

## Seeing the Whole Picture

### What I Learned From Using The Baldrige Criteria

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On July 9, 2007, I became a member of the Senior Leadership Team (SLT) at Baylor. I came from a position as Performance Improvement Coordinator in a hospital of over 850 beds to the Director's role in a hospital of 233 beds. I was very excited about this opportunity. As with any position, getting to know your new peers, the hospital staff, the physicians and the hospital itself can be a challenge for anyone. I was greeted very warmly by all the individuals that I met. It is now March, 2008 and that welcome feeling has not subsided. I am still thrilled with my decision to come to Grapevine.

Baylor Grapevine has a wonderful team of dedicated staff, not that I am partial at all. This extends through all levels of our facility. Of importance, is the tone that our new President has set. He is engaged with all the staff and they are very comfortable with him. He is one of the most accessible Presidents that I have worked with. He is a strong leader who is fair. He accepts accountability for the overall operations of the hospital, but also sets the expectation that the leaders in the facility take responsibility and accountability for their roles. This is very clear to each member of the team. The expectation of accountability is also supported by leadership and staff alike.

In December, 2007, the new hospital President, Doug Lawson and I were meeting to discuss quality outcomes and initiatives, among other topics. As we were talking, I discovered that he had been at a hospital that received the Baldrige Award and he began to query me about local awards in Texas. I quickly realized where he was going and let him know that I knew about the Texas Award for Performance Excellence. I also let him know that I had been part of the preparation team at another local hospital that was actually received the award two years ago.

After I left Doug's office, I gathered all the necessary information from the Quality Texas web site and put a binder together for his review. Once he reviewed it, we decided to do the self-assessment. We set up another meeting to discuss developing a plan. I had mentioned that I knew a Baldrige consultant that I had worked with previously. Doug agreed that I would contact the consultant and ask him to come to the hospital for a meeting.

#### What We Did

The consultant was called and we discussed our plan to do the self-assessment. After meeting with the consultant, the Senior Leadership Team (SLT) decided to take the plunge and complete a Progress Level application. The intent in submitting this application was not to win an award, but to discover where we were in our performance journey.

As with other facilities, we know what our Core Measure, SCIP and Mortality outcomes are. We wanted to know where we stood with respects to the more nebulous questions that revolved around leadership, communication, strategic planning processes and the many other “soft” indicators of success that involve planning and processes.

For a few of the SLT members, this task proved to be a bit daunting. This was uncharted territory and most had never heard of the Baldrige Criteria. We set up a meeting to discuss the project and development of the hospital’s Profile. This is where my picture began to be painted in distinct pieces.

As we went through the process of developing our organizational profile, we all began to learn. I also discovered that this was my big opportunity to learn some more intimate details about our hospital. I knew names and faces and basically where everything was, but I didn’t necessarily know how things were done and the history behind certain decisions and processes. I also needed to know what strengths and skills the SLT had so that I could better access those attributes for future projects. A diverse skill set that is recognized and catalogued within the leadership team is a wonderful asset that needs to be nurtured and utilized appropriately.

With all of this information that I had gathered thus far, I began to put pieces of the picture together. This began with the development of the profile and how all the categories fit together with the profile. As the stories began to develop and as more details were revealed, these pieces began to form the landscape. I began to get a picture of the facility, its evolution and the current status. As we went along, clearer pictures of strengths and opportunities were revealed. These strengths and opportunities were not limited to the hospital and our internal processes, but included strengths and opportunities of the participants involved in the process.

The profile was developed and Category Leads were assigned for all seven categories, along with deadlines for submission of the responses. Each Category Lead and available team members met with our consultant to review the requirements and the necessary information to provide the best answer possible. I can tell you that given our time line, we were faced with a daunting task. From the start of our profile to submission of the Progress Level Application was approximately 8 to 10 weeks. We all worked very hard to complete the category requirements and formulate the best answers possible.

The picture finally came together for me when I was putting all the category responses into the application format with the profile and performing the initial editing. I was actually excited about what I was reading. I simply wanted to know that what we did and how we did it and the answers were right in front of me. This was the kind of detailed information that would have taken me several additional months to gather and understand without using the Texas application and process.

#### What I Learned

I learned so much about the hospital, the process and the individuals involved, including myself. I learned that:

- “You don’t know what you don’t know”, from Barry Johnson, Knowledge Engineers. This statement was the beginning of enlightenment for me the very first time I heard it in 2004 / 2005. If you take a moment and think about this statement, it really is true.

- If you are the facilitator, read and understand the forms and requirements. Be able to discuss the process and answer questions. If you can't answer the questions, then try to find a resource that can help you.
- Now matter how well plans are laid, there will always be speed-bumps and detours along the way. Plan accordingly and be flexible. Leave some wiggle room imbedded in your timeline.
- No matter how much information and detail is provided during the educational process, there will always be additional informational and instructional support needed. This is a new process for most people and can be very challenging for all involved. This includes time allocation for completion of assignments. Everyone wants to provide “the” answer the first time. However, this is a process of evaluation, editing, rewriting and sometimes elimination (partial or total) of the answers provided.
- If you are the facilitator for the process, allocate time for the Category leads and their team members to ask questions and provide feedback. They will need your support. Build this into your personal and team responsibilities and time lines for your own assignments.
- Keep the lines of communication open. Send reminder messages to the category leads and follow-up with them if there is no response. They need encouragement and support from the facilitator.
- As the facilitator and if you have a consultant, develop a strong professional relationship with your consultant and lean on them for support. Mine proved to be my “life-line” for such a short turn around time and is a trusted advisor.
- Transitional times in the facility are a wonderful time to assess the status of your programs, processes and practices.
- Keep your hospital President, CEO and / or Board well informed of your progress and / or challenges.
- And last but not least, do not expect to win anything, expect to learn.

We did this for the knowledge that we knew we would gain. We wanted to know where we were on the road to performance excellence and what we needed to do to achieve that. We knew that we had a good start, but *how* good was the question. We also know that “good” is simply meeting the minimum safe practice standards that are set by The Joint Commission and these are what most hospitals are surveyed against.

Everyone wants to be “good” at what they do, but how many aspire to be “great”? This is the challenge that Quality Texas and the Baldrige Criteria set forth. Baylor Regional Medical Center at Grapevine has taken on this challenge and we will be a better health care provider and facility overall for simply having gone through the process.