on the timely design of health care delivery systems, disease prevention programs, health promotion programs, and effective and efficient diagnostic and treatment systems. Overall design must include the opportunity to learn for continuous organizational improvement and must value the individual needs of patients. Design also must include effective means for gauging improvement of health status—for patients and populations/communities. Beneficial changes must be introduced at the earliest appropriate opportunity.

All aspects of time performance now are more critical, and cycle time has become a key process measure. Other important benefits can be derived from this focus on time; time improvements often drive simultaneous improvements in organization, quality, cost, patient focus, and productivity.

FOCUS ON THE FUTURE

In today's health care environment, a focus on the future requires understanding the short- and longer-term factors that affect your organization and health care marketplace. Pursuit of health care excellence requires a strong future orientation and a willingness to make long-term commitments to key stakeholders—patients and families, staff, communities, employers, payors, health profession students, and suppliers and partners. Your organization's planning should anticipate many factors, such as changes in health

care delivery systems, resource availability, patient and other stakeholder expectations, technological developments, new partnering opportunities, the evolving importance of electronic communication and information transfer, evolving regulatory requirements, community and societal expectations, and new thrusts by competitors and other organizations providing similar

services. Strategic objectives and resource allocations need to accommodate these influences. A focus on the future includes developing staff and suppliers, creating opportunities for innovation, and anticipating public responsibilities.

A major long-term investment associated with health care excellence is the investment in creating and sustaining an assessment system focused on health care outcomes. This entails becoming familiar with research findings and ongoing application of assessment methods.

MANAGING FOR INNOVATION

Innovation means making meaningful change to improve an organization's services and processes and to create new value for the organization's stakeholders. Innovation should lead your organization to new dimensions of performance. Innovation is no longer strictly the purview of health care researchers; innovation is important for all aspects of your organizational performance and all processes. Organizations should be led and managed so that innovation becomes part of the culture and is integrated into daily work.

MANAGEMENT BY FACT

An effective health care service and administrative management system depends on the measurement and analysis of performance. Such measurements should derive from health care service needs and strategy, and they should provide critical data and information about key processes, outputs, and results. Many types of data and information are needed for performance management. Performance measurement should include information on health care outcomes; community health; epidemiological data; critical pathways and practice guidelines; administrative, payor, staff, cost, and financial performance; competitive comparisons; and customer satisfaction.

Analysis refers to extracting larger meaning from data and information to support evaluation, decision making, and operational improvement. Analysis entails using data to determine trends, projections, and cause and effect that might not otherwise be evident. Analysis supports a variety of purposes, such as planning, reviewing your overall performance, improving operations, change management, and comparing your performance with competitors', similar health care organizations', or with "best practices" benchmarks.

A major consideration in performance improvement and change management involves the selection and use of performance measures or indicators. *The measures or indicators you select should best represent the factors that lead to improved health care outcomes; improved customer, operational, and financial performance; and healthier communities. A comprehensive set of measures or indicators tied to patient/customer and/or organizational performance requirements represents a clear basis for aligning all processes with your organization's goals.* Through the analysis of data from your tracking processes, your measures or indicators themselves may be evaluated and changed to better support your goals.

SOCIAL RESPONSIBILITY AND COMMUNITY HEALTH

A health care organization's leaders should stress responsibilities to the public, ethical behavior, and the need to foster improved community health. Leaders should be role models for your organization in focusing on ethics and the protection of public health, safety, and the environment. Protection of health, safety, and the environment includes any impact of your organization's operations. Also, organizations should emphasize resource conservation and waste reduction at the source.

Planning should anticipate adverse impacts that may arise in facilities management, as well as use and disposal of radiation, chemicals, and biohazards. Effective Planning should prevent problems, provide for a forthright response if problems occur, and make available information and support needed to maintain public awareness, safety, and confidence.

Organizations should not only meet all local, state, and federal laws and regulatory and accreditation requirements, but they should treat these and related requirements as opportunities

for improvement "beyond mere compliance." Organizations should stress ethical behavior in all stakeholder transactions and interactions. Highly ethical conduct should be a requirement of and should be monitored by the organization's governance body. Ethical practices need to consider nondiscriminatory patient treatment policies and protection of patients' rights and privacy. Public health services and supporting the general health of the community are important citizenship responsibilities of health care organizations. Practicing good citizenship refers to leadership in carrying out these responsibilities—within the limits of an organization's resources—and includes influencing other organizations, private and public, to partner for these purposes. For example, your organization might lead or participate in efforts to establish free clinics or indigent care programs, to increase public health awareness programs, or to foster neighborhood services for the elderly. A leadership role also could include helping to define regional or national health care issues for action by regional or national networks or associations. Managing social responsibility requires the use of appropriate measures and leadership responsibility for those measures.

Focus on Results and Creating Value

An organization's performance measurements need to focus on key results. Results should be used to create and balance value for your key stakeholders—patients, their families, staff, the community, payors, businesses, health profession students, suppliers and partners, investors, and the public. By creating value for your key stakeholders, your organization builds loyalty and contributes to the community. To meet the sometimes conflicting and changing aims that balancing value implies, organizational strategy should explicitly include key stakeholder requirements. This will help ensure that actions and plans meet differing stakeholder needs and avoid adverse impacts on any stakeholders. The use of a balanced composite of leading and lagging performance measures offers an effective means to communicate short- and longer-term priorities, monitor actual performance, and provide a clear basis for improving results.

Systems Perspective

The Baldrige Health Care Criteria provide a systems perspective for managing your organization to achieve performance excellence. The Core Values and the seven Baldrige Categories form the building blocks and the integrating mechanism for the system. However, successful management of overall performance requires organization specific synthesis, alignment, and integration. Synthesis means looking at your organization as a whole and builds upon key organizational requirements, including your strategic objectives and action plans. Alignment means using the key linkages among requirements given in the Baldrige Categories to ensure consistency of plans, processes, measures, and actions. Integration means the individual components of your performance management system operate in a fully interconnected manner.

These concepts are depicted in the Baldrige framework on page 5. A systems perspective includes your senior leaders' focus on strategic directions and on your patients and other customers. It means that your senior leaders monitor, respond to, and manage performance based on your organizational results. A systems perspective also includes using your measures and indicators to link your key strategies with your key processes and align your resources to improve overall performance and satisfy patients and other customers.

Thus, a systems perspective means managing your whole organization, as well as its components, to achieve success.

LINKAGE OF THE HEALTH CARE CRITERIA TO THE BALDRIGE BUSINESS SECTOR CRITERIA

The 2003 Health Care Criteria incorporate the Core Values and Concepts described above and are built upon the seven-part framework used in the Business Criteria for Performance Excellence. The rationale for the use of the same framework is that it is adaptable to the requirements of

all organizations, including health care organizations. However, this adaptation does not assume that these requirements are necessarily addressed in the same way. This adaptation to health care, then, is largely a translation of the language and basic concepts of business excellence to similarly important concepts in health care excellence. A major practical benefit derived from using a common framework for all sectors of the economy is that it fosters cross-sector cooperation and sharing of best practices information.

HEALTH CARE CRITERIA FOR PERFORMANCE EXCELLENCE FRAMEWORK

The Core Values and Concepts are embodied in seven Categories, as follows:
1. Leadership
2. Strategic Planning
3. Focus on Patients, Other Customers, and Markets
4. Measurement, Analysis, and Knowledge Management
5. Staff Focus
6. Process Management
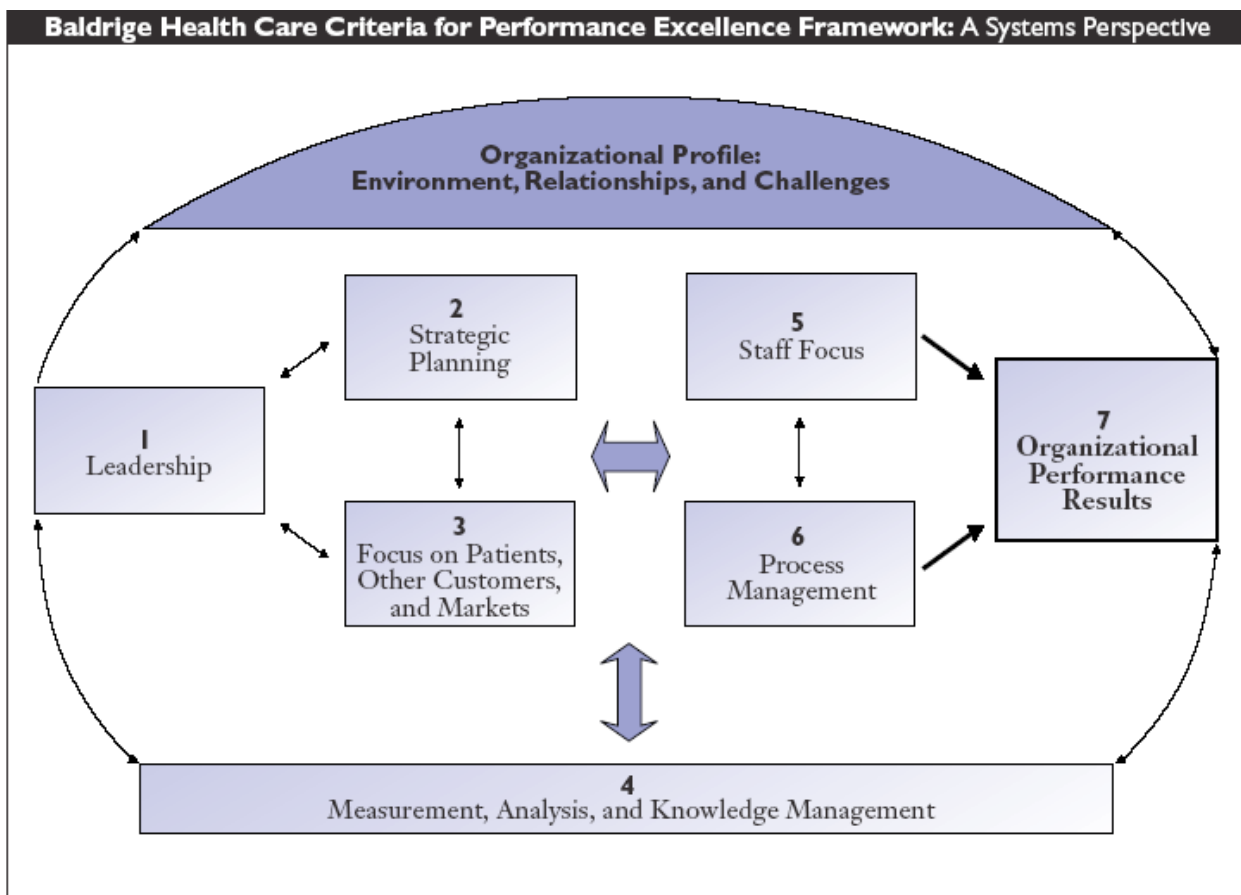7. Organizational Performance Results

Figure 1 – Baldrige categories framework

Figure 1 provides the framework connecting and integrating the Categories. From top to bottom, the framework has the following basic elements.

ORGANIZATIONAL PROFILE

Your Organizational Profile (top of figure) sets the context for the way your organization operates. Your environment, key working relationships, and strategic challenges serve as an overarching guide for your organizational performance management system.

SYSTEM OPERATIONS

The system operations are composed of the six Baldrige Categories in the center of the figure that define your operations and the results you can achieve.

Leadership (Category 1), Strategic Planning (Category 2), and Focus on Patients, Other Customers, and Markets (Category 3) represent the leadership triad. These Categories are placed together to emphasize the importance of a leadership focus on strategy and patients/customers. Senior leaders set your organizational direction and seek future opportunities for your organization.

Staff Focus (Category 5), Process Management (Category 6), and Organizational Performance Results (Category 7) represent the results triad. Your organization's staff and its key processes accomplish the work of the organization that yields your performance results.

All actions point toward Organizational Performance Results—a composite of health care, patient and other customer, financial, and internal operational performance results, including staff and work system results and social responsibility results. The horizontal arrow in the center of the framework links the leadership triad to the results triad, a linkage critical to organizational success. Furthermore, the arrow indicates the central relationship between Leadership (Category 1) and Organizational Performance Results (Category 7). The two-headed arrow indicates the importance of feedback in an effective performance management system.

SYSTEM FOUNDATION

Measurement, Analysis, and Knowledge Management (Category 4) are critical to the effective management of health care and operational performance. Measurement, analysis, and knowledge serve as a foundation for the performance management system.

CRITERIA STRUCTURE

The seven Criteria Categories shown in the figure are subdivided into Items and Areas to Address.

ITEMS

There are 19 Items, each focusing on a major requirement. Item titles and point values are given later in the document.

AREAS TO ADDRESS

Items consist of one or more Areas to Address (Areas). Organizations should address their responses to the specific requirements of these Areas.

KEY CHARACTERISTICS OF THE HEALTH CARE CRITERIA

The Criteria focus on organizational performance results. The Criteria focus on the key areas of organizational performance given below.

