



HEALTHCARE

Simplify Baldrige For Healthcare

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As the popularity of the Malcolm Baldrige National Quality Award continues to grow, the healthcare industry has become increasingly interested in its benefits.

The Malcolm Baldrige Model for Performance Excellence has now been widely emulated at local, national and international levels as a result of its

success in creating strategic and operational performance improvement over the past 16 years.¹ All these emulative models continue to have the Baldrige criteria as the common theme and use similar methods for conducting organizational assessment.²

Organizations of all types, from small entrepreneurial organizations to large hospitals to government agencies, can successfully apply the criteria. When done well, self-assessments can be used as a catalyst for change, and when combined with a focused improvement effort can result in impressive performance levels. Companies using self-assessment have had higher levels of annual sales turnover, market share and return on sales than those not using it.³

The success of three recent Baldrige recipients in healthcare—SSM Health Care of St. Louis in 2002 and Saint Luke's Hospital of Kansas City, MO, and Baptist Hospital of Pensacola, FL, in 2003—further demonstrates the high level of performance attainable even within today's healthcare constraints. Twenty-two organizations have applied for the Baldrige award in the healthcare category in 2004—the most for any of the five Baldrige categories.

However, with the Baldrige criteria still relatively new to healthcare, a set of tools is needed to help organizations easily assess themselves against the criteria and further understand the criteria's application to healthcare.

In 50 Words Or Less

- **A self-assessment matrix and opportunity for improvement (OFI) worksheets can be used to introduce the Baldrige criteria, conduct self-assessments, identify OFIs and strengths, and prioritize and plan for improvement.**
- **The two tools can also be used to educate leadership on the value of assessment and improvement.**

We developed the Malcolm Baldrige healthcare self-assessment matrix (Table 1, p. 39), the simplified matrix (Figure 1) and opportunity for improvement (OFI) worksheets (Figures 2 and 3, p. 38) to help introduce the Baldrige criteria, conduct a Baldrige based self-assessment, identify OFIs and strengths, and then strategically prioritize and plan for improvement.

Baldrige Benefits

The Baldrige performance excellence framework is results focused and presented in a systems theory approach that highlights such crucial issues as the:

- Importance of leadership.
- Need to consider all elements of an organization.
- Strategic importance of scanning and analyzing the business environment.
- Value of creating focus on customers and employees.
- Need to use measures, indicators and organizational knowledge to identify and monitor key performance indicators.

- Methods for approach and deployment of improvement action plans.

This perspective provides the basis for conducting a companywide self-assessment, establishing current and target performance measures, coordinating and implementing continual improvement and aiding benchmarking.⁴

Self-assessment can provide a simple method of independent and flexible assessment that can have powerful results.⁵ However, only by systematically assessing your organization with specific values and using key links within and among the criteria can the full systems perspective be appreciated.

Self-Assessment Matrix

We developed the matrix (see Table 1) to reduce the perception that conducting self-assessments is costly, time consuming and intimidating. Our goal is to ensure the key elements, framework and core values are included while creating a summary sheet and providing an accessible yet adequate explanation of assessment criteria. Figure 1 is a smaller, simplified depiction of how to work through the matrix.

Our efforts reduce the documentation required for assessment and provide speed and simplicity. These tools are not intended to replace the valuable in-depth, group self-assessment workshops, full application documents or submissions to a local, state or national award program. The aim is instead to provide simple and inexpensive tools as a method for introducing the Baldrige criteria and conducting initial self-assessment.⁶

The key elements included in the self-assessment matrix are:

- Seven criteria categories.
- Items from the organizational profile.
- Eleven core values.
- Performance outcomes.
- Point values of each criteria.
- Strengths and opportunities for improvement.

FIGURE 1 Simplified Matrix

Score	Leadership	Strategic planning	Patient and market focus	Measurement and knowledge management	Staff focus	Process management	Results
1	1. Start here	➔		3. Repeat			
2	↓						
3							
4							
5							
6		2. Select best fit					
7							
8							
9							
10							
Score	6						
x factor	12	8.5	8.5	9.0	8.5	8.5	55.0
Total	75						
						/1000	
						Grand total	

- Scoring guidelines evaluating approach, deployment, learning, integration and results.⁷

The 11 core values for the criteria are:

1. Visionary leadership.
2. Patient focused excellence.
3. Organizational and personal learning.
4. Valuing staff and partners.
5. Agility.
6. Focus on the future.
7. Managing for innovation.
8. Management by fact.
9. Social responsibility and community health.
10. Focus on results and value creation.
11. Systems perspective.⁸

The seven columns of the matrix contain the criteria summaries, and the rows show score increments of one through 10. Scoring is done by starting at the left side of the matrix, category one (leadership), and working toward category seven (organizational performance results).

