2004

Health Care Criteria for Performance Excellence

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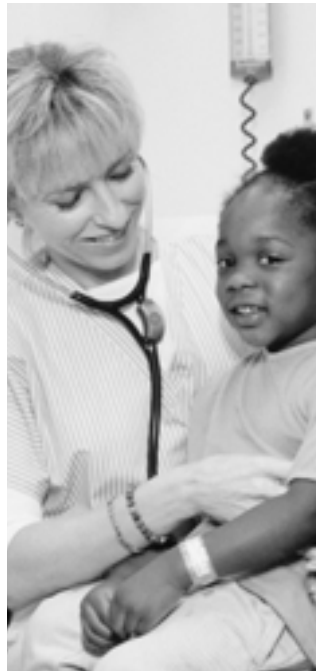
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BALDRIGE
National Quality Program

The Malcolm Baldrige National Quality Award Program

A Public-Private Partnership

Building active partnerships in the private sector—and among the private sector and all levels of government—is fundamental to the success of the Baldrige National Quality Program in improving national competitiveness. Private-sector support for the Program in the form of funds, volunteer efforts, and participation in information transfer continues to grow.

To ensure the continued growth and success of these partnerships, each of the following organizations plays an important role.

Foundation for the Malcolm Baldrige National Quality Award

The Foundation for the Malcolm Baldrige National Quality Award was created to foster the success of the Program. The Foundation's main objective is to raise funds to permanently endow the Award Program.

Prominent leaders from U.S. organizations serve as Foundation Trustees to ensure that the Foundation's objectives are accomplished. A broad cross section of organizations throughout the United States provides financial support to the Foundation.

National Institute of Standards and Technology

The U.S. Department of Commerce is responsible for the Baldrige National Quality Program and the Award. The National Institute of Standards and Technology (NIST), an agency of the Department's Technology Administration, manages the Baldrige Program. NIST promotes U.S. economic growth by working with industry to develop and deliver the high-quality measurement tools, data, and services necessary for the nation's technology infrastructure. NIST also participates in a unique, government/private-sector partnership to accelerate the development of high-risk technologies that promise significant commercial and economic benefits. Through a network of technology extension centers and field offices serving all 50 states and Puerto Rico, NIST helps small- and medium-sized businesses access the information and expertise they need to improve their competitiveness in the global marketplace.

American Society for Quality

The American Society for Quality (ASQ) assists in administering the Award Program under contract to NIST. ASQ is dedicated to the ongoing development, advancement, and promotion of quality concepts, principles, and techniques. ASQ strives to be the world's recognized champion and leading authority on all issues related to quality. ASQ recognizes that continuous quality improvement will help the favorable positioning of American goods and services in the international marketplace.

Board of Overseers

The Board of Overseers advises the Department of Commerce on the Baldrige National Quality Program. The board is appointed by the Secretary of Commerce and consists of distinguished leaders from all sectors of the U.S. economy.

The Board of Overseers evaluates all aspects of the Program, including the adequacy of the Criteria and processes for determining Award recipients. An important part of the board's responsibility is to assess how well the Program is serving the national interest. Accordingly, the board makes recommendations to the Secretary of Commerce and to the Director of NIST regarding changes and improvements in the Program.

Board of Examiners

The Board of Examiners evaluates Award applications and prepares feedback reports. The Panel of Judges, part of the Board of Examiners, makes Award recommendations to the Director of NIST. The board consists of leading U.S. business, education, and health care experts. NIST selects members through a competitive application process. For 2004, the board consists of about 560 members. Of these, 10 (who are appointed by the Secretary of Commerce) serve as Judges, and approximately 95 serve as Senior Examiners. The remainder serve as Examiners. All members of the board must take part in an Examiner preparation course.

In addition to reviewing applications, board members play a significant role in sharing information about the Baldrige Program. Their membership in hundreds of professional, trade, community, and state organizations helps them disseminate this information.

Award Recipients

Award recipients are required to share information on their successful performance and quality strategies with other U.S. organizations. However, recipients are not required to share proprietary information, even if such information was part of their Award application. The principal mechanism for sharing information is The Quest for Excellence® Conference, held annually.

Award recipients in the 16 years of the Award have been extremely generous in their commitment to improving U.S. competitiveness and furthering the U.S. pursuit of performance excellence. They have shared information with hundreds of thousands of companies, education organizations, health care organizations, government agencies, and others. This sharing far exceeds expectations and Program requirements. Award recipients' efforts have encouraged many other organizations in all sectors of the U.S. economy to undertake their own performance improvement efforts.

To: U.S. Health Care Community

From: Harry S. Hertz, Director
          Baldrige National Quality Program

Subject: The Baldrige Challenge

For over five years, health care organizations from coast to coast have used the Baldrige Health Care Criteria to help them address challenges such as focusing on core competencies, introducing new technologies, reducing costs, communicating and sharing information electronically, establishing new alliances with health care providers, or just maintaining market advantage. Whether your organization is small or large, is involved in ambulance service or health maintenance, or has one facility or multiple sites across the country, the Criteria provide a valuable framework that can help you plan in an uncertain environment. Use the Criteria to assess performance on a wide range of key indicators: health care outcomes; patient satisfaction; and operational, staff, and financial indicators. The Health Care Criteria can help you align resources and approaches, such as ISO 9000, Plan-Do-Study-Act cycles, Balanced Scorecard, and Six Sigma; improve communication, productivity, and effectiveness; and achieve strategic goals.

How to begin that first Baldrige assessment? Take a few minutes and scan the questions in the Organizational Profile on pages 12–14. A discussion of the answers to these questions might be your first Baldrige assessment. For additional guidance, refer to our free booklet *Getting Started with the Baldrige National Quality Program Criteria for Performance Excellence: A Guide to Self-Assessment and Action.*

If you are ready to take the full Baldrige challenge, you can perform a self-assessment as an internal improvement effort, or you can use your self-assessment as the basis for an Award application. Assessment against all seven Categories of the Health Care Criteria (see pages 15–32) allows you to identify strengths and to address opportunities for improving your processes and results.

Do you need to know what your staff and your managers think? Do you believe you have been making progress but want to accelerate or better focus your efforts? Try using our simple *Are We Making Progress?* questionnaires. The staff questionnaire, available in English and Spanish, addresses topics from your staff's perspective and is organized by the seven Baldrige Criteria Categories. Compare the results with the perceptions of your managers using our *Are We Making Progress as Leaders?* questionnaire. It will help you check your progress toward meeting your organizational goals and will improve communication among your staff and your leadership team.

Even if you don't expect to win the Baldrige Award, submitting an Award application has valuable benefits. Every applicant receives a detailed feedback report based on an independent, external assessment conducted by a panel of specially trained and recognized experts.

The Health Care Criteria are in your hands . . . so is an incredible opportunity. Why not take the challenge? Regardless of your organization's past success, when you turn these pages, you turn the corner toward performance excellence. If you want more information, contact me at nqp@nist.gov.

Need some useful tools to meet the Baldrige challenge? Try using

- *Getting Started with the Baldrige National Quality Program*
- E-Baldrige Organizational Profile found on our Web site at
www.baldrige.nist.gov/eBaldrige/Step_One.htm
- *Are We Making Progress?* and *Are We Making Progress as Leaders?*

Contact the Baldrige National Quality Program or visit our Web site for these and other educational materials.

The Quest for Excellence XVI Conference

Each year, The Quest for Excellence, the official conference of the Malcolm Baldrige National Quality Award, provides a forum for Baldrige Award recipients to share their exceptional performance practices with worldwide leaders in business, education, health care, and not-for-profit organizations. The Quest for Excellence XVI will showcase the year 2003 Award recipients.

For the last 15 years, executives, physicians, managers, and quality leaders have come to this conference to learn how these role model organizations have achieved performance excellence. CEOs and other leaders from the Award recipient organizations give presentations covering all seven Categories of the Baldrige Criteria, their journey to performance excellence, and their lessons learned. At this three-day conference designed to maximize learning and networking opportunities, attendees will be able to interact with Award recipients.

The Quest for Excellence XVI Conference will be held March 28–31, 2004, at the Marriott Wardman Park Hotel in Washington, DC. For further information, contact the Baldrige Program by mail: Baldrige National Quality Program, NIST, Administration Building, Room A600, 100 Bureau Drive, Stop 1020, Gaithersburg, MD 20899-1020; telephone: (301) 975-2036; fax: (301) 948-3716; or e-mail: nqp@nist.gov. For a general overview of the Baldrige National Quality Program, visit its Web site: www.baldrige.nist.gov.

The Malcolm Baldrige National Quality Award

The Award crystal, composed of two solid crystal prismatic forms, stands 14 inches tall. The crystal is held in a base of black anodized aluminum with the Award recipient's name engraved on the base. A 22-karat gold-plated medallion is captured in the front section of the crystal. The medal bears the inscriptions "Malcolm Baldrige National Quality Award" and "The Quest for Excellence" on one side and the Presidential Seal on the other.

The President of the United States traditionally presents the Awards at a special ceremony in Washington, DC.
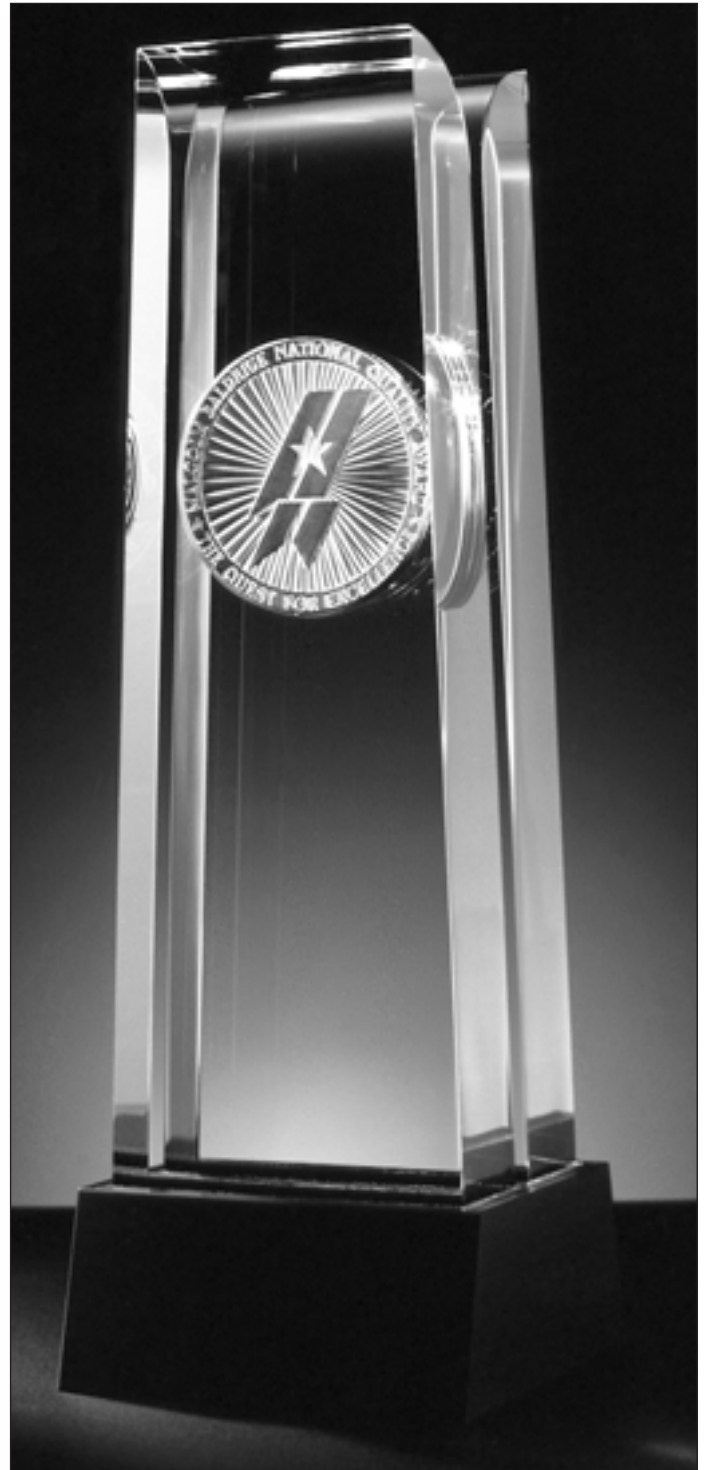
Crystal by Steuben

The Malcolm Baldrige National Quality Award logo and the phrases "The Quest for Excellence" and "Performance Excellence" are trademarks and service marks of the National Institute of Standards and Technology.

Contents

Business and education organizations should use the appropriate Criteria booklets for their respective sectors. See pages 70–71 for ordering information.

If you plan to apply for the Award in 2004, you also will need the booklet *Baldrige Award Application Forms*. Ordering instructions are given on page 70.

The first step in the Award application process is to provide the Eligibility Certification Package, which is due April 13, 2004. If you would like to recommend a senior member of your organization for the Board of Examiners, the package is due March 12, 2004.

Award Application Packages are due May 27, 2004, or May 13, 2004, if submitted on CD.

We are easy to reach. Our Web site is www.baldrige.nist.gov.

Criteria Purposes

The Health Care Criteria are the basis for organizational self-assessments, for making Awards, and for giving feedback to applicants. In addition, the Health Care Criteria have three important roles in strengthening U.S. competitiveness:

- to help improve organizational performance practices, capabilities, and results

- to facilitate communication and sharing of best practices information among health care organizations and among U.S. organizations of all types

- to serve as a working tool for understanding and managing performance and for guiding organizational planning and opportunities for learning

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

Your 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 about their health care is considered an important factor. This requires patient education for an informed decision. Characteristics 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 health care marketplace requirements, and measurement of the factors that drive patient satisfaction. It demands listening to your patients and other customers. 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 building and sharing knowledge throughout your organization; and (5) is driven by opportunities to effect significant, meaningful change. Sources for learning include staff's 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 staff's 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 that influence 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 your organization, (2) organizational

cross-functional learning, (3) building the knowledge assets of your organization, and (4) an improved environment for innovation.

Thus, learning is directed not only toward better health care services but also toward being more responsive, adaptive, innovative, and efficient—giving your organization health care marketplace sustainability and performance advantages and giving your staff satisfaction and motivation to excel.

Valuing Staff and Partners

An organization's success depends increasingly on the diverse knowledge, skills, creativity, and motivation of all 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 and innovation.

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—your 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, staff development and hiring needs, 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, doing effective succession planning, 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 learning culture and is integrated into daily work.

Innovation builds on the accumulated knowledge of your organization and its staff. Therefore, the ability to capitalize on this knowledge is critical to managing for innovation.

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. Data should be segmented by, for example, markets, health care service lines, and staff groups to facilitate analysis.

Analysis refers to extracting larger meaning from data and information to support evaluation, decision making, and 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', with 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 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 the support of 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 plans and actions 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 and its key processes to achieve results—performance excellence. The seven Baldrige Categories and the Core Values 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 builds on alignment so that 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, indicators, and organizational knowledge to build your key strategies. It means linking these strategies with your key processes and aligning 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 2004 Health Care Criteria incorporate the Core Values and Concepts described on the preceding pages 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**

The figure below provides the framework connecting and integrating the Categories.

From top to bottom, the framework has the following basic elements.

