2012
AHCA/NCAL National Quality Award

A Benchmark of Distinction

Bronze – Commitment to Quality
General Information,
Instructions & Criteria

ahca®
American Health Care Association

ncal®
National Center For Assisted Living

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CHAPTER 1: GENERAL INFORMATION

Thank you for your interest in the AHCA/NCAL National Quality Award program. The Quality Award program recognizes facilities who have established organizational systems of quality. The *Advancing Excellence in America's Nursing Homes* campaign and *LTC Trend Tracker*[sm] are AHCA endorsed programs that align with the Quality Award program. Applicants are strongly encouraged to participate in both programs to support their Quality Award journey and assist in their overall quality improvement efforts.

Applicants will be evaluated based on Criteria adapted from the Health Care Criteria for Performance Excellence (HCCPE) from the *Baldrige Performance Excellence Program*. These Criteria provide a standard of quality for organizations seeking the highest levels of performance and competitiveness. The Criteria address all of the key requirements that long term care organizations must address to achieve excellence. By focusing on results and the conditions and processes that lead to results, the Criteria offer a framework that organizations can use to guide their systems and processes toward ever-improving quality performance. The HCCPE is available on the Baldrige website, www.nist.gov/baldrige/publications/hc_Criteria.cfm.

Mission

The mission of the AHCA/NCAL National Quality Award program is to support the application of continuous quality improvement in member organizations of AHCA and NCAL by promoting quality awareness and education and by recognizing significant achievements in quality improvement. The program also fosters networking among participating organizations by enabling them to share winning strategies and to communicate successful practices.

Application Levels

The AHCA/NCAL National Quality Award has been designed as a progressive, three step program. Organizations are able to apply for recognition at three levels, each of which requires a more detailed and comprehensive demonstration of quality integration and performance:

Bronze – Commitment to Quality – At the Bronze level, organizations begin their quality journey by describing their mission, characteristics, and key challenges that are embodied in the organizational profile section of the Baldrige Criteria. The objective of this award level is to provide a context for understanding the organization and its approach to performance improvement. The Criteria require that applicants provide a basic description of the organization, their mission/vision and how it is communicated across the organization, their stakeholder and key customer requirements, their supplier and partnering relationships, competitive factors, key performance measures, and their key challenges.

Silver – Achievement in Quality – At this level, organizations that have previously received a Bronze award will address the seven Baldrige Categories and the fifteen basic item requirements within these categories along with an updated Organizational Profile. Applicants describe the approaches they systematically use, how they deploy these approaches, how the organizations learn for continual improvement and how approaches are integrated. The Silver level award is a critical learning step for applicants. Applicants who receive the Silver award provide an

extensive assessment of their systematic approaches, performance measures, and sustainable organizational and process results that are linked to the key customer requirements, success factors, and challenges they identified in their Organizational Profile. Results do not have to be superior, but they must be good or improving and clearly linked to process improvements. Having been recommended by a team of independent and trained Senior Examiners, the application must meet the final approval of a larger group of Senior Examiners.

Gold – Excellence in Quality – At this level, organizations that have previously received the Silver award address the Health Care Criteria for Performance Excellence in its entirety. Applicants who receive the Gold award are recognized as some of the best performers in the long term care profession. They are prior recipients of the Bronze and Silver awards. Applicants who receive the Gold award demonstrate by approach, deployment, level and consistency of results that they are achieving high levels of performance in health care, customer satisfaction, financial, market, workforce, process, and leadership outcomes over time. Applications are reviewed by a team of independent and trained Master Examiners. If an application is recommended for the award, Master Examiners conduct a site visit to verify systems and performance.

Benefits of Participation

The goals of organizations that commit to the pursuit of excellence are to deliver ever-improving value to customers, improve organizational effectiveness, and engage in organizational and personal learning. Applicants of the National Quality Award program can expect to receive several benefits that will assist in their effort to become a high-performing organization, including:

- A heightened ability to improve services and internal processes;
- Peer recognition as a quality champion in the long term care profession;
- Public recognition for efforts and achievements;
- Increased customer loyalty resulting from a demonstrable commitment to quality;
- An understanding of how to use the Baldrige Criteria as an assessment tool; and
- Feedback reports that identify strengths in the organizations quality systems, as well as areas that need improvement.

Confidentiality

All applications are confidential. Applicants are not expected to provide or reveal proprietary information regarding products, processes, or services. Examiners are assigned in a way to avoid conflicts of interest. All Examiners sign nondisclosure agreements. Application information may be released only after written approval from the applicant.

2012 Program Schedule

Intent to Apply Submission Process Opens	November 1, 2011
Intent to Apply Deadline (at 8 p.m. EST)	January 12, 2012
Applications Accepted Online	January 16, 2012
Bronze Award Application Deadline (at 8 p.m. EST)	February 15, 2012
Silver and Gold Award Application Deadline (at 8 p.m. EST)	March 1, 2012
Bronze Applicant Notification and Feedback Distribution	May 16, 2012
Silver Applicant Notification	June 29, 2012
Gold Applicant Notification	July 16, 2012
Silver and Gold Feedback Report Distribution	September 28, 2012
AHCA/NCAL Annual Convention & Expo	October 7 - 10, 2012

AHCA/NCAL National Quality Award Program Staff

Timothy Case
AHCA/NCAL National Quality
Award Program Administrator

Courtney Krier
AHCA/NCAL National Quality
Award Program Manager

AHCA/NCAL National Quality Award Board of Overseers

The activities of the award program are overseen by the National Quality Award Board of Overseers, who approve program policies, oversee activities, ensure integrity and sustain the vitality of the AHCA/NCAL National Quality Award Program. This 11-member Board includes quality professionals, owners and administrators, Examiners, state affiliates and Baldrige Criteria experts. These individuals dedicate their time and service to providing continuous support and improvement to the Quality Award program.

Contact Us

The **Quality Award website** is a great resource for application information. To access the website, visit www.ahcancal.org, or type www.ahcancal.org/quality_improvement/quality_award into your browser.

- Questions regarding the Intent to Apply, application process, membership status or technical requirements should be directed to quality-award@ahca.org.
- Questions regarding award Criteria, eligibility, or the review process should be sent to Tim Case at tcase3362@charter.net or Courtney Krier at ckrier@ahca.org.