The performance criteria described in the first box of the first column is assessed against the performance within your own organization. If the organization does not meet the description within the box (performance criteria), a score of one is applied to that criterion.

If you meet all the performance criteria, you can move down to row two and assess yourself against the description in row two, category one. If you do not meet all of the row two, column one descriptors, then move back up to row one where there is a “best fit” and receive a score of one for that category.

The goal is to find the row in which you are able to meet all of the performance criteria that are being evaluated. Keep in mind this scoring system is progressive, so the lower score performance criteria must be met in order to fit into the next higher scoring row.

Continue this process until each of the seven categories is completed. The score for each category is noted at the bottom of each column and then multiplied by the factor or weighting the Baldrige program gives to each of the criterion.⁹ When completed, the seven category scores are totaled to create a grand score. This is the overall score for the organization out of a total possible score of 1,000.

FIGURE 2 Sample Matrix

Strength and opportunity for improvement worksheet	
<p align="center">Baldrige aligned healthcare criteria</p> <p>For each item, such as leadership, review the overall item requirements and the areas to address provided. Then develop a list of strengths and opportunities for improvement for your organization based on these. Finally, use the Baldrige aligned self-assessment matrix to provide a score for that item.</p>	
<p align="center">Leadership</p> <p>How your organization’s senior leaders address values, directions and performance expectations, as well as how they focus on patients and other customers and stakeholders, empowerment, innovation and learning. Also, how your organization is governed and how your organization addresses its public and community responsibilities.</p>	
Strengths	Opportunities for improvement
Score =	

Get Leadership on Board

The matrix can be used as a tool to engage organizational leaders to assess a department or entire organization using the Baldrige framework. The matrix is best used as part of an entire process of self-assessment, gap analysis and planning. Both the tool and the criteria are applicable to a business unit, department or entire organization with slight translation in the wording.

A typical introduction and full self-assessment process using the matrix and OFI worksheets can be completed in a half-day session. Introducing the self-assessment process to senior management usually includes a brief overview of self-assessment, the potential impact on the demands of investors, customers and employees and how to address priorities identified as a result of the self-assessment.

Current business objectives can be presented to senior management with quantitative data to show how quality may improve the bottom line aided by self-assessment.¹⁰ By presenting the National Institute of Standards and Technology (NIST) stock investment studies, which compare the Standard &

Poor's 500 to Baldrige award winners, diagrams of the Baldrige performance excellence framework and success stories of past winners, the workshop leader makes all key elements of the criteria such as approach, deployment, learning and integration become visible for the workshop participant.

Active participation of senior management in a quality improvement effort is essential for its success.¹¹ To create this involvement you need to move beyond a presentation of content to experiential learning. Typically, the best way to understand the scoring guidelines and the other elements of the self-assessment tool is to apply them in a group exercise.

It is here the matrix provides a concise yet powerful method of communication. In the second part of the session, distribute the matrix to the managers and conduct a mock high level evaluation of the organization. Briefly review the criteria and matrix. In addition, review the scoring of the matrix and provide time to score the matrix individually. Strengths and OFI tools also are used to help score. When individuals have completed this exercise,

discuss the scores and create a consensus score.

A common understanding of the scoring and buy-in to the process is a key point of learning, so spend time describing categories and placement of the business within a category. The discussion about differences in perception of score, along with the strengths and OFIs, is critical and should not be discounted.

The implication of variation in the scores of different management and staff in attendance should be of great interest. Wide swings in scoring among management levels raises questions about communication, deployment, focus and application of crucial elements, such as organizational policies, mission and practices. This can be a perfect note on which to transition to the session's next part, ensuring senior management will want to further consider these discrepancies within the organization.

Tools To Focus Efforts

While becoming familiar with the concept of Baldrige and the process of self-assessment is valuable, the results from assessing strengths and OFIs provide data that will lead to true progress at an early stage.

The strengths and OFI worksheet (Figure 2, p. 37) should be used after the concepts of Baldrige are introduced during the individual scoring process to help improve objectivity and accuracy. On a larger scale, if organizations are reviewing entire Baldrige categories for self-assessment, the tool can also be used to document relative strengths and opportunities for improvement.

When an OFI planning worksheet (Figure 3) has been completed for each category, the OFIs can be consolidated and prioritized. Next to each OFI, make notes about the planned strategies, methods and resource requirements.

This structure manages the approach by which each OFI will be addressed. When all the categories have been completed, identify the top three to five OFIs for action planning. Selection of priorities should be linked to an organization's strategic plan.