Baldrige Health Care Criteria for Performance Excellence Framework: A Systems Perspective
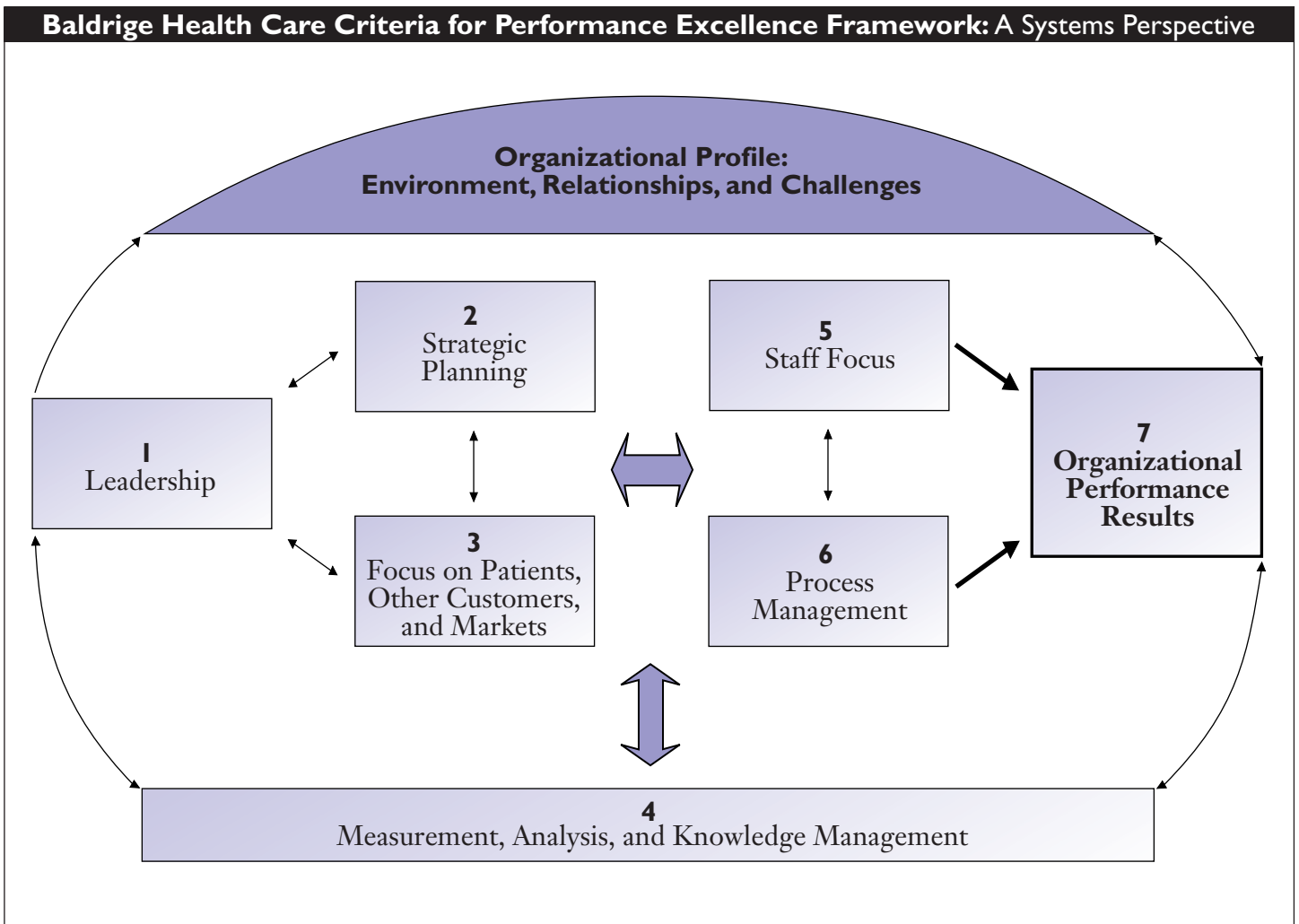
Organizational Profile

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 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 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, governance, 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 arrows indicate 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 your organization and to a fact-based, knowledge-driven system for improving health care and operational performance. Measurement, analysis, and knowledge management 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 on page 11. The Item format is shown on page 63.

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

1. 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 measures 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.

2. 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 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 understanding, communication, sharing, and alignment, while supporting innovation and diversity in approaches.

3. 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 overly complex 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) executing plans

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

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

4. 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—Process 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 performance-oriented 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, administrative and support staff, volunteers, and health profession students. 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:

(1) Improving or maintaining the quality of life is the universal goal of all health care organizations. Thus, the sharing of successful health care strategies and methods would have the greatest impact on the nation's health care systems.

(2) 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.

The Criteria focus on the performance of your organization as a health care provider but also address your organization's business and support operations. This separate attention to health care and business/support operations is not intended to imply that these are independent or unrelated aspects of your organization's performance. Rather, the intent is to ensure that all aspects of your organization's performance are considered, discussed, and integrated.

CHANGES FROM THE 2003 HEALTH CARE CRITERIA

The Health Care Criteria for Performance Excellence have evolved significantly over time to help organizations address a dynamic health care marketplace, focus on strategy-driven performance, and most recently address national concerns about patient safety, governance, and ethics. The Criteria have continually progressed toward an integrated systems perspective of overall organizational performance management.

Each year, the decision whether to revise the Criteria must balance two important considerations. On one hand, there is a need for Criteria that are at the leading edge of validated management practice to help users address the increasingly complex challenges they face; on the other hand, there is a desire to stabilize the Criteria to allow users continuity in their applications. Recognizing the significant challenges associated with the changes in Categories 1 (Leadership), 4 (Measurement, Analysis, and Knowledge Management), 6 (Process Management), and 7 (Organizational Performance Results) made in the 2003 Criteria and the challenging systems perspective provided by the added focus on "running the organization" today and "changing the organization" to prepare for the future, the decision was made to make no revisions to the Criteria or to the Item Notes for 2004.

The most significant changes in the Criteria booklet for 2004 are summarized as follows:

- The Scoring System description and the Scoring Guidelines table have been rewritten and redesigned.

- The Category and Item Descriptions section has been expanded to include the Organizational Profile.

- An Index of Key Terms has been added to the Health Care Criteria booklet.

- "Creating value," "ethical behavior," "learning," and "segment" have been added to the Glossary of Key Terms.

Minor wording improvements have been made in other sections of the Criteria booklet, with the exception of the actual Criteria Items and Item Notes.

Scoring System and Scoring Guidelines

- Items in Criteria Categories 1–6 are now designated as "Process" Items, evaluated on four factors: Approach, Deployment, Learning, and Integration (A-D-L-I). This change emphasizes that, beyond establishing an approach and deploying it, high-performing organizations focus on process and organizational improvement (learning) and process integration with other organizational imperatives. This may be viewed as an updated Plan-Do-Check-Act (P-D-C-A) or Plan-Do-Study-Act (P-D-S-A) cycle.

- Each scoring range for Process Items has achievement-level descriptors for A-D-L-I. An Item score is based on a holistic view, not a checklist, of the organization's achievement level across all four factors.

- Each scoring range for Results Items also considers four factors, with scoring based on a holistic view of the achievement level across all four factors.

- The Process Item (page 60) and the Results Item (page 61) Scoring Guidelines are presented as scoring continuums with five-point increments.

Index of Key Terms

- This new index includes key terms from cover-to-cover of the Criteria booklet.

- The index is not exhaustive; it includes only those terms considered "key" to understanding the Baldrige Criteria and the Baldrige Program.

Glossary of Key Terms

- The four terms added—"creating value," "ethical behavior," "learning," and "segment"—have specific meaning and significance in a Baldrige assessment. To help users better understand these terms, they are defined and then described in greater detail.

- The descriptions of many other terms in the glossary also have been revised to align with the changes in the Scoring System and Scoring Guidelines.

Are We Making Progress?

If you have been using the Baldrige Criteria in your organization and want to evaluate how much progress has been made from your staff's perspective, consider using our staff questionnaire *Are We Making Progress?* Available in English and Spanish, this short questionnaire is organized according to the seven Baldrige Criteria Categories.

Compare the results with the perceptions of your managers and supervisors, or your senior leadership team, using our companion piece *Are We Making Progress as Leaders?*

You may download a PDF version of *Are We Making Progress?* from the Baldrige Web site at www.baldrige.nist.gov or request a paper copy of the document by calling (301) 975-2036.

Note: The Scoring System used with the Criteria Items in a Baldrige assessment can be found on pages 59–62.

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?

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 33–39.

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.

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 59–62). 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 70–71.

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.) `Process`

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.

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 59–62.

1.2 Social Responsibility (50 pts.)　　　　　　　　　Process

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

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.

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.) `Process`

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

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.

2.2 Strategy Deployment (45 pts.)   `Process`

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.

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.)

Process

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.

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

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.

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.

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.) `Process`

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.

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.

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.)   `Process`

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 that 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

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.)   `Process`

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).

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

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.

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.)   Process

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.

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.

6.2 Support Processes (35 pts.)   `Process`

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.

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 pages 55–56.

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.

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.

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.

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.

7.5 Organizational Effectiveness Results (75 pts.)

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).

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.

Glossary of Key Terms

This Glossary of Key Terms defines and briefly describes terms used throughout the Health Care Criteria booklet that are important to performance management. As you may have noted, key terms are presented in SMALL CAPS/SANS SERIF every time they appear in the Categories and Scoring Guidelines sections of this Criteria booklet.

Action Plans

The term "action plans" refers to specific actions that respond to short- and longer-term strategic objectives. Action plans include details of resource commitments and time horizons for accomplishment. Action plan development represents the critical stage in planning when strategic objectives and goals are made specific so that effective, organization-wide understanding and deployment are possible. In the Criteria, deployment of action plans includes creating aligned measures for all departments and work units. Deployment might also require specialized training for some staff or recruitment of personnel.

An example of a strategic objective for a health system in an area with an active business alliance focusing on cost and quality of health care might be to become the low-cost provider. Action plans could entail designing efficient processes to minimize length of hospital stays, analysis of resource and asset use, and analysis of the most commonly encountered Diagnosis Related Groups (DRGs) with a focus on preventive health in those areas. Deployment requirements might include staff training in setting priorities based upon costs and benefits. Organizational-level analysis and review likely would emphasize process efficiency, cost per member, and health care quality.

See also the definition of "strategic objectives" on page 39.

Alignment

The term "alignment" refers to consistency of plans, processes, information, resource decisions, actions, results, and analysis to support key organization-wide goals. Effective alignment requires a common understanding of purposes and goals. It also requires the use of complementary measures and information for planning, tracking, analysis, and improvement at three levels: the organizational level, the key process level, and the department and work unit level.

See also the definition of "integration" on page 35.

Analysis

The term "analysis" refers to an examination of facts and data to provide a basis for effective decisions. Analysis often involves the determination of cause-effect relationships. Overall organizational analysis guides process management toward achieving key organizational performance results and toward attaining strategic objectives.

Despite their importance, individual facts and data do not usually provide an effective basis for actions or setting priorities. Effective actions depend on an understanding of relationships, derived from analysis of facts and data.

Anecdotal

The term "anecdotal" refers to process information that lacks specific methods, measures, deployment mechanisms, and evaluation/improvement/learning factors. Anecdotal information frequently uses examples and describes individual activities rather than systematic processes.

An anecdotal response to how senior leaders deploy performance expectations might describe a specific occasion when a senior leader visited all facilities. On the other hand, a systematic process might describe the communication methods used by all senior leaders to deliver performance expectations on a regular basis to all staff locations, the measures used to assess effectiveness of the methods, and the tools and techniques used to evaluate and improve the communication methods.

Approach

The term "approach" refers to the methods used by an organization to address the Baldrige Criteria Item requirements. Approach includes the appropriateness of the methods to the Item requirements and the effectiveness of their use. For further description, see the Scoring System on pages 59–62.

Basic Requirements

The term "basic requirements" refers to the topic Criteria users need to address when responding to the most central concept of an Item. Basic requirements are the fundamental theme of that Item. In the Criteria, the basic requirements of each Item are presented as the Item title. This presentation is illustrated in the Item format shown on page 63.

Benchmarks

The term "benchmarks" refers to processes and results that represent best practices and performance for similar activities, inside or outside an organization's industry. Organizations engage in benchmarking as an approach to understand the current dimensions of world-class performance and to achieve discontinuous (nonincremental) or breakthrough improvement.

Benchmarks are one form of comparative data. Other comparative data organizations might use include information obtained from other organizations through sharing or contributing to external reference databases, information obtained from the open literature (e.g., outcomes of research studies and practice guidelines), data gathering and

evaluation by independent organizations (e.g., Health Care Finance Administration, accrediting organizations, and commercial organizations) regarding industry data (frequently industry averages), performance of competitors, and comparisons with other organizations providing similar health care services.

Creating Value

The term "creating value" refers to health care processes that produce benefit for your patients and other customers and for your organization. They are the processes most important to "running your organization"—those that involve the majority of your staff and generate your health care services and positive organizational performance results for your patients, other customers, and key stakeholders.

Customer

The term "customer" refers to actual and potential users of your organization's services. Patients are the primary customers of health care organizations. Other customers could include patients' families, the community, insurers/third-party payors, employers, health care providers, patient advocacy groups, Departments of Health, and students. The Criteria address customers broadly, referencing current customers, future customers, as well as customers of your competitors and other organizations providing similar health care services.

Patient-focused excellence is a Baldrige Core Value embedded in the beliefs and behaviors of high-performance organizations. Customer focus impacts and integrates an organization's strategic directions, its health care processes, and its organizational performance results.

See the definition of "stakeholders" on page 38 for the relationship between customers and others who might be affected by your organization's services.

Cycle Time

The term "cycle time" refers to the time required to fulfill commitments or to complete tasks. Time measurements play a major role in the Criteria because of the great importance of time performance to improving overall performance. "Cycle time" refers to all aspects of time performance. Cycle time improvement might include test results reporting time, time to introduce new health care technology, order fulfillment time, length of stay, billing time, and other key measures of time.

Deployment

The term "deployment" refers to the *extent* to which an approach is applied in addressing the requirements of a Baldrige Criteria Item. Deployment is evaluated on the basis of the breadth and depth of application of the approach to relevant departments and work units throughout

the organization. For further description, see the Scoring System on pages 59–62.

Effective

The term "effective" refers to how well a process or a measure addresses its intended purpose. Determining effectiveness requires the evaluation of how well a need is met by the approach taken and its deployment or by the measure used.

Empowerment

The term "empowerment" refers to giving staff the authority and responsibility to make decisions and take appropriate actions. Empowerment results in decisions being made closest to the patient or the business "front line," where patient/customer needs and work-related knowledge and understanding reside.

Empowerment is aimed at enabling staff to satisfy patients/customers on first contact, to improve processes and increase productivity, and to improve the organization's health care and other performance results. Empowered staff require information to make appropriate decisions; thus, an organizational requirement is to provide that information in a timely and useful way.

Ethical Behavior

The term "ethical behavior" refers to how an organization ensures that all its decisions, actions, and stakeholder interactions conform to the organization's moral and professional principles. These principles are the foundation for the organization's culture and values and define "right" and "wrong."

Senior leaders should act as role models for these principles of behavior. The principles apply to all individuals involved in the organization, from staff to members of the board of directors, and need to be communicated and reinforced on a regular basis. Although there is no universal model for ethical behavior, senior leaders should ensure that the organization's mission and vision are aligned with its ethical principles. Ethical behavior should be practiced with all stakeholders, including patients and other customers, staff, partners, suppliers, and the organization's local community.

While some organizations may view their ethical principles as boundary conditions restricting behavior, well-designed and clearly articulated ethical principles should empower people to make effective decisions with great confidence.

Goals

The term "goals" refers to a future condition or performance level that one intends to attain. Goals can be both short term and longer term. Goals are ends that guide actions. Quantitative goals, frequently referred to as

"targets," include a numerical point or range. Targets might be projections based on comparative and/or competitive data. The term "stretch goals" refers to desired major, discontinuous (nonincremental) or breakthrough improvements, usually in areas most critical to your organization's future success.

Goals can serve many purposes, including

- clarifying strategic objectives and action plans to indicate how success will be measured

- fostering teamwork by focusing on a common end

- encouraging "out-of-the-box" thinking to achieve a stretch goal

- providing a basis for measuring and accelerating progress

Governance

The term "governance" refers to the system of management and controls exercised in the stewardship of your organization. It includes the responsibilities of your organization's owners/shareholders, board of directors, and administrative and health care leaders. Corporate charters, by-laws, and policies document the rights and responsibilities of each of the parties and describe how your organization will be directed and controlled to ensure (1) accountability to all stakeholders, including owners/shareholders, (2) transparency of operations, and (3) fair treatment of all stakeholders. Governance processes may include approving strategic direction, monitoring and evaluating senior leader performance, succession planning, financial auditing, establishing executive compensation and benefits, managing risk, disclosure, and shareholder reporting. Ensuring effective governance is important to stakeholders' and the larger society's trust and to organizational effectiveness.

Health Care Services

The term "health care services" refers to all services delivered by the organization that involve professional clinical/medical judgment, including those delivered to patients and those delivered to the community.

High-Performance Work

The term "high-performance work" refers to work processes used to systematically pursue ever-higher levels of overall organizational and individual performance, including quality, productivity, innovation rate, and cycle time performance. High-performance work results in improved service for patients and other customers and other stakeholders.

Approaches to high-performance work vary in form, function, and incentive systems. High-performance work frequently includes cooperation between administration/

management and the staff, which may involve workforce bargaining units; cooperation among work units, often involving teams; self-directed responsibility/staff empowerment; staff input to planning; individual and organizational skill building and learning; learning from other organizations; flexibility in job design and work assignments; a flattened organizational structure, where decision making is decentralized and decisions are made closest to the patient or the business "front line"; and effective use of performance measures, including comparisons. Many high-performance work systems use monetary and nonmonetary incentives based upon factors such as organizational performance, team and/or individual contributions, and skill building. Also, high-performance work processes usually seek to align the organization's structure, work, jobs, staff development, and incentives.

How

The term "how" refers to the processes that an organization uses to accomplish its mission requirements. In responding to "how" questions in the Process Item requirements, process descriptions should include information such as approach (methods and measures), deployment, learning, and integration factors.

Innovation

The term "innovation" refers to making meaningful change to improve services and/or processes and to create new value for stakeholders. Innovation involves the adoption of an idea, process, technology, or product that is either new or new to its proposed application.

Successful organizational innovation is a multistep process that involves development and knowledge sharing, a decision to implement, implementation, evaluation, and learning. Although innovation is often associated with health care research and technological innovation, it is applicable to all key organizational processes that would benefit from change, whether through breakthrough improvement or change in approach or outputs.

Integration

The term "integration" refers to the harmonization of plans, processes, information, resource decisions, actions, results, and analysis to support key organization-wide goals. Effective integration goes beyond alignment and is achieved when the individual components of a performance management system operate as a fully interconnected unit.