Organizational performance areas:
1. patient- and other customer-focused results
2. health care results
3. financial and market results
4. staff and work system results
5. organizational effectiveness results, including key internal operational performance measures
6. governance and social responsibility results

The use of this composite of indicators is intended to ensure that strategies are balanced—that they do not inappropriately trade off among important stakeholders, objectives, or short- and longer-term goals.

The Criteria are nonprescriptive and adaptable.

The Criteria are made up of results-oriented requirements. However, the Criteria do not prescribe

- that your organization should or should not have departments for quality, planning, or other functions;
- how your organization should be structured; or
- that different units in your organization should be managed in the same way.

These factors differ among organizations, and they are likely to change as needs and strategies evolve.

The Criteria are nonprescriptive for the following reasons:

(1) The focus is on results, not on procedures, tools, or organizational structure. Health care organizations are encouraged to develop and demonstrate creative, adaptive, and flexible approaches for meeting basic requirements. Nonprescriptive requirements are intended to foster incremental and major ("breakthrough") improvements, as well as basic change.

(2) The selection of tools, techniques, systems, and organizational structure usually depends on factors such as organization type and size, organizational relationships, your organization's stage of development, and staff capabilities and responsibilities. (3) A focus on common requirements, rather than on common procedures, fosters better understanding, communication, sharing, and alignment, while supporting innovation and diversity in approaches.

The Criteria support a systems perspective to maintaining organization-wide goal alignment.

The systems perspective to goal alignment is embedded in the integrated structure of the Core Values and Concepts, the Organizational Profile, the Criteria, and the results-oriented, cause-effect linkages among the Criteria Items.

Alignment in the Criteria is built around connecting and reinforcing measures derived from your organization's processes and strategy. These measures tie directly to patient/customer value and to overall performance. The use of measures thus channels different activities in consistent directions with less need for detailed procedures, centralized decision making, or process management. Measures thereby serve both as a communications tool and a basis for deploying consistent overall performance requirements. Such alignment ensures consistency of purpose while also supporting agility, innovation, and decentralized decision making.

A systems perspective to goal alignment, particularly when strategy and goals change over time, requires dynamic linkages among Criteria Items. In the Criteria, action-oriented cycles of learning take place via feedback between processes and results.

The learning cycles have four, clearly defined stages:

(1) planning, including design of processes, selection of measures, and deployment of requirements

(2) execution of plans

(3) assessment of progress and capturing new knowledge, taking into account internal and external results

(4) revision of plans based on assessment findings, learning, new inputs, and new requirements

The Criteria support goal-based diagnosis.

The Criteria and the Scoring Guidelines make up a two part diagnostic (assessment) system. The Criteria are a set of 19 performance-oriented requirements. The Scoring

Guidelines spell out the assessment dimensions—*Approach, Deployment, and Results*—and the key factors used to assess each dimension. An assessment thus provides a profile of strengths and opportunities for improvement relative to the 19 basic requirements. In this way, assessment leads to actions that contribute to performance improvement in all areas, as described in the shaded box above. This diagnostic assessment is a useful management tool that goes beyond most performance reviews and is applicable to a wide range of strategies and management systems.

INTEGRATION OF KEY HEALTH CARE THEMES

For the adaptation of the Business Criteria for Performance Excellence to health care, several important concepts have been given careful consideration. These concepts are addressed throughout the Health Care Criteria:

MISSION SPECIFICITY

Although health care organizations share common aims, individual organizational missions, roles, and services vary greatly. Use of a single set of criteria to cover all requirements of all organizations means that these requirements need to be interpreted in terms of your specific organizational mission. This is necessary because specific requirements and key drivers of organizational performance differ from organization to organization. For this reason, effective use of the Criteria depends upon your setting your organizational context for responding to requirements consistently across the seven categories of the Criteria framework. In particular, the Strategic Planning Category (Category 2) needs to address all your key mission requirements, setting the stage for the interpretation of all the other requirements. Similarly, the results you report in the Organizational Performance Results Category (Category 7) need to reflect results consistent with your organization's mission and strategic objectives. The Health Care Criteria are most explicit in the area of delivery of health care, as this requirement is common to all organizations, regardless of specific mission. Despite this commonality, the focus of health care services and service development does depend upon your organizational mission. For example, the results reported by hospitals, HMOs, and home health care agencies would be expected to differ and to reflect each organization's mission. Nevertheless, all three types of organizations would be expected to show year-to-year improvements in their results to demonstrate the effectiveness of their performance improvement efforts.

It is recognized that some, but not all, health care organizations have a significant research and/or teaching commitment as part of their mission. If germane, these activities should be noted as part of your process management and operational performance results.

CUSTOMERS

The Business Criteria for Performance Excellence use the generic term "customers" to reflect the buyers of products or services. Although marketplace success depends heavily upon buyer preference, other stakeholders also must be considered when setting organizational requirements. Successful operation of an organization may depend upon satisfying environmental, legal, and other requirements. Thus, meaningful criteria need to incorporate all relevant requirements that organizations must meet to be successful.

Health care organizations also must respond to a variety of requirements—all of which need to be incorporated into the Health Care Criteria. The adaptation of the Business Criteria to health care includes a specific approach for defining key customer requirements. The approach selected distinguishes between patients and other customers for purposes of clarity and emphasis. While not further differentiated from other customers in Category 3, the community (as a customer) receives special attention in Item 1.2. This has been done because health care organizations have a particularly strong sense of social responsibility, and role model behavior should include health care services to your organization's community.

Physicians, nurse practitioners, midwives, psychologists, and other health care providers may play a unique "staff" role as providers of health care and also may have relationships both as suppliers and customers of your organization. The Criteria are intentionally designed to be tolerant of these varying relationships and to allow your organization to respond based on your specific structure as described in your Organizational Profile.

Customers' requirements are of two types: (1) requirements that need to be reflected in your organization's health care services and (2) your customers' additional individualized requirements. For example, payors might require certain health screening services (e.g., mammography)

for their members (type 1) and certain computerized billing services for reimbursement (type 2). Many of the needs of your non-patient customers are needs that must be addressed in your organization's health care services. Therefore, the Health Care Criteria place primary emphasis on the delivery of health care.

SENIOR LEADERS AND STAFF

The Business Criteria for Performance Excellence use the term "senior leaders" to refer to an organization's senior management group or team. This typically consists of the head of the organization and his or her direct reports. In health care organizations with separate administrative/operational and health care provider leadership, "senior leaders" refers to both sets of leaders and the relationships among those leaders.

The Business Criteria for Performance Excellence use the generic term "employees" for those on the organization's payroll responsible for all aspects of product and service development and delivery. These Criteria place great emphasis upon employees as a primary strategic resource whose interests, satisfaction, motivation, and development are important to an organization's success.

These same themes are central to success in health care and are thus emphasized in the Health Care Criteria, beginning with the Core Values and Concepts. In the Criteria, the term "staff" of health care organizations includes health care providers, senior leaders, and administrative and support staff. It is recognized that health care providers are sometimes, but not always, employees of the organization. Nevertheless, as key providers of an organization's health care services, health care providers are considered staff for the purposes of the Criteria. By considering health care providers as staff, you are able to focus on the necessity of including their roles and responsibilities in discussing organizational leadership and human resources. The Health Care Criteria anticipate that all staff are integrated into your organization's management system and contribute to fulfilling your organization's mission.

BUSINESS AND SUPPORT PROCESSES

While the Health Care Criteria place a primary focus on health care service delivery, they recognize that most health care organizations carry out a wide variety of activities that directly and indirectly support and/or impact success in the marketplace and the overall organizational mission and operation but that are not themselves primarily patient or health care related. Such activities are addressed in the Health Care Criteria as business processes (e.g., technology acquisition, information and knowledge management, and mergers and acquisitions) or support processes (e.g., patient support processes, such as housekeeping and medical records, and other support processes, such as finance and accounting, facilities management, security, billing, and purchasing). In general, there are two types of requirements such processes need to address in an integrated way: (1) requirements of key stakeholders, such as patients, staff, and payors; and (2) effective and efficient use of resources. The Health Care Criteria require that each process address both types of requirements.

PRIMARY FOCUS ON HEALTH CARE

Although the Criteria framework is intended to address all organizational requirements, primary emphasis is placed on health care. This is done for two main reasons. First, improving or maintaining the quality of life is the universal goal of all health care organizations. Thus, sharing of successful health care strategies and methods would have the greatest impact on the nation's health care systems. Second, those who encouraged the creation of a Baldrige Award category for health care cited improvement in health care quality as their primary or only rationale for such an award.

HEALTHCARE CRITERIA ITEMS AND SCORING SYSTEM

The next 31 pages are images of selected pages taken directly from the 2003 Baldrige Criteria for Healthcare Performance Excellence document. The *EMSMJ* page numbers are at the very bottom, and the original Baldrige document pages are just above them. These image files are in lower resolution to maintain a reasonable file size. The most current (2004) version of the Baldrige Criteria for Healthcare Performance Excellence PDF file, in high resolution, is available for download at the Baldrige site.

2003 HEALTH CARE CRITERIA FOR PERFORMANCE EXCELLENCE—ITEM LISTING

P — Preface: Organizational Profile

P.1 Organizational Description

P.2 Organizational Challenges

2003 Categories and Items	Point Values
1 Leadership	**120**
1.1 Organizational Leadership	70
1.2 Social Responsibility	50
2 Strategic Planning	**85**
2.1 Strategy Development	40
2.2 Strategy Deployment	45
3 Focus on Patients, Other Customers, and Markets	**85**
3.1 Patient, Other Customer, and Health Care Market Knowledge	40
3.2 Patient and Other Customer Relationships and Satisfaction	45
4 Measurement, Analysis, and Knowledge Management	**90**
4.1 Measurement and Analysis of Organizational Performance	45
4.2 Information and Knowledge Management	45
5 Staff Focus	**85**
5.1 Work Systems	35
5.2 Staff Learning and Motivation	25
5.3 Staff Well-Being and Satisfaction	25
6 Process Management	**85**
6.1 Health Care Processes	50
6.2 Support Processes	35
7 Organizational Performance Results	**450**
7.1 Health Care Results	75
7.2 Patient- and Other Customer-Focused Results	75
7.3 Financial and Market Results	75
7.4 Staff and Work System Results	75
7.5 Organizational Effectiveness Results	75
7.6 Governance and Social Responsibility Results	75
TOTAL POINTS	**1000**

Note: The Scoring System used with the Criteria Items in a Baldrige assessment can be found on pages 58–60.

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2003 HEALTH CARE CRITERIA FOR PERFORMANCE EXCELLENCE

Importance of Beginning with Your Organizational Profile

Your Organizational Profile is critically important because

- it is the most appropriate starting point for self-assessment and for writing an application;

- it helps you identify potential gaps in KEY information and focus on KEY PERFORMANCE requirements and RESULTS;

- it is used by the Examiners and Judges in application review, including the site visit, to understand your organization and what you consider important; and

- it also may be used by itself for an initial self-assessment. If you identify topics for which conflicting, little, or no information is available, it is possible that your assessment need go no further and you can use these topics for action planning.

P   Preface: Organizational Profile

The *Organizational Profile* is a snapshot of your organization, the KEY influences on HOW you operate and the KEY challenges you face.

P.1   Organizational Description

Describe your organization's PERFORMANCE environment and your KEY relationships with PATIENTS and other CUSTOMERS, suppliers, and partners.

Within your response, include answers to the following questions:

a. Organizational Environment
  (1) What are your organization's main HEALTH CARE SERVICES? What are the delivery mechanisms used to provide your HEALTH CARE SERVICES to your PATIENTS?

  (2) What is your organizational culture? What are your stated PURPOSE, VISION, MISSION, and VALUES?

  (3) What is your STAFF profile? What are their education levels? What are your organization's workforce and job diversity, organized bargaining units, use of contract and privileged STAFF, and special health and safety requirements?

  (4) What are your major technologies, equipment, and facilities?

  (5) What is the legal and regulatory environment under which your organization operates? What are the applicable occupational health and safety regulations; accreditation, certification, or registration requirements; and environmental and financial regulations relevant to HEALTH CARE SERVICE delivery?

b. Organizational Relationships
  (1) What is your organizational structure and GOVERNANCE system? What are the reporting relationships among your board of trustees, SENIOR LEADERS, and your parent organization, as appropriate?

  (2) What are your KEY PATIENT and other CUSTOMER groups and health care market segments, as appropriate? What are their KEY requirements and expectations for your HEALTH CARE SERVICES? What are the differences in these requirements and expectations among PATIENT and other CUSTOMER groups and market segments?

  (3) What role do suppliers and partners play in your KEY PROCESSES? What are your most important types of suppliers and partners? What are your most important supply chain requirements?

  (4) What are your KEY supplier and partnering relationships and communication mechanisms?

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Notes:

N1. Health care service delivery to your patients and other customers (P.1a[1]) might be direct or through contractors or partners.

N2. Market segments (P.1b[2]) might be based on health care services or features, geography, health care service delivery modes, payors, business volume, population demographics, or other factors that allow your organization to define related market characteristics.

N3. Patient and other customer group and health care market segment requirements (P.1b[2]) might include accessibility, continuity of care, electronic communication, and billing requirements.