Implementing Improvements

The identified OFIs and subsequent improvement plan are the real benefits of the

FIGURE 3 Sample Planning Worksheet

Opportunity for improvement planning worksheet	
<p>Baldrige aligned healthcare criteria</p> <p>When all worksheets have been completed for each category, consolidate similar or related opportunities for improvement (OFIs) and list them in order of priority. Begin to develop methods by which these OFIs can be addressed as a means of forming a strategic plan for improvement.</p>	
<p>Leadership</p> <p>How your organization's senior leaders address values, directions and performance expectations, as well as how they focus on patients and other customers and stakeholders, empowerment, innovation and learning. Also, how your organization is governed and how your organization addresses its public and community responsibilities.</p>	
Consolidated and prioritized OFIs	Methods, teams, resources and timelines required to address OFIs

(continued on p. 42)

TABLE 1 Self-Assessment Matrix

Score	Leadership	Strategic planning	Focus on patients, other customers and markets	Measurement, analysis and knowledge management	Staff focus	Process management	Organizational performance results	Score
1	Leadership decision making is reactive and focused on short-term healthcare issues. Long-term value adding strategies and planning are lacking. Healthcare and administrative leaders make decisions as individuals. Leadership promotes improvement of organization, but no consistency or alignment of decisions or policy is evident. Performance targets may be set. Information is anecdotal. Leaders are not seen as champions of quality.	Organization plans focus only on financial targets. Leadership is reactionary to crisis within the organization. No systematic action plans are in place to support strategic plans. Plans are not widely communicated or championed. A mission statement exists. There is no systematic approach to review vision, mission, values or strategic healthcare service challenges.	Systematic approach to determine patient/family expectations, requirements or preferences is lacking. Processes that build relationships and loyalty with target customers are lacking. Information is anecdotal and mainly relates to patient complaints. There is some corrective action, but root cause and follow-up are not completed. Limited patient satisfaction data are available.	There is no systematic process to integrate data for tracking daily operations. Decisions are mostly intuitive. Decisions are made by few. Key information is kept by few. Information is anecdotal. Regulatory environments are not scanned or analyzed for changes that may relate to potential opportunities or negative impacts. With minimal data, problems cannot be anticipated but only reacted to.	There is no systematic process to provide feedback to employees. Processes to track staff perceptions are present, but follow-up action is limited. Recognition and pay are not tied to high performance work. There is no systematic approach to education and training. Training is seen as costly. Most data are anecdotal and limited. Absenteeism and staff turnover are high.	Most processes or procedures are anecdotal, random, unpredictable and unsystematic. There is little or no evidence of deployment. Processes to identify key value creation and service delivery processes are not present. Few procedures exist, and limited information to no information exists on process requirements. Input and expectations from customers and stakeholders are not addressed.	Result or outcome data are reported in only a few areas. Performance is generally poor with little or no comparative data. Any present comparative data demonstrate inferiority to other industry averages. There are limited data on community perceptions. There is some monitoring of organization effectiveness and patient satisfaction. Some measures are starting to show one to two points of improvement trending.	1
2	Senior leaders are beginning to systematically increase awareness of organizational concerns. Major deployment gaps exist. Decision making remains generally reactive. Senior leaders set and deploy short- and long-term goals. Some two-way communication is present. There is some improvement group involvement. There may be focus on ethical and legal practice issues.	Action plans have been developed to address a few strategic objectives, but resource allocation strategies are not effective. Some evidence of an action planning process is evident, with critical success factors identified. The approach is still more reactive to organizational crisis than preventive. There are major gaps in deployment. Processes are not evaluated for improvement, and alignment within the organization is not yet a planned activity.	Collection and analysis of patient complaints and trends are systematic. Current and former patient information has been gathered and analyzed. Key patient requirements and preferences have been identified. There is a focus on building relationships and partnerships. The organization still has major gaps in deployment of processes and information, which inhibit progress toward goals.	Data and information exist and are often discussed but are rarely used for improvements. Financial performance is tracked but not much tracking is done in other areas. A systematic approach in early stages of deployment is started in most areas. There is no purposeful alignment. Focus is on timeliness, integrity, reliability, accuracy, security and confidentiality. Market research is up to date, relevant and useful. Strengths and opportunities are assessed.	Effective employee feedback data for some staff are available. Staff satisfaction issues have been identified. The beginning of a systematic approach is in the early stages of deployment. Leaders recognize success comes from staff. Organization is still in the early stages of reacting to staff issues instead of planning and prevention. Training has been made available and aligned to strategic and staff development plans. Educational levels and job diversity are considered.	A systematic approach to standard processes has begun. Approaches are at the beginning stages of creating value added processes for the organization. All key processes are identified and mapped. Opportunities for improvement have been assessed. Early stages of deployment exist in most areas. Awareness of new technologies is incorporated into appropriate or key support processes. There is some cross departmental procedural sharing.	There are still few, if any, comparative data. Trending data are over a brief period of time. Performance is beginning to improve due to focused activity within the organization. There may be some benchmarking on community perceptions and governance issues. Many important organizational measures may be missing. Key performance outcomes are established.	2