See also the definition of "alignment" on page 33.

Key

The term "key" refers to the major or most important elements or factors, those that are critical to achieving your

intended outcome. The Baldrige Criteria, for example, refer to key challenges, key patient/customer groups, key plans, key processes, and key measures—those that are most important to the organization's success. They are the essential elements for pursuing or monitoring a desired outcome.

Knowledge Assets

The term "knowledge assets" refers to the accumulated intellectual resources of your organization. It is the knowledge possessed by your organization and staff in the form of information, ideas, learning, understanding, memory, insights, cognitive and technical skills, and capabilities. Staff, databases, documents, guides, policies and procedures, and software and patents are repositories of an organization's knowledge assets. Knowledge assets are held not only by an organization but also reside within its patients and other customers, suppliers, and partners as well.

Knowledge assets are the "know how" that your organization has available to use, to invest, and to grow. Building and managing its knowledge assets are key components for your organization to create value for its stakeholders and to help sustain overall organizational performance success.

Leadership System

The term "leadership system" refers to how leadership is exercised, formally and informally, throughout the organization—the basis for and the way key decisions are made, communicated, and carried out. It includes structures and mechanisms for decision making; selection and development of leaders and managers; and reinforcement of values, directions, and performance expectations. In health care organizations with separate administrative/operational and health care provider leadership, the leadership system also includes the relationships among those leaders.

An effective leadership system respects the capabilities and requirements of staff and other stakeholders, and it sets high expectations for performance and performance improvement. It builds loyalties and teamwork based on the organization's values and the pursuit of shared goals. It encourages and supports initiative and appropriate risk taking, subordinates organization structure to purpose and function, and avoids chains of command that require long decision paths. An effective leadership system includes mechanisms for the leaders to conduct self-examination, receive feedback, and improve.

Learning

The term "learning" refers to new knowledge or skills acquired through evaluation, study, experience, and innovation. The Baldrige Criteria include two distinct kinds of learning: organizational and personal. Organizational learning is achieved through research and development;

evaluation and improvement cycles; staff, patients, and other customers' ideas and input; best practice sharing; and benchmarking. Personal learning is achieved through education, training, and developmental opportunities that further individual growth.

To be effective, learning should be embedded in the way an organization operates. Learning contributes to organizational performance success for the organization and its staff. For further description of organizational and personal learning, see the related Core Value and Concept on page 2.

Levels

The term "levels" refers to numerical information that places or positions an organization's results and performance on a meaningful measurement scale. Performance levels permit evaluation relative to past performance, projections, goals, and appropriate comparisons.

Measures and Indicators

The term "measures and indicators" refers to numerical information that quantifies input, output, and performance dimensions of processes, products, services, and the overall organization (outcomes). The Health Care Criteria place particular focus on measures of health care outcomes, health care service delivery, and patients' functional status. Measures and indicators might be simple (derived from one measurement) or composite.

The Criteria do not make a distinction between measures and indicators. However, some users of these terms prefer the term indicator (1) when the measurement relates to performance but is not a direct measure of such performance (e.g., the number of complaints is an indicator of dissatisfaction but not a direct measure of it) and (2) when the measurement is a predictor ("leading indicator") of some more significant performance (e.g., increased patient satisfaction might be a leading indicator of a gain in HMO member retention).

Mission

The term "mission" refers to the overall function of an organization. The mission answers the question, "What is this organization attempting to accomplish?" The mission might define patients, other customers, or markets served; distinctive competencies; or technologies used.

Multiple Requirements

The term "multiple requirements" refers to the individual questions Criteria users need to answer within each Area to Address. These questions constitute the details of an Item's requirements. They are presented in black text under each Item's Area(s) to Address. This presentation is illustrated in the Item format shown on page 63.

Overall Requirements

The term "overall requirements" refers to the topics Criteria users need to address when responding to the central theme of an Item. Overall requirements address the most significant features of the Item requirements. In the Criteria, the overall requirements of each Item are presented in one or more introductory sentences printed in bold. This presentation is illustrated in the Item format shown on page 63.

Patient

The term "patient" refers to the person receiving health care, including preventive, promotional, acute, chronic, rehabilitative, and all other services in the continuum of care. Other terms organizations use for "patient" include member, consumer, client, or resident.

Performance

The term "performance" refers to output results and their outcomes obtained from processes and services that permit evaluation and comparison relative to goals, standards, past results, and other organizations. Performance might be expressed in nonfinancial and financial terms.

The Baldrige Health Care Criteria address four types of performance: (1) health care, (2) patient- and other customer-focused, (3) financial and marketplace, and (4) operational.

"Health care" refers to performance relative to measures and indicators of health care service important to patients and other customers. Examples of health care performance include reductions in hospital admission rates, mortality and morbidity rates, nosocomial infection rates, length of stay and increases in outside-the-hospital treatment of chronic illnesses, lifestyle changes, patient compliance and adherence, and patient-experienced error level. Health care performance might be measured at the organizational level and at the DRG-specific level.

"Patient- and other customer-focused performance" refers to performance relative to measures and indicators of patients' and other customers' perceptions, reactions, and behaviors. Examples include patient loyalty, customer retention, complaints, customer survey results, and service response time.

"Financial and marketplace performance" refers to performance using measures of cost, revenue, and market position, including asset utilization, asset growth, and market share. Examples include returns on investments, value added per staff member, bond ratings, debt to equity ratio, returns on assets, operating margins, other profitability and liquidity measures, and market gains.

"Operational performance" refers to staff, organizational, and ethical performance relative to effectiveness, efficiency, and accountability measures and indicators. Examples include cycle time, productivity, waste reduction, staff turnover, staff cross-training rates, accreditation results, legal/regulatory compliance, fiscal accountability, community involvement, and contributions to community health. Operational performance might be measured at the department and work unit level, key process level, and organizational level.

Performance Excellence

The term "performance excellence" refers to an integrated approach to organizational performance management that results in (1) delivery of ever-improving value to patients and other customers, contributing to improved health care quality; (2) improvement of overall organizational effectiveness and capabilities as a health care provider; and (3) organizational and personal learning. The Baldrige Health Care Criteria for Performance Excellence provide a framework and an assessment tool for understanding organizational strengths and opportunities for improvement and thus for guiding planning efforts.

Performance Projections

The term "performance projections" refers to estimates of future performance. Projections may be inferred from past performance, may be based on competitors' performance or the performance of other organizations providing similar health care services that must be met or exceeded, may be predicted based on changes in a dynamic health care marketplace, or may be goals for future performance. Projections integrate estimates of your organization's rate of improvement and change, and they may be used to indicate where breakthrough improvement or change is needed. Thus, performance projections serve as a key management planning tool.

Process

The term "process" refers to linked activities with the purpose of producing a product or service for patients and other customers within or outside the organization. Generally, processes involve combinations of people, machines, tools, techniques, and materials in a defined series of steps or actions. In some situations, processes might require adherence to a specific sequence of steps, with documentation (sometimes formal) of procedures and requirements, including well-defined measurement and control steps.

In many service situations, such as health care treatment, particularly when customers are directly involved in the service, process is used in a more general way, i.e., to spell out what must be done, possibly including a preferred or expected sequence. If a sequence is critical, the service needs to include information to help customers understand and follow the sequence. Service processes involving customers also require guidance to the providers of those services on

handling contingencies related to customers' likely or possible actions or behaviors.

In knowledge work such as health care assessment and diagnosis, strategic planning, research, development, and analysis, process does not necessarily imply formal sequences of steps. Rather, process implies general understandings regarding competent performance such as timing, options to be included, evaluation, and reporting. Sequences might arise as part of these understandings.

In the Baldrige Scoring System, process achievement level is assessed. This achievement level is based on four factors that can be evaluated for each of an organization's key processes: Approach, Deployment, Learning, and Integration. For further description, see the Scoring System on pages 59–62.

Productivity

The term "productivity" refers to measures of the efficiency of resource use.

Although the term often is applied to single factors such as staffing (labor productivity), machines, materials, energy, and capital, the productivity concept applies as well to the total resources used in producing outputs. The use of an aggregate measure of overall productivity allows a determination of whether the net effect of overall changes in a process—possibly involving resource tradeoffs—is beneficial.

Purpose

The term "purpose" refers to the fundamental reason that an organization exists. The primary role of purpose is to inspire an organization and guide its setting of values. Purpose is generally broad and enduring. Two organizations providing different health care services could have similar purposes, and two organizations providing similar health care services could have different purposes.

Results

The term "results" refers to outputs and outcomes achieved by an organization in addressing the requirements of a Baldrige Criteria Item. Results are evaluated on the basis of current performance; performance relative to appropriate comparisons; the rate, breadth, and importance of performance improvements; and the relationship of results measures to key organizational performance requirements. For further description, see the Scoring System on pages 59–62.

Segment

The term "segment" refers to a part of an organization's overall patient, other customer, market, health care service, or staff base. Segments typically have common characteristics that can be logically grouped. In Results Items, the term refers to disaggregating results data in a way that allows for meaningful analysis of an organization's performance. It is up to each organization to determine the specific factors that it uses to segment its patients and other customers, markets, health care services, and staff.

Understanding segments is critical to identifying the distinct needs and expectations of different patients and other customers, markets, and staff groups and to tailoring health care services and programs to meet their needs and expectations. As an example, market segmentation might be based on geography, distribution channels, health care service volume, or technologies employed. Staff segmentation might be based on geography, specialties, skills, needs, work assignments, or job classifications.

Senior Leaders

The term "senior leaders" refers to an organization's senior management group or team. In many organizations, this 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.

Staff

The term "staff" refers to all people who contribute to the delivery of an organization's services, including paid staff (e.g., permanent, part-time, temporary, and contract employees supervised by the 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.

Stakeholders

The term "stakeholders" refers to all groups that are or might be affected by an organization's services, actions, and success. Examples of key stakeholders include patients and other customers (e.g., patients' families, insurers/third-party payors, employers, health care providers, patient advocacy groups, Departments of Health, and students), staff, partners, governing boards, investors, and local/professional communities.

See also the definition of "customer" on page 34.

Strategic Challenges

The term "strategic challenges" refers to those pressures that exert a decisive influence on an organization's likelihood of future success. These challenges frequently are driven by an organization's future collaborative environment and/or competitive position relative to other providers of similar health care services. While not exclusively so, strategic challenges generally are externally driven.

However, in responding to externally driven strategic challenges, an organization may face internal strategic challenges.

External strategic challenges may relate to patient/customer or health care market needs or expectations; health care service or technological changes; or financial, societal, and other risks. Internal strategic challenges may relate to an organization's capabilities and its human and other resources.

See the definition of "strategic objectives" that immediately follows for the relationship between strategic challenges and the strategic objectives an organization articulates to address key challenges.

Strategic Objectives

The term "strategic objectives" refers to an organization's articulated aims or responses to address major change or improvement, competitiveness issues, and/or health care advantages. Strategic objectives generally are focused externally and relate to significant patient/customer, market, service, or technological opportunities and challenges (strategic challenges). Broadly stated, they are what an organization must achieve to remain or become competitive. Strategic objectives set an organization's longer-term directions and guide resource allocations and redistributions.

See the definition of "action plans" on page 33 for the relationship between strategic objectives and action plans and for an example of each.

Systematic

The term "systematic" refers to approaches that are repeatable and use data and information so learning is possible. In other words, approaches are systematic if they build in the opportunity for evaluation, improvement, and sharing, thereby permitting a gain in maturity. For use of the term, see the Scoring Guidelines on pages 60–61.

Trends

The term "trends" refers to numerical information that shows the direction and rate of change for an organization's results. Trends provide a time sequence of organizational performance.

A minimum of three data points generally is needed to begin to ascertain a trend. The time period for a trend is determined by the cycle time of the process being measured. Shorter cycle times demand more frequent measurement, while longer cycle times might require longer periods before meaningful trends can be determined.

Examples of trends called for by the Criteria include data related to patient/customer and staff satisfaction and dissatisfaction results, health care outcomes and other health care service results, financial performance, health care marketplace performance, and operational performance, such as cycle time and productivity.

Value

The term "value" refers to the perceived worth of a product, service, process, asset, or function relative to cost and possible alternatives.

Organizations frequently use value considerations to determine the benefits of various options relative to their costs, such as the value of various product and service combinations to customers. Organizations need to understand what different stakeholder groups value and then deliver value to each group. This frequently requires balancing value for customers and other stakeholders, such as patients, third-party payors, investors, staff, and the community.

Values

The term "values" refers to the guiding principles and/or behaviors that embody how your organization and its people are expected to operate. Values reflect and reinforce the desired culture of an organization. Values support and guide the decision making of every staff member, helping the organization to accomplish its mission and attain its vision in an appropriate manner.

Vision

The term "vision" refers to the desired future state of your organization. The vision describes where the organization is headed, what it intends to be, or how it wishes to be perceived in the future.

Work Systems

The term "work systems" refers to how your staff is organized into formal or informal units to accomplish your mission and your strategic objectives; how job responsibilities are managed; and your processes for compensation, staff performance management, recognition, communication, hiring, and succession planning. Organizations design work systems to align their components to enable and encourage all staff to contribute effectively and to the best of their ability.

Preface: Organizational Profile

The Organizational Profile provides an overview of your organization. The profile addresses your operating environment, your key organizational relationships, your competitive environment and strategic challenges, and your approach to performance improvement. Your Organizational Profile provides a context for understanding your organization and for guiding and prioritizing the information you present in response to the Criteria Items in Categories 1–7.

P.1 Organizational Description

Purpose

This Item addresses the key characteristics and relationships that shape your organizational environment. It also addresses your organization's governance system. The aim is to set the context for your organization and for your responses to the Criteria requirements in Categories 1–7.

Requirements

You are asked to describe your operating environment, including your main health care services; your organizational culture, mission, vision, and values; your staff profile; your organization's special health and safety requirements; your major technologies, equipment, and facilities; and the legal and regulatory environment under which your organization operates.

You are asked to describe your organization's governance system. You also are asked to describe your key patient and other customer groups and health care market segments and their key requirements and expectations for your health care services. You are asked to describe the role that suppliers and partners play in your organization. Finally, you are asked to discuss your most important types of suppliers and partners, your most important supply chain requirements, and the key partnering relationships that you have with your suppliers and customers.

Comments

■ The Organizational Profile provides your organization with critical insight into the key internal and external factors that shape its operating environment. These factors, such as the mission, vision, values, competitive environment, and strategic challenges, impact the way that your organization is run and the decisions you make. As such, the Organizational Profile helps your organization understand better the context in which it operates; the key requirements for current and future organizational success; and the needs, opportunities, and constraints placed upon your organization's performance management system.

■ Use of such terms as "purpose," "vision," "mission," and "values" varies depending on the organization, and some

organizations may not use one or more of these terms. Nevertheless, you should have a clear understanding of the essence of your organization, why it exists, and where your senior leaders want to take the organization in the future. This clarity enables you to make strategic decisions affecting the future of your organization and implement these decisions.

■ The legal and regulatory environment in which you operate places requirements on your organization and impacts how you run your organization. Understanding this environment is key to making effective operational and strategic decisions. Further, it allows you to identify whether you are merely complying with the minimum requirements of applicable laws and regulations or exceeding them. Exceeding minimum requirements is a hallmark of leading organizations.

■ Leading organizations have well-defined governance systems with clear reporting relationships. It is important to clearly identify which functions are performed by senior leaders and, as applicable, by your board of trustees and your parent organization. Board independence and accountability are frequently key considerations in governance structure.

■ In supplier-dependent organizations, suppliers play critical roles in processes that are important to running the organization and to maintaining or achieving overall organizational performance success. Supply chain requirements might include accessibility, continuity of care, on-time or just-in-time delivery, flexibility, variable staffing, design capability, and customized manufacturing or services.

P.2 Organizational Challenges

Purpose

This Item addresses the competitive environment in which your organization operates and the key strategic challenges that your organization faces. It also addresses how you approach performance improvement. The aim is to understand your key organizational challenges and your system for maintaining a sustainable advantage.

Requirements

You are asked to describe your competitive position in the health care industry and marketplace. Important contributors to your competitive position are the factors that determine your success relative to your competitors and other organizations delivering similar health care services, and key changes that might affect your marketplace, your organization, and opportunities for collaborating. You are asked about your key, available sources of comparative and competitive data from within and outside the health care industry, as well as any limitations that might affect your ability to obtain these data.

You are asked what key health care service, operational, and human resource strategic challenges your organization faces.

You also are asked how you maintain an organizational focus on performance improvement and how you approach the systematic evaluation and improvement of key processes. Finally, you are asked how you ensure organizational learning and how you share knowledge throughout your organization.

Comments

- Knowledge of an organization's strengths, vulnerabilities, and opportunities for both improvement and growth is essential to the success and sustainability of the organization. With this knowledge, you can identify those health care service offerings and performance attributes that are unique to your organization, those that set you apart from your competitors, and those that help you to sustain your competitive position.

- Understanding who your competitors and collaborators are, how many you have, and their key characteristics is essential for determining what your competitive and collaborative position is in the health care industry and marketplace. Leading organizations have an in-depth understanding of their current competitive and collaborative environment, including the factors that affect day-to-day performance and factors that could impact future performance.