CHAPTER 2: CHANGES FOR 2012

The Board of Overseers routinely reviews and makes policy and program changes in order to keep up with the changing landscape of the profession, meet the needs of its stakeholders, and continually strive for performance excellence. These changes are developed through the feedback received from two key stakeholders; Quality Award applicants and Examiners.

Bronze Criteria Section P.2.C.2

This change is applicable only to Assisted Living facilities. Previously section P.2.C.2 required Skilled Nursing (SNF) and Assisted Living (AL) applicants to report a clinical improvement effort. Assisted Living facilities, along with Developmentally Disabled and ICF-MR facilities now have the option of reporting either a resident-related improvement effort or a clinical improvement effort in section P.2.C.2.

Silver Criteria

The Silver Criteria has historically focused on the Core Values and Concepts of the Baldrige Criteria. The Silver Criteria have now shifted to reflect the Baldrige Criteria directly; in addition to the Organizational Profile, applicants will respond to the seven Baldrige categories and the 15 "basic item requirements" within these categories. In all categories, applicants will address the question posed in the basic item requirement by addressing the demands of the overall item requirement. This shift in the Criteria will allow participants to begin understanding and focusing on the Baldrige Criteria at the Silver level. It will also provide a clearer pathway for Silver recipients moving to the Gold Criteria.

Silver Pre-Screening Protocol

Beginning in 2012, all Silver applications will be subject to a pre-screening process prior to being forwarded to the Examiner teams for review. The pre-screening protocol will be focused on the Organizational Profile and Category 7 (results). To be successful at the pre-screen level, the application must demonstrate the interrelationship between the Organizational Profile; including stated Mission, Strategy and Key Success Factors, and Category 7; the organization's results. The process-oriented sections (Categories 1-6) are used to demonstrate HOW the organization achieved the results that are tied to its goals. Therefore, without a clear and distinct correlation between the Organizational Profile and Category 7, the application, and its process sections, will not be considered by the Examiner teams. Applications that do not meet the pre-screen Criteria will receive a foundational feedback report focusing on the Organizational Profile and Category 7 and information regarding how the Baldrige Criteria can be successfully applied to enhance organizational success.

CHAPTER 3: BRONZE APPLICATION POLICIES AND PROCEDURES

2012 Bronze Application Deadlines

All deadlines listed are at 8 p.m. EST; applications submitted after 8 p.m. EST on the designated deadline will not be accepted

Bronze Intent to Apply Fee	January 12, 2012
Bronze Application and Payment	February 15, 2012

2012 Application Fees

- Intent to Apply Fee (required for all applicants): $75
- Bronze – Commitment to Quality: $425
- Silver – Achievement in Quality: $725
- Gold – Excellence in Quality: $825

2012 Application Policies

- Applications at all levels will be accepted online beginning January 16, 2012. Application submission and payment instructions will be available on the Quality Award website.
- Applicants at all levels must submit the $75 Intent to Apply fee before the designated deadline in order to submit an application. Applications submitted by facilities who have not submitted the Intent to Apply fee will not be accepted.
- Applications must be submitted by 8 p.m. EST on the designated deadline. Applications submitted at any point after the 8 p.m. EST deadline will not be accepted.
- Applicants who do not meet the 8 p.m. EST deadline due to non-AHCA technical issues will not have their applications accepted.
- Submit only one application – only the first version of your application will be accepted, duplicate or updated applications will not be accepted.
- Applicants who do not adhere to the technical requirements laid out on page 8 will be disqualified. Disqualified applications will not receive a feedback report or a refund of their application fee.
- Applications that are found to have plagiarized will be disqualified, and the facility will be ineligible to apply for two subsequent years. Applicants are cautioned against excessive use of language drawn verbatim from corporate documents.

Eligibility to Apply

The following eligibility requirements are mandatory. Facilities that are not eligible based on these requirements may apply and receive feedback, but will not be eligible to receive the award.

- The applying organization must be a member in good standing of AHCA/NCAL.
- Only long term care organizations may apply – skilled nursing facilities (SNFs), assisted living facilities (ALFs), intermediate care facilities for individuals with mental retardation (ICFs/MR), developmental disability (DD) residential services providers, or state veterans homes. Multi-facility corporations may not apply; however, their individual facilities (organizations) may apply.
- Applicants with multi-levels of care may elect to apply for the entire organization or may apply for a distinct part of the organization. The distinct part of the organization must be a separately licensed level of care serving a particular market segment in a clearly defined physical location. In addition, the organization must declare that any award received is for the distinct part rather than for the organization as a whole.
- Nursing facilities or intermediate care facilities for the mentally retarded (ICF/MR) that have been cited for a regulatory deficiency at the Immediate Jeopardy (IJ) or Substandard Quality of Care[1] level on any Medicare/Medicaid certification survey[2] in the past three calendar years (2009 - 2011) or prior to award notification in 2012, are not eligible to receive an award at any level.
- In addition to the basic survey requirement cited above, nursing facilities and ICF/MR applicants are not eligible to receive the Silver or Gold award if the average score for their three most recent standard surveys exceeds their state's average survey deficiency score for 2009-2011. Applicants should use the formula defined in Chapter 5 of the Silver and Gold application packet to calculate the average score for their three most recent standard surveys. Note that this requirement covers the three most recent standard surveys at the time of application deadline (March, 2012). These calculations include standard surveys only, and exclude life safety and complaint surveys.
- Applicants must participate in a Quality Award educational program in the year that they apply for the award. AHCA/NCAL provides free webinars on each award level in November and December, which are archived on the National Quality Award website for ongoing access. More information is available on the Quality Award website.

[1] **Substandard Quality of Care F-Tags:** An organization is marked substandard QOC if it receives a deficiency in Quality of Care (F309 – F334), Quality of Life (F240 – F258), or Resident Behavior and Facility Practices (F221 – F226) at scope and severity level of F, H, I, J, K, or L. "G" is excluded because it is isolated in nature.
[2] This includes any regulatory inspection conducted according to federal “OBRA” regulations, including but not limited to standard (annual), complaint, federal surveys.