N4. Communication mechanisms (P.1b[4]) should be two-way and might be in person, electronic, by telephone, and/or written. For many organizations, these mechanisms might be changing as marketplace requirements change.

For definitions of key terms presented throughout the Health Care Criteria and Scoring Guidelines text in SMALL CAPS/SANS SERIF, see Glossary of Key Terms on pages 35–41.

Frequently, several questions are grouped under one number (e.g., P.1a[3]). These questions are related and do not require separate responses. These multiple questions serve as a guide in understanding the full meaning of the information being requested.

Item notes serve three purposes: (1) to clarify terms or requirements presented in an Item, (2) to give instructions on responding to the Item requirements, and (3) to indicate key linkages to other Items. In all cases, the intent is to help you respond to the Item requirements.

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P.2 Organizational Challenges

Describe your organization's competitive environment, your KEY STRATEGIC CHALLENGES, and your system for PERFORMANCE improvement.

Within your response, include answers to the following questions:

a. Competitive Environment

(1) What is your competitive position? What is your relative size and growth in the health care industry or markets served? What are the numbers and types of competitors and KEY collaborators for your organization?

(2) What are the principal factors that determine your success relative to your competitors and other organizations delivering similar HEALTH CARE SERVICES? What are any KEY changes taking place that affect your competitive situation or opportunities for collaborating?

(3) What are your KEY available sources of comparative and competitive data from within the health care industry? What are your KEY available sources of comparative data for analogous PROCESSES outside the health care industry? What limitations, if any, are there in your ability to obtain these data?

b. STRATEGIC CHALLENGES

What are your KEY HEALTH CARE SERVICE, operational, and human resource STRATEGIC CHALLENGES?

c. PERFORMANCE Improvement System

(1) What is the overall APPROACH you use to maintain an organizational focus on PERFORMANCE improvement and to guide SYSTEMATIC evaluation and improvement of KEY PROCESSES?

(2) What is your overall APPROACH to organizational learning and sharing your KNOWLEDGE ASSETS within the organization?

Notes:

N1. Factors (P.2a[2]) might include differentiators such as technology leadership, accessibility, health care and administrative support services offered, cost, and e-services.

N2. Challenges (P.2b) might include cycle times reduced for health care service introduction; mergers and acquisitions; patient and customer loyalty and retention; staff retention; and electronic communication with staff, patients, and other customers.

N3. Performance improvement (P.2c) is an assessment dimension used in the Scoring System to evaluate the maturity of organizational approaches and deployment (see pages 58–60). This question is intended to help you and the Baldrige Examiners set a context for your approach to performance improvement.

N4. Overall approaches to process improvement (P.2c[1]) might include implementing the use of ISO 9000:2000 standards, six sigma methodology, Plan-Do-Study-Act (PDSA) improvement cycles, or other process improvement tools.

Page Limit

For Baldrige Award applicants, the Organizational Profile is limited to five pages. These pages are not counted in the overall application page limit. Typing and format instructions for the Organizational Profile are the same as for the application. These instructions are given in the *Baldrige Award Application Forms* booklet. Ordering information is given on pages 67–68.

16

I Leadership (120 pts.)

The *Leadership* Category examines HOW your organization's SENIOR LEADERS address VALUES, directions, and PERFORMANCE expectations, as well as a focus on PATIENTS and other CUSTOMERS and STAKEHOLDERS, EMPOWERMENT, INNOVATION, and learning. Also examined are your organization's GOVERNANCE and HOW your organization addresses its public and community responsibilities.

1.1 Organizational Leadership (70 pts.)

`Approach-Deployment`

Describe HOW SENIOR LEADERS guide your organization. Describe your organization's GOVERNANCE system. Describe HOW SENIOR LEADERS review organizational PERFORMANCE.

Within your response, include answers to the following questions:

a. Senior Leadership Direction

(1) How do SENIOR LEADERS set and deploy organizational VALUES, short- and longer-term directions, and PERFORMANCE expectations? How do SENIOR LEADERS include a focus on creating and balancing VALUE for PATIENTS and other CUSTOMERS and STAKEHOLDERS in their PERFORMANCE expectations? How do SENIOR LEADERS communicate organizational VALUES, directions, and expectations through your LEADERSHIP SYSTEM, to all STAFF, and to KEY suppliers and partners? How do SENIOR LEADERS ensure two-way communication on these topics?

(2) How do SENIOR LEADERS create an environment for EMPOWERMENT, INNOVATION, and organizational agility? How do they create an environment for organizational and STAFF learning? How do they create an environment that fosters legal and ethical behavior?

b. Organizational GOVERNANCE

How does your organization address the following KEY factors in your GOVERNANCE system?

- management accountability for the organization's actions

- fiscal accountability

- independence in internal and external audits

- protection of stockholder and STAKEHOLDER interests, as appropriate

c. Organizational PERFORMANCE Review

(1) How do SENIOR LEADERS review organizational PERFORMANCE and capabilities? How do they use these reviews to assess organizational success, competitive PERFORMANCE, and progress relative to short- and longer-term GOALS? How do they use these reviews to assess your organizational ability to address changing HEALTH CARE SERVICE needs?

(2) What are the KEY PERFORMANCE MEASURES regularly reviewed by your SENIOR LEADERS? What are your KEY recent PERFORMANCE review findings?

(3) How do SENIOR LEADERS translate organizational PERFORMANCE review findings into priorities for continuous and breakthrough improvement of KEY organizational PERFORMANCE RESULTS and into opportunities for INNOVATION? How are these priorities and opportunities deployed throughout your organization? When appropriate, HOW are they deployed to your suppliers and partners to ensure organizational ALIGNMENT?

(4) How do you evaluate the PERFORMANCE of your SENIOR LEADERS, including both administrative and health care leaders? How do SENIOR LEADERS use organizational PERFORMANCE review findings to improve both their own leadership effectiveness and that of your board and LEADERSHIP SYSTEM, as appropriate?

Notes:

N1. Senior leaders include the head of the organization and his or her direct reports. In health care organizations with separate administrative/operational and health care provider leadership, "senior leaders" refers to both sets of leaders and the relationships among those leaders.

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N2. Organizational directions (1.1a[1]) relate to creating the vision for the organization and to setting the context for strategic objectives and action plans described in Items 2.1 and 2.2.

N3. Senior leaders' organizational performance reviews (1.1c) should be informed by organizational performance analyses described in 4.1b and guided by strategic objectives and action plans described in Items 2.1 and 2.2. Senior leaders' organizational

performance reviews also might be informed by internal or external Baldrige assessments.

N4. Leadership performance evaluation (1.1c[4]) might be supported by peer reviews, formal performance management reviews (5.1b), and formal and/or informal staff and other stakeholder feedback and surveys.

N5. Your organizational performance results should be reported in Items 7.1–7.6.

Item responses are assessed by considering the Criteria Item requirements; your KEY organizational factors presented in your Organizational Profile; and the maturity of your APPROACHES, breadth of DEPLOYMENT, and strength of your improvement PROCESS and RESULTS relative to the Scoring System. Refer to the Scoring System information on pages 58–60.

1.2 Social Responsibility (50 pts.)

`Approach-Deployment`

Describe HOW your organization addresses its responsibilities to the public, ensures ethical behavior, practices good citizenship, and contributes to the health of its community.

Within your response, include answers to the following questions:

a. Responsibilities to the Public

(1) How do you address the impacts on society of your HEALTH CARE SERVICES and operations? What are your KEY PROCESSES, MEASURES, and GOALS for achieving and surpassing regulatory, legal, and accreditation requirements, as appropriate? What are your KEY PROCESSES, MEASURES, and GOALS for addressing risks associated with your management of HEALTH CARE SERVICES and other organizational operations?

(2) How do you anticipate public concerns with current and future services and operations? How do you prepare for these concerns in a proactive manner?

b. Ethical Behavior

How do you ensure ethical behavior in all STAKEHOLDER transactions and interactions? What are your KEY PROCESSES and MEASURES or INDICATORS for monitoring ethical behavior throughout your organization, with KEY partners and collaborators, and in your GOVERNANCE structure?

c. Support of KEY Communities and Community Health

How does your organization actively support and strengthen your KEY communities? How do you identify KEY communities and determine areas of emphasis for organizational involvement and support? What are your KEY communities? How do your SENIOR LEADERS and your STAFF contribute to improving these communities and to building community health?

Notes:

N1. Societal responsibilities in areas critical to your organization also should be addressed in Strategy Development (Item 2.1) and in Process Management (Category 6). Key results, such as results of regulatory and legal compliance (including malpractice) and accreditation, should be reported as Governance and Social Responsibility Results (in Item 7.6).

N2. Public concerns (1.2a[2]) might include patient safety; cost; equitable and timely access to providers;

emergence of new health care threats; and the handling of medical waste.

N3. Ethical behavior (1.2b) includes business, professional, health care practice, and patient rights issues. It also includes public accountability and disclosure of information about your organizational health care performance.

N4. Measures or indicators of ethical behavior (1.2b) might include the percentage of independent board

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members, measures of relationships with stockholder and nonstockholder constituencies, and results of ethics reviews and audits.

N5. Actions to build community health (1.2c) are population-based services supporting the general health of your community. Such services might include health education programs, immunization programs, unique health services provided at a financial loss, population-screening programs (e.g., hypertension), safety program sponsorship, and

indigent care. You should address these results of community health services in Item 7.6.

N6. In addition to actions to build community health, areas of community support appropriate for inclusion in 1.2c might include your efforts to strengthen local community services and education; the environment; and practices of trade, business, or professional associations.

N7. The health and safety of staff are not addressed in Item 1.2; you should address these staff factors in Item 5.3.

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2 Strategic Planning (85 pts.)

The *Strategic Planning* Category examines HOW your organization develops STRATEGIC OBJECTIVES and ACTION PLANS. Also examined are HOW your chosen STRATEGIC OBJECTIVES and ACTION PLANS are deployed and HOW progress is measured.

2.1 Strategy Development (40 pts.)   Approach-Deployment

Describe HOW your organization establishes its STRATEGIC OBJECTIVES, including HOW it enhances its PERFORMANCE relative to other organizations providing similar HEALTH CARE SERVICES, overall PERFORMANCE as a health care provider, and future success.

Within your response, include answers to the following questions:

a. Strategy Development PROCESS

(1) What is your overall strategic planning PROCESS? What are the KEY steps? Who are the KEY participants? What are your short- and longer-term planning time horizons? How are these time horizons set? How does your strategic planning PROCESS address these time horizons?

(2) How do you ensure that strategic planning addresses the KEY factors listed below? How do you collect and analyze relevant data and information to address these factors as they relate to your strategic planning:

- your PATIENT, other CUSTOMER, and health care market needs, expectations, and opportunities

- your competitive environment, and/or your collaborative environment to conserve community resources and your capabilities relative to competitors

- technological and other KEY INNOVATIONS or changes that might affect your HEALTH CARE SERVICES and HOW you operate

- your strengths and weaknesses, including STAFF and other resources

- your opportunities to redirect resources to higher priority HEALTH CARE SERVICES or areas

- financial, societal and ethical, regulatory, and other potential risks

- changes in the local, regional, or national economic environment

- factors unique to your organization, including partner and supply chain needs, strengths, and weaknesses

b. STRATEGIC OBJECTIVES

(1) What are your KEY STRATEGIC OBJECTIVES and your timetable for accomplishing them? What are your most important GOALS for these STRATEGIC OBJECTIVES?

(2) How do your STRATEGIC OBJECTIVES address the challenges identified in response to P.2 in your Organizational Profile? How do you ensure that your STRATEGIC OBJECTIVES balance short- and longer-term challenges and opportunities? How do you ensure that your STRATEGIC OBJECTIVES balance the needs of PATIENTS and other KEY CUSTOMERS and STAKEHOLDERS?

Notes:

N1. "Strategy development" refers to your organization's approach (formal or informal) to preparing for the future. Strategy development might utilize various types of forecasts, projections, options, scenarios, and/or other approaches to envisioning the future for purposes of decision making and resource allocation.

N2. "Strategy" should be interpreted broadly. Strategy might be built around or lead to any or all of the following: new health care services and/or delivery processes and markets; revenue growth via various approaches, including acquisitions; and new partnerships and alliances. Strategy might be directed toward becoming a center for clinical and service excellence, a preferred provider, a research leader, or an integrated service provider.

N3. Strategies to address key challenges (2.1b[2]) might include access and locations; rapid response; customization; rapid innovation; ISO 9000:2000 registration; Web-based provider, patient, and other customer relationship management; and health care

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service quality. Responses to Item 2.1 should focus on your specific challenges—those most important to your organizational success and to strengthening your organization's overall performance as a health care provider.

N4. Item 2.1 addresses your overall organizational strategy, which might include changes in health care services and programs. However, the Item does not address service and program design; you should address these factors in Item 6.1, as appropriate.

For additional description of this Item, see pages 43–44.

2.2 Strategy Deployment (45 pts.)

<div align="right">Approach-Deployment</div>

Describe HOW your organization converts its STRATEGIC OBJECTIVES into ACTION PLANS. Summarize your organization's ACTION PLANS and related KEY PERFORMANCE MEASURES or INDICATORS. Project your organization's future PERFORMANCE on these KEY PERFORMANCE MEASURES or INDICATORS.