- Sources of comparative and competitive data might include health care industry journals and other publications, benchmarking activities, annual reports for publicly traded companies, conferences, local networks, and trade associations.

- Operating your organization in today's highly competitive marketplace means you are facing many strategic challenges that can affect your ability to sustain performance and maintain your competitive position. These challenges might include your operational costs (e.g., pharmaceuticals, labor, or medical technology); expanding or decreasing markets; mergers or acquisitions both by your organization and by your competitors; economic conditions, including fluctuating demand and economic downturns; needs for public health and bioterrorism preparedness; HIPAA compliance; the introduction of new or substitute health care services; rapid technological changes; or emergence of e-health care delivery technology. In addition, your organization may face challenges related to the recruitment, hiring, and retention of qualified staff.

- One of the many issues facing organizations today is how to manage, use, and share your ever-increasing organizational knowledge. Leading organizations already benefit from the knowledge assets of their staff, patients and other customers, suppliers, and partners, who together drive organizational learning and improve performance.

Some of the methods used to accomplish knowledge sharing are documentation, cross-training and related assignments, meetings to share lessons learned, and knowledge nets and other electronic means of information transfer.

Leadership (Category 1)

Leadership addresses how your senior leaders guide your organization in setting organizational values, directions, and performance expectations. Attention is given to how your senior leaders communicate with staff, review organizational performance, and create an environment that encourages high performance. The Category also includes your organization's governance system, its responsibilities to the public, how your organization practices good citizenship, and how your organization contributes to the health of your community.

1.1 Organizational Leadership

Purpose

This Item examines the key aspects of your organization's leadership and governance systems. It also examines how leadership and organizational performance are reviewed. It focuses on the actions of your senior leaders to create and sustain a high-performance organization.

Requirements

You are asked how your senior leaders set and deploy values, short- and longer-term directions, and performance expectations and balance the expectations of patients, other customers, and stakeholders. This includes how leaders create an environment for empowerment, innovation, organizational agility, learning, and ethical behavior.

You are asked how your governance system ensures accountability, independence in audits, and protection of stakeholder interests.

You also are asked how your senior leaders review organizational performance, what key performance measures they

regularly review, and how review findings are used to drive improvement and innovation, including improvement in the effectiveness of your leaders and board of directors.

Comments

- Leadership's central roles in setting values and directions, creating and balancing value for all stakeholders, and driving and reviewing performance are the focus of this Item. Success requires a strong orientation to the future and a commitment to both improvement and innovation. Increasingly, this requires creating an environment for empowerment and agility, as well as the means for rapid and effective application of knowledge.

- An important aspect of leadership is the relationship and collaboration between administrative and health care provider leadership in organizations with separate administrative and health care leadership.

- The organizational governance requirement is intended to address the need for a responsible, informed, and accountable governance body that can protect the interests of key stakeholders. It should have independence in review and audit functions. It should also have a performance evaluation function that monitors organizational and senior leader performance.

- The organizational review called for in this Item is intended to cover all areas of performance. This includes not only how well you currently are performing but also how well you are moving toward the future. It is anticipated that the review findings will provide a reliable means to guide both improvement and opportunities for innovation that are tied to your organization's key objectives, success factors, and measures. Therefore, an important component of your senior leaders' organizational review is the translation of the review findings into an action agenda sufficiently specific for deployment throughout your organization and to your suppliers, partners, patients, and other key customers.

1.2 Social Responsibility

Purpose

This Item examines how your organization fulfills its public responsibilities, ensures that you and your partners behave ethically, and encourages, supports, and practices good citizenship. In addition, it examines how your organization contributes to the health of your community.

Requirements

You are asked how your organization addresses its current and future impacts on society in a proactive manner and how you accomplish ethical practices in all stakeholder interactions. The impacts and practices are expected to cover all relevant and important areas—patient rights, health care services, and operations. You are asked for your key measures for monitoring regulatory, legal, and accreditation compliance and ethical behavior.

You also are asked how your organization, your senior leaders, and your staff identify, support, and strengthen your key communities as part of good citizenship practices, including actions to build community health.

Comments

- An integral part of health care delivery, performance management, and improvement is proactively addressing (1) the need for ethical behavior; (2) legal, regulatory, and accreditation requirements; and (3) risk factors. Addressing these areas requires establishing appropriate measures or indicators that senior leaders track in their overall performance review. Your organization should be sensitive to issues of public concern related to your health care services and operations, whether or not these issues are currently embodied in law or regulation. Role model organizations look for opportunities to exceed requirements and to excel in areas of legal and ethical behavior.

- Citizenship implies going beyond a compliance orientation. Good citizenship opportunities are available to organizations of all sizes. These opportunities include encouraging and supporting your staff's community service.

- Examples of organizational community involvement include partnering with other health care providers, businesses, and professional associations to engage in beneficial cooperative activities, such as providing

education and volunteer services and sharing best practices to improve overall U.S. health status and health care. Levels of involvement and leadership are dependent upon your organization's size and available resources.

- This Item addresses actions to build and improve community health, including the consideration of partnering with other local organizations (public and business) and health care providers. The community health services offered by your organization will be dependent upon your mission, including service requirements for tax-exempt organizations.

Strategic Planning (Category 2)

Strategic Planning addresses strategic and action planning, deployment of plans, and how accomplishments are measured and sustained. The Category stresses that patient-focused quality, health care, and operational performance are key strategic issues that need to be integral parts of your organization's overall planning.

Specifically,

- patient-focused quality and health care performance provide a strategic view of quality. The focus is on the drivers of patient satisfaction, patient loyalty, patient health status, and health care service improvement.

- operational performance improvement contributes to short- and longer-term productivity growth and cost containment. Building operational capability— including speed, responsiveness, and flexibility— represents an investment in strengthening your organizational fitness.

The Criteria emphasize that improvement and learning need to be embedded in work processes. The special role of strategic planning is to align work processes with your organization's strategic directions, thereby ensuring that improvement and learning reinforce organizational priorities, especially health care priorities.

The Strategic Planning Category examines how your organization

- understands the key patient/customer, market, health care performance, and operational requirements and risks as input to setting strategic directions. This helps to ensure that ongoing process improvements and change are aligned with your organization's strategic directions.

- optimizes the use of resources, ensures the availability of trained staff, and bridges short- and longer-term requirements that may entail capital expenditures, technology development or acquisition, and supplier and health care provider alliances.

- ensures that deployment will be effective—that there are mechanisms to communicate requirements and achieve alignment on three levels: (1) the organization and the senior leader level, (2) the key process level, and (3) the department/work unit and the individual job level.

The requirements in the Strategic Planning Category encourage strategic thinking and acting—to develop a basis for an appropriate competitive and collaborative position in the marketplace. *These requirements do not imply formalized plans, planning systems, departments, or specific planning cycles.* They also do not imply that all your improvements could or should be planned in advance. An effective improvement system combines improvements of many types and degrees of involvement. This requires clear strategic guidance, particularly when improvement alternatives, including major change, compete for limited resources. In most cases, setting priorities depends heavily on health care market demands and a cost rationale. However, you also might have critical requirements, such as incorporating new health care technology or community health and public responsibilities, that are not driven by cost considerations alone.

2.1 Strategy Development

Purpose

This Item examines how your organization sets strategic directions and develops your strategic objectives, guiding and strengthening your overall performance as a health care provider and your performance relative to other organizations providing similar health care services.

Requirements

You are asked to outline your organization's strategic planning process, including identifying key participants, key steps, and your planning time horizons. You are asked how

you consider key factors that affect your organization's future. These factors cover external and internal influences on your organization. You are asked to address each factor and outline how relevant data and information are gathered and analyzed.

You also are asked to summarize your key strategic objectives and your timetable for accomplishing them. Finally, you are asked how these objectives address the challenges outlined in your Organizational Profile.

Comments

- This Item calls for basic information on the planning process and for information on all the key influences, risks, challenges, and other requirements that might affect your organization's future opportunities and directions—taking as long term a view as possible. This approach is intended to provide a thorough and realistic context for the development of a patient-/customer- and health care market-focused strategy to guide ongoing decision making, resource allocation, and overall management.

- This Item is intended to cover all types of health care organizations, competitive/collaborative situations, strategic issues, planning approaches, and plans. The requirements explicitly call for a future-oriented basis for action but do not imply formalized planning, planning departments, planning cycles, or a specified way of visualizing the future. Even if your organization is seeking to create an entirely new health care service or business situation, it is still necessary to set and to test the objectives that define and guide critical actions and performance.

- This Item emphasizes health care industry leadership, which usually depends on health care service delivery and operational effectiveness. This leadership requires a view of the future that includes not only the health care markets or segments in which your organization provides services but also how it competes and/or collaborates in these markets. *How it competes and/or collaborates* presents many options and requires that you understand your organization's and your competitors'/collaborators' strengths and weaknesses. Although no specific time horizons are included, the thrust of this Item is sustained performance leadership.

- An increasingly important part of strategic planning is projecting the future competitive environment. Such projections help to detect and reduce threats, to shorten reaction time, and to identify opportunities. Depending on the size and type of organization, maturity of health care markets, pace of change, and

competitive/collaborative parameters (such as cost or innovation rate), organizations might use a variety of modeling, scenarios, or other techniques and judgments to anticipate the future environment.

2.2 Strategy Deployment

Purpose

This Item examines how your organization converts your strategic objectives into action plans to accomplish the objectives. It also examines how your organization assesses progress relative to these action plans. The aim is to ensure that your strategies are deployed for goal achievement.

Requirements

You are asked how you develop and deploy action plans that address your organization's key strategic objectives, including the allocation of needed resources and how you ensure that the key changes resulting from action plans can be sustained. You are asked to summarize your key short- and longer-term action plans. Particular attention is given to changes in health care services, customers/health care markets, and how you will operate. You also are asked about your key human resource plans that will enable accomplishment of your strategic objectives and action plans.

You are asked to give your key measures or indicators used in tracking progress relative to the action plans and how

you use these measures to achieve organizational alignment and coverage of all key departments/work units and stakeholders. Finally, you are asked to provide a projection of key performance measures or indicators. As part of this projection, you are asked how your projected performance compares with other organizations providing similar health care services, competitors' projected performance, key benchmarks, goals, and past performance.

Comments

- This Item asks how your action plans are developed and deployed. Accomplishment of action plans requires resources and performance measures, as well as the alignment of department/work unit and supplier and partner plans. Of central importance is how you achieve alignment and consistency—for example, via key processes and key measurements. Also, alignment and consistency are intended to provide a basis for setting and communicating priorities for ongoing improvement activities—part of the daily work of all departments/work units. In addition, performance measures are critical for tracking performance. Action plans include human resource plans that support your overall strategy.

- Key changes in your services or patients/customers/health care markets might include Web-based or electronic communication/information transfer initiatives, integrated within or separate from your current health care and other services.

- Examples of possible human resource plan elements are

  - a redesign of your work organization and jobs to increase staff empowerment and decision making

  - initiatives to promote better collaboration and cooperation between health care providers and administrative staff

  - initiatives to promote greater labor-management cooperation, such as union partnerships

  - initiatives to foster knowledge sharing and organizational learning

  - modification of your compensation and recognition systems to recognize team, organizational, patient and other customer satisfaction, or other performance attributes

  - education and training initiatives, such as developmental programs for future leaders, partnerships with universities to help ensure the availability of future staff, and establishment of technology-based training capabilities

- Projections and comparisons in this Item are intended to encourage your organization to improve its ability to understand and track dynamic, competitive performance factors. Through this tracking process, your organization should be better prepared to take into account its rate of improvement and change relative to competitors and

other organizations providing similar health care services and relative to its own targets or stretch goals. Such tracking serves as a key diagnostic management tool.

- In addition to improvement relative to past performance and to other organizations providing similar health care services and competitors' projected performance, projected performance also might include changes resulting from new business ventures, entry into new health care markets, electronic communication and information transfer initiatives, innovations, or other strategic thrusts.

Focus on Patients, Other Customers, and Markets (Category 3)

Focus on Patients, Other Customers, and Markets addresses how your organization seeks to understand the voices of patients, other customers, and the marketplace. The Category stresses relationships as an important part of an overall listening, learning, and performance excellence strategy. Your patient and other customer satisfaction and dissatisfaction results provide vital information for understanding your customers and the health care marketplace. In many cases, such results and trends provide the most meaningful information, not only on your patients' and other customers' views but also on their marketplace behaviors—patient/customer loyalty and positive referrals.

Throughout the Criteria, patients frequently are identified separately from other customer groups. This is done to stress the importance of this customer group to health care organizations. However, Item requirements also address other customers (or refer to customers generically) to ensure inclusion of all customer groups in the organization's customer focus and performance management system. Other customers could include patients' families, the community, insurers/third-party payors, employers, health care providers, patient advocacy groups, Departments of Health, and students. A key challenge to health care organizations frequently may include balancing the differing expectations of patients and other customer groups.

3.1 Patient, Other Customer, and Health Care Market Knowledge

Purpose

This Item examines your organization's key processes for gaining knowledge about your current and future patients, other customers, and markets, with the aim of offering relevant health care services, understanding longer-term or emerging patient/customer requirements and expectations, and keeping pace with marketplace changes and changing ways of doing business.

Requirements

You are asked how you determine key patient and other customer groups and how you segment your health care markets. You are asked how you consider potential customers,

including your competitors' customers. You are asked how you determine key patient/customer requirements and expectations and their relative importance to patient/customer purchasing decisions, and how you determine key health care services. You also are asked how these determinations include relevant information from current and former patients/customers.

Finally, you are asked how you keep your patient/customer listening and learning methods current with your changing health care service needs and directions.

Comments

- In a rapidly changing competitive health care environment, many factors may affect patient/customer preference and loyalty and your interface with patients/customers in the marketplace. This makes it necessary to listen and learn on a continuous basis. To be effective, listening and learning need to be closely linked with your organization's overall strategy.

- Knowledge of patient/customer groups and health care market segments allows your organization to tailor listening and learning strategies and marketplace offerings, to support and tailor your marketing strategies, and to develop new health care service opportunities.

- A relationship strategy may be possible with some customers but not with others. Differing relationships may require distinctly different listening and learning strategies. The use of electronic communication and the Internet (e.g., Web-based scheduling, support group, and health care information) is rapidly changing many marketplaces and may affect your listening and learning strategies, as well as your definition of patient/customer groups and health care market segments.

- Selection of listening and learning strategies depends on your organization's key business factors. Increasingly, organizations interact with customers via multiple modes. Some frequently used modes include focus groups with key customers; close integration with patients and other key customers; interviews with lost customers about their health care purchase decisions; use of the patient/customer complaint process to understand key service attributes; win/loss analysis relative to competitors; and survey or feedback information, including information collected on the Internet.

3.2 *Patient and Other Customer Relationships and Satisfaction*

Purpose

This Item examines your organization's processes for building patient and other customer relationships and determining patient and other customer satisfaction, with the aim of acquiring new patients/customers, retaining existing customers, and developing new health care market opportunities.

Requirements

You are asked how you build relationships to acquire and satisfy patients/customers, to meet and exceed their expectations, to increase loyalty, and to develop repeat business and positive referrals.

You are asked how you determine patient and other key customer contact requirements and how these vary for different modes of access. As part of this response, you are asked to describe key access mechanisms for patients and other customers to seek information, conduct business, and make complaints. You are asked how patient and other

customer contact requirements are deployed to all people and processes involved in the entire patient/customer response chain.

You are asked to describe your complaint management process. This description should include how you ensure prompt and effective problem resolution. The description also should cover how all complaints are aggregated and analyzed for use in improvement throughout your organization and by your partners, as appropriate.

You are asked how you keep your approaches to relationship building and patient/customer access current with changing health care service needs and directions.

You are asked how you determine patient/customer satisfaction and dissatisfaction, including how you capture actionable information that reflects patients'/customers' future interactions with your organization, patient/customer loyalty, and positive referral.

You are asked how you follow up with patients and other customers regarding health care services and recent transaction quality to receive prompt and actionable feedback.

You are asked how you obtain and use information on patient/customer satisfaction relative to satisfaction with

competitors, other organizations providing similar health care services, and/or benchmarks so you can gauge your performance in the health care marketplace.

Finally, you are asked how you keep your methods for determining patient/customer satisfaction current with your changing health care service needs and directions. The determination of patient satisfaction with health care outcomes relative to patient expectations provides insights about future patients and successfully setting their expectations.

Comments

- This Item emphasizes how you obtain actionable information from patients and other customers. Information that is actionable can be tied to key health care service and organizational processes and be used to determine cost implications for setting improvement and change priorities.

- Complaint aggregation, analysis, and root cause determination should lead to effective elimination of the causes of complaints and to setting priorities for process and service improvements. Successful outcomes require effective deployment of information throughout the organization.

- In determining patients'/customers' satisfaction, a key aspect is their comparative satisfaction with competitors and/or other organizations providing similar health care services. Such information might be derived from your own comparative studies or from independent studies. The factors that lead to patient/customer preference are of critical importance in understanding factors that drive health care markets and potentially affect longer-term success in the health care marketplace.