Bronze Technical Requirements

The following format guidelines are very important. Failure to follow them will result in your application being disqualified. Disqualified applications will not receive a feedback report or a refund of their application fee. Please refer to these requirements before submitting your application.

Element	Requirement	Notes
Page Limit	5 pages maximum	Acronym List: If application submitted uses a number of organization-specific acronyms, the applicant may submit a list defining these acronyms. The list should be included as the last page of the application and does not count against the 5-page limit. This is not a requirement.
Page Size	Standard, 8 ½ -by-11 inch, white	
Page Orientation Text Pages Pages with graphs, figures and data tables	 Portrait Portrait or landscape	
Margins	1-inch minimum all around	Larger margins are acceptable
Page Numbering	Number pages 1 – 5 in sequence	
Responses to Criteria	Criteria Labeling Prose Style Writing	Applicants must complete **all** sections of the application and must label responses sequentially to correspond to **all** section and subsection numbers and letters of the Criteria. Each Criteria must be responded to separately. An example of the correct formatting is included on the next page. Applications should be written in prose style using complete sentences.
Font and Type Size Running text Text within tables Text within graphs and charts	 Times New Roman, 12pt min. Times New Roman, 10pt min. Any font, legible text size	Applicants are encouraged to use charts, tables and graphs to present evidence and results. Charts, tables and graphs must be properly labeled and directly associated with the Criteria. Applicants should avoid using tables in lieu of prose responses unless required or clearly appropriate.

Bronze Sample Submission Format

Applicants should use the following format when responding to the Criteria. Failure to complete all sections of the application and label responses to correspond to all sections and subsection numbers and letters of the Criteria will result in disqualification. Adherence to labeling requirements allows Examiners to accurately attribute responses to Criteria.

P.1 Organizational Description:

P.1.a. (1)
P.1.a. (2)
P.1.a. (3)
P.1.a. (4)
P.1.a. (5)
P.1.a. (6)

P.1.b. (1)

Principal Stakeholder Groups	Requirements this Group has of the Organization	How the Organization Learned of these Requirements
1. Residents	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

P.1.b. (2)
P.1.b. (3)
P.1.b. (4)
P.1.b. (5)

P.2 Organizational Situation:

P.2.a. (1)
P.2.a. (2)
P.2.a. (3)

P.2.b. (1)
P.2.b. (2)

P.2.c. (1)
P.2.c. (2)
P.2.c. (3) *Only Assisted Living Facilities (ALFs) and Developmental Disability (DD) residential service providers need to respond.*
P.2.c. (4)

CHAPTER 4: STAFF TURNOVER

Evaluating Staff Turnover and Clinical Results

At the Bronze level, organizations will not be judged by the amount of turnover or the number of problems identified in their clinical indicator or improvement effort.

Calculating Staff Turnover Rates

The employee turnover rate should be calculated by dividing the number of employee terminations (regardless of cause) during the year by the average number of positions available during the year. This calculation is done without regard to whether the employee is full-time or part-time. The average number of positions available should be determined by counting the number of active employees on the payroll at the end of each quarter, and then computing the average for the four quarters. This method accounts for variation in the number of part-time and full-time employees (for example, some organizations have more students working during the summer). Applicants must count all terminations for a full 12-month period to compute an annual turnover rate.

Once complete, please enter your turnover rates for 2009-2011 in the *Survey and Turnover* section of your application.

	Number of Active Employees on Payroll 2009	**Number of Active Employees on Payroll 2010**	**Number of Active Employees on Payroll 2011**
Quarter 1			
Quarter 2			
Quarter 3			
Quarter 4			
Average of Quarters 1-4			

Number of Terminations in 2009	**Number of Terminations in 2010**	**Number of Terminations in 2011**

Staff Turnover Rate Calculation:
Number of Terminations per Year / Average Number of Active Employees per Year

2009: ____________ **2010:** ____________ **2011:** ____________

CHAPTER 5: APPLICATION SUBMISSION PROCESS

Submission

This is an on-line application process. You will enter the information gathered on the following two pages into our on-line application form before uploading a Microsoft Word document with your responses to the Bronze Criteria. A successful submission will generate a confirmation email. If you do not receive a confirmation email, your application has not been submitted successfully.

Bronze applications will be accepted on-line beginning January 16, 2012, and must be posted electronically prior to 8 p.m. EST (7 p.m. CST, 6 p.m. MST, 5 p.m. PST) on February 15, 2012. Applicants are strongly advised to upload their application early - the website will experience high volume on the day of the deadline which may result in delays. **Applications that are not uploaded by 8 p.m. EST for any reason will not be accepted.**

Detailed application submission and payment instructions will be available on the applicant resources section of the Quality Award website beginning in January, 2012.

Technical Requirements

The technical requirements are very important. Failure to follow them will result in your application being disqualified. Disqualified applications will not receive a feedback report or a refund of their application fee. Please refer to page 8 for a list of technical requirements.

Authorization

Prior to submitting your application, you will be asked to agree with the following statements:

- Submission of this document certifies that the attached application is an accurate and true reflection of the application of the AHCA/NCAL award Criteria for this organization (facility). The contact person identified above certifies that the content of this application is original to this organization and was not supplied by others, including the corporate office or parent company or external consultants (mission and related statements exempt). Furthermore, the contact person identified above understands that if this application is deemed by AHCA/NCAL not to meet these requirements, it will be disqualified and the application fee will be forfeited. Applications will be compared against other current and previous applications to screen for originality.
- By submitting this application, I also understand that in the interest of improving the quality of care provided to all long term care residents nationwide, I may be called upon by AHCA/NCAL to share success stories, lessons learned, or practices identified and/or implemented that have led to improved quality. I also may be asked to serve as an Examiner, or as an informal mentor to other applicants. I understand that I am not obligated to serve in any of these capacities, but that in the spirit of the mission of the AHCA/NCAL National Quality Award program, I will assist to the best of my ability in advancing quality improvement in long term care.

On-line Application Form

The on-line application process will open January 16, 2012. You will enter the information gathered on the following two pages into our on-line application form. Please print and complete this form prior to initiating the on-line application process.