Within your response, include answers to the following questions:

a. ACTION PLAN Development and DEPLOYMENT

(1) How do you develop and deploy ACTION PLANS to achieve your KEY STRATEGIC OBJECTIVES? How do you allocate resources to ensure accomplishment of your ACTION PLANS? How do you ensure that the KEY changes resulting from ACTION PLANS can be sustained?

(2) What are your KEY short- and longer-term ACTION PLANS? What are the KEY changes, if any, in your HEALTH CARE SERVICES and programs, your CUSTOMERS and markets (including PATIENT populations), and HOW you will operate?

(3) What are your KEY staffing plans that derive from your short- and longer-term STRATEGIC OBJECTIVES and ACTION PLANS?

(4) What are your KEY PERFORMANCE MEASURES or INDICATORS for tracking progress on your ACTION PLANS? How do you ensure that your overall ACTION PLAN measurement system reinforces organizational ALIGNMENT? How do you ensure that the measurement system covers all KEY DEPLOYMENT areas and STAKEHOLDERS?

b. PERFORMANCE Projection

For the KEY PERFORMANCE MEASURES or INDICATORS identified in 2.2a(4), what are your PERFORMANCE PROJECTIONS for both your short- and longer-term planning time horizons? How does your projected PERFORMANCE compare with competitors' projected PERFORMANCE or other organizations providing similar HEALTH CARE SERVICES? How does it compare with KEY BENCHMARKS, GOALS, and past PERFORMANCE, as appropriate?

Notes:

N1. Strategy and action plan development and deployment are closely linked to other Items in the Criteria. Examples of key linkages are

- Item 1.1 for how your senior leaders set and communicate directions;

- Category 3 for gathering patient, other customer, and health care market knowledge as input to your strategy and action plans and for deploying action plans;

- Category 4 for measurement, analysis, and knowledge management to support your key information needs, to support your development of strategy, to provide an effective basis for your performance measurements, and to track progress relative to your strategic objectives and action plans;

- Category 5 for your work system needs; staff education, training, and development needs; and related human resource factors resulting from action plans;

- Category 6 for process requirements resulting from your action plans; and

- Item 7.5 for specific accomplishments relative to your organizational strategy and action plans.

N2. Measures and indicators of projected performance (2.2b) might include changes resulting from new ventures; acquisitions or mergers; health care market entry and shifts; and significant anticipated innovations in health care service delivery and technology.

For additional description of this Item, see pages 44–45.

<div align="center">21</div>

3 Focus on Patients, Other Customers, and Markets (85 pts.)

The *Focus on PATIENTS, Other CUSTOMERS, and Markets* Category examines HOW your organization determines requirements, expectations, and preferences of PATIENTS, other CUSTOMERS, and markets. Also examined is HOW your organization builds relationships with PATIENTS and other CUSTOMERS and determines the KEY factors that lead to their acquisition, satisfaction, loyalty, and retention and to HEALTH CARE SERVICE expansion.

3.1 Patient, Other Customer, and Health Care Market Knowledge (40 pts.)

Approach-Deployment

Describe HOW your organization determines requirements, expectations, and preferences of PATIENTS, other CUSTOMERS, and markets to ensure the continuing relevance of your HEALTH CARE SERVICES and to develop new HEALTH CARE SERVICE opportunities.

Within your response, include answers to the following questions:

a. PATIENT/CUSTOMER and Health Care Market Knowledge

(1) How do you determine or target PATIENTS, other CUSTOMERS, CUSTOMER groups, and health care market segments? How do you include CUSTOMERS of competitors and other potential CUSTOMERS and markets in this determination?

(2) How do you listen and learn to determine KEY PATIENT/CUSTOMER requirements and expectations (including HEALTH CARE SERVICE features) and their relative importance to PATIENTS'/CUSTOMERS' health care purchasing decisions? How do determination methods vary for different PATIENTS/CUSTOMERS or CUSTOMER groups? How do you use relevant information from current and former PATIENTS/CUSTOMERS, including marketing information, PATIENT/CUSTOMER loyalty and retention data, win/loss ANALYSIS, and complaints? How do you use this information for PURPOSES of HEALTH CARE SERVICE planning, marketing, PROCESS improvements, and other business development?

(3) How do you keep your listening and learning methods current with HEALTH CARE SERVICE needs and directions?

Notes:

N1. Patients, as a key customer group, are frequently identified separately in the Criteria. Other customer groups could include patients' families, the community, insurers and other third-party payors, employers, health care providers, patient advocacy groups, Departments of Health, and students. Generic references to customers include patients.

N2. Your responses to this Item should include patients, other customer groups, and market segments identified in P.1b(2).

N3. "Health care service features" (3.1a[2]) refers to all the important characteristics of your health care services that patients and other customers receive. This includes all customers' overall interactions with you and their service experiences. The focus should be on features that affect customer health care-related preference and loyalty and the customers' view of clinical and service quality—for example, those features that differentiate your organization's services from other providers offering similar services. Beyond specific health care provision, those features might include factors such as extended hours, family support services, cost, assistance with billing/paperwork processes, and transportation assistance. Key health care service features and purchasing decisions (3.1a[2]) might take into account how transactions occur and factors such as confidentiality and security.

N4. The determination of health care service features and their relative importance (3.1a[2]) should take into account the potentially differing expectations of patients and other customers.

N5. Listening and learning (3.1a[2]) might include gathering and integrating surveys, focus group findings, Web-based data, and other data and information that bear upon health care purchasing decisions. Keeping your listening and learning methods current with health care service needs and directions (3.1a[3]) also might include use of newer technology, such as Web-based data gathering.

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3.2 Patient and Other Customer Relationships and Satisfaction (45 pts.)

Describe HOW your organization builds relationships to acquire, satisfy, and retain PATIENTS and other CUSTOMERS; to increase loyalty; and to develop new HEALTH CARE SERVICE opportunities. Describe also HOW your organization determines PATIENT and other CUSTOMER satisfaction.

Within your response, include answers to the following questions:

a. PATIENT/CUSTOMER Relationship Building

(1) How do you build relationships to acquire PATIENTS and other CUSTOMERS, to meet and exceed their expectations, to increase loyalty and secure their future interactions with your organization, and to gain positive referrals?

(2) What are your KEY access mechanisms for PATIENTS and other CUSTOMERS to seek information, obtain services, and make complaints? How do you determine KEY contact requirements for each mode of PATIENT and other CUSTOMER access? How do you ensure that these contact requirements are deployed to all people and PROCESSES involved in the CUSTOMER response chain?

(3) What is your complaint management PROCESS? How do you ensure that complaints are resolved effectively and promptly? How are complaints aggregated and analyzed for use in improvement throughout your organization and by your partners?

(4) How do you keep your APPROACHES to building relationships and providing PATIENT/CUSTOMER access current with HEALTH CARE SERVICE needs and directions?

b. PATIENT/CUSTOMER Satisfaction Determination

(1) How do you determine PATIENT and other CUSTOMER satisfaction and dissatisfaction? How do these determination methods differ among PATIENT/CUSTOMER groups? How do you ensure that your measurements capture actionable information for use in exceeding your PATIENTS' and other CUSTOMERS' expectations, securing their future interactions with your organization, and gaining positive referrals? How do you use PATIENT and other CUSTOMER satisfaction and dissatisfaction information for improvement?

(2) How do you follow up with PATIENTS and other CUSTOMERS on HEALTH CARE SERVICES and transaction quality to receive prompt and actionable feedback?

(3) How do you obtain and use information on PATIENTS' and other CUSTOMERS' satisfaction relative to satisfaction with your competitors, other organizations providing similar HEALTH CARE SERVICES, and/or BENCHMARKS?

(4) How do you keep your APPROACHES to determining satisfaction current with HEALTH CARE SERVICE needs and directions?

Notes:

N1. Customer relationships (3.2a) might include the development of partnerships or alliances with customers.

N2. Determining patient and other customer satisfaction and dissatisfaction (3.2b) might include use of any or all of the following: surveys, formal and informal feedback, customer account histories, complaints, win/loss analysis, and information on timeliness of service delivery. Information might be gathered on the Internet, through personal contact or a third party, or by mail.

For additional description of this Item, see pages 46–47.

N3. Patient and other customer satisfaction measurements might include both a numerical rating scale and descriptors for each unit in the scale. Actionable satisfaction measurements provide useful information about specific service features, delivery, relationships, and transactions that bear upon the customers' future actions—choice of health care provider and positive referral.

N4. Your patient and other customer satisfaction and dissatisfaction results should be reported in Item 7.2.

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4 Measurement, Analysis, and Knowledge Management (90 pts.)

The *Measurement, ANALYSIS, and Knowledge Management* Category examines HOW your organization selects, gathers, analyzes, manages, and improves its data, information, and KNOWLEDGE ASSETS.

4.1 Measurement and Analysis of Organizational Performance (45 pts.)

Approach-Deployment

Describe HOW your organization measures, analyzes, aligns, and improves PERFORMANCE data and information as a health care provider at all levels and in all parts of your organization.

Within your response, include answers to the following questions:

a. PERFORMANCE Measurement

(1) How do you select, collect, align, and integrate data and information for tracking daily operations and for tracking overall organizational PERFORMANCE? How do you use these data and information to support organizational decision making and INNOVATION as a health care provider?

(2) How do you select and ensure the EFFECTIVE use of KEY comparative data and information to support operational and strategic decision making and INNOVATION?

(3) How do you keep your PERFORMANCE measurement system current with HEALTH CARE SERVICE needs and directions? How do you ensure that your PERFORMANCE measurement system is sensitive to rapid or unexpected organizational or external changes?

b. PERFORMANCE ANALYSIS

(1) What ANALYSES do you perform to support your SENIOR LEADERS' organizational PERFORMANCE review? What ANALYSES do you perform to support your organization's strategic planning?

(2) How do you communicate the RESULTS of organizational-level ANALYSES to work group and functional-level operations to enable EFFECTIVE support for their decision making?

Notes:

N1. Performance measurement is used in fact-based decision making for setting and aligning organizational directions and resource use at the work unit, key process, departmental, and whole organization levels.

N2. Comparative data and information sources (4.1a[2]) are obtained by benchmarking and by seeking competitive comparisons. "Benchmarking" refers to identifying processes and results that represent best practices and performance for similar activities, inside or outside the health care industry. Competitive comparisons relate your organization's performance to that of competitors and other organizations providing similar health care services. Comparative data might include data from similar organizations and health care industry benchmarks. Such data might be derived from surveys, published and public studies, participation in indicator pro-grams, or other sources. These data may be drawn from local or national sources.

N3. Analysis includes examining trends; organizational, health care industry, and technology projections; and comparisons, cause-effect relationships, and correlations intended to support your performance reviews, help determine root causes, and help set priorities for resource use. Accordingly, analysis draws upon all types of data: patient and other customer-related, health care outcomes, financial and market, operational, and competitive/comparative.

N4. The results of organizational performance analysis should contribute to your senior leaders' organizational performance review in 1.1c and organizational strategic planning in Category 2.

N5. Your organizational performance results should be reported in Items 7.1–7.6.

For additional description of this Item, see pages 47–49.

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4.2 Information and Knowledge Management (45 pts.)

Describe HOW your organization ensures the quality and availability of needed data and information for STAFF, suppliers and partners, and PATIENTS and other CUSTOMERS. Describe HOW your organization builds and manages its KNOWLEDGE ASSETS.

Within your response, include answers to the following questions:

a. Data and Information Availability

   (1) How do you make needed data and information available? How do you make them accessible to STAFF, suppliers and partners, and PATIENTS and other CUSTOMERS, as appropriate?

   (2) How do you ensure that hardware and software are reliable, secure, and user friendly?

   (3) How do you keep your data and information availability mechanisms, including your software and hardware systems, current with HEALTH CARE SERVICE needs and directions?

b. Organizational Knowledge

   (1) How do you manage organizational knowledge to accomplish

     • the collection and transfer of STAFF knowledge

     • the transfer of relevant knowledge from PATIENTS and other CUSTOMERS, suppliers, and partners

     • the identification and sharing of best practices

   (2) How do you ensure the following properties of your data, information, and organizational knowledge:

     • integrity

     • timeliness

     • reliability

     • security

     • accuracy

     • confidentiality

Notes:

N1. Data and information availability (4.2a) are of growing importance as the Internet, electronic communication and information transfer, and e-business are used increasingly for provider, provider-to-patient/customer, and business-to-business interactions and as intranets become more important as a major source of organization-wide communications.

N2. Data and information access (4.2a[1]) might be via electronic and other means.

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5 Staff Focus (85 pts.)

The *Staff Focus* Category examines HOW your organization's WORK SYSTEMS and STAFF learning and motivation enable all STAFF to develop and utilize their full potential in ALIGNMENT with your organization's overall objectives and ACTION PLANS. Also examined are your organization's efforts to build and maintain a work environment and STAFF support climate conducive to PERFORMANCE EXCELLENCE and to personal and organizational growth.