- Changing health care service needs and directions might include new modes of patient/customer access, such as the Internet. In such cases, key contact requirements might include privacy and access to personal assistance.

Measurement, Analysis, and Knowledge Management (Category 4)

The Measurement, Analysis, and Knowledge Management Category is the main point within the Criteria for all key information about effectively measuring and analyzing performance and managing organizational knowledge to drive improvement and organizational competitiveness, with specific attention to performance as a health care provider. In the simplest terms, Category 4 is the "brain center" for the alignment of your organization's health care and administrative operations with its strategic objectives. Central to such use of data and information are their quality and availability. Furthermore, since information, analysis, and knowledge management might themselves be primary sources of competitive advan-

tage and productivity growth, the Category also includes such strategic considerations.

4.1 Measurement and Analysis of Organizational Performance

Purpose

This Item examines your organization's selection, management, and use of data and information for performance measurement and analysis in support of organizational planning and performance improvement as a health care provider. This performance improvement includes efforts to improve health care results and outcomes (e.g., through the selection of statistically meaningful indicators, risk adjustment of data, and linking outcomes to processes and provider decisions). The Item serves as a central collection and analysis point in an integrated performance measurement and management system that relies on clinical, financial, and nonfinancial data and information. The aim of measurement and analysis is to guide your organization's process management toward the achievement of key organizational performance results and strategic objectives,

and to anticipate and respond to rapid or unexpected organizational or external changes.

Requirements

You are asked how you gather and integrate data and information for monitoring daily operations and supporting organizational decision making and how you select and use measures for tracking those operations and overall organizational performance. You also are asked how you select and use comparative data and information to support operational and strategic decision making and innovation. These requirements address the major components of an effective performance measurement system.

You are asked what analyses you perform to support your senior leaders' assessment of overall organizational performance and your strategic planning. You are asked how the results of organizational-level analysis are communicated to support decision making throughout your organization and are aligned with your organizational performance results, strategic objectives, and action plans.

Finally, you are asked how you keep your organization's performance measurement system current with changing health care service needs and directions and how you ensure your measurement system is sensitive to rapid and unexpected organizational and external changes.

Comments

- Alignment and integration are key concepts for successful implementation of your performance measurement

system. They are viewed in terms of extent and effectiveness of use to meet your performance assessment needs. Alignment and integration include how measures are aligned throughout your organization, how they are integrated to yield organization-wide data and information, and how performance measurement requirements are deployed by your senior leaders to track departmental, work group, and process-level performance on key measures targeted for organization-wide significance or improvement.

- The use of comparative data and information is important to all organizations. The major premises for use are (1) your organization needs to know where it stands relative to competitors, to other providers, and to best practices; (2) comparative information and information obtained from benchmarking often provide the impetus for significant ("breakthrough") improvement or change; and (3) comparing performance information frequently leads to a better understanding of your processes and their performance. Comparative information also may support analysis and decisions relating to core competencies, alliances, and outsourcing.

- Your effective selection and use of comparative data and information require (1) determination of needs and priorities; (2) criteria for seeking appropriate sources for comparisons—from within and outside the health care industry and your organization's markets; and (3) use of data and information to set stretch goals and to promote major, nonincremental ("breakthrough") improvements in areas most critical to your organization's strategy.

- Sources of comparative data and information might include (1) information obtained from other organizations through sharing or contributing to external reference databases; (2) information obtained from the open literature (e.g., outcomes of research studies and practice guidelines); and (3) data gathering and evaluation by independent organizations (e.g., Health Care Finance Administration, accrediting organizations, and commercial organizations).

- Individual facts and data do not usually provide an effective basis for setting organizational priorities. This Item emphasizes that close alignment is needed between your analysis and your organizational performance review and between your analysis and your organizational planning. This ensures that analysis is relevant to decision making and that decision making is based on relevant data and information.

- Action depends on understanding cause-effect connections among processes and between processes and organizational performance results or outcomes. Process actions and their results may have many resource implications. Organizations have a critical need to provide an effective analytical basis for decisions because resources for improvement are limited and cause-effect connections are often unclear.

- Analyses that your organization conducts to gain an understanding of performance and needed actions may vary widely depending on your type of organization, size, competitive environment, and other factors. Examples of possible analyses include

  - how health care service quality improvement correlates with key patient/customer indicators such as satisfaction, loyalty, and market share
  - cost and revenue implications of patient and other customer-related problems and effective problem resolution
  - interpretation of market share changes in terms of patient and other customer gains and losses and changes in patient/customer satisfaction
  - improvement trends in key operational performance indicators such as productivity, cycle time (e.g., length of stay, turnaround times, wait times, and billing delays), waste reduction, utilization rates, error rates, and cost per case
  - relationships between staff and organizational learning and value added per staff member
  - financial benefits derived from improvements in staff safety, absenteeism, and turnover
  - benefits and costs associated with education and training, including Internet-based or e-learning opportunities
  - benefits and costs associated with improved organizational knowledge management and sharing
  - the value added for the patient/customer and the organization by better knowledge and information management
  - the relationship between knowledge management and innovation
  - how the ability to identify and meet staff requirements correlates with staff retention, motivation, and productivity
  - cost and revenue implications of staff-related problems and effective problem resolution
  - individual or aggregate measures of productivity and quality relative to competitors' performance
  - cost trends relative to competitors' trends (e.g., cost/case for key DRGs)
  - compliance with preventive screenings compared to similar health care providers
  - relationships among patient health care quality, operational performance indicators, and overall financial performance trends as reflected in indicators such as operating costs, revenues, asset utilization, and value added per staff member
  - allocation of resources among alternative improvement projects based on cost/benefit implications or environmental and community impact

  - net earnings derived from quality, operational, and human resource performance improvements
  - comparisons among cost centers showing how quality and operational performance improvement affect financial performance (e.g., impacts of HMO preventive care versus diagnostic expenses and treatment of potentially preventable illnesses)
  - contributions of improvement activities to cash flow, working capital use, and shareholder and community value
  - financial impacts of customer retention (e.g., retention of third-party payors)
  - cost and revenue implications of new health care market entry
  - cost and revenue, patient/customer, and productivity implications of engaging in or expanding electronic communication/information transfer and use of the Internet and intranets
  - health care market share versus profits/financial returns
  - trends in economic, market, and shareholder indicators of value

- The availability of electronic data and information of many kinds (e.g., financial, operational, patient-/customer-related, accreditation, or regulatory) and from many sources (e.g., internal, third party, and public sources; the Internet; Internet tracking software) permits extensive analysis and correlations. Effectively utilizing and prioritizing this wealth of information are significant organizational challenges.

4.2 Information and Knowledge Management

Purpose

This Item examines how your organization ensures the availability of high-quality, timely data and information for all your key users—staff, suppliers and partners, and patients/customers. It also examines how your organization builds and manages its knowledge assets. The aim is to improve organizational efficiency, effectiveness, and innovation.

Requirements

You are asked how you make data and information available and accessible to your user communities. You are asked how you ensure that the data, information, and organizational knowledge have all the characteristics your users expect: integrity, reliability, accuracy, timeliness, and appropriate levels of security and confidentiality.

You are asked how you ensure that your hardware systems and software are reliable, secure, and user friendly so that access is facilitated and encouraged.

You are asked how you keep your data availability mechanisms, software, and hardware current with changing health care service needs and directions.

Finally, you are asked how you capture, protect, and disseminate organizational knowledge.

Comments

- Managing information can require a significant commitment of resources as the sources of data and information grow dramatically. The expanding use of electronic information within organizations' operations, as part of organizational knowledge networks, from the Internet, and in electronic communication/information transfer, challenges organizational abilities to ensure reliability and availability in a user-friendly format.

- Data and information are especially important in alliances and supply chains. Your responses to this Item should take into account this use of data and information and should recognize the need for rapid data validation and reliability assurance, given the increasing use of electronic data transfer.

- The focus of an organization's knowledge management is on the knowledge that people need to do their work; improve processes and health care services; keep current with changing organizational performance needs and directions; and develop innovative solutions that add value for the patient/customer and the organization.

Staff Focus (Category 5)

Staff Focus addresses key human resource practices—those directed toward creating and maintaining a high-performance workplace and toward developing staff to enable them and your organization to adapt to change. The Category covers staff development and management requirements in an integrated way, i.e., aligned with your organization's strategic objectives. Your staff focus includes your work environment and your staff support climate. A particular challenge in some health care organizations is the breadth of staff relationships—the variety of people contributing to the delivery of the organization's services. This might include paid staff, independent practitioners, volunteers, and students. All appropriate contributions must be considered in the Staff Focus Category.

To reinforce the basic alignment of staff management with overall strategy, the Criteria also cover staffing plans as part of overall planning in the Strategic Planning Category.

5.1 Work Systems

Purpose

This Item examines your organization's systems for work and jobs, compensation, career progression, staff performance management, motivation, recognition, communication, and hiring, with the aim of enabling and encouraging all staff to contribute effectively and to the best of their ability. These systems are intended to foster high performance, to result in individual and organizational learning, and to enable adaptation to change.

Requirements

You are asked how you organize and manage work and jobs to promote cooperation, initiative, empowerment, innovation, agility, and your organizational culture. You are asked how you achieve effective communication and knowledge and skill sharing. You are asked how your staff performance management system, including feedback to staff, supports high performance and a patient/customer and organizational performance focus. This should include how compensation, recognition, and related practices reinforce these objectives.

You are asked how you identify the capabilities needed by potential staff and how you recruit, hire, and retain new staff. Your considerations should include the ability of your work system to benefit from the diverse ideas and cultures of your staff and your communities.

Finally, you are asked how you accomplish effective succession planning for leadership and management positions including senior leadership and how you manage effective career progression for all staff throughout the organization.

Comments

- High-performance work is characterized by flexibility, innovation, knowledge and skill sharing, alignment with organizational objectives, patient/customer focus, and rapid response to changing health care service needs and requirements of the health care marketplace. The focus of this Item is on a workforce capable of achieving high performance. In addition to enabled staff and proper work system design, high-performance work requires ongoing education and training, as well as information systems that ensure proper information flow.

- Work and job factors for your consideration include simplification of job classifications, cross-training, job rotation, use of teams (including self-directed teams), and changes in work layout and location to facilitate patient-focused processes. Also important is effective communication across functions and work units to ensure a focus on patient/customer requirements and to ensure an environment with trust, knowledge sharing, and mutual respect. Job design should address the organization's credentialing and privileging of its health care practitioners, as appropriate.

- Compensation and recognition systems should be matched to your work systems. To be effective, compensation and recognition might be tied to demonstrated skills, to peer evaluations, and/or to collaboration among departments and health care practitioners. Compensation and recognition approaches also might include bonuses/profit sharing, rewarding exemplary team or unit performance, and linkage to patient/customer satisfaction and loyalty measures or other performance objectives.

- The requirements of high-performance work, coupled with the challenges of labor markets, necessitate more attention to succession planning and hiring profiles. This

should include and capitalize on diversity factors. Staff recruitment and career progression planning should consider both internal and external candidates with a focus on the future success and growth of the organization.

5.2 Staff Learning and Motivation

Purpose

This Item examines the education, training, and on-the-job reinforcement of knowledge and skills of your organization's workforce. It also examines your organization's systems for motivation and staff career development with the aim of meeting ongoing needs of staff, licensure and recredentialing requirements, and a high-performance workplace.

Requirements

You are asked how education and training tie to your action plans, including how education and training balance short- and longer-term individual and organizational objectives, including licensure and recredentialing requirements. You are asked how you seek and use input on education and training needs and delivery from those most directly benefiting—staff and their supervisors and managers.

You are asked how your staff education, training, and development address key organizational needs associated with technological change, ethical health care and business practices, management and leadership development, orientation of new staff, safety, diversity, and performance measurement and improvement.

You are asked how you deliver and evaluate education and training, taking into account individual and organizational performance. You are asked how you reinforce knowledge and skills on the job.

Finally, you are asked how your managers and supervisors motivate staff to develop and utilize their full potential, including the mechanisms you use to attain job- and career-related learning objectives.

Comments

■ Depending on the nature of your organization's health care services, staff responsibilities, and the stage of organizational and personal development, education and training needs might vary greatly. These needs might include continuing clinical education; gaining skills for knowledge sharing, communication, teamwork, and problem solving; interpreting and using data; meeting patient and other customer requirements; process analysis and simplification; waste and cycle time reduction; and setting priorities based on strategic alignment or cost/benefit analysis. Education needs also might include basic skills, such as reading, writing, language, arithmetic, and, increasingly, computer skills.

■ Education and training delivery might occur inside or outside your organization and could involve on-the-job, classroom, computer-based, or distance learning, as well as other types of delivery. Training also might occur through developmental assignments within or outside your organization.

■ When you evaluate education and training, you should seek effectiveness measures as a critical part of the evaluation. Such measures might address the impact on individual, department, unit, and organizational performance; the impact on customer-related performance; the impact on health care outcomes; and a cost/benefit analysis of the training.

■ Although this Item does not specifically ask you about training for patient/customer contact staff, such training is important and common. It frequently includes learning critical knowledge and skills in the following areas: health care services and patients/customers; how to listen to patients/customers; recovery from problems or failures; and how to effectively manage patient/customer expectations.

■ To help staff realize its full potential, many organizations use individual development plans prepared with each staff member that address his or her career and learning objectives.

■ Factors inhibiting motivation should be understood and addressed by your organization. Further understanding of these factors could be developed through exit interviews with departing staff members.

5.3 Staff Well-Being and Satisfaction

Purpose

This Item examines your organization's work environment, your staff support climate, and how you determine staff satisfaction, with the aim of fostering the well-being, satisfaction, and motivation of all staff while recognizing their diverse needs.

Requirements

You are asked how you ensure a safe, secure, and healthful work environment for all staff, taking into account their differing work environments and associated requirements. Special emphasis is placed on how staff contribute to identifying important factors and to improving workplace safety. You also are asked to identify appropriate measures and targets for key workforce factors so that status and progress can be tracked.

You are asked how you ensure workplace preparedness for emergencies or disasters. You are also asked how you ensure organizational performance continuity for the benefit of staff and patients/customers.

You are asked how you determine the key factors that affect staff well-being, satisfaction, and motivation. Included are how these factors are segmented for a diverse workforce and different categories and types of staff. In addition, you are asked how your services, benefits, and policies support staff well-being, satisfaction, and motivation based upon a holistic view of this key stakeholder group. Special emphasis is placed on the variety of approaches you use to satisfy a diverse workforce with differing needs and expectations.

You are asked to describe formal and informal assessment methods and measures you use to determine staff well-being, satisfaction, and motivation. This description should include how you tailor these methods and measures to a diverse workforce and how you use other indicators (e.g., staff turnover) to support your assessment. Finally, you are asked how you relate assessment findings to key organizational performance results to identify key priorities for improvement.

Comments

- Most organizations, regardless of size, have many opportunities to contribute to staff well-being, satisfaction, and motivation. Some examples of services, facilities, activities, and other opportunities are personal and career counseling; career development and employability services; recreational or cultural activities; formal and informal recognition; nonwork-related education; day care; special leave for family responsibilities and community service; flexible work hours and benefits packages; outplacement services; and retiree benefits, including extended health care and access to staff services.

- Although satisfaction with pay and satisfaction with promotion are important to paid staff, these two factors are generally not sufficient to ensure overall staff satisfac-

tion, motivation, and high performance. Some examples of other factors to consider are effective staff problem and grievance resolution; staff development and career opportunities; work environment and management support; workplace safety and security; workload; communication, cooperation, and teamwork; job security; appreciation of the differing needs of diverse staff groups; and organizational support for serving patients/customers.

- In addition to direct measures of staff satisfaction and well-being through formal or informal surveys, some other indicators include absenteeism, turnover, grievances, strikes, Occupational Safety and Health Administration (OSHA) reportables, and workers' compensation claims. For health care staff, indicators might include patient referrals to other organizations or institutions and willingness to serve on committees.

Process Management (Category 6)

Process Management is the focal point within the Criteria for all key work processes—health care processes and those processes that support the delivery of health care. As appropriate to an organization's mission, key processes might include the conduct of health care research and/or the teaching of medical/nursing students or allied health care professionals. Built into the Category are the central requirements for efficient and effective process management: effective design; a prevention orientation; linkage to patients/customers, suppliers, and partners and a focus on creating value for all key stakeholders; operational performance; cycle time; and evaluation, continuous improvement, and organizational learning.

Agility, cost efficiencies, and cycle time reduction are increasingly important in all aspects of process management and organizational design. In the simplest terms, "agility" refers to your ability to adapt quickly, flexibly, and effectively to changing requirements. Depending on the nature of your organization's strategy and markets, agility might mean rapid changeover to a new technology or treatment protocol, rapid response to changing payor requirements, or the ability to produce a wide range of patient-focused services. Agility also increasingly involves

shared facilities, decisions to outsource, agreements with key suppliers, and novel partnering arrangements. Flexibility might demand special strategies, such as sharing facilities, cross-training, and providing specialized training. Cost and cycle time reduction often involve agile process management strategies. It is crucial to utilize key measures for tracking all aspects of your overall process management.