3	There are effective systematic and responsive approaches. Leaders develop and support improvement teams. Senior leaders are beginning to focus on adding customer value. Leaders communicate values and strategy vertically and horizontally, but deployment gaps remain. There is focus on prevention and continuous improvement. Leadership sets priorities and reviews performance.	Strategic objectives are supported by action plans. The approach to issues is still mostly reactive. The organization is in the early stages of deploying systematic approaches. Patient and customer satisfaction data are collected and analyzed. Strategies to collect data and information for strategic planning are identified for many key factors.	The organization is moving from reaction to prevention and is in the early stages of deployment of systematic approaches to understand market opportunities. Patient customer data are used to set performance targets. Key success factors are improved. Effective and responsive approaches have been created. A systematic complaint management process is deployed, with some areas in early deployment.	Processes are in place to manage dissemination of relevant information to customers, staff, suppliers and partners. Responsive approaches are in early stages of deployment. Data may be collected and tracked on two of the following organizational performance indicators: customer satisfaction, finance, marketing, HR, operations and social responsibility.	An effective systematic, responsive process exists to create two-way communication of information. Staff views are actively sought. Data are used to set targets and action plans. Pay and recognition are tied to some employee performance. There is emphasis on diversity, ideas and succession planning. Proactive focus and early deployment exist in some areas.	Approaches are responsive and systematic in evaluating effectiveness of key and value added processes. Deployment is in early stages with some gaps. The organization is moving from reactive (corrective action) to prevention and continuous improvement—such as minimizing costs with inspections, audits, error prevention and patient safety. The organization is in the early stages of developing linkages with other organizational systems.	Data are available on most or all areas important to the business. Trending and comparative data are still lacking. Improvements made to processes and approaches are beginning to result in one- to two-year performance improvements in some areas. Some results are communicated to staff on a regular basis, with improvement targets indicated.	3
4	Both short-term and longer-term leadership strategies are well deployed in many areas, with some gaps remaining. Fact based systematic approaches are in early stages of alignment with organizational strategy. Leaders create improvement teams, check progress and give timely recognition, review organizational performance and assess community perceptions. Some leaders focus on data to provide maximum value for customers. Customer feedback is beginning to be reviewed and analyzed for action planning.	There is an effective, systematic approach to develop action plans that support strategic objectives. Resources are generally distributed to achieve goals. Employee work is focused on strategic efforts to carry out the plans. Strategy promotes understanding of vision, strategy, policy and responsibilities to all stakeholders. Data are gathered regarding effectiveness of strategy and action plans.	Approaches to building relationships, understanding customers, determining requirements and expectations are systematic, effective and deployed. Customer data are actionable. Evaluation and improvement of key processes are evident. Action plans have defined time scales, with responsibilities for improvement clearly assigned.	Decisions are fact based. Equipment and supply needs are related to customer requirements and linked to project management. A fact based, effective, systematic approach is well deployed in many areas, with a focus on integration across the organization.	Fact based effective systematic approaches have strong links to staff satisfaction. Beginning of systematic evaluation and improvement of key HR functions and staff focused processes are evident. There is an effective appraisal system. Skill gaps identified, planned and reviewed. Training is supported and reinforced on the job. Trends are established and targets set. Data are gathered to review effectiveness of processes.	Effective processes are in place to identify performance requirements with customer input. Approaches are well deployed through many areas (can deliver core programs and services). Process goals may focus on efficiencies, reduce variability and increase innovation. Evaluation and data collection regarding improvement of key processes are evident.	Better than average results are seen in approximately 30 to 40% of targets. Poor metrics exist in minor areas of concern. Improvement trends in most critical areas (such as patient, customer, market and process requirements) are evident. Many trends are compared to relevant world-class benchmarks and reflect good performance levels. The priority of meeting agreed patient and other customer group needs is reflected throughout the strategic process.	4

continued

TABLE 1 Self-Assessment Matrix (continued)