5.1 Work Systems (35 pts.)   Approach-Deployment

Describe HOW your organization's work and jobs enable all STAFF and the organization to achieve HIGH PERFORMANCE. Describe HOW compensation, career progression, and related workforce practices enable STAFF and the organization to achieve HIGH PERFORMANCE.

Within your response, include answers to the following questions:

a. Organization and Management of Work
   (1) How do you organize and manage work and jobs to promote cooperation, initiative, EMPOWERMENT, INNOVATION, and your organizational culture? How do you organize and manage work and jobs to achieve the agility to keep current with HEALTH CARE SERVICE needs?

   (2) How do your WORK SYSTEMS capitalize on the diverse ideas, cultures, and thinking of your STAFF and the communities with which you interact (your STAFF recruitment and your PATIENT/CUSTOMER communities)?

   (3) How do you achieve EFFECTIVE communication and skill sharing across health care professions, departments and work units, jobs, and locations?

b. STAFF PERFORMANCE Management System
   How does your STAFF PERFORMANCE management system, including feedback to STAFF, support HIGH-PERFORMANCE WORK? How does your STAFF PERFORMANCE management system support a PATIENT/CUSTOMER and HEALTH CARE SERVICE focus? How do your compensation, recognition, and related reward and incentive practices reinforce HIGH-PERFORMANCE WORK and a PATIENT/CUSTOMER and HEALTH CARE SERVICE focus?

c. Recruitment and Career Progression
   (1) How do you identify characteristics and skills needed by potential STAFF?

   (2) How do you recruit, hire, and retain new STAFF? How do you ensure the STAFF members represent the diverse ideas, cultures, and thinking of your STAFF recruitment community?

   (3) How do you accomplish EFFECTIVE succession planning for leadership and management positions, including senior administrative and health care leadership, as appropriate? How do you manage EFFECTIVE career progression for all STAFF throughout the organization?

Notes:

N1. "Staff" refers to all people who contribute to the delivery of your organization's services, including paid staff (e.g., permanent, temporary, and part-time personnel, as well as any contract employees supervised by your organization), independent practitioners (e.g., physicians, physician assistants, nurse practitioners, acupuncturists, and nutritionists not paid by the organization), volunteers, and health profession students (e.g., medical, nursing, and ancillary). Staff includes team leaders, supervisors, and managers at all levels. Contract employees supervised by a contractor should be addressed in Category 6.

N2. "Your organization's work" refers to how your staff are organized or organize themselves in formal and informal, temporary, or longer-term units. This might include work teams, process teams, project teams, patient/customer action teams, problem-solving teams, centers of excellence, functional units, remote (e.g., at-home) workers, cross-functional teams, and departments—self-managed or managed by supervisors.

"Jobs" refers to responsibilities, authorities, and tasks of individuals. In some work systems, jobs might be shared by a team.

N3. "Recruitment" refers to how potential staff are hired and brought into the organization. This includes paid staff, privileged staff, and volunteers.

N4. Compensation and recognition (5.1b) include promotions and bonuses that might be based upon

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performance, skills acquired, and other factors. Recognition includes monetary and nonmonetary, formal and informal, and individual and group mechanisms. Recognition systems for volunteers and independent practitioners who contribute to the work of the organization should be included, as appropriate.

5.2 Staff Learning and Motivation (25 pts.)

`Approach-Deployment`

Describe HOW your organization's STAFF education, training, and career development support the achievement of your overall objectives and contribute to HIGH PERFORMANCE. Describe HOW your organization's education, training, and career development build STAFF knowledge, skills, and capabilities.

Within your response, include answers to the following questions:

a. STAFF Education, Training, and Development

  (1) How do STAFF education and training contribute to the achievement of your ACTION PLANS? How do your STAFF education, training, and development address your KEY needs associated with organizational PERFORMANCE measurement, PERFORMANCE improvement, and technological change? How does your education and training APPROACH balance short- and longer-term organizational objectives with STAFF needs, including licensure and recredentialing requirements, development, learning, and career progression?

  (2) How do STAFF education, training, and development address your KEY organizational needs associated with new STAFF orientation, diversity, ethical health care and business practices, and management and leadership development? How do STAFF education, training, and development address your KEY organizational needs associated with STAFF, workplace, and environmental safety?

  (3) How do you seek and use input from STAFF and their supervisors and managers on education and training needs? How do you incorporate your organizational learning and KNOWLEDGE ASSETS into your education and training?

  (4) How do you deliver education and training? How do you seek and use input from STAFF and their supervisors and managers on options for the delivery of education and training? How do you use both formal and informal delivery APPROACHES, including mentoring and other APPROACHES, as appropriate?

  (5) How do you reinforce the use of new knowledge and skills on the job?

  (6) How do you evaluate the effectiveness of education and training, taking into account individual and organizational PERFORMANCE?

b. Motivation and Career Development

  How do you motivate STAFF to develop and utilize their full potential? How does your organization use formal and informal mechanisms to help STAFF attain job- and career-related development and learning objectives? How do managers and supervisors help STAFF attain job- and career-related development and learning objectives?

Note:

Education and training delivery (5.2a[4]) might occur inside or outside your organization and involve on-the-job, classroom, computer-based, distance learning, and other types of delivery (formal or informal).

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5.3 Staff Well-Being and Satisfaction (25 pts.)

<div style="text-align: right">Approach-Deployment</div>

Describe HOW your organization maintains a work environment and STAFF support climate that contribute to the well-being, satisfaction, and motivation of all STAFF.

Within your response, include answers to the following questions:

a. Work Environment

(1) How do you improve workplace health, safety, security, and ergonomics? How do STAFF take part in improving them? What are your PERFORMANCE MEASURES or targets for each of these KEY workplace factors? What are the significant differences in workplace factors and PERFORMANCE MEASURES or targets if different STAFF groups and work units have different work environments?

(2) How do you ensure workplace preparedness for emergencies or disasters? How do you seek to ensure HEALTH CARE SERVICE and business continuity for the benefit of your PATIENTS, other CUSTOMERS, and STAFF?

b. STAFF Support and Satisfaction

(1) How do you determine the KEY factors that affect STAFF well-being, satisfaction, and motivation? How are these factors segmented for a diverse workforce and for different categories and types of STAFF?

(2) How do you support your STAFF via services, benefits, and policies? How are these tailored to the needs of a diverse workforce and different categories and types of STAFF?

(3) What formal and informal assessment methods and MEASURES do you use to determine STAFF well-being, satisfaction, and motivation? How do these methods and MEASURES differ across a diverse workforce and different categories and types of STAFF? How do you use other INDICATORS, such as STAFF retention, absenteeism, grievances, safety, and PRODUCTIVITY, to assess and improve STAFF well-being, satisfaction, and motivation?

(4) How do you relate assessment findings to KEY organizational PERFORMANCE RESULTS to identify priorities for improving the work environment and STAFF support climate?

Notes:

N1. Specific factors that might affect your staff's well-being, satisfaction, and motivation (5.3b[1]) include effective staff problem or grievance resolution; safety factors; staff's views of management; staff training, development, and career opportunities; staff preparation for changes in technology or the work organization; the work environment and other work conditions; management's empowerment of staff; information sharing by management; workload; cooperation and teamwork; recognition; services and benefits; communications; job security; compensation; and equal opportunity.

N2. Approaches for staff support (5.3b[2]) might include providing counseling, career development and employability services, recreational or cultural activities, nonwork-related education, day care, job rotation or sharing, special leave for family responsibilities or community service, home safety training, flexible work hours and location, outplacement, and retirement benefits (including extended health care).

N3. Measures and indicators of well-being, satisfaction, and motivation (5.3b[3]) might include data on safety and absenteeism, the overall turnover rate, the turnover rate for patient/customer contact staff, staff members' charitable contributions, grievances, strikes, other job actions, insurance costs, workers' compensation claims, and results of surveys. Survey indicators of satisfaction might include staff knowledge of job roles, staff knowledge of organizational direction, and staff perception of empowerment and information sharing. Your results relative to such measures and indicators should be reported in Item 7.4.

N4. Identifying priorities (5.3b[4]) might draw upon your staff and work system results presented in Item 7.4 and might involve addressing staff problems based on their impact on your organizational performance.

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6 Process Management (85 pts.)

The *Process Management* Category examines the KEY aspects of your organization's PROCESS management, including KEY health care, business, and other support PROCESSES for creating VALUE for PATIENTS, other CUSTOMERS, and the organization. This Category encompasses all KEY PROCESSES and all departments and work units.

6.1 Health Care Processes (50 pts.)

<div style="text-align: right">**Approach-Deployment**</div>

Describe HOW your organization identifies and manages its KEY PROCESSES for delivering PATIENT HEALTH CARE SERVICES.

Within your response, include answers to the following questions:

a. Health Care PROCESSES

(1) How does your organization determine its KEY HEALTH CARE SERVICES and service delivery PROCESSES? What are your organization's KEY health care PROCESSES? How do these PROCESSES create VALUE for the organization, your PATIENTS and other CUSTOMERS, and your other KEY STAKEHOLDERS? How do they contribute to improved HEALTH CARE SERVICE outcomes?

(2) How do you determine KEY health care PROCESS requirements, incorporating input from PATIENTS and other CUSTOMERS, suppliers, and partners, as appropriate? What are the KEY requirements for these PROCESSES?

(3) How do you design these PROCESSES to meet all the KEY requirements, including PATIENT safety, regulatory, accreditation, and payor requirements? How do you incorporate new technology and organizational knowledge into the design of these PROCESSES? How do you incorporate improved health care outcomes, CYCLE TIME, PRODUCTIVITY, cost control, and other efficiency and effectiveness factors into the design of these PROCESSES? How do you implement these PROCESSES to ensure they meet design requirements?

(4) How are PATIENTS' expectations addressed and considered? How are HEALTH CARE SERVICE delivery PROCESSES and likely outcomes explained to set realistic PATIENT expectations? How are PATIENT decision making and PATIENT preferences factored into the delivery of HEALTH CARE SERVICES?

(5) How does your day-to-day operation of your health care PROCESSES ensure meeting KEY PROCESS requirements, including PATIENT safety, regulatory, accreditation, and payor requirements? What are your KEY PERFORMANCE assessments and MEASURES or INDICATORS used for the control and improvement of your health care PROCESSES? How are in-process MEASURES used in managing these PROCESSES? How is PATIENT and other CUSTOMER, supplier, and partner input used in managing your health care PROCESSES, as appropriate?

(6) How do you minimize overall costs associated with inspections, tests, and PROCESS or PERFORMANCE audits, as appropriate? How do you prevent errors and rework?

(7) How do you improve your health care PROCESSES to achieve better PERFORMANCE, to reduce variability, to improve HEALTH CARE SERVICES and health care outcomes, and to keep the PROCESSES current with HEALTH CARE SERVICE needs and directions? How are improvements shared with other organizational units and PROCESSES?

Notes:

N1. "Health care processes" refers to patient and community service processes for the purpose of prevention, maintenance, health promotion, screening, diagnosis, treatment/therapy, rehabilitation, recovery, palliative care, or supportive care. This includes services delivered to patients through other providers (e.g., laboratory or radiology studies). Responses to Item 6.1 should be based upon the most critical requirements for successful delivery of your services.

N2. Key processes for the conduct of health care research and/or a teaching mission should be reported in either Item 6.1 or 6.2, as appropriate to your organization's mission.

N3. Process requirements should include all appropriate components of health care service delivery. In a group practice, this might be the making of appointments, presentation, evaluation of risk factors, health education, and appointment closures. Depending upon the health care service, this might include a significant focus on technology and patient-specific considerations.

N4. To achieve better process performance and reduce variability, you might implement approaches such as the PDSA process, six sigma methodology, use of ISO 9000:2000 standards, or other process improvement tools.

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N5. To provide as complete and concise a response as possible for your key health care processes, you might want to use a tabular format identifying the key processes and the attributes of each as called for in questions 6.1a(1)–6.1a(7). Depending on the structure of your health care staff, your response to Item 6.1 might deal with some aspects of health care provider services if there is a customer-supplier relationship.

Health care staff should still be addressed in Item 1.1 and Category 5.

N6. The results of improvements in health care outcomes and health care service performance should be reported in Item 7.1. The results of operational improvements in the performance of your key health care service design and delivery processes should be reported in Item 7.5.

For additional description of this Item, see pages 53–54.

6.2 Support Processes (35 pts.)

Approach-Deployment

Describe HOW your organization manages its KEY business and other support PROCESSES.

Within your response, include answers to the following questions:

a. Business and Other Support PROCESSES

(1) How does your organization determine its KEY business and other support PROCESSES? What are your KEY PROCESSES for supporting your health care PROCESSES?

(2) How do you determine KEY support PROCESS requirements, incorporating input from internal and external CUSTOMERS, and suppliers and partners, as appropriate? What are the KEY requirements for these PROCESSES?

(3) How do you design these PROCESSES to meet all the KEY requirements? How do you incorporate new technology and organizational knowledge into the design of these PROCESSES? How do you incorporate improved CYCLE TIME, PRODUCTIVITY, cost control, and other efficiency and effectiveness factors into the design of the PROCESSES? How do you implement these PROCESSES to ensure they meet design requirements?