6.1 Health Care Processes

Purpose

This Item examines your organization's key health care service design and delivery processes, with the aim of creating value for your patients/customers and other key stakeholders, and improving your marketplace and operational performance.

Requirements

You are asked to identify your key health care processes and their requirements. You are asked how these processes are designed, implemented, and performed to meet all your requirements and how you incorporate input from patients and other customers, suppliers, and partners, as appropriate. You also are asked how you address key factors in design effectiveness, including cycle time, productivity, and cost control.

You are asked how your health care processes create value for the organization, your patients and other customers, and your other key stakeholders and how they contribute to improved health care service outcomes.

You are asked to identify your key performance measures for the control and improvement of your health care processes, including how in-process measures and patient/customer and supplier feedback are used.

You are asked how you minimize costs associated with inspections, tests, and audits through the use of prevention-based processes.

Finally, you are asked how you improve your health care processes to achieve better performance and to keep them current with your changing organizational needs and directions. You are asked how improvements are shared to achieve organizational learning.

Comments

- This Item calls for information on the management and improvement of key health care processes. The information required includes a description of the key processes, their specific requirements, and how performance relative to these requirements is determined and maintained. Increasingly, these requirements might include the need for agility—speed and flexibility—to adapt to change.

- Design processes might address (1) modifications and variants of existing health care services that might result from the shift of a service from an inpatient to an out-

patient setting, the introduction of new technology for an existing service, or the institution of critical pathways; (2) new health care services resulting from research; (3) new/modified facilities to meet performance requirements; and (4) significant redesigns of processes to improve patient focus, productivity, or both. You should consider the key requirements for your health care services. Factors that might need to be considered in design include safety and risk management; timeliness, access, coordination, and continuity of care; patient involvement in care decisions; measurement capability; process capability; variability in customer expectations requiring health care service options; availability or scarcity of staff with critical skills; availability of referral sources; technology; facility capacity or utilization; supplier capability; regulatory requirements; and documentation. Effective design also must consider cycle time and productivity of health care service delivery processes. This might involve detailing critical pathways and redesigning ("re-engineering") those delivery processes to achieve efficiency, as well as to meet changing requirements.

- This Item calls for information on the incorporation of new technology. This could include e-technology for sharing information with suppliers and partners, communicating with patients and other customers, and giving them continuous (24/7) access and automated information transfer.

- Coordination of design and delivery processes involves all departments/work units and/or individuals who will take part in delivery and whose performance materially affects overall process outcome. This might include researchers, health care providers, facilities engineering, and administration.

- Specific reference is made to regulatory and payor requirements, in-process measurements/assessments, and patient/customer and supplier interactions. These measurements and interactions require the identification of critical points in processes for measurement, observation, or interaction. These activities should occur at the earliest points possible in processes to minimize problems and costs that may result from deviations from expected performance. Achieving expected performance frequently requires setting performance levels or standards to guide decision making. When deviations occur, corrective action is required to restore the performance of the process to its design specifications. Depending on the nature of the process, the corrective action could involve technical and human considerations. Proper corrective action involves changes at the source (root cause) of the deviation. Such corrective action should minimize the likelihood of this type of variation occurring again or elsewhere in your organization. When patients'/customers' interactions are involved, differences among patients/customers must be considered in evaluating how well the

process is performing. This might entail allowing for specific or general contingencies, depending on the patient/customer information gathered.

- Critical to health care service delivery are the consideration of patient expectations, the setting of realistic patient expectations relative to likely health care outcomes, and the opportunity for patients to participate on an informed basis in decision making relative to their own health care.

- This Item also calls for information on how processes are improved to achieve better performance. Better performance means not only better quality from your patients'/customers' perspective and better health outcomes, but also better financial and operational performance—such as productivity— from your other stakeholders' perspectives. A variety of process improvement approaches are commonly used. These approaches include (1) research and development results, (2) benchmarking, (3) the use of alternative technology, and (4) the use of information from patients and other customers—within and outside your organization.

6.2 Support Processes

Purpose

This Item examines your organization's key business and other support processes, with the aim of improving your overall operational performance and improving business success.

Requirements

You are asked to identify your key business and other support processes and their design requirements. You are asked how your organization's key business and other support processes are designed to meet all your requirements and how you incorporate input from patients/ customers, suppliers, and partners, as appropriate. You also are asked how day-to-day operation of your key business and other support processes ensures meeting the key requirements, including how in-process measures and patient/customer and supplier feedback are used.

You are asked how you minimize costs associated with inspections, tests, and audits through use of prevention-based processes.

Finally, you are asked how you improve your key business and other support processes to achieve better performance and to keep them current with changing organizational and health care service needs and directions. You are asked how improvements are shared to achieve organizational learning.

Comments

- Your key business processes are those non-health care service processes that are considered most important to growth and success by your senior leaders. These processes

frequently relate to an organization's strategic objectives and critical success factors. Key business processes 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. Given the diverse nature of these processes, the requirements and performance characteristics might vary significantly for different processes.

- Your other key support processes are those that support your daily operations and your health care service delivery but are not usually designed in detail with the health care services. The support process requirements usually do not depend significantly on health care service characteristics. Support process design requirements usually depend significantly on your internal requirements, and they must be coordinated and integrated to ensure efficient and effective linkage and performance. Support processes might include housekeeping, medical records, finance and accounting, facilities management, legal services, human resource services, public relations, community relations, and other administrative services.

- For many organizations, supply chain management is a growing factor in achieving productivity and profitability goals and overall organizational performance success. Suppliers and partners are receiving increasing strategic attention as organizations re-evaluate their core functions. Supplier processes should fulfill two purposes: to help improve the performance of suppliers and partners and

also, on specific actions, to help them contribute to your organization's improved performance. Supply chain management might include processes for supplier selection, with the aim of reducing the total number of suppliers and increasing preferred supplier and partnering agreements.

- This Item calls for information on how your organization evaluates and improves the performance of your key business and other support processes. Four approaches frequently used are (1) process analysis and research, (2) benchmarking, (3) use of alternative technology, and (4) use of information from patients/customers of the processes. Together, these approaches offer a wide range of possibilities, including complete redesign ("re-engineering") of processes.

Organizational Performance Results (Category 7)

The Organizational Performance Results Category provides a results focus for meeting your organization's mission as a health care provider. This focus encompasses your organization's health care results, your patients'/customers' evaluation of your organization's health care services, your overall financial and health care market performance, your staff and work system results, the results of all your key

processes and process improvement activities, and your results for your governance structure and social responsibility. Through this focus, the Criteria's purposes—superior health care quality and value as viewed by your patients/customers and the marketplace; superior organizational performance as reflected in your clinical, operational, legal, ethical, and financial indicators; and organizational and personal

learning—are maintained. Category 7 thus provides "real-time" information (measures of progress) for evaluation and improvement of health care outcomes and all key processes, in alignment with your overall organizational strategy. Item 4.1 calls for analysis of clinical and operational results data and information to determine your overall organizational performance.

7.1 Health Care Results

Purpose

This Item examines your organization's key health care performance results, with the aim of demonstrating how well your organization has been providing health care.

Requirements

You are asked to provide levels and trends in key measures and indicators of health care outcomes, health care service delivery results, patient safety, and patients' functional status. You are asked to indicate those measures that are mandated by regulatory, accreditor, or payor requirements.

Comments

- This Item addresses those measures that best reflect your organization's success in delivering on its mission as a health care provider. The Item calls for the use of key data and information to establish your organization's performance in delivering health care. Overall, this is the most important Item in the Criteria, as it focuses on demonstrating improving health care results over time and demonstrating superior results relative to other organizations that provide similar health care services. Risk-adjusted data for your patient population provide a basis for demonstrating superior performance and improving performance over time.

  - This Item places an emphasis on measures of health care service performance that serve as indicators of patients' and other customers' views and health care decisions relative to continuing interactions with your organization and/or positive referral.

  These measures of service performance are derived from patient- and other customer-related information gathered in Items 3.1 and 3.2.

- The correlation between health care service performance and patient/customer indicators is a critical management tool with multiple uses: (1) defining and focusing on key quality and patient/customer requirements; (2) identifying service differentiators in the health care marketplace; and

(3) determining cause-effect relationships between your health care services attributes and evidence of customer satisfaction and loyalty, as well as positive referrals. The correlation might reveal emerging or changing market segments, the changing importance of requirements, or even the potential obsolescence of health care and other patient/customer services.

7.2 Patient- and Other Customer-Focused Results

Purpose

This Item examines your organization's patient-/customer-focused performance results, with the aim of demonstrating how well your organization has been satisfying your patients and other customers and has developed loyalty, repeat business, and positive referral.

Requirements

You are asked to provide current levels, trends, and appropriate comparisons for key measures and indicators of patients' and other customers' satisfaction and dissatisfaction, including comparisons with other organizations providing similar health care services and your competitors' levels of patient/customer satisfaction. You are asked to provide data and information on patient/customer loyalty, positive referral, and patient-/customer-perceived value.

Comments

- This Item focuses on the creation and use of all relevant data to determine and help predict your organization's performance as viewed by your patients and other customers. Relevant data and information include patient/customer satisfaction and dissatisfaction; retention, gains, and losses of patients/customers and patient/customer accounts; patient/customer complaints and complaint management; patient-/customer-perceived value based on health care quality, outcomes, and cost; patient/customer assessment of access and ease of use (including courtesy in service interactions); and awards, ratings, and recognition from patients/customers and independent rating organizations.

- This Item places an emphasis on patient- and other customer-focused results that go beyond satisfaction measurement because loyalty, retention, positive referral, and longer-term patient/customer relationships are better indicators and measures of future success in the health care marketplace.

7.3 Financial and Market Results

Purpose

This Item examines your organization's financial and health care market results, with the aim of understanding your marketplace challenges and opportunities.

Requirements

You are asked to provide levels, trends, and appropriate comparisons for key financial and market indicators. Overall, these results should provide a complete picture of your financial and marketplace success and challenges.

Comments

- Measures reported in this Item are those usually tracked by senior leadership on an ongoing basis to assess your organization's performance.

- Appropriate financial measures and indicators might include revenue, profits, market position, cash-to-cash cycle time, earnings per share, and returns. Marketplace performance measures might include market share, measures of growth, new markets entered, entry into e-services for patients/customers, new populations served, and the percentage of income derived from new health care services.

7.4 Staff and Work System Results

Purpose

This Item examines your organization's staff and work system results, with the aim of demonstrating how well your organization has been creating and maintaining a positive, productive, learning, and caring work environment for all staff.
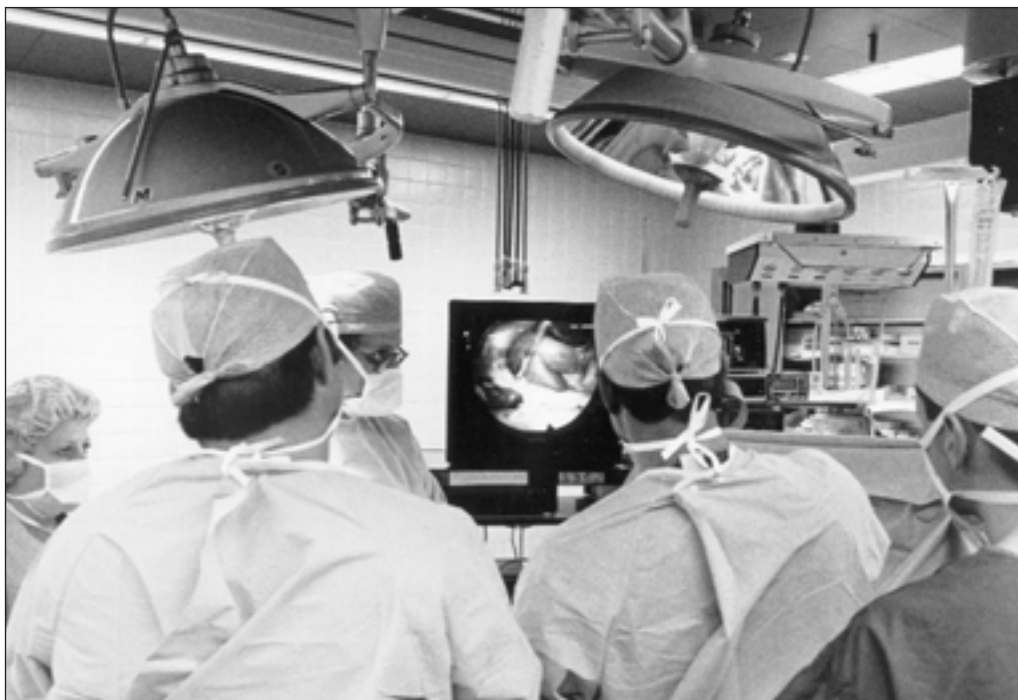
Requirements

You are asked to provide data and information on the performance and effectiveness of your organization's work system.

You are asked to provide current levels, trends, and appropriate comparisons for key measures and indicators of staff learning, development, well-being, satisfaction, and dissatisfaction.

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 innovation 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.

Scoring System

The scoring of responses to Criteria Items (Items) and Award applicant feedback are based on two evaluation dimensions: (1) Process and (2) Results. Criteria users need to furnish information relating to these dimensions. Specific factors for these dimensions are described below. Scoring Guidelines are given on pages 60–61.

Process

"Process" refers to the methods your organization uses and improves to address the Item requirements in Categories 1–6. The four factors used to evaluate process are Approach, Deployment, Learning, and Integration (A–D–L–I).

"Approach" refers to

- the methods used to accomplish the process
- the appropriateness of the methods to the Item requirements
- the effectiveness of use of the methods
- the degree to which the approach is repeatable and based on reliable data and information (i.e., systematic)

"Deployment" refers to the *extent* to which

- your approach is applied in addressing Item requirements relevant and important to your organization
- your approach is applied consistently
- your approach is used by all appropriate departments/ work units

"Learning" refers to

- refining your approach through cycles of evaluation and improvement
- encouraging breakthrough change to your approach through innovation
- sharing of refinements and innovation with other relevant departments/work units and processes in your organization

"Integration" refers to the *extent* to which

- your approach is aligned with your organizational needs identified in other Criteria Item requirements
- your measures, information, and improvement systems are complementary across processes and departments/ work units
- your plans, processes, results, analysis, learning, and actions are harmonized across processes and work units to support organization-wide goals

Results

"Results" refers to your organization's *outputs and outcomes* in achieving the requirements in Items 7.1–7.6. The four factors used to evaluate results are

- your current level of performance

- rate (i.e., slope of trend data) and breadth (i.e., how widely deployed and shared) of your performance improvements
- your performance relative to appropriate comparisons and/or benchmarks
- linkage of your results measures (often through segmentation) to important patient and other customer, health care service, market, process, and action plan performance requirements identified in your Organizational Profile and in Process 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 two evaluation dimensions given above.

The two types of Items are designated as

1. Process   **Process**
2. Results   **Results**

In Process Items, approach–deployment–learning–integration are linked to emphasize that descriptions of approach should always indicate the deployment—consistent with the *specific requirements* of the Item. As processes mature, their description also should indicate how cycles of learning, as well as integration with other processes and departments/ work units, occur. Although the approach–deployment–learning–integration factors are linked, feedback to Award applicants reflects strengths and/or opportunities for improvement in any or all of these factors.

Results Items call for data showing performance levels, improvement rates, and relevant comparative data for key measures and indicators of organizational performance. Results Items also call for data on breadth of performance improvements. This is directly related to deployment and organizational learning; if improvement processes are widely shared and 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 to the Item requirements and your organization. (See next paragraph.)

"Importance" as a Scoring Consideration

The two evaluation dimensions described previously are critical to evaluation and feedback. However, another critical consideration in evaluation and feedback is the *importance* of your reported process 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 and other 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 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 65 percent) is most descriptive of the organization's achievement level as presented in the Item response. "Most descriptive of the organization's achievement level" can include some gaps in one or more of the A–D–L–I (process) factors *or* results factors for the chosen scoring range. An organization's achievement level is based on a holistic view of either the four process or four results factors in aggregate and not on a tallying or averaging of independent assessments against each of the four factors. Assigning the actual score *within* the chosen range requires evaluating whether the Item response is closer to the statements in the next higher or next lower scoring range.

- A Process Item score of 50 percent represents an approach that meets the overall requirements of the Item, that is deployed consistently and to most departments/work units covered by the Item, that has been through some cycles of improvement and learning, and that addresses the key organizational needs. Higher scores reflect greater achievement, demonstrated by broader deployment, significant organizational learning, and increased integration.

- A Results Item score of 50 percent represents a clear indication of improvement trends and/or good levels of performance with appropriate comparative data in the results areas covered in the Item and *important* to the organization. Higher scores reflect better improvement rates and/or levels of performance, better comparative performance, and broader coverage and integration with health care requirements.