Score	Leadership	Strategic planning	Focus on patients, other customers and markets	Measurement, analysis and knowledge management	Staff focus	Process management	Organizational performance results	Score
5	Leadership sets direction, communicates and deploys values and performance expectations in a systematic manner throughout the organization. Responsibilities to the public are managed proactively, and the organization practices good citizenship with patients, stakeholders, customers and suppliers. Leadership strategies are aligned with organizational directions. There is a culture for empowerment, agility and staff learning.	The strategic planning process is logical, relevant, systematic and effective. The strategic planning process is well deployed, although some work units may have some deployment gaps. Relevant resources are proactively made available for improvement efforts. The approach is aligned with other related organizational systems. A fact based, systematic evaluation and improvement process exists.	Approaches are systematic and deployed although varied in some areas. Fact based systematic evaluation and improvement processes are in place and well deployed throughout, although some gaps may remain. Patient/customer satisfaction trends are reaching target levels. A systematic data driven improvement process is used once opportunities are identified. Listening methods are continuously improved on.	Data are gathered and analyzed for accurate view of healthcare service competitors. Data are used in business plans. Processes identify additional resources that can strengthen competitive advantage. A fact based systematic evaluation and improvement process is aligned with organizational needs and well deployed throughout. There is some evidence of refinement and improvement.	A fact based systematic evaluation and improvement process is available to most employees. Pay and recognition are tied to high performance goals and alignment with organizational needs. Staff satisfaction is increasing, with positive trends over three to five years. Some targets have been met. The turnover rate for patient, staff and customers has been reduced. Grievances are reduced. Improved responsiveness and performance results have direct links to improved learning and training.	Effective processes are in place to ensure new designs for processes meet key patient and customer requirements. Key value creation and support processes are aligned with needs of the organization. Some minor gaps may exist in value creation and business processes in some parts of the organization. Fact based systematic evaluation occurs. Process improvement tools are used and integrated into work.	All areas of importance (for example, patient satisfaction, safety, service, finance, access) report good performance levels. There are no negative performance trends on any important performance measure. Patterns, trends and levels of performance data are available over longer periods of time. Some performance data are evaluated against relevant benchmarks or comparisons.	5
6	There is focus on systematic continuous improvement and value adding use of organizational learning. There are well-deployed values and short- and longer-term organizational directions. There is typically little lack of innovation. There are no deployment gaps. Senior leaders are visibly seen as champions of quality. Leadership goals and strategies are aligned with organizational values and mission. There are regular leadership reviews of data to evaluate effectiveness of processes and strategies. Improvement strategies are also monitored.	Strategies are relevant to the objective, policies and plans, based on performance results. There is organizational learning. There are no deployment gaps. A new culture has been developed. The approach is well deployed, with visible linkages to organizational systems and processes.	Drivers to meet patient expectations and preferences, build loyalty and act on complaints are aligned with the strategic plan. Approaches are systematic and well deployed, with minimal gaps. The process for continuous improvement and learning is focused on drivers of patient satisfaction. Process outcomes are used to modify targets.	Approaches are tailored to the organization. Processes for identifying, assessing and evaluating new technologies and their impact are evident. There is systematic evaluation using continued improvement and organizational learning. Data are collected and tracked on at least three of these organizational performance indicators: customer satisfaction, finance, marketing, HR, operations and social responsibility.	Approaches are well deployed and individualized to employee culture and diversity. Approaches and resources are aligned with the strategic plan. The climate is based on improving health and safety. Changes that adversely affect employees are jointly considered. Health, safety and security of employees are considered, measured and improved on.	All processes have been evaluated via continuous improvement and organizational learning, with minimal gaps. Process is improved to achieve better performance. Leadership and management activities ensure process and services are delivered effectively. Processes are designed to meet all key process and customer requirements and aligned with strategic plan.	At least 75% of targets are achieved, with excellent performance trends over four to six years. Performance is good to excellent in many critical areas. Most improvement trends are sustained. Many benchmarks show very good relative performance level. Results monitored include most key customers, markets, competitors and processes.	6
7	The leadership planning process is focused on customer and stakeholder needs providing maximum value to the organization. There are routine checks of process improvements with evidence of refinements. Organizational sharing and innovation tools are utilized. Organizational analysis of information and cross department sharing occur. Proactive consideration of the organization's environmental impacts on the community exists. Systematic processes are in place to assure ethical behaviors within the organization. Organizational values, directions and performance expectations are well deployed.	A mature approach to developing and deploying of action plans exists based on strategic objectives. Modification of strategies and policies is proactive. Organizational level analysis and evaluation, and sharing of results are present. Clear evidence of a refinement and improved integration system for planning is evident.	Approaches are systematic, effective and fully responsive to organizational needs. There is organizational sharing and learning from process evaluation and refinement. Staff seeks to implement best practices and to be best practice site. All team members' work revolves around achieving patient customer targets. Their role in this effort is understood.	A system of approach is well deployed and mature and integrated with organizational needs. Benchmarking is against the best in class, with the focus on key improvement indicators. There is clear evidence of refinement and improved integration of evaluation system. Organizational level analysis and information sharing are demonstrated.	Benchmarking reflects high staff satisfaction and well-being on a wide range of issues. Organizational level analysis and sharing of information are evident. There is clear evidence of refinement and improvement of work systems and staff motivation. The work environment for employees is safe, secure and ergonomically healthy. Emergency disaster drills are completed to ensure a smooth flow of patient care.	Approaches to key process and support processes are systematic and well deployed. Maturity with process refinement, system evaluation and organizational level sharing exists. Healthcare process requirements are clearly defined for all processes. Technology and organizational knowledge are designed into processes. Cross functional teams are used.	All targets have been met. There are excellent and sustained improvement trends. World-class leadership is evident in many areas. Results cover all customer, markets, strategic action plans and processes. Reported trends are evaluated against comparisons or benchmarks and show very good performance.	7