1. CONTACT INFORMATION

Important — Please specify the name of your organization (facility) ***exactly as you would like it to appear on your award***. If you are chosen as a recipient, the name you provide here will be used on your award and in all written publications; you will not be given the opportunity to make a change. ***Please double check for spelling errors.***

Name of Organization (facility): ______________________________
Six-Digit Federal Medicare/Medicaid Provider Number[3] (if none, write N/A): __________
Name of Administrator: ________________________ Email: ____________________
Contact Person: _______________________________ Email: ____________________
Address: _____________________________________
City: _____________________ State: ______ Zip: _________ Phone: ___________

2. DEMOGRAPHICS

Is your organization independently owned *or* part of a regional or national company?

(Please check only one)

☐ Independently Owned

☐ Regional/National (Name of Parent Company:____________________)

Is your organization a Not-For-Profit or a For-Profit? *(Please check only one)*

☐ Not-for-Profit

☐ For-Profit

Put an "X" next to the ***primary*** service(s) your organization provides that will be the focus of your responses to the Criteria:

☐ Nursing Facility ☐ Assisted Living

☐ Nursing Facility/Assisted Living ☐ Residential Care for MR/DD

[3] Your six-digit federal provider number - often referred to as the "Medicare Number" - can be found on the top right corner of any recent CMS-Form-2567 (the statement of deficiencies). It can also be found on any recent OSCAR 3 & 4 Report.

Please specify the scope of your application. Does your application cover a distinct part of your organization, or the entire organization?

☐ I am applying for my entire organization

☐ I am applying for a distinct part of my organization *(please indicate below)*

☐ Nursing Facility ☐ Assisted Living

☐ Nursing Facility/Assisted Living ☐ Residential Care for MR/DD

Has your organization previously applied for a Bronze award? Yes ☐ No ☐

If yes, please list the year(s) in which you previously applied: ____________________

3. **PUBLICITY RELEASE**

AHCA/NCAL publicizes names of award recipients in printed materials and at events. Do we have your permission to publicize your organization's name, as indicated in item 1 above, if you are an award recipient? Yes ☐ No ☐

4. **ELIGIBILITY - You must answer "Yes" to the following two questions to be eligible for an award**.

Is your facility a member in good standing of AHCA/NCAL? Yes☐ No ☐

Have you or your staff participated in an educational program focusing on the 2012 National Quality Award Program? Yes ☐ No ☐

5. **SURVEY AND TURNOVER RESULTS**

Has your organization been cited for Substandard Quality of Care or Immediate Jeopardy level on <u>any</u> type of survey (see Chapter 3) in any of the last three calendar years or in 2012 prior to submission of this application?[4] Yes ☐ No ☐

Please report your organization's staff turnover rate for the last three calendar years, using the formula in Chapter 4.

______	______	______
2009	2010	2011

[4] *Not applicable for ALFs and developmental disability (DD) residential services providers. For all others, you are still eligible to apply and receive a feedback report if you answer "Yes," but you will NOT be eligible to receive a National Quality Award.*

CHAPTER 6: BRONZE – COMMITMENT TO QUALITY CRITERIA

Please create a separate Microsoft Word document to address all Bronze Criteria.

Within the Criteria, you will find several words/phrases written in SMALL CAPS. This indicates that these terms are defined in the glossary, beginning on page 17. Applicants are strongly encouraged to review the terms in the glossary to gain a better understanding of the Criteria and response required.

ORGANIZATIONAL PROFILE

The Bronze award application is an overview of the applicant's organization. For the purposes of these Criteria, ORGANIZATION refers to the single facility or center that is applying for the award, not a multi-facility organization. The intent of the Criteria is for the applicant to address what is most important to the organization and the key factors that influence how the organization operates. The application provides the foundation on which the more complex and in-depth Silver and Gold applications may be written and submitted in subsequent years.

P.1 Organizational Description: What are your key organizational characteristics? Describe your organization's operating environments and your key relationships with residents, stakeholders, suppliers and partners.

Within your response, include answers to the following questions:

a. ORGANIZATIONAL ENVIRONMENT

(1) What is the organization's environment: urban, suburban, rural, etc.?

(2) What are your organization's main HEALTH CARE SERVICE offerings? What is the relative importance of each to your organizational success (e.g., skilled nursing, subacute, assisted living, etc.)?

(3) What is the organization's MISSION/VISION statement (verbatim) and the specific methods used to communicate it across the organization? What are your organization's CORE COMPETENCIES and their relationship to your MISSION?

(4) What is the organization's WORKFORCE profile? Identify your KEY WORKFORCE groups by position (e.g., professional nurse, nursing assistant, cook, dietary aide, housekeeper), the desired number in each position, and a general description of the education level and/or professional requirements for each position. Consider using a table to provide your response.

(5) What are the organization's major equipment and technologies (e.g., computers, transfer equipment, automated dispensers, alarm devices, etc.)?

(6) What is the regulatory environment under which the organization operates? What are the KEY bodies of regulation related to health care delivery, occupational health and safety, physical plant, payment and reimbursement regulations?

b. ORGANIZATIONAL RELATIONSHIPS

(1) What are the organization's principal STAKEHOLDER groups? Include CUSTOMERS and other groups most affected by the organization's services, actions, and success. What are the differences in requirements and expectations among STAKEHOLDER groups? In addition to RESIDENTS, identify up to three other principal

STAKEHOLDERS in the first column of the table below. In the second column, identify the important requirements that each of these principal STAKEHOLDER groups has of the organization. In the third column, identify the PROCESSES that your organization uses to learn of these important STAKEHOLDER requirements. Your responses should be complete and clear.

Principal Stakeholder Groups	Requirements this Group has of the Organization	How the Organization Learned of these Requirements
1. Residents	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.

(2) What are the KEY types of suppliers of goods and services, including other health care providers? What are your KEY mechanisms for communicating with suppliers?

(3) From the above, what are the most important types of suppliers of goods and services?

(4) What are the limitations, special business relationships, or special requirements that may exist with some or all suppliers and partners?

(5) What are the organizational structures and KEY management links to the parent company if the applicant organization is owned by a parent organization? Respond "NA" if the applicant is not owned by a parent organization.

P.2 Organizational Situation: What is your organization's strategic situation? Describe your organization's competitive environment, key strategic challenges and advantages, and your system for performance improvement.

Within your response, include answers to the following questions:

a. COMPETITIVE ENVIRONMENT

(1) What is the organization's position (relative size) within the local market environment? Include numbers and types of competitors.