SCORING GUIDELINES

For Use With Categories 1–6

| SCORE	PROCESS
0% or 5%	■ No SYSTEMATIC APPROACH is evident; information is ANECDOTAL. (A) ■ Little or no DEPLOYMENT of an APPROACH is evident. (D) ■ No evidence of an improvement orientation; improvement is achieved through reacting to problems. (L) ■ No organizational ALIGNMENT is evident; individual areas or work units operate independently. (I)
10%, 15%, 20%, or 25%	■ The beginning of a SYSTEMATIC APPROACH to the BASIC REQUIREMENTS of the Item is evident. (A) ■ The APPROACH is in the early stages of DEPLOYMENT in most areas or work units, inhibiting progress in achieving the BASIC REQUIREMENTS of the Item. (D) ■ Early stages of a transition from reacting to problems to a general improvement orientation are evident. (L) ■ The APPROACH is ALIGNED with other areas or work units largely through joint problem solving. (I)
30%, 35%, 40%, or 45%	■ An EFFECTIVE, SYSTEMATIC APPROACH, responsive to the BASIC REQUIREMENTS of the Item, is evident. (A) ■ The APPROACH is DEPLOYED, although some areas or work units are in early stages of DEPLOYMENT. (D) ■ The beginning of a SYSTEMATIC APPROACH to evaluation and improvement of KEY PROCESSES is evident. (L) ■ The APPROACH is in early stages of ALIGNMENT with your basic organizational needs identified in response to the other Criteria Categories. (I)
50%, 55%, 60%, or 65%	■ An EFFECTIVE, SYSTEMATIC APPROACH, responsive to the OVERALL REQUIREMENTS of the Item, is evident. (A) ■ The APPROACH is well DEPLOYED, although DEPLOYMENT may vary in some areas or work units. (D) ■ A fact-based, SYSTEMATIC evaluation and improvement PROCESS and some organizational LEARNING are in place for improving the efficiency and effectiveness of KEY PROCESSES. (L) ■ The APPROACH is ALIGNED with your organizational needs identified in response to the other Criteria Categories. (I)
70%, 75%, 80%, or 85%	■ An EFFECTIVE, SYSTEMATIC APPROACH, responsive to the MULTIPLE REQUIREMENTS of the Item, is evident. (A) ■ The APPROACH is well DEPLOYED, with no significant gaps. (D) ■ Fact-based, SYSTEMATIC evaluation and improvement and organizational LEARNING are KEY management tools; there is clear evidence of refinement and INNOVATION as a result of organizational-level ANALYSIS and sharing. (L) ■ The APPROACH is INTEGRATED with your organizational needs identified in response to the other Criteria Items. (I)
90%, 95%, or 100%	■ An EFFECTIVE, SYSTEMATIC APPROACH, fully responsive to the MULTIPLE REQUIREMENTS of the Item, is evident. (A) ■ The APPROACH is fully DEPLOYED without significant weaknesses or gaps in any areas or work units. (D) ■ Fact-based, SYSTEMATIC evaluation and improvement and organizational LEARNING are KEY organization-wide tools; refinement and INNOVATION, backed by ANALYSIS and sharing, are evident throughout the organization. (L) ■ The APPROACH is well INTEGRATED with your organizational needs identified in response to the other Criteria Items. (I)

SCORING GUIDELINES

For Use With Category 7

| SCORE	RESULTS
0% or 5%	■ There are no organizational performance RESULTS or poor RESULTS in areas reported. ■ TREND data are either not reported or show mainly adverse TRENDS. ■ Comparative information is not reported. ■ RESULTS are not reported for any areas of importance to your KEY organizational requirements.
10%, 15%, 20%, or 25%	■ A few organizational performance RESULTS are reported; there are some improvements and/or early good PERFORMANCE LEVELS in a few areas. ■ Little or no TREND data are reported. ■ Little or no comparative information is reported. ■ RESULTS are reported for a few areas of importance to your KEY organizational requirements.
30%, 35%, 40%, or 45%	■ Improvements and/or good PERFORMANCE LEVELS are reported in many areas addressed in the Item requirements. ■ Early stages of developing TRENDS are evident. ■ Early stages of obtaining comparative information are evident. ■ RESULTS are reported for many areas of importance to your KEY organizational requirements.
50%, 55%, 60%, or 65%	■ Improvement TRENDS and/or good PERFORMANCE LEVELS are reported for most areas addressed in the Item 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 good to very good relative PERFORMANCE. ■ Organizational performance RESULTS address most KEY PATIENT and other CUSTOMER, market, and PROCESS requirements.
70%, 75%, 80%, or 85%	■ Current PERFORMANCE is good to excellent in most areas of importance to the Item requirements. ■ Most improvement TRENDS and/or current PERFORMANCE LEVELS are sustained. ■ Many to most reported TRENDS and/or current PERFORMANCE LEVELS—evaluated against relevant comparisons and/or BENCHMARKS—show areas of leadership and very good relative PERFORMANCE. ■ Organizational performance RESULTS address most KEY PATIENT and other CUSTOMER, market, PROCESS, and ACTION PLAN requirements.
90%, 95%, or 100%	■ Current PERFORMANCE is excellent in most areas of importance to the Item 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 PATIENT and other CUSTOMER, market, PROCESS, and ACTION PLAN requirements.

Steps Toward Mature Processes
### An Aid for Scoring Process Items

(1) Reacting to Problems
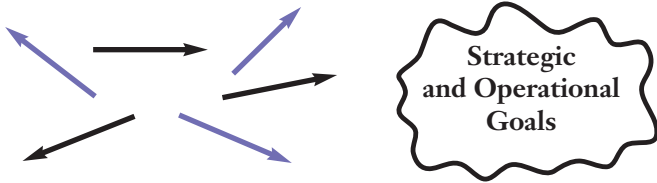
Operations are characterized by activities rather than by processes, and they are largely responsive to immediate needs or problems. Goals are poorly defined.

(2) Early Systematic Approaches
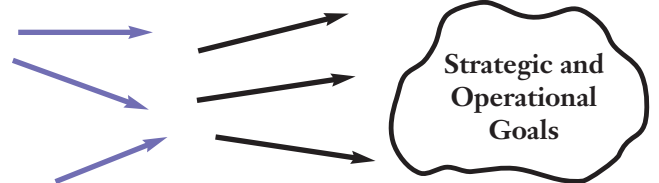
The organization is at the beginning stages of conducting operations by processes with repeatability, evaluation and improvement, and some early coordination among organizational units. Strategy and quantitative goals are being defined.

(3) Aligned Approaches
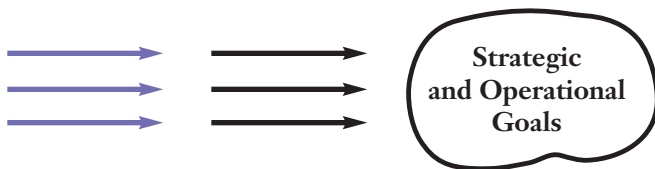
Operations are characterized by processes that are repeatable and regularly evaluated for improvement, with learnings shared and with coordination among organizational units. Processes address key strategies and goals of the organization.

(4) Integrated Approaches
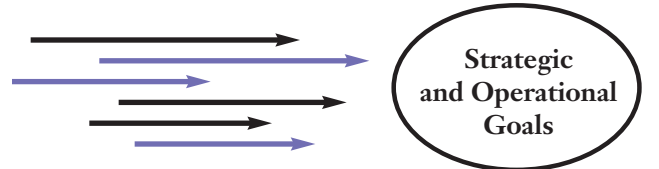
Operations are characterized by processes that are repeatable and regularly evaluated for change and improvement in collaboration with other affected units. Efficiencies across units are sought and achieved through analysis, innovation, and sharing. Processes and measures track progress on key strategic and operational goals.

2004 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 Process 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 12–32)

- Scoring System (pages 59–62)

- Glossary of Key Terms (pages 33–39)
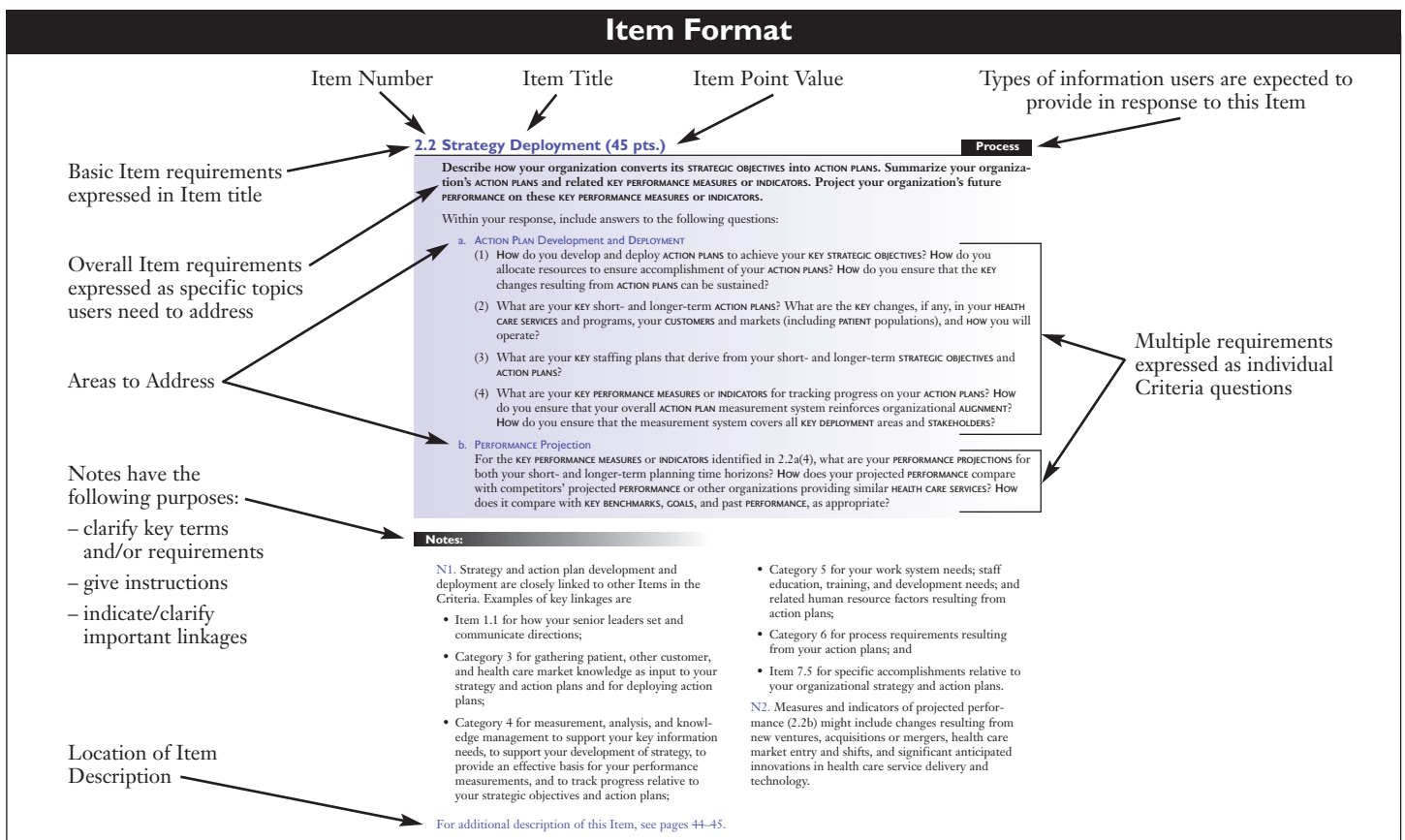
- Category and Item Descriptions (pages 40–58)

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 the Category and Item Descriptions section (pages 40–58).

Each Item is classified as either **Process** or **Results**, depending on the type of information required. Guidelines for responding to Process Items are given on pages 64–65. Guidelines for responding to Results Items are given on pages 65–66.

Item requirements are presented in question format. Some Areas to Address include multiple questions. Responses to an Item should contain responses 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.

Item Format

Item Number	Item Title	Item Point Value	Types of information users are expected to provide in response to this Item

Basic Item requirements expressed in Item title

2.2 Strategy Deployment (45 pts.) — **Process**

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:

Overall Item requirements expressed as specific topics users need to address

Areas to Address

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?

Multiple requirements expressed as individual Criteria questions

Notes have the following purposes:
– clarify key terms and/or requirements
– give instructions
– indicate/clarify important linkages

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.

Location of Item Description

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

3. **Start by preparing the Organizational Profile.**

The Organizational Profile is the most appropriate starting point. 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 12–14. The Organizational Profile is described in greater detail on pages 40–41.

Guidelines for Responding to Process 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 Process 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 your 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."**

Process Items include questions that begin with the word "how." *Responses should outline your key process information that addresses approach, deployment, learning, and integration (see page 59).* 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 Process 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 performance measures, and some 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*.

  Systematic approaches are repeatable and use data and information to improve learning. In other words, approaches are systematic if they build in the opportunity for evaluation, improvement, innovation, and sharing, thereby permitting 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 evidence of learning.

  Processes should include evaluation and improvement cycles, as well as the potential for breakthrough change. Process improvements should be shared with other appropriate units of the organization to enable organizational learning.

- Show integration.

  Integration shows process, plan, measures, and action alignment and harmonization that generate organizational effectiveness and efficiencies.

- Show focus and consistency.

  There are four important considerations 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 Process 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 your process. All Areas to Address should be addressed. Individual questions within 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 your approaches, breadth of deployment, extent of learning, and integration with other elements of your performance management system, as described in 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 a major 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;

Focus on Patients, Other Customers, and Markets; and Process Management Categories.

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

■ *performance* levels that are reported on a meaningful measurement scale

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

■ *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. Time intervals between data points should be meaningful for the specific measure(s) reported. 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 number of staff 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 shown on page 66 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 use of beta blockers with acute myocardial infarction as a key requirement.

Using the graph, a number of characteristics of clear and effective data reporting are illustrated.

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

Figure 7.1-3 Beta Blocker Use
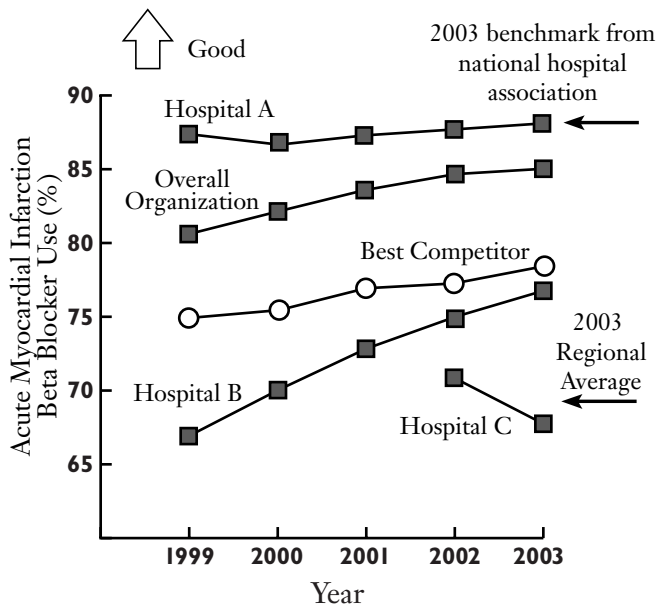
- Both axes and units of measure are clearly labeled.

- Trend lines report data for a key patient/customer requirement—use of beta blockers with acute myocardial infarction.

- Results are presented for several years for this three-hospital system.

- Appropriate comparisons are clearly shown.

- The organization shows, using a single graph, that its three hospitals are separately tracked for beta blocker use.

To help interpret the Scoring Guidelines (page 61), the following comments on the graphed results would be appropriate:

- The current overall organizational performance level is good. This conclusion is supported by the comparison with competitors and with a benchmark level.

- The organization shows excellent improvement trends.

- Hospital A is the current performance leader—showing sustained high performance and a slightly positive trend. Hospital B shows rapid improvement. It is near that of the best competitor but trails the benchmark level.

- Hospital C—a new acquisition—is having early problems with ensuring beta blocker use. (The organization should explain briefly these early problems.)

6. Refer to the Scoring Guidelines.

Considerations in the evaluation of Item responses include the Criteria Item requirements and the significance 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.

APPLYING FOR THE MALCOLM BALDRIGE NATIONAL QUALITY AWARD

The Malcolm Baldrige National Quality Award is an annual Award to recognize U.S. organizations for performance excellence.

Award Purpose

The Award promotes

- awareness of performance excellence as an increasingly important element in competitiveness
- information sharing of successful performance strategies and the benefits derived from using these strategies

Award Participation

The Award eligibility categories include

- manufacturing businesses
- service businesses
- small businesses
- education organizations
- health care organizations

Copies of the Business and Education Criteria booklets are available, and ordering information can be found on pages 70–71.

Up to three awards may be given in each category each year.

To participate in the Award process, an organization must submit an application package that addresses the Health Care Criteria for Performance Excellence (pages 12–32).