(4) What are your KEY PERFORMANCE MEASURES or INDICATORS used for the control and improvement of your support PROCESSES? How does your day-to-day operation of KEY support PROCESSES ensure meeting KEY PERFORMANCE requirements? How are in-process MEASURES used in managing these PROCESSES? How are PATIENT and other CUSTOMER, supplier, and partner input used in managing these PROCESSES, as appropriate?

(5) How do you minimize overall costs associated with inspections, tests, and PROCESS or PERFORMANCE audits, as appropriate? How do you prevent errors and rework?

(6) How do you improve your support PROCESSES to achieve better PERFORMANCE, to reduce variability, and to keep the PROCESSES current with HEALTH CARE SERVICE needs and directions? How are improvements shared with other organizational units and PROCESSES?

Notes:

N1. Your key business processes are those non-health care service processes that are considered most important to business growth and success by your organization's senior leaders. These might include processes for innovation, technology acquisition, information and knowledge management, supply chain management, supplier partnering, outsourcing, mergers and acquisitions, project management, and sales and marketing. The key business processes to be included in Item 6.2 are distinctive to your organization and how you operate.

N2. Your other key support processes are those that are considered most important for support of your organization's health care service design and delivery processes, staff, and daily operations. These might include key patient support processes (e.g., housekeeping and medical records) and key administrative support processes (e.g., finance and accounting), facilities management, legal, human resource, and project management.

N3. The results of improvements in your key business and other support processes and their performance results should be reported in Item 7.5.

For additional description of this Item, see pages 54–55.

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7 Organizational Performance Results (450 pts.)

The *Organizational PERFORMANCE RESULTS* Category examines your organization's PERFORMANCE and improvement in KEY areas—health care delivery and outcomes, PATIENT and other CUSTOMER satisfaction, financial and marketplace PERFORMANCE, STAFF and WORK SYSTEM RESULTS, operational PERFORMANCE, and GOVERNANCE and social responsibility. Also examined are PERFORMANCE LEVELS relative to those of competitors and other organizations providing similar HEALTH CARE SERVICES.

7.1 Health Care Results (75 pts.) `Results`

Summarize your organization's KEY health care PERFORMANCE RESULTS. Segment your RESULTS by CUSTOMER groups and market segments, as appropriate. Include appropriate comparative data. Indicate those MEASURES that are mandated by regulatory, accreditor, or payor requirements.

Provide data and information to answer the following questions:

a. Health Care RESULTS

What are your current LEVELS and TRENDS in KEY MEASURES or INDICATORS of health care outcomes, HEALTH CARE SERVICE delivery RESULTS, PATIENT safety, and PATIENTS' functional status that are important to your PATIENTS and other CUSTOMERS? How do these RESULTS compare to the PERFORMANCE of your competitors and other organizations providing similar HEALTH CARE SERVICES?

Notes:

N1. Health care results reported in this Item should include the key health care service features identified as patient and other customer requirements or expectations in P.1b(2), based on information gathered in Items 3.1 and 3.2. The measures or indicators should address factors that affect patient and other customer preference, such as those included in P.1, Note 3, and Item 3.1, Note 3.

N2. Key health care results should be tailored to your organization and might include both mandated and nonmandated results.

For additional description of this Item, see page 55.

7.2 Patient- and Other Customer-Focused Results (75 pts.) `Results`

Summarize your organization's KEY PATIENT- and other CUSTOMER-focused RESULTS, including PATIENT/CUSTOMER satisfaction and PATIENT/CUSTOMER-perceived VALUE. Segment your RESULTS by CUSTOMER groups and market segments, as appropriate. Include appropriate comparative data.

Provide data and information to answer the following questions:

a. PATIENT- and Other CUSTOMER-Focused RESULTS

(1) What are your current LEVELS and TRENDS in KEY MEASURES or INDICATORS of PATIENT and other CUSTOMER satisfaction and dissatisfaction? How do these compare with satisfaction relative to competitors and other organizations providing similar HEALTH CARE SERVICES?

(2) What are your current LEVELS and TRENDS in KEY MEASURES or INDICATORS of PATIENT- and other CUSTOMER-perceived VALUE, including PATIENT and other CUSTOMER loyalty and retention, positive referral, and other aspects of building relationships with PATIENTS and other CUSTOMERS, as appropriate?

Notes:

N1. Patient and other customer satisfaction and dissatisfaction results reported in this Item should relate to determination methods and data described in Item 3.2.

N2. There may be several different dimensions of patient satisfaction, such as satisfaction with quality of care, satisfaction with provider interaction, satisfaction with the long-term health outcome, and satisfaction with ancillary services. All of these areas are appropriate satisfaction indicators.

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N3. Measures and indicators of your patients' and other customers' satisfaction relative to satisfaction with competitors or other organizations providing similar health care services might include objective information and data from your customers and from independent organizations.

For additional description of this Item, see page 56.

7.3 Financial and Market Results (75 pts.)

Results

Summarize your organization's KEY financial and health care marketplace PERFORMANCE RESULTS by market segments, as appropriate. Include appropriate comparative data.

Provide data and information to answer the following questions:

a. Financial and Market RESULTS

(1) What are your current LEVELS and TRENDS in KEY MEASURES or INDICATORS of financial PERFORMANCE, including aggregate MEASURES of financial return and economic value, as appropriate?

(2) What are your current LEVELS and TRENDS in KEY MEASURES or INDICATORS of health care marketplace PERFORMANCE, including market share or position, business growth, and new markets entered, as appropriate?

Note:

Responses to 7.3a(1) might include aggregate measures such as return on investment (ROI), asset utilization, operating margins, profitability (if relevant), profitability by market or customer segment, liquidity, debt to equity ratio, value added per staff member, bond ratings (if appropriate), and financial activity measures.

For additional description of this Item, see page 56.

7.4 Staff and Work System Results (75 pts.)

Results

Summarize your organization's KEY STAFF and WORK SYSTEM RESULTS, including WORK SYSTEM PERFORMANCE and STAFF learning, development, well-being, and satisfaction. Segment your RESULTS to address the diversity of your workforce and the different types and categories of STAFF, as appropriate. Include appropriate comparative data.

Provide data and information to answer the following questions:

a. STAFF and WORK SYSTEM RESULTS

(1) What are your current LEVELS and TRENDS in KEY MEASURES or INDICATORS of WORK SYSTEM PERFORMANCE and effectiveness?

(2) What are your current LEVELS and TRENDS in KEY MEASURES of STAFF learning and development?

(3) What are your current LEVELS and TRENDS in KEY MEASURES or INDICATORS of STAFF well-being, satisfaction, and dissatisfaction?

Notes:

N1. Results reported in this Item should relate to activities described in Category 5. Your results should be responsive to key process needs described in Category 6 and to your organization's action plans and human resource plans described in Item 2.2.

N2. Appropriate measures and indicators of work system performance and effectiveness (7.4a[1]) might include job and job classification simplification, job rotation, work layout improvement, staff retention and internal promotion rates, and changing supervisory ratios.

N3. Appropriate measures and indicators of staff learning and development (7.4a[2]) might include innovation and suggestion rates, courses completed, learning, on-the-job performance improvements, credentialing, and cross-training rates.

N4. For appropriate measures of staff well-being and satisfaction (7.4a[3]), see Item 5.3, Notes.

For additional description of this Item, see pages 56–57.

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7.5 Organizational Effectiveness Results (75 pts.)

Results

Summarize your organization's KEY operational PERFORMANCE RESULTS that contribute to the achievement of organizational effectiveness. Segment your RESULTS by HEALTH CARE SERVICES and market segments, as appropriate. Include appropriate comparative data.

Provide data and information to answer the following questions:

a. Organizational Effectiveness RESULTS

   (1) What are your current LEVELS and TRENDS in KEY MEASURES or INDICATORS of the operational PERFORMANCE of your KEY health care PROCESSES? Include PRODUCTIVITY, CYCLE TIME, supplier and partner PERFORMANCE, and other appropriate MEASURES of effectiveness and efficiency.

   (2) What are your current LEVELS and TRENDS in KEY MEASURES or INDICATORS of the operational PERFORMANCE of your KEY support and business PROCESSES? Include PRODUCTIVITY, CYCLE TIME, supplier and partner PERFORMANCE, and other appropriate MEASURES of effectiveness and efficiency.

   (3) What are your RESULTS for KEY MEASURES or INDICATORS of accomplishment of organizational strategy and ACTION PLANS?

Notes:

N1. Results reported in Item 7.5 should address your key operational requirements and progress toward accomplishment of your key organizational performance goals as presented in the Organizational Profile and in Items 1.1, 2.2, 6.1, and 6.2. Include results not reported in Items 7.1–7.4.

N2. Results reported in Item 7.5 should provide key information for analysis (Item 4.1) and review of your organizational performance (Item 1.1) and should provide the operational basis for health care results (Item 7.1), patient- and other customer-focused results (Item 7.2), and financial and market results (Item 7.3).

For additional description of this Item, see page 57.

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7.6 Governance and Social Responsibility Results (75 pts.)

Summarize your organization's KEY GOVERNANCE and social responsibility RESULTS, including evidence of fiscal accountability, ethical behavior, legal compliance, and organizational citizenship. Segment your RESULTS by organizational units, as appropriate. Include appropriate comparative data.

Provide data and information to answer the following questions:

a. GOVERNANCE and Social Responsibility RESULTS

(1) What are your KEY current findings and TRENDS in KEY MEASURES or INDICATORS of fiscal accountability, both internal and external, as appropriate?

(2) What are your RESULTS for KEY MEASURES or INDICATORS of ethical behavior and of STAKEHOLDER trust in the GOVERNANCE of your organization?

(3) What are your RESULTS for KEY MEASURES or INDICATORS of organizational accreditation, assessment, and regulatory and legal compliance?

(4) What are your RESULTS for KEY MEASURES or INDICATORS of organizational citizenship in support of your KEY communities, including contributions to the health of your community?

Notes:

N1. Responses to 7.6a(1) might include financial statement issues and risks, important internal and external auditor recommendations, and management's response to these matters.

N2. For examples of measures of ethical behavior and stakeholder trust (7.6a[2]), see Note 2 to Item 1.2.

N3. Regulatory and legal compliance results (7.6a[3]) should address requirements described in 1.2a. If your organization has received sanctions or adverse actions under law (including malpractice), regulation, accreditation, or contract during the past three years, briefly describe the incident(s) and current status. If settlements have been negotiated in lieu of potential sanctions or adverse actions, give explanations.

N4. Organizational citizenship and community health results (7.6a[4]) should address support for the key communities discussed in 1.2c.

For additional description of this Item, see page 57.

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Comments

- Results measures reported for work system performance might include improvement in job classification, job rotation, work layout, and working relationships among health care providers, administrators, and support staff. Results reported might include input data, such as extent of training, but the main emphasis should be on data that show effectiveness or outcomes.

- Results reported might include generic or organization-specific factors. Generic factors might include safety, absenteeism, turnover, satisfaction, and complaints (grievances). For some measures, such as absenteeism and turnover, local or regional comparisons might be appropriate.

- Organization-specific factors are those you assess for determining your work system performance and your staff's well-being and satisfaction. These factors might include the extent of training or cross-training or the extent and success of self-direction.

7.5 *Organizational Effectiveness Results*

Purpose

This Item examines your organization's other key operational performance results not reported in Items 7.1–7.4, with the aim of achieving organizational effectiveness and attaining key organizational goals.

Requirements

You are asked to provide current levels, trends, and appropriate comparisons for key measures and indicators of operational and strategic performance that lead to your organization's effectiveness and the ongoing achievement of results reported in Items 7.1–7.4.

Comments

- This Item encourages your organization to develop and include unique and innovative measures to track health care service development and operational improvement. However, all key areas of health care service delivery and operational performance should be evaluated by measures that are relevant and important to your organization.

- Measures and indicators of operational effectiveness and efficiency might include internal responsiveness indicators such as cycle times and turnaround times; utilization rates; waste reduction such as reducing repeat diagnostic tests; cost reduction; strategic indicators such as innova-

tion rates, time to new health care service introduction, and increased use of e-technology; supply chain indicators such as reductions in inventory, increases in quality and productivity such as six sigma initiative results, improvements in electronic data exchange, and reductions in supply chain management costs; and indicators of strategic goal achievement.

7.6 *Governance and Social Responsibility Results*

Purpose

This Item examines your organization's key results in the area of societal responsibilities, with the aim of maintaining an ethical organization that is a good citizen in its communities.

Requirements

You are asked to provide data and information on key measures or indicators of organizational accountability, stakeholder trust, and ethical behavior.

You also are asked to provide data and information on your organization's regulatory, legal, and accreditation compliance and your citizenship and community health activities.

Comments

- Independent of an increased focus on issues of governance, ethics, and board and leadership accountability, it is important for organizations to practice and demonstrate high standards of overall conduct. Boards and senior leaders should track relevant performance measures on a regular basis and emphasize this performance in stakeholder communications.

- Results reported should include key accreditation and regulatory review findings, patient safety data, staff licensure and recredentialing determinations, external audits, proficiency testing results, and utilization review results, as appropriate.