(2) What are the principal factors that determine competitive success in the local market?

(3) What are your key available sources of competitive and COMPARATIVE DATA from within the long term care profession? What limitations, if any, are there in your ability to obtain this data?

b. STRATEGIC CONTEXT

(1) What are at least two major STRATEGIC CHALLENGES or ADVANTAGES for the organization (e.g., entry into new markets or SEGMENTS, human resource recruitment and retention, new alliances with suppliers, physicians, or other partners, introduction of new technologies, changes in the health care environment that impact the organization's delivery of services, changes in strategy, or other challenges or advantages)?

(2) What is the reason(s) why it is important that the organization address these STRATEGIC CHALLENGES or ADVANTAGES?

c. PERFORMANCE IMPROVEMENT SYSTEM

(1) What are the KEY elements of your PERFORMANCE improvement SYSTEM? *In your response, describe the KEY steps and/or tools that you typically use for PROCESS improvement or INNOVATION. To qualify for the Bronze award level, you must be able to articulate the APPROACH you generally use to improve a PERFORMANCE outcome. This may be a methodology such as FOCUS-PDSA, Six Sigma's DMAIC, or another APPROACH that has been developed or adopted by the organization from other resources such as Advancing Excellence.*

(2) What one CLINICAL QUALITY INDICATOR did the organization improve by applying the KEY elements of your PERFORMANCE improvement system? The indicator should be clearly clinical in nature, not merely a PROCESS measure that impacts a clinical indicator. Using the key steps and/or tools of your PERFORMANCE improvement system, describe the PROCESS by which this indicator was improved, including what specific changes were made. Include data illustrating the improvement.
Assisted Living, Developmental Disability (DD) Providers and IFC/MR facilities: Given the largely non-clinical nature of services provided, these type facilities may choose to report on improvement of a non-clinical resident-related indicator in response to this Criteria.

(3) ***Assisted Living Facilities (ALFs) and Developmental Disability (DD) residential services providers only*:** Because you are unable to report survey data, please report briefly on a *second* quality improvement effort. This effort need not necessarily be clinical in nature. Describe the PROCESS by which improvement was attained, including what specific changes were made. Include data illustrating the improvement.

(4) What are the organization's KEY ORGANIZATIONAL PERFORMANCE MEASURES?

END OF BRONZE – COMMITMENT TO QUALITY CRITERIA

CHAPTER 7: GLOSSARY OF KEY TERMS

This Glossary of Key Terms defines and describes terms used throughout the Malcolm Baldrige Health Care Criteria booklet that are important to performance management. Many of the terms below are also found in the Bronze and Silver Criteria.

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 also might require specialized training for some workforce members or recruitment of personnel.

Alignment

The term "alignment" refers to consistency of plans, processes, information, resource decisions, actions, results, and analyses 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 or work unit level.

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 the management of work systems and work processes 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, and 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 of the organization's 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 organizational locations and workforce members, the measures used to assess the effectiveness of the methods, and the tools and techniques used to evaluate and improve the communication methods. See also the definition of "systematic."

Approach

The term "approach" refers to the methods used by an organization to address the Criteria item requirements. Approach includes the appropriateness of the methods to the item requirements and to the organization's operating environment, as well as how effectively the methods are used.

Basic Requirements

The term “basic requirements” refers to the topic Baldrige 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 Silver Criteria, the basic requirements are presented in red as the title question for each section (e.g., 1.1 Senor Leadership: How do your Senior Leaders’ lead?).

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 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., CMS, accrediting organizations, and commercial organizations) regarding industry data (frequently industry averages), data on competitors’ performance, and comparisons with organizations providing similar health care services.

Clinical Quality Indicator

A clinical quality indicator is a measure of a specific clinical factor, either negative or positive, which is typically measured and expressed in terms of frequency of occurrence or prevalence of condition within a population.

Collaborators

The term “collaborators” refers to those organizations or individuals who cooperate with your organization to support a particular activity or event or who cooperate on an intermittent basis when short-term goals are aligned or are the same. Typically, collaborations do not involve formal agreements or arrangements. See also the definition of “partners.”

Core Competencies

The term “core competencies” refers to your organization’s areas of greatest expertise. Your organization’s core competencies are those strategically important capabilities that are central to fulfilling your mission or provide an advantage in your marketplace or service environment. Core competencies frequently are challenging for competitors or suppliers and partners to imitate, and they may provide a sustainable competitive advantage. Absence of a needed organizational core competency may result in a significant strategic challenge or disadvantage in the marketplace. Core competencies may involve technology expertise, unique service offerings, a marketplace niche, or particular business acumen.

Cross-Functional

Cross-functional refers to working, sharing information, or solving process problems across departments or work units. Most work processes involve people assigned to more than one department or work unit. Cross-functional quality improvement teams consist of people from all of the departments involved in the process. Cross-functional training means that staff learns to perform the work of positions other than their own. For instance, staff may learn to perform both housekeeping and laundry functions and rotate between those duties to give the employee and the organization more versatility.

Comparative data

"Comparisons" refers to your performance relative to appropriate comparisons, such as competitors or organizations similar to yours; your performance relative to benchmarks or industry leaders. "Relevant Comparisons" refer to competitors or organizations similar to yours. Sources of comparative data may include national surveys, published research on turnover rates, the federal nursing home compare website, state health care associations, your multi-facility organization, state databases for cost reports and census data, "secret shopper" initiatives, etc. Some organizations may not have access to much comparative data because of the category of long term care organization, location, or ownership. While a specific number of sources are not required, applicants should show some initiative in finding something that will help them assess their position in their competitive environment.

Customer

In the Baldrige Health Care Criteria, the term "customer" refers to actual and potential users of your organization's services or programs (referred to as "health care services" in the Health Care Criteria). Patients are the primary customers of health care organizations. The Criteria address customers broadly, referencing current and future customers, as well as the 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-performing organizations. Patient-focus impacts and should integrate an organization's strategic directions, its work systems and work processes, and its organizational performance results.

See the definition of "stakeholders" for the relationship between customers and others who might be affected by your health care services.