Application Requirements

Applying for the Award is a two-step process. A brief description of these steps is provided on page 68. Detailed information on the requirements and contents of the Eligibility Certification Package and the Application Package, due dates, and fees is provided in the *Baldrige Award Application Forms* booklet. Ordering information for

Fees for the 2004 Award Cycle

Award Category	Eligibility Fee	Application Fee*	Supplemental Section Fee (if applicable)**	Site Visit Fee Usual Range (if applicable)***
Manufacturing	$150	$5,000*	$2,000	$20,000–$35,000
Service	$150	$5,000*	$2,000	$20,000–$35,000
Small Business	$150	$2,000*	$1,000	$10,000–$17,000
Education Not-for-profit	$150	$ 500*	$ 250	$ 1,500
Education For-profit >500 faculty/staff	$150	$5,000*	$2,000	$20,000–$35,000
Education For-profit 500 or fewer faculty/staff	$150	$2,000*	$1,000	$10,000–$17,500
Health Care >500 staff	$150	$5,000*	$2,000	$20,000–$35,000
Health Care 500 or fewer staff	$150	$2,000*	$1,000	$10,000–$17,500

  * An additional processing fee of $1,250 is required for applications submitted on CD.

 ** Supplemental sections are **not** applicable for applicants with (a) a single performance system that supports all of their product and/or service lines and (b) products or services that are essentially similar in terms of customers/users, technology, types of employees, and planning.

*** Site Visit Review Fee
   This fee is paid only by applicants receiving site visits. The fee is set when visits are scheduled and is dependent on a number of factors, including the number of sites to be visited, the number of Examiners assigned, and the duration of the visit.

   Site visit fees for applicants with more than 500 employees in the manufacturing, service, for-profit education, and health care sectors usually range between $20,000 and $35,000. However, the site visit fee for small businesses, for-profit education organizations with 500 or fewer faculty/staff, and health care organizations with 500 or fewer staff is approximately one-half that rate. In 2004, the site visit fee for not-for-profit education organizations is $1,500. All site visit fees are due to ASQ two weeks after completion of the site visit.

the booklet is given on page 70; it may also be viewed and downloaded from our Web site at www.baldrige.nist.gov.

Step 1, Eligibility Certification Package

Organizations filing an Eligibility Certification Package may nominate one senior member of their staff to serve on the Board of Examiners. Organizations that wish to reserve a place on the Board for a staff member must submit their Eligibility Certification Package by March 12, 2004. If an organization chooses not to nominate someone to the Board, the due date for the Eligibility Certification Package is April 13, 2004.

Step 2, Application Package

The Application Package may be submitted in either CD/PDF format or on paper.

If submitted in CD/PDF format, the Application Package must be postmarked no later than May 13, 2004. If submitted on paper, 25 copies of the Application Package must be postmarked no later than May 27, 2004.

Application Review

Applications are reviewed and evaluated by members of the Board of Examiners, who adhere to strict rules regarding conflict of interest, using the following process:

Stage 1 - independent review and evaluation by at least six members of the board

Stage 2 - consensus review and evaluation for applications that score well in Stage 1

Stage 3 - site visits to applicants that score well in Stage 2

Judges' review and recommendations of Award recipients

Feedback to Applicants

Each Award applicant receives a feedback report at the conclusion of the review process. The feedback report is a written assessment by an evaluation team of leading U.S. experts.

The feedback report contains an applicant-specific listing of strengths and opportunities for improvement based on the Criteria. Used by companies, education organizations, and health care organizations as part of their strategic planning processes, the feedback report helps organizations focus on their customers and improve overall performance. Feedback is one of the most important parts of the Baldrige Award process; it provides a pathway for improvement.

Feedback reports are mailed at various times during the Award cycle, based on the stage of review an application reaches in the evaluation process. Strict confidentiality is observed at all times and in every aspect of application review and feedback.

Award Recipients

Award recipients may publicize and advertise their Awards. Recipients are expected to share information about their successful performance strategies with other U.S. organizations.

Eligibility Certification Packages due—April 13, 2004

**Eligibility Certification Packages requesting placements for
Board of Examiners candidates due—March 12, 2004**

Award Application Packages submitted on CD due—May 13, 2004

Award Application Packages submitted on paper due—May 27, 2004

If your organization is applying in either the business or education category, refer to the appropriate sector-specific Criteria booklet and the *Baldrige Award Application Forms* booklet. Ordering information is on pages 70–71.

SUMMARY OF HEALTH CARE ELIGIBILITY AND RESTRICTIONS

Important Facts about Applying for the Award

■ Criteria contained in this booklet should be used only for the health care eligibility category. Applicants in the business and education eligibility categories should use the *Criteria for Performance Excellence* and the *Education Criteria for Performance Excellence* booklets, respectively.

■ The following is a summary of the eligibility rules for the health care category only. Summaries of the eligibility rules for the business and education categories are in their respective Criteria booklets. For-profit health care organizations may apply under the service or small business categories, as appropriate, using the Business Criteria, or under the health care category, using these Health Care Criteria. If there is a question on eligibility, check the complete eligibility rules in the *Baldrige Award Application Forms* booklet or call the Baldrige National Quality Program Office at (301) 975-2036.

■ Whatever your Award eligibility category, you will need to obtain a copy of the *Baldrige Award Application Forms* booklet before proceeding. Ordering instructions are given on page 70, or you can download the booklet from our Web site at www.baldrige.nist.gov.

Basic Eligibility

Public Law 100-107 includes provisions to expand or modify the list of Award categories. Beginning with the 1999 Award cycle, two new eligibility categories—education and health care—were added. Participation is open to for-profit and not-for-profit public, private, and government organizations and to some subunits—including U.S. sub-units of foreign organizations—located in the United States and its territories that are primarily engaged in furnishing medical, surgical, or other health services directly to persons.

Eligibility is intended to be as open as possible. For example, eligible organizations include hospitals, HMOs, long-term care facilities, health care practitioner offices, home health agencies, and dialysis centers. Organizations that do not provide health services directly to persons, such as social service agencies, health insurance companies, or medical/dental laboratories, are ineligible to apply for the Award under the health care category. However, such organizations—if they are for-profit organizations—may be eligible to apply for the Award under the small business or service categories.

Eligibility of Subunits

A subunit is a unit or division of a larger (parent) organization. Subunits of organizations might be eligible. To be eligible, the subunit must be self-sufficient enough to be examined in all seven Criteria Categories, and it must be a discrete entity that is readily distinguishable from other parts of the parent organization. It cannot be primarily a support function (e.g., housekeeping, radiology, member services, finance and accounting, billing, human resources, purchasing, legal services, and health care research).

Other Restrictions on Eligibility

Location: Although an applicant may have facilities outside the United States or its territories, or it may receive support from its parent, in the event of a site visit, the applicant must ensure that the appropriate people and information are available for examination in the United States. This information is needed to document the operational practices associated with all of its major functions. In the event that the applicant receives the Award, it must be able to share information on the seven Criteria Categories at The Quest for Excellence Conference and at its U.S. facilities. Sharing beyond The Quest for Excellence Conference is on a voluntary basis.

Multiple-Application Restrictions: A subunit and its parent may not both apply for Awards in the same year. In some cases, more than one subunit of a parent may apply. If the *parent* organization, including all of its subunits, has

■ 0–1,000 employees, one applicant per parent per eligibility category may apply

■ 1,001–20,000 employees, two applicants per parent per eligibility category may apply

■ over 20,000 employees, two applicants per parent per eligibility category for the first 20,000, plus one per 20,000 or fraction thereof above 20,000 per eligibility category, may apply

Future Eligibility Restrictions: If an organization or a subunit that has over 50 percent of the total employees of the parent receives an Award, the organization and all its subunits are ineligible to apply for another Award for a period of five years. If a subunit receives an Award, that subunit and all its subunits are ineligible to apply for another Award for a period of five years. After five years, Award recipients are eligible to reapply for the Award or to reapply "for feedback only."

Eligibility Forms

Potential applicants must certify their eligibility prior to applying for the Award. Potential applicants for the 2004 Award are encouraged to submit their Eligibility Certification Packages as soon as possible but no later than April 13, 2004. In order to reserve a place on the Board of Examiners for a member of your organization's senior staff, the package must be submitted no later than March 12, 2004. The forms and necessary information are contained in the *Baldrige Award Application Forms* booklet.

How to Obtain Copies of Baldrige Program Materials

Note: If you are planning to apply for the Award, you will need the *Baldrige Award Application Forms* booklet in addition to the Criteria booklet.

Individual Orders

Individual copies of the Criteria booklets and the *Baldrige Award Application Forms* booklet may be downloaded from our Web site or obtained free of charge from

Baldrige National Quality Program
National Institute of Standards and Technology
Administration Building, Room A600
100 Bureau Drive, Stop 1020
Gaithersburg, MD 20899-1020
Telephone: (301) 975-2036
Fax: (301) 948-3716
E-mail: nqp@nist.gov
Web site: www.baldrige.nist.gov

Bulk Orders

Multiple copies of the *2004 Criteria for Performance Excellence* booklets may be ordered in packets of 10 for $39.95 plus shipping and handling from the American Society for Quality (ASQ).

2004 Business Criteria—Item Number T1391
2004 Education Criteria—Item Number T1392
2004 Health Care Criteria—Item Number T1393

How to Order

ASQ offers four convenient ways to order:

- For fastest service, call toll free (800) 248-1946 in the United States and Canada (in Mexico, dial toll free 95-800-248-1946). Have item numbers, your credit card or purchase order number, and (if applicable) ASQ member number ready.

- Or fax your completed order form to ASQ at (414) 272-1734.

- Or mail your order to ASQ Customer Care Center, P.O. Box 3066, Milwaukee, WI 53201-3066.

- Or order on-line by accessing ASQ's Web site at www.asq.org.

Payment

Your payment options include check, money order, U.S. purchase order, VISA, MasterCard, or American Express. Payment must be made in U.S. currency; checks and money orders must be drawn on a U.S. financial institution. All international orders must be prepaid. Please make checks payable to ASQ.

Shipping Fees

The following shipping and processing schedule applies to all orders within the United States and Canada.

Order Amount	U.S. Charges	Canadian Charges
Up to $34.99	$ 4.25	$ 9.25
$35.00–$99.99	6.50	11.50
Over $100.00	12.50*	17.50*

- There is a shipping and processing charge of 25 percent of the total order amount for shipments outside the United States and Canada.

- Orders shipped within the continental United States and Canada where UPS service is available will be shipped by UPS.

- Please allow one to two weeks for delivery. International customers, please allow six to eight weeks for delivery.

- Your credit card will not be charged until your items are shipped. Shipping and processing are charged one time, up front, for the entire order.

If actual shipping charges exceed $12.50 ($17.50 Canadian), ASQ will invoice the customer for the additional expense.

Baldrige Educational Materials

Each year, the Baldrige National Quality Program develops materials for training members of the Board of Examiners and for sharing information on the successful performance excellence strategies of the Award recipients. The following items are samples of the educational materials that are available.

Case Studies

The case studies are used to prepare Examiners for the interpretation of the Criteria and the Scoring System. The case studies, when used with the Criteria, illustrate the Award application and review process. The case study packet contains the case study and six additional documents: an executive summary, the related *Criteria for Performance Excellence* booklet, the case study scorebook, the case study feedback report, the *Handbook for the Board of Examiners*, and the *Scorebook for Business, Education, and Health Care*. These documents provide information related to scoring, Criteria responses, examination processes, and site visit procedures, as well as illustrate the format for an application. A variety of case study packets are available, including the following:

2003 Business Case Study Packet: GeoOrb Polymers, North America (based on the *2003 Criteria for Performance Excellence*)

Available only in e-format (PDF version) at www.baldrige.nist.gov/GeoOrb.htm

2002 Health Care Case Study Packet: CapStar Health System (based on the *2002 Health Care Criteria for Performance Excellence*)

Available only in e-format (PDF version) at www.baldrige.nist.gov/CapStar.htm

2001 Business Case Study Packet: TriView National Bank (based on the *2001 Criteria for Performance Excellence*)

Item Number T1091: $49.95 plus shipping and handling

Also available in e-format (PDF version) at www.baldrige.nist.gov/TriView.htm

2000 Education Case Study Packet: Coyote Community College (based on the *2000 Education Criteria for Performance Excellence*)

Item Number T1090: $49.95 plus shipping and handling

Also available in e-format (PDF version) at www.baldrige.nist.gov/Coyote.htm

1998 Business Case Study Packet: Gemini Home Health Services (based on the *1998 Criteria for Performance Excellence*)

Item Number T1083: $49.95 plus shipping and handling

Award Recipients Videos

The Award recipients videos are a valuable resource for gaining a better understanding of performance excellence and quality achievement. The videos provide background information on the Baldrige National Quality Program, highlights from the annual Award ceremony, and interviews with representatives from the Award recipients' organizations. Information on the 2003 Award recipients video is provided below. Videos about Award recipients from other years also are available from ASQ.

2003—Item Number TA1126 $20.00
(Available May 2004)

How to Order Educational Materials

To order a Case Study Packet (TriView National Bank, Coyote Community College, or others), bulk orders of the 2004 Criteria booklet, or the Award recipients videos, contact

ASQ Customer Care Center
P.O. Box 3066
Milwaukee, WI 53201-3066
Telephone: (800) 248-1946
Fax: (414) 272-1734
E-mail: asq@asq.org
Web site: www.asq.org

The Baldrige National Quality Program welcomes your comments on the Criteria or any of the Baldrige Award processes. Please address your comments to

2004 Criteria for Performance Excellence
Baldrige National Quality Program
National Institute of Standards and Technology
Administration Building, Room A600
100 Bureau Drive, Stop 1020
Gaithersburg, MD 20899-1020

or   E-mail: nqp@nist.gov

or   Web site: www.baldrige.nist.gov

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Notes

The Baldrige National Quality Program and Its Impacts

The Malcolm Baldrige National Quality Award was created by Public Law 100-107, signed into law on August 20, 1987. Public Law 100-107 led to the creation of a new public-private partnership. Principal support for the program comes from the Foundation for the Malcolm Baldrige National Quality Award, established in 1988.

The Award is named for Malcolm Baldrige, who served as Secretary of Commerce from 1981 until his death in 1987. His managerial excellence contributed to long-term improvement in efficiency and effectiveness of government.

On August 20, 1987, President Ronald Reagan signed the "Malcolm Baldrige National Quality Improvement Act of 1987," establishing a program that many credit with making quality a national priority and helping to revitalize the U.S. economy during the 1990s. Today, the Baldrige National Quality Program and the Baldrige Award recipients are imitated and admired worldwide. More than 43 states and many countries, including Japan, have programs modeled after Baldrige. In particular, the Baldrige Criteria for Performance Excellence are widely used as an assessment and improvement tool. Millions of print and electronic copies of the Criteria have been distributed. In 1999, categories for education and health care were added to the original three categories: manufacturing, service, and small business. Impacts of the Program have been far reaching:

- Since the Baldrige Program began until 2003, there have been 939 applicants for the Malcolm Baldrige National Quality Award. These applicants have received vigorous evaluations by the Board of Examiners using the Criteria for Performance Excellence.

- Through 2002, 51 Award recipients have been selected across five categories: 23 manufacturing companies, 11 service companies, 13 small businesses, 3 education organizations, and 1 health care organization.

- As of June 2003, there were 52 active state and local quality award programs in 43 states. All 52 programs are modeled to some degree after the Baldrige National Quality Program, and their award criteria are based on the Criteria for Performance Excellence.

- From 1996 to 2002, 20 of the 27 Baldrige Award recipients were previous winners in state award programs.

- Since 1991, there have been more than 7,000 applications for state and local quality awards.

- Over the past 16 years of its existence, the Baldrige Program has trained more than 2,000 Examiners. Since 1991, the state and local programs have trained more than 21,000 Examiners.

- The Award recipients have presented to tens of thousands of organizations at conferences worldwide. For example, Operations Management International, Inc. (OMI), an international service business with 1,400 employees, has made presentations to more than 17,000 people since becoming an Award recipient in November 2000. Branch-Smith Printing Division, a small family-owned business with 68 employees, has given presentations to more than 2,000 people since becoming an Award recipient in November 2002. The Quest for Excellence conferences have reached more than 15,000 attendees over the Program's history.

- In 2001, the first three education Award recipients—the Chugach School District (Alaska), the Pearl River School District (New York), and the University of Wisconsin-Stout—were announced.

- In 2002, the first health care Award recipient—SSM Health Care (St. Louis, Missouri)—was announced.

Baldrige National Quality Program

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The National Institute of Standards and Technology is a nonregulatory federal agency within the Commerce Department's Technology Administration. NIST's primary mission is to develop and promote measurement, standards, and technology to enhance productivity, facilitate trade, and improve the quality of life. The Baldrige National Quality Program (BNQP) at NIST is a customer-focused federal change agent that enhances the competitiveness, quality, and productivity of U.S. organizations for the benefit of all citizens. BNQP develops and disseminates evaluation criteria and manages the Malcolm Baldrige National Quality Award. It also provides global leadership in promoting performance excellence and in the learning and sharing of successful performance practices, principles, and strategies.

Call BNQP or visit our Web site for

- information on improving the performance of your organization
- information on eligibility requirements for the Baldrige Award
- information on applying for the Baldrige Award
- information on becoming a Baldrige Examiner
- information on the Baldrige Award recipients
- individual copies of the Criteria for Performance Excellence—Business, Education, and Health Care (no cost)
- information on BNQP educational materials
- case studies

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