Score	Leadership	Strategic planning	Focus on patients, other customers and markets	Measurement, analysis and knowledge management	Staff focus	Process management	Organizational performance results	Score
8	Approaches to leadership strategies are fully developed and deployed with no gaps. A structured process to evaluate leadership performance and learning opportunities is evident. Strategies to ensure ethical behavior are fully deployed. Sharing of effective practices within the organization is evident. Excellent integration of leadership systems with cycles of improvement is visible within the strategic planning process.	Senior leaders develop and deploy action plans understood by all stakeholders. Leadership champions the vision and mission. Critical factors such as patient/customer satisfaction are reviewed at all levels. Action plans are fully deployed with no gaps. All business needs are considered and addressed. Resources to achieve action plans are fully allocated. Evaluation and improvement cycles take place with organizational learning a management tool.	The organization meets 70% of customer targets. Approaches are systematic and fully deployed. The organization is an industry leader in some areas and is often benchmarked. The organization regularly reviews patient service programs and processes and conducts formal evaluations to improve value to both the customer and the organization. The organization is mature with its evaluation process. The organization builds the business with innovation, differentiation of services and alignment of market and key stakeholder process action plans with results.	Focus on innovation and continual improvement is well deployed with only minor gaps. All current organizational needs are considered. Action has been taken to achieve strategic objectives and resource allocations. The organization is a benchmark for other organizations. Some sharing of improvement ideas occurs within the organization.	The organization provides employees with clear feedback regarding performance and ties pay to customer focus and business goals. Staff members demonstrate a sense of value for their contribution to the organization. Most staff focused targets are met and well deployed. All current organizational needs are considered. There are strong links between learning and the ability to apply and practice skills among employees.	An effective systematic approach is well deployed with no gaps. Performance has strong links to patient and customer needs and satisfaction. Targets have been met in many cases. Day-to-day operations of these processes meet key customer and process requirements. Lessons learned and analyses of these processes are consistently shared across the business. There is evidence of integration of tools of innovation into processes.	All targets have been met. Results are consistently positive and organization is an industry leader. Current performance is excellent in most critical areas. Excellent and sustained improvement trends cover seven to 10 years. There is evidence of world-class leadership in many areas. Results cover all customer, market competitor, new entrants and processes. The organization uses data to drive improvement. Strategy and results are clearly visible within the data.	8
9	Leaders effectively share internal best practices within the organization. The strategic plan is well deployed to all areas with no gaps. All current and future business needs are considered and projected. Leaders actively promote and demonstrate involvement in quality. Recognition for employees is evident, and 70% of impact on society issues have been met and exceeded. Evidence of visionary leadership exists. Succession planning is strategic.	There is a process to analyze healthcare service competitor strategy and maintain competitive advantage. Current needs are considered in addition to future needs. Projection and scenario planning for future needs are integral parts of the strategic planning process.	Patient, family and other customer satisfaction levels have been achieved. High levels of stakeholder patient and customer loyalty and trust have been achieved. The organization is highly regarded in the community and in the healthcare field. Best in class benchmarks have been reached. Current and future business needs are always considered. There is active planning for future customer groups and service delivery opportunities.	All current and future organizational needs have been considered. Data are used to determine trends to create projections, scenario planning and partnering to aid in identifying potential future needs and outcomes for the healthcare services market.	Future needs and projections in scenario planning consider potential impacts on staff and training and education requirements. Staff and their families feel part of organization. There is some innovation and cross functional learning. Workplace health and security are ensured. Emergencies are planned for, and work systems capitalize on ideas of all cultures and communities.	Value added processes are analyzed, managed and improved. All process targets have been achieved. Planning for future needs of patients, other customers, suppliers and partners is consistently pursued. Continuous incremental and dynamic innovative improvements exist, driven by staff. Organizational learning is a management tool. The business is an industry leader in some key business processes. Excellent integration and alignment of all processes are evident.	The organization has become a longstanding performer and results leader within the healthcare field. All performance result data are reported, with trends and comparisons. Results are excellent or at benchmark for most areas. Trending data of excellence is 10 plus years.	9
10	All leaders proactively focus on providing exceptional value added services to the customer. Approaches are systematic, fully deployed and tailored to the organization's needs and culture. There is a very strong fact based continuous evaluation and improvement process. Extensive organizational learning and innovation focus exist. The organization is proactive regarding environmental impacts, public citizenship and social responsibilities. Leadership empowers decision making at the point of care. Leaders are reviewed to enhance organizational effectiveness.	Strategies have been achieved. A responsive systematic approach is considering multiple issues and is fully deployed with no weaknesses. Very strong fact based evaluation and improvement processes exist. Innovation and sharing of improvement are routine. Extensive organizational learning exists with strong refinement and integration across the organization.	All patient satisfaction targets are exceeded. Systematic approaches are deployed with no gaps and are fully responsive to changing customer needs. There are very strong fact based processes for evaluation and improvement. Organizational learning is strong, and there is sustained improvement in patient satisfaction. Patient focused excellence is at the center of daily work. Improvement is driven by patient customer and market knowledge.	All resources are aligned with strategies. The focus is on innovation. Systematic, effective, responsive approaches are in place to select, collect, align and integrate data. Changing consumer needs are fully integrated into processes and fully deployed with no weakness. A very strong, fact based evaluation and improvement process exists. Extensive staff and organizational learning and innovative practices exist across the organization.	The staffing approach is responsive to current and future changing healthcare needs and is fully deployed with no weaknesses. A very strong, fact based, systematic evaluation and improvement process exists. Satisfaction levels exceed world-class benchmarks. Improvement trends have been sustained over time. Integration exists across the organization. Effective feedback is given to all employees regarding performance.	All targets have been exceeded. A fully responsive systematic approach considers multiple issues and future needs. Stakeholder needs are exceeded. The organization is a national healthcare leader in many process delivery areas. There have been strong refinements to processes with dramatic improvements. Effectiveness of processes is regularly checked, improved and shared. There is strong fact based evaluation and a rigorous improvement process. There is extensive organizational learning and management by fact.	Results are at a sustained high level of improvement. All targets are exceeded, and 50% show continued improvement. Levels of performance demonstrate superior outcomes to competition over last four to five years. The organization is considered world-class in regard to benchmarking in most or all areas. Data demonstrate a clear link between strategic action plans and performance results.	10
Score								
Factor	12	8.5	8.5	9	8.5	8.5	55	
Total								
						Grand score =	/1000	