Customer Engagement

The term "customer engagement" refers to your patients' and stakeholders' investment in or commitment to your organization and health care service offerings. It is based on your ongoing ability to serve their needs and build relationships so they will continue using your services. Characteristics of customer engagement include loyalty, willingness to make an effort to obtain services from your organization, and willingness to actively advocate for and recommend your organization and service offerings.

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 competitiveness and 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 hospital stays, call-line response time, 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 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.

Diversity

The term "diversity" refers to valuing and benefiting from personal differences. These differences address many variables and may include race, religion, color, gender, national origin, disability, sexual

orientation, age and generational differences, education, geographic origin, and skill characteristics, as well as differences in ideas, thinking, academic disciplines, and perspectives.

The Criteria refer to the diversity of your workforce hiring and patient and stakeholder communities. Capitalizing on both provides enhanced opportunities for high performance; patient, stakeholder, workforce, and community satisfaction; and patient, stakeholder, and workforce engagement.

Effective

The term "effective" refers to how well a process or a measure addresses its intended purpose. Determining effectiveness requires (1) the evaluation of how well the process is aligned with the organization's needs and how well the process is deployed or (2) the evaluation of the outcome of the measure used.

Empowerment

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

Empowerment is aimed at enabling people to satisfy patients and stakeholders on first contact, to improve processes and increase productivity, and to improve the organization's health care and other performance results. An empowered workforce requires 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 of conduct. These principles should support all applicable laws and regulations and are the foundation for the organization's culture and values. They distinguish "right" from "wrong."

Senior leaders should act as role models for these principles of behavior. The principles apply to all people involved in the organization, from temporary members of the workforce to members of the board of directors, and they need to be communicated and reinforced on a regular basis. Although the Baldrige Criteria do not prescribe that all organizations use the same model for ensuring 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 the workforce, patients and their family members, insurers, payors, other partners and suppliers, and the organization's local community.

Well-designed and clearly articulated ethical principles should empower people to make effective decisions with great confidence. Some organizations also may view their ethical principles as boundary conditions restricting behavior that otherwise could have adverse impacts on their organizations and/or society.

Goals

The term "goals" refers to a future condition or performance level that one intends or desires to attain. Goals can be both short- 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 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 you will measure success, fostering teamwork by focusing on a common end,

encouraging "out-of-the-box" thinking (innovation) to achieve a stretch goal or 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 senior leaders (administrative/operational and health care). Corporate or organizational charters, bylaws, 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 shareholders and other stakeholders, (2) transparency of operations, and (3) fair treatment of all stakeholders. Governance processes may include the approval of strategic direction, the monitoring and evaluation of senior leaders' performance, the establishment of executive compensation and benefits, succession planning, financial auditing, risk management, disclosure, and shareholder reporting. Ensuring effective governance is important to stakeholders' and the larger society's trust and to organizational effectiveness.

Health Care Services

Health care services refer to all services delivered by the organization to residents/patients that involve professional clinical/medical judgment, including those delivered to patients and those delivered to the community. Health care services also include services that are not considered clinical or medical, such as admitting, food services, and billing.

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 stakeholders.

Approaches to high-performance work vary in form, function, and incentive systems. High-performance work focuses on workforce engagement. It frequently includes cooperation between administration/management and the workforce, which may involve workforce bargaining units; cooperation among departments/work units, often involving teams; the empowerment of your people, including self-directed responsibility; and input to planning. It also may include 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 "front line"; and effective use of performance measures, including comparisons. Many high-performing organizations use monetary and nonmonetary incentives based on factors such as organizational performance, team and individual contributions, and skill building. Also, high-performance work usually seeks to align the organization's structure, core competencies, work, jobs, workforce development, and incentives.

How

The term "how" refers to the systems and 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 health care services, processes, or organizational effectiveness and to create new value for stakeholders. Innovation involves the adoption of an idea, process, technology, product, or business model that is either new or new to its proposed application. The outcome of innovation is a discontinuous or breakthrough change in results, services, or processes.

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 a change in approach or outputs. It could include fundamental changes in organizational structure or the business model to more effectively accomplish the organization's work and to improve critical pathways and practice guidelines, facility design, the administration of medications, the organization of work, or alternative therapies.

Integration

The term "integration" refers to the harmonization of plans, processes, information, resource decisions, actions, results, and analyses 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."

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 plans, key work processes, and key measures— those that are most important to your 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 its workforce in the form of information, ideas, learning, understanding, memory, insights, cognitive and technical skills, and capabilities. Your workforce, software, patents, databases, documents, guides, and policies and procedures are repositories of your organization's knowledge assets. Knowledge assets not only are held by an organization but reside within its patients, stakeholders, 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 your stakeholders and to help sustain organizational success.

Leadership System

The term "leadership system" refers to how leadership is exercised, formally and informally, throughout the organization; it is the basis for and the way key decisions are made, communicated, and carried out. It includes structures and mechanisms for decision making; two-way communication; selection and development of leaders and managers; and reinforcement of values, ethical behavior, directions, and performance expectations. In health care organizations with separate administrative/operational and health care provider leadership, the leadership system includes both sets of leaders and the relationship between them.

An effective leadership system respects the capabilities and requirements of workforce members and other stakeholders, and it sets high expectations for performance and performance improvement. It builds loyalties and teamwork based on the organization's vision and values and the pursuit of shared goals. It encourages and supports initiative and appropriate risk taking, subordinates organizational 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 Criteria include two distinct kinds of learning: organizational and personal. Organizational learning is achieved through research and development; evaluation and improvement cycles; workforce, patient, and stakeholder 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 success and sustainability for the organization and its workforce.

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, programs, projects, services, and the overall organization (outcomes). The Health Care Criteria place particular focus on measures of health care processes and outcomes, patient safety, and patient 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 "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 and stakeholder satisfaction might be a leading indicator of a gain in retention of HMO members).

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, stakeholders, or markets served; distinctive or core competencies; or technologies used.

Multiple Requirements

The term "multiple requirements" refers to the individual questions Baldrige Criteria users (Gold applicants) 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.

Organization

The term organization refers to an individual facility or building. All aspects, departments, and units of the facility are incorporated by the term organization. The term organization does not include corporate offices and/or other facilities within a multi-facility company.