- Measures should include environmental and regulatory compliance and noteworthy achievements in these areas, as appropriate. Results also should include indicators of support for key communities and other public purposes, including contributions to improving community health.

- If your organization has received sanctions or adverse actions under law (including malpractice), regulation, accreditation, or contract during the past three years, the incidents and current status should be summarized.

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SCORING SYSTEM

The scoring of responses to Criteria Items (Items) and Award applicant feedback are based on three evaluation dimensions: (1) APPROACH, (2) DEPLOYMENT, and (3) RESULTS. Criteria users need to furnish information relating to these dimensions. Specific factors for these dimensions are described below. Scoring Guidelines are given on page 59.

Approach

"APPROACH" refers to how you address the Item requirements—the *method(s)* used. The factors used to evaluate APPROACHES include

- the appropriateness of the methods to the requirements
- the effectiveness of use of the methods and the degree to which the APPROACH
  - is repeatable, integrated, and consistently applied
  - embodies evaluation/improvement/learning cycles
  - is based on reliable information and data
- ALIGNMENT with your organizational needs
- evidence of beneficial INNOVATION and change

Deployment

"DEPLOYMENT" refers to the *extent* to which your APPROACH is applied. The factors used to evaluate DEPLOYMENT include

- use of the APPROACH in addressing Item requirements relevant and important to your organization
- use of the APPROACH by all appropriate work units

Results

"RESULTS" refers to *outcomes* in achieving the PURPOSES given in Items 7.1–7.6. The factors used to evaluate RESULTS include

- your current PERFORMANCE
- your PERFORMANCE relative to appropriate comparisons and/or BENCHMARKS
- rate and breadth of your PERFORMANCE improvements
- linkage of your RESULTS MEASURES to important PATIENT/ CUSTOMER, health care, market, PROCESS, and ACTION PLAN PERFORMANCE requirements identified in your Organizational Profile and in APPROACH-DEPLOYMENT Items

Item Classification and Scoring Dimensions

Items are classified according to the kinds of information and/or data you are expected to furnish relative to the three evaluation dimensions given above.

The two types of Items and their designations are

1. APPROACH-DEPLOYMENT   **Approach-Deployment**

2. RESULTS   **Results**

APPROACH and DEPLOYMENT are linked to emphasize that descriptions of APPROACH should always indicate the

DEPLOYMENT—consistent with the *specific requirements* of the Item. Although APPROACH and DEPLOYMENT dimensions are linked, feedback to Award applicants reflects strengths and/or opportunities for improvement in either or both dimensions.

RESULTS Items call for data showing PERFORMANCE LEVELS, relevant comparative data, and improvement TRENDS for KEY MEASURES AND INDICATORS of organizational PERFORMANCE. RESULTS Items also call for data on breadth of PERFORMANCE improvements, i.e., on how widespread your improvement RESULTS are. This is directly related to the DEPLOYMENT dimension; if improvement PROCESSES are widely deployed, there should be corresponding RESULTS. A score for a RESULTS Item is thus a composite based upon overall PERFORMANCE, taking into account the rate and breadth of improvements and their importance. (See next paragraph.)

"Importance" as a Scoring Factor

The three evaluation dimensions described previously are critical to evaluation and feedback. However, another critical consideration in evaluation and feedback is the importance of your reported APPROACH, DEPLOYMENT, and RESULTS to your KEY business factors. The areas of greatest importance should be identified in your Organizational Profile and in Items such as 2.1, 2.2, 3.1, 5.1, and 6.1. Your KEY PATIENT/CUSTOMER requirements, competitive environment, KEY STRATEGIC OBJECTIVES, and ACTION PLANS are particularly important.

Assignment of Scores to Your Responses

The following guidelines should be observed in assigning scores to your Item responses:

- All Areas to Address should be included in your Item response. Also, responses should reflect what is important to your organization.
- In assigning a score to an Item, first decide which scoring range (e.g., 50 percent to 60 percent) best fits the overall Item response. Overall "best fit" does not require total agreement with each of the statements for that scoring range. Assigning the actual score *within* the range requires evaluating whether the Item response is closer to the statements in the next higher or next lower scoring range.
- An APPROACH-DEPLOYMENT Item score of 50 percent represents an APPROACH that meets the overall objectives of the Item and that is deployed to the principal PROCESSES and work units covered in the Item. Higher scores reflect maturity (organizational learning), INTEGRATION, and broader DEPLOYMENT.
- A RESULTS Item score of 50 percent represents a clear indication of improvement TRENDS and/or good LEVELS of PERFORMANCE in the principal RESULTS areas covered in the Item. Higher scores reflect better improvement rates and/or LEVELS of PERFORMANCE, better comparative PERFORMANCE, and broader coverage and INTEGRATION with health care requirements.
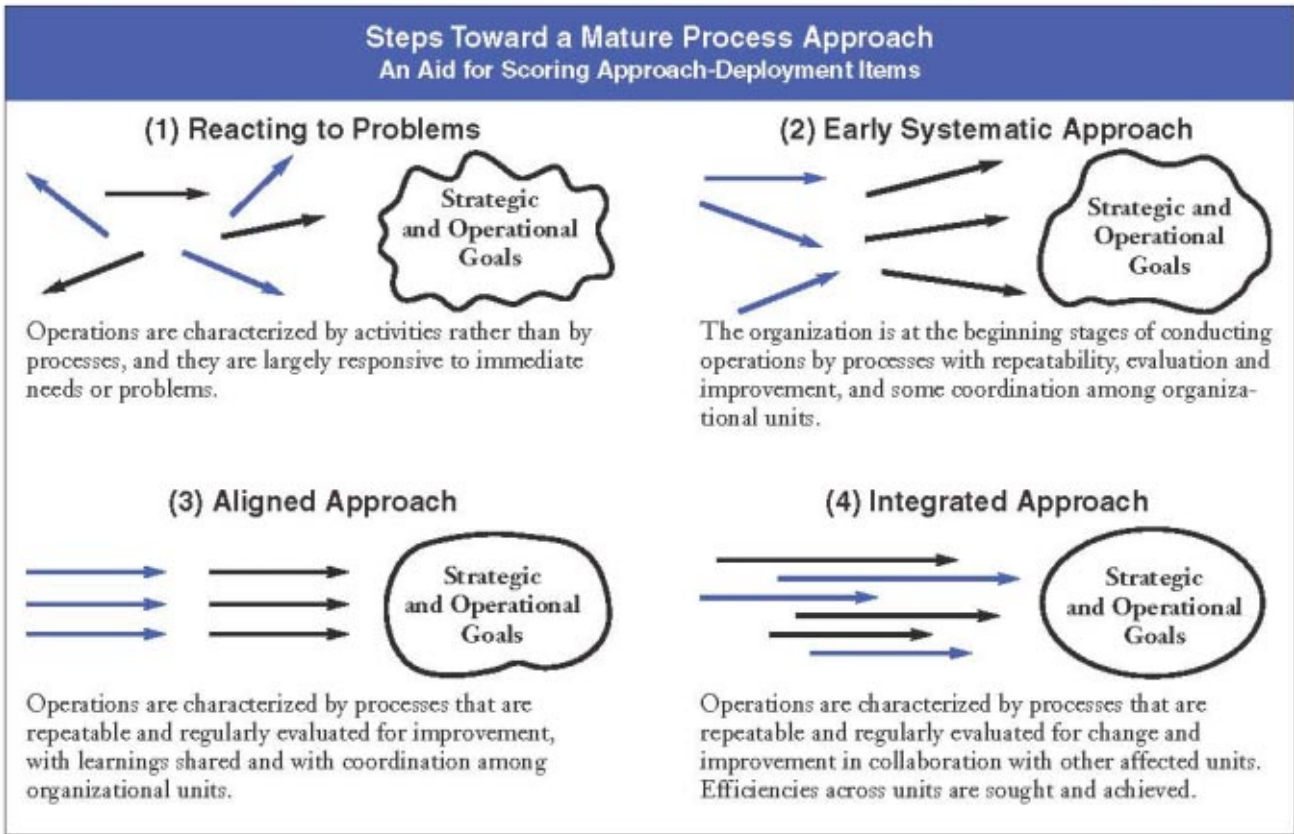
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SCORING GUIDELINES

For Use With Category 7

SCORE	RESULTS
0%	■ There are no organizational RESULTS or poor RESULTS in areas reported.
10% to 20%	■ There are some improvements and/or early good PERFORMANCE LEVELS in a few areas. ■ RESULTS are not reported for many to most areas of importance to your KEY organizational requirements.
30% to 40%	■ Improvements and/or good PERFORMANCE LEVELS are reported in many areas of importance to your KEY organizational requirements. ■ Early stages of developing TRENDS and obtaining comparative information are evident. ■ RESULTS are reported for many to most areas of importance to your KEY organizational requirements.
50% to 60%	■ Improvement TRENDS and/or good PERFORMANCE LEVELS are reported for most areas of importance to your KEY organizational requirements. ■ No pattern of adverse TRENDS and no poor PERFORMANCE LEVELS are evident in areas of importance to your KEY organizational requirements. ■ Some TRENDS and/or current PERFORMANCE LEVELS—evaluated against relevant comparisons and/or BENCHMARKS—show areas of strength and/or good to very good relative PERFORMANCE LEVELS. ■ Organizational performance RESULTS address most KEY CUSTOMER, market, and PROCESS requirements.
70% to 80%	■ Current PERFORMANCE is good to excellent in areas of importance to your KEY organizational requirements. ■ Most improvement TRENDS and/or current PERFORMANCE LEVELS are sustained. ■ Many to most TRENDS and/or current PERFORMANCE LEVELS—evaluated against relevant comparisons and/or BENCHMARKS—show areas of leadership and very good relative PERFORMANCE LEVELS. ■ Organizational performance RESULTS address most KEY CUSTOMER, market, PROCESS, and ACTION PLAN requirements.
90% to 100%	■ Current PERFORMANCE is excellent in most areas of importance to your KEY organizational requirements. ■ Excellent improvement TRENDS and/or sustained excellent PERFORMANCE LEVELS are reported in most areas. ■ Evidence of health care sector and BENCHMARK leadership is demonstrated in many areas. ■ Organizational performance RESULTS fully address KEY CUSTOMER, market, PROCESS, and ACTION PLAN requirements.

For Use With Categories 1–6

SCORE	APPROACH-DEPLOYMENT
0%	■ No SYSTEMATIC APPROACH is evident; information is ANECDOTAL.
10% to 20%	■ The beginning of a SYSTEMATIC APPROACH to the BASIC REQUIREMENTS of the Item is evident. ■ Major gaps exist in DEPLOYMENT that would inhibit progress in achieving the BASIC REQUIREMENTS of the Item. ■ Early stages of a transition from reacting to problems to a general improvement orientation are evident.
30% to 40%	■ An EFFECTIVE, SYSTEMATIC APPROACH, responsive to the BASIC REQUIREMENTS of the Item, is evident. ■ The APPROACH is deployed, although some areas or work units are in early stages of DEPLOYMENT. ■ The beginning of a SYSTEMATIC APPROACH to evaluation and improvement of KEY PROCESSES is evident.
50% to 60%	■ An EFFECTIVE, SYSTEMATIC APPROACH, responsive to the OVERALL REQUIREMENTS of the Item and your KEY organizational requirements, is evident. ■ The APPROACH is well deployed, although DEPLOYMENT may vary in some areas or work units. ■ A fact-based, SYSTEMATIC evaluation and improvement PROCESS is in place for improving the efficiency and effectiveness of KEY PROCESSES. ■ The APPROACH is aligned with your basic organizational needs identified in the other Criteria Categories.
70% to 80%	■ An EFFECTIVE, SYSTEMATIC APPROACH, responsive to the MULTIPLE REQUIREMENTS of the Item and your current and changing health care needs, is evident. ■ The APPROACH is well deployed, with no significant gaps. ■ A fact-based, SYSTEMATIC evaluation and improvement PROCESS and organizational learning/sharing are KEY management tools; there is clear evidence of refinement, INNOVATION, and improved INTEGRATION as a result of organizational-level ANALYSIS and sharing. ■ The APPROACH is well integrated with your organizational needs identified in the other Criteria Categories.
90% to 100%	■ An EFFECTIVE, SYSTEMATIC APPROACH, fully responsive to all the requirements of the Item and all your current and changing health care needs, is evident. ■ The APPROACH is fully deployed without significant weaknesses or gaps in any areas or work units. ■ A very strong, fact-based, SYSTEMATIC evaluation and improvement PROCESS and extensive organizational learning/sharing are KEY management tools; strong refinement, INNOVATION, and INTEGRATION, backed by excellent organizational-level ANALYSIS and sharing, are evident. ■ The APPROACH is fully integrated with your organizational needs identified in the other Criteria Categories.

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Steps Toward a Mature Process Approach
An Aid for Scoring Approach-Deployment Items

(1) Reacting to Problems

Strategic and Operational Goals

Operations are characterized by activities rather than by processes, and they are largely responsive to immediate needs or problems.

(2) Early Systematic Approach

Strategic and Operational Goals

The organization is at the beginning stages of conducting operations by processes with repeatability, evaluation and improvement, and some coordination among organizational units.