(continued from p. 38)

process. The tools, used in conjunction with the matrix, help avoid the resting on your laurels or freezing that often occurs when self-assessment is completed.

The number of OFIs can be overwhelming and may result in the OFIs being sidelined with no action plan put into place.¹² This is a good time to remind everyone that even Baldrige award recipients receive OFIs.

After a self-assessment, teams need to be formed to plan improvement strategies for the criteria to be addressed. These teams need to work together to avoid duplication on linked criteria and maximize learning. Timelines, resources and milestones need to be identified. The resulting improvements or best practices can then be shared across the organization.

By using these methods, the organization can sustain momentum beyond the initial self-assessment and ensure the OFIs are addressed and results incorporated into the next self-assessment.

Value Added Benefits

Completing a self-assessment has obvious benefit, but there are also other advantages. The team based interactive process drives home the key pillars of award models and criteria such as:

- Developing the ability to introduce and conduct self-assessments.
- Understanding the holistic systems approach to organizations.
- Recognizing the importance of strategy and leadership to successful management.
- Focusing on internal and external customers.
- Identifying areas for improvement.
- Gathering key information and using it to direct the strategy.
- Creating consistent approaches and effective deployment strategies for specific impacts.
- Knowing the value and means of conducting ongoing and focused monitoring and measurement.
- Knowing the coordination of all organizational efforts.
- Recognizing the necessity of sharing information.¹³

Participation in self-assessment exposes staff to experiences that provide a wide range of practical and transferable skills such as facilitating effective

meetings, working on teams, and developing and recognizing leadership skills.

The experiences can create a new quality mind-set focused on the customer and continuous improvement. The process also highlights the need for making information quickly and easily available, which is a core element of knowledge management. In this regard, those participating in self-assessments become knowledge assets because they have developed expertise and can transfer that knowledge to others with whom they work.

Examples

The matrix and OFI tools have already been applied in a variety of settings for various levels of evaluations. The matrix and OFI tools are flexible enough for evaluation and strategic planning assessment of entire large or small organizations or of work groups or departments.