Organizational Performance Measures

Organizational performance measures are output results obtained from processes and services that permit evaluation and comparison relative to goals, standards, past results, and other organizations. Performance might be expressed in non-financial and financial terms.

The Core Values and Concepts address three types of performance: (1) resident/patient and other customer-focused, including health care, performance; (2) financial and marketplace; and (3) operational. Resident/patient and other customer-focused performance refers to performance relative to measures and indicators of patients'/stakeholders' perceptions, reactions, and behaviors, and to measures and indicators of health care and service performance important to patients/stakeholders. Examples of patient and other customer-focused performance include patient loyalty, customer retention, complaints, and customer survey results. Examples of health care performance include falls, pressure sores, weight loss, and use of psychotropic medications.

Financial and marketplace performance refers to performance measured by cost and revenue, including asset utilization, asset growth, and market share. Examples include returns on investments, bond ratings, debt-to-equity ratio, returns on assets, operating margins, and other profitability and liquidity measures.
Operational performance refers to organizational, staff, and supplier performance relative to effectiveness and efficiency measures and indicators. Examples include cycle time, productivity, waste reduction, accreditation results, and legal/regulatory compliance. Operational performance might be measured at the work unit/department level, key process level, and organizational level.

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 Silver Criteria, the overall requirements of each item are presented in the gray shaded areas.

Partners

The term "partners" refers to those key organizations or individuals who are working in concert with your organization to achieve a common goal or to improve performance. Typically, partnerships are formal arrangements for a specific aim or purpose, such as to achieve a strategic objective or to deliver a specific health care service.

Formal partnerships are usually for an extended period of time and involve a clear understanding of the individual and mutual roles and benefits for the partners. See also the definition of "collaborators."

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" includes member, consumer, client, or resident. Most long term care facilities prefer to use the term "resident" because of the focus on the quality of the patient's daily life as well as their medical services.

Performance

The term "performance" refers to outputs and their outcomes obtained from processes, health care services, and patients and stakeholders that permit the organization to evaluate and compare its results relative to performance projections, standards, past results, goals, and the results of other organizations. Performance can be expressed in nonfinancial and financial terms.

The Baldrige Health Care Criteria address four types of performance:

(1) "Health care process and outcome performance" refers to performance relative to measures and indicators of characteristics of health care service delivery that are important to patients and stakeholders. Examples include hospital admission rates, mortality and morbidity rates, nosocomial infection rates, length of hospital stays, and patient-experienced error levels, as well as functional status. Other examples include outside-the-hospital treatment of chronic conditions, culturally sensitive care, and patient compliance and adherence. Health care performance might be measured at the organizational level, the DRG-specific level, and the patient and stakeholder segment level.

(2) "Patient- and stakeholder-focused performance" refers to performance relative to measures and indicators of patients' and stakeholders' perceptions, reactions, and behaviors. Examples include patient loyalty, complaints, and survey results.

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

(4) "Financial and marketplace performance" refers to performance relative to 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, performance to budget, the amount in reserve funds, days cash on hand, other profitability and liquidity measures, and market gains.

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 stakeholders, contributing to improved health care quality and organizational sustainability; (2) improvement of overall organizational effectiveness and capabilities as a health care provider; and (3) organizational and personal learning.

Performance Projections

The term "performance projections" refers to estimates of future performance. Projections should be based on an understanding of past performance, rates of improvement, and assumptions about future internal changes and innovations, as well as assumptions about changes in the external environment that result in internal changes. Thus performance projections can serve as a key tool in both management of operations and strategy development and implementation.

Performance projections are a statement of expected future performance. Goals are a statement of desired future performance. Performance projections for competitors or similar organizations may indicate challenges facing your organization and areas where breakthrough performance or innovation is needed. Where breakthrough performance or innovation is intended, performance projections and goals may overlap.

Process

The term "process" refers to linked activities with the purpose of producing a product (service) for a customer (user) within or outside the organization. Generally, processes involve combinations of people, machines, tools, techniques, materials, and improvements in a defined series of steps or actions. Processes rarely operate in isolation and must be considered in relation to other processes that impact them. 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 patients and stakeholders 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 patients and stakeholders understand and follow the sequence. Such service processes also require guidance to the providers of those services on handling contingencies related to the possible actions or behaviors of those served.

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.

Productivity

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

Although the term often is applied to single factors, such as the workforce (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 trade-off s—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 services could have different purposes.

Requirements

Requirements refer to the specific care, service, behaviors, actions, interventions, and interactions that persons, groups, or other organizations need from the health care service being used. An example of key customer requirements (in this case, inpatient hospital customers) from a winning Baldrige Health Care application is: "Staff include patients in decisions regarding their treatment; Quality of care is given; Staff respond to concerns and complaints; Staff work together to care for patients." Requirements are determined and validated through a variety of methods that involve customer input.

Resident

See definition of Patient.

Results

Results refer to outcomes achieved by an organization from the systematic approach and deployment of strategies, processes, and systems. Results are evaluated on the basis of current performance; performance relative to appropriate comparisons; rate, breadth, and importance of performance improvements; and relationship of results measures to key organizational performance requirements. Results are often shown in the form of tables and graphs depicting changes over time, such as years, quarters, or months.

Segment

The term “segment” refers to a part of an organization’s overall patient, stakeholder, market, health care service offering, or workforce base. Segments typically have common characteristics that can be grouped logically. 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, stakeholders, markets, services, and workforce.

Understanding segments is critical to identifying the distinct needs and expectations of different patient, stakeholder, market, and workforce groups and to tailoring health care service offerings to meet their needs and expectations. As an example, market segmentation might be based on distribution channels, service volume, geography, or technologies employed. Workforce segmentation might be based on geography, specialties, skills, needs, work assignments, or job classifications.

Senior Leaders

Senior Leaders refer to decision makers and managers who have direct input in strategic planning, development, and implementation of processes, and evaluation of performance levels of the facility and staff. Depending on the individual facility, this may include department managers, vice presidents, regional managers, corporate staff, administrators, charge nurses, or others.

Staff

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., medical director, therapists, and specialists/consultants), volunteers, and health profession students (e.g., nursing students).