(3) Aligned Approach

Strategic and Operational Goals

Operations are characterized by processes that are repeatable and regularly evaluated for improvement, with learnings shared and with coordination among organizational units.

(4) Integrated Approach

Strategic and Operational Goals

Operations are characterized by processes that are repeatable and regularly evaluated for change and improvement in collaboration with other affected units. Efficiencies across units are sought and achieved.

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2003 HEALTH CARE CRITERIA RESPONSE GUIDELINES

The guidelines given in this section are offered to assist Criteria users in responding most effectively to the requirements of the 19 Criteria Items. Writing an application for the Baldrige Award involves responding to these requirements in 50 or fewer pages.

The guidelines are presented in three parts:

(1) General Guidelines regarding the Criteria booklet, including how the Items are formatted

(2) Guidelines for Responding to Approach-Deployment Items

(3) Guidelines for Responding to Results Items

General Guidelines

1. Read the entire Criteria booklet.

The main sections of the booklet provide an overall orientation to the Criteria, including how responses are to be evaluated for self-assessment or by Award Examiners. You should become thoroughly familiar with the following sections:

- Health Care Criteria for Performance Excellence (pages 14–34)

- Scoring information (pages 58–60)

- Glossary of Key Terms (pages 35–41)

- Category and Item Descriptions (pages 42–57)

2. Review the Item format and understand how to respond to the Item requirements.

The Item format (see figure below) shows the different parts of Items, the role of each part, and where each part is placed. It is especially important to understand the Areas to Address and the Item Notes. Each Item and Area to Address is described in greater detail in a separate section (pages 42–57).

Each Item is classified either **Approach-Deployment** or **Results**, depending on the type of information required. Guidelines for responding to Approach-Deployment Items are given on pages 62–63. Guidelines for responding to Results Items are given on pages 63–64.

Item requirements are presented in question format. Some Areas to Address include multiple questions. Responses to an Item should contain answers to all questions; however, each question need not be answered separately. Responses to multiple questions within a single Area to Address may be grouped, as appropriate to your organization. These multiple questions serve as a guide in understanding the full meaning of the information being requested.

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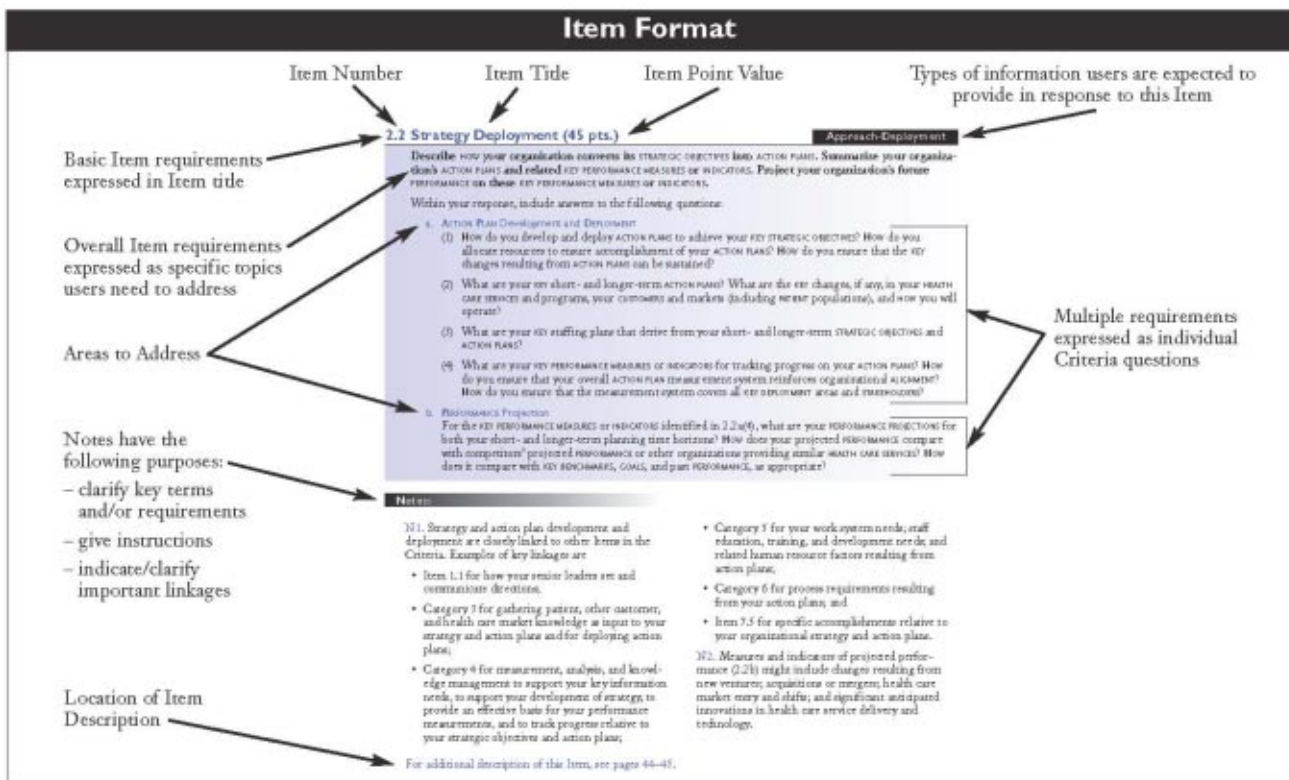
3. Start by preparing the Organizational Profile.

The Organizational Profile is the most appropriate starting point for initiating a self-assessment or for writing an application. The Organizational Profile is intended to help everyone—including organizations using the Criteria for self-assessment, application writers, and reviewers—to understand what is most relevant and important to your organization's performance as a health care provider. The questions to address in responding to the Organizational Profile are on pages 14–16.

Guidelines for Responding to Approach-Deployment Items

Although the Criteria focus on key performance results, these results by themselves offer little *diagnostic* value. For example, if some results are poor or are improving at rates slower than your competitors', it is important to understand *why* this is so and *what* might be done to accelerate improvement.

The purpose of Approach-Deployment Items is to permit diagnosis of your organization's most important processes—the ones that yield fast-paced organizational performance improvement and contribute to key organizational results. Diagnosis and feedback depend heavily on the content and completeness of Approach-Deployment Item responses. For this reason, it is important to respond to these Items by providing your key process information. Guidelines for organizing and reviewing such information follow.

1. Understand the meaning of "how."

Approach-Deployment Items include questions that begin with the word "how." *Responses should outline your key process information, such as methods, measures, deployment, and evaluation/improvement/learning factors.* Responses lacking such information, or merely providing an example, are referred to in the Scoring Guidelines as "anecdotal information."

2. Understand the meaning of "what."

Two types of questions in Approach-Deployment Items begin with the word "what." The first type of question requests basic information on key processes and how they work. Although it is helpful to include *who* performs the work, merely stating *who* does not permit diagnosis or feedback. The second type of question requests information on *what* your key findings, plans, objectives, goals, or measures are. These latter questions set the context for showing alignment and integration in your performance management system. For example, when you identify key strategic objectives, your action plans, human resource development plans, some of your results measures, and results reported in Category 7 should be expected to relate to the stated strategic objectives.

3. Write and review response(s) with the following guidelines and comments in mind.

- Show that processes are *systematic*.

  Approaches that are systematic are repeatable and use data and information so that improvement and learning are possible. In other words, approaches are systematic if they build in the opportunity for evaluation and learning and thereby permit a gain in maturity.

- Show deployment.

  Deployment information should summarize what is done in different parts of your organization. Deployment can be shown compactly by using tables.

- Show focus and consistency.

  There are four important factors to consider regarding focus and consistency: (1) the Organizational Profile should make clear what is important; (2) the Strategic Planning Category, including the strategic objectives and action plans, should highlight areas of greatest focus and describe how deployment is accomplished; (3) descriptions of organizational-level analysis and review (Items 4.1 and 1.1) should show how your organization analyzes and reviews performance information to set priorities; and (4) the Process Management Category should highlight processes that are key to your overall performance. *Showing focus and consistency in the Approach-Deployment Items and tracking corresponding measures in the Results Items should improve organizational performance.*

- Respond fully to Item requirements.

  Missing information will be interpreted as a gap in approach and/or deployment. All Areas to Address should be addressed. Individual questions in an Area to Address may be addressed individually or together.

4. Cross-reference when appropriate.

As much as possible, each Item response should be self-contained. However, responses to different Items might be mutually reinforcing. It is then appropriate to refer to the other responses rather than to repeat information. In such cases, key process information should be given in the Item requesting this information. For example, staff education and training should be described in detail in Item 5.2. Discussions about education and training elsewhere in your application would then reference but not repeat details given in your Item 5.2 response.

5. Use a compact format.

Applicants should make the best use of the 50 application pages permitted. Applicants are encouraged to use flowcharts, tables, and "bullets" to present information concisely.

6. Refer to the Scoring Guidelines.

Considerations in the evaluation of Item responses include the Criteria Item requirements and the maturity of the approaches, breadth of deployment, alignment and integration with other elements of your performance management system, and strength of the improvement and learning processes relative to the Scoring Guidelines. Therefore, you need to consider both the Criteria and the Scoring Guidelines.

Guidelines for Responding to Results Items

The Health Care Criteria place the greatest emphasis on results. The following information, guidelines, and example relate to effective and complete reporting of results.

1. Focus on the most critical organizational performance results.

Results reported should cover the most important requirements for your organizational success, highlighted in your Organizational Profile and in the Strategic Planning and Process Management Categories.

2. Note the meaning of the four key requirements from the Scoring Guidelines for effective reporting of results data:

- *trends* to show directions of results and rates of change

- *performance* levels on a meaningful measurement scale

- *comparisons* to show how results compare with those of other, appropriately selected organizations

- *breadth and importance of results* to show that all important results are included and segmented, e.g., by patient/customer, staff, process, and health care service

3. Include trend data covering actual periods for tracking trends.

No minimum period of time is specified for trend data. Trends might span five years or more for some results. For important results, new data should be included even if trends and comparisons are not yet well established.

4. Use a compact format—graphs and tables.

Many results can be reported compactly by using graphs and tables. Graphs and tables should be labeled for easy interpretation. Results over time or compared with others should be "normalized," i.e., presented in a way (such as use of ratios) that takes into account various size factors. For example, reporting safety trends in terms of needle sticks per 100 staff members would be more meaningful than total needle sticks, if the staff size has varied over the time period or if you are comparing your results to organizations differing in size.

**5. Integrate results into the body of the text.**

Discussion of results and the results themselves should be close together in an Award application. *Trends that show a significant positive or negative change should be explained.* Use figure numbers that correspond to Items. For example, the third figure for Item 7.1 would be Figure 7.1-3. (See the example in the figure that follows.)

The graph on page 64 illustrates data an organization might present as part of a response to Item 7.1, Health Care Results. In the Organizational Profile, the organization has indicated decreasing the average length of stay as a key customer requirement and an indicator of health care service delivery effectiveness.

Using the graph, the following characteristics of clear and effective data reporting are illustrated:

- A figure number is provided for reference to the graph in the text.

- Both axes and units of measure are clearly labeled.

- Trend lines report data for a key patient/customer requirement—average length of stay.

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Figure 7.1-3 Average Length of Stay by Year
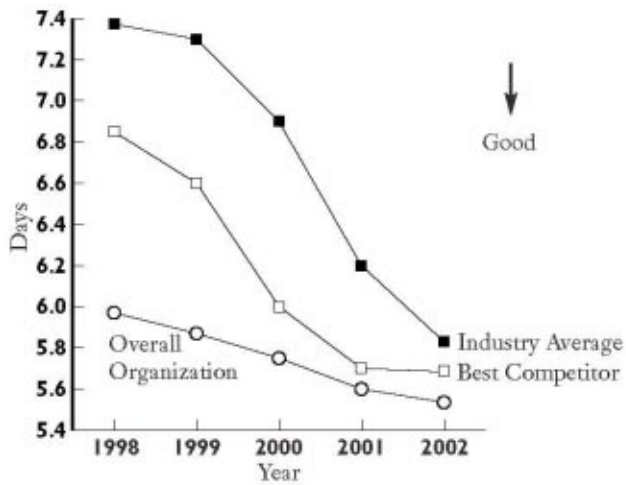
- Results are presented for several years.

- Appropriate comparisons are clearly shown.

To help interpret the Scoring Guidelines (page 59), the following comments on the graphed results would be appropriate:

- The current overall organizational performance level is excellent. This conclusion is supported by the comparison with the best competitor and with a health care industry average.

- The organization shows excellent improvement trends.

6. Refer to the Scoring Guidelines.

Considerations in the evaluation of Item responses include the Criteria Item requirements and the maturity of the results trends, actual performance levels, relevant comparative data, alignment with important elements of your performance management system, and strength of the improvement process relative to the Scoring Guidelines. Therefore, you need to consider both the Criteria and the Scoring Guidelines.

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ADDITIONAL RESOURCES

Baldrige National Quality Program – main website [Link]
Baldrige Criteria for Healthcare Criteria download page [Link]
NHTSA Guide to Quality Improvement of EMS Systems [Link]
Listing of State Level Quality Programs [Link]