The matrix was first used in a two-hour workshop with company management in a 100-employee consulting and engineering company. The aim was to introduce the Baldrige criteria and the key aspects involved in self-assessment. The group quickly learned about Baldrige and self-assessment, and most of the discussion focused on opportunities for improvement.

The matrix was also used with an engineering company with 150 employees. The concepts were introduced, and self-assessment was used to evaluate multidisciplinary teams within the entire organization.

Feedback from each of these teams was discussed, and a consensus score and OFIs and strengths were determined. There was a consistency of scoring across each team and little discussion on a consensus score. Most of the discussion focused on the terms used and the evidence provided to support OFIs or strengths, which had been the aim of the approach. The introduction of Baldrige criteria and self-assessment was successful, and the group wanted to expand the process and training of staff throughout the company.

This first session was followed up with a detailed companywide Baldrige survey and an in-depth 10-hour Baldrige assessment workshop. The scores from these sessions reflected the scoring and themes that emerged from the matrix assessment. This is not to say the matrix by itself is enough but

merely that it is a rigorous method in its own right. It provides an excellent introductory tool and an effective method of assessment, especially for those organizations with limited resources.

The strengths and OFIs from the workshop and survey were used to establish the strengths, weaknesses, opportunities and threats (SWOT) analysis during the annual strategic development process, which fully integrated Baldrige self-assessment into the corporate strategic planning process.

The matrix has also been adopted as a benchmarking tool during annual strategic review at one plant of a large international manufacturing organization. During a day of annual strategic planning, the management team used the matrix to evaluate how well the organization matched past goals and to aid in allocating resources for the next year.

The management team found this helped not only to benchmark improvement but also to promote discussion among the team members and to raise questions or issues not normally covered in their strategic planning.

We carried out these efforts to test and validate the matrix as a tool before adapting it for use in the healthcare industry. The adapted matrix and OFI tools were then presented during a multiorganization healthcare workshop. A case study was provided for assessment.

After an introduction to the concepts, participants worked individually on scoring and then held small group discussions for consensus scoring. Scoring and OFIs were resolved smoothly, and the ensuing discussions revolved around the processes for self-assessment.

The case study and the matrix planning tools proved engaging and beneficial to participants as an introduction to Baldrige criteria and self-assessments. Feedback revealed these tools provided easy access to Baldrige compared to many other complex, resource laden and time consuming materials participants had been exposed to in the past that seemed overwhelming in detail or required unavailable resources.

Healthcare Example

The matrix was then introduced in two sessions to a support service department at the Mayo Clinic in Rochester, MN, as a part of a large improvement project. Two Baldrige category processes were

selected for analysis. Baldrige category three, focus on the patient, other customers and markets, and category six, process management, were selected for assessment due to the relationship of the categories to the department's service line and process improvement effort.

The first session consisted of a brief introduction to the Baldrige criteria, matrix and scoring parameters. Individual scoring was completed independently by each appropriate line supervisor

The team-based interactive process drives home the key pillars of award models and criteria.

for his or her respective process. The group reconvened in a second session to gain consensus on a group score for each process being assessed. The department director and administrator scored both processes.

The scores were then discussed at the second session to gain a consensus score. These processes will be rescored within one year after process and service improvements are made. These scores are part of a balanced set of improvement measures for the service line that will be reviewed over time.

Feedback from participants was positive. Although time constraints required the workshop to be broken into two sessions, this presented the opportunity to meet with individuals in between the sessions to help them through the individual scoring and ensure understanding of the criteria.

Another clinic at Mayo adapted the matrix to assess a specific organizational strategy. For example, category five, staff focus, could be selected to assess work systems for processes to promote cooperation, initiative, empowerment, innovation and capitalizing on the diverse ideas of staff.

Select individuals from each department can be taken through the criteria of the category and the

matrix scoring. Once individuals' scores are determined, strengths and OFIs can be identified and planning for improvement begun using the worksheets.

Response

The application of the tool and the response from participants have been positive. Comments from participants indicate the tool has helped them identify where they will need to focus their efforts. Feedback has also helped improve the terminology used within the tool. Once participants understand the criteria, scoring appears to occur quickly.

Understanding the criteria and understanding of the progressive nature of the scoring of the matrix is essential to avoid extremes. Time taken within workshops as well as individually with participants has been very positively received. A facilitator comfortable with the Baldrige criteria is helpful in assisting the group to come to consensus after individual scoring.

Successful use of the matrix requires it be used initially as an introductory tool providing an education about the Baldrige criteria and self-assessment before actually using the matrix to assess and score an organization. There must also be enough time to complete the assessment and identify OFIs to ensure the group involved has a sense of completing a successful assessment.

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