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 might include patients, patients’ families, the community, insurers and other third-party payors, employers, health care providers, patient advocacy groups, departments of health, students, the workforce, partners, collaborators, governing boards, stockholders, investors, charitable contributors, suppliers, taxpayers, regulatory bodies, policy makers, funders, and local and professional communities. See also the definition of “customer.”

Strategic Advantages

The term “strategic advantages” refers to those marketplace benefits that exert a decisive influence on an organization’s likelihood of future success. These advantages frequently are sources of an organization’s current and future competitive success relative to other providers of similar health care services. Strategic advantages generally arise from either or both of two sources: (1) core competencies, which focus on building and expanding on an organization’s internal capabilities, and (2) strategically important external resources, which are shaped and leveraged through key external relationships and partnerships.

When an organization realizes both sources of strategic advantage, it can amplify its unique internal capabilities by capitalizing on complementary capabilities in other organizations.

See the definitions of “strategic challenges” below and “strategic objectives” for the relationship among strategic advantages, strategic challenges, and the strategic objectives an organization articulates to address its challenges and advantages.

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

See the definitions of “strategic advantages” above and “strategic objectives for the relationship among strategic challenges, strategic advantages, and the strategic objectives an organization articulates to address its challenges and advantages.

Strategic Objectives

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

See the definition of “action plans” on for the relationship between strategic objectives and action plans and for an example of each.

Strategic Planning

The process to determine or re-assess the vision, mission and goals of an organization and then map out objective, measurable, ways to accomplish the identified goals. Strategic Planning typically focuses on results to be achieved in a 3, 5, and 7 or more year time span as contrasted with operational planning which typically focuses on results to be achieved in one year or less. Strategic plans should be updated through an annual process with major reassessments occurring at the end of the 3, 5 and 7 year periods.

Sustainability/Sustainable

The term “sustainability” refers to your organization’s ability to address current organizational needs and to have the agility and strategic management to prepare successfully for your future organizational, market, and operating environment. Both external and internal factors need to be considered. The specific combination of factors might include health-care-industry wide and organization-specific components.

Sustainability considerations might include workforce capability and capacity, resource availability, technology, knowledge, core competencies, work systems, facilities, and equipment. Sustainability might be affected by changes in the marketplace and in patient and stakeholder preferences, changes in the

financial markets, and changes in the legal and regulatory environment. In addition, sustainability has a component related to day-to-day preparedness for real-time or short-term emergencies.

Systems

Systems typically consist of a related set of processes that, when combined, produce a key outcome (e.g. payroll system, care planning system, etc.). See the definition of “process” to better understand their relationship to systems.

Systematic

The term “systematic” refers to approaches that are well-ordered, 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.

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 historical (not projected) data points generally is needed to begin to ascertain a trend. More data points are needed to define a statistically valid 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 time periods before meaningful trends can be determined.

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

Value

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

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

Values

The term “values” refers to the guiding principles and 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 workforce member, helping the organization accomplish its mission and attain its vision in an appropriate manner. Examples of values might include demonstrating integrity and fairness in all interactions, exceeding patient and stakeholder expectations, valuing individuals and diversity, protecting the environment, and striving for performance excellence every day.

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.

Voice of the Customer

The term "voice of the customer" refers to your process for capturing patient- and stakeholder-related information. Voice-of-the-customer processes are intended to be proactive and continuously innovative to capture stated, unstated, and anticipated patient and stakeholder requirements, expectations, and desires. The goal is to achieve customer engagement. Listening to the voice of the customer might include gathering and integrating various types of patient and stakeholder data, such as survey data, focus group findings, and complaint data that affect relationship and engagement decisions.

Work Processes

The term "work processes" refers to your most important internal value creation processes. They might include health care service design and delivery, patient support, supply chain management, business, and support processes. They are the processes that involve the majority of your organization's workforce and produce patient and stakeholder value. Your key work processes frequently relate to your core competencies, to the factors that determine your success relative to competitors and organizations offering similar health care services, and to the factors considered important for business growth by your senior leaders.

Work Systems

The term "work systems" refers to how the work of your organization is accomplished. Work systems involve your workforce, your key suppliers and partners, your contractors, your collaborators, and other components of the supply chain needed to produce and deliver your health care services and your business and support processes. Your work systems coordinate the internal work processes and the external resources necessary for you to develop, produce, and deliver your health care services to your patients and stakeholders and to succeed in your marketplace. Decisions about work systems are strategic. These decisions involve protecting and capitalizing on core competencies and deciding what should be procured or produced outside your organization in order to be efficient and sustainable in your marketplace.

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Workforce

The term “workforce” refers to all people actively involved in accomplishing the work of your organization, including paid employees (e.g., permanent, part-time, temporary, and telecommuting employees, as well as contract staff supervised by the organization), independent practitioners not paid by the organization (e.g., physicians, physician assistants, nurse practitioners, acupuncturists, and nutritionists), volunteers, and health care students (e.g., medical, nursing, and ancillary), as appropriate. The workforce includes team leaders, supervisors, and managers at all levels.

Workforce Capability

The term “workforce capability” refers to your organization’s ability to accomplish its work processes through the knowledge, skills, abilities, and competencies of its people.

Capability may include the ability to build and sustain relationships with your patients, stakeholders, and community; to innovate and transition to new technologies; to develop new health care services and work processes; and to meet changing health care, business, market, and regulatory demands.

Workforce Capacity

The term “workforce capacity” refers to your organization’s ability to ensure sufficient staffing levels to accomplish its work processes and successfully deliver your health care services to your patients and stakeholders, including the ability to meet varying demand levels.

Workforce Engagement

The term “workforce engagement” refers to the extent of workforce commitment, both emotional and intellectual, to accomplishing the work, mission, and vision of the organization. Organizations with high levels of workforce engagement are often characterized by high-performing work environments in which people are motivated to do their utmost for the benefit of their patients and stakeholders and for the success of the organization. Workforce engagement also depends on building and sustaining relationships between your administrative/operational leadership and your independent practitioners.

In general, members of the workforce feel engaged when they find personal meaning and motivation in their work and when they receive positive interpersonal and workplace support. An engaged workforce benefits from trusting relationships, a safe and cooperative environment, good communication and information flow, empowerment, and performance accountability. Key factors contributing to engagement include training and career development, effective recognition and reward systems, equal opportunity and fair treatment, and family-friendliness.