

2023–2024



**Health Care
Commitment Level Criteria
for
Performance Excellence**

Effective June 2023

Note from the CEO:

Thank you for taking the time to consider applying for the Quality Texas Foundation Regional Program (QTFRP) Commitment Level of Recognition (20 pages and a five-page Organizational Profile). Your organization may have started at our Engagement 10-page application (with five-page Organization Profile). If this is your first entry with QTFRP, welcome aboard.

It is our sincere hope that the questions embedded in the five-page organizational profile and your twenty-page application will cause your organization to evaluate exactly where you are, where you should be, and how you can significantly improve by prioritization of your improvement steps. The Baldrige Framework is used the world over (70 countries) to make systematic improvements to organizations. Proposed steps are shown below.

1) Assign a minimum of five to seven personnel in your office to become Organizational Leadership/Examiner training by the QTFRP (see www.quality-texas.org/training for dates and locations. This training is where QTF teaches your personnel how to become valued internal coach for your organization by informing the participants how to respond/write the responses to the questions and the reasons behind the questions. QTFRP teaches the test! You can just begin writing if you like, but past information received from applicants indicate the Examiner training was a major milestone in writing at any level. Our satisfaction rate over the past eight years has been 98%.

2) Write your responses and allow other people in your office to edit your work. Don't fall in love with your first draft. This application to be really effective will undergo several iterations with substantial improvements along the way. The application process will allow the organization to ask very difficult questions and address organizational priorities.

3) Revise multiple times and submit.

This Commitment Level of Recognition discusses approach, deployment, learning, and integration in Category 1-6 and levels, trends, comparisons, and integration in Category 7. Applicants have asked in the past about how the pages should be distributed for the Commitment Application. The following page distribution is for planning purposes only and is not a hard and fast rule.

Commitment Level (20 pages + 5 pages OP;) 5 pages OP, Cat 1 (2 pages), Cat 2 (2 pages), Cat 3 (2 pages), Cat 4 (2 pages), Cat 5 (3 pages), Cat 6 (2 pages), and Cat 7 (7 pages).

If we here at the QTFRP can be of assistance to you, please allow us that opportunity. We offer coaching and training to help maximize your positive experience. Remember always that the Baldrige Journey is never finished! Happy travels!

Dr. Mac McGuire, CEO

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About the Baldrige Excellence Framework

The Baldrige Excellence Framework empowers your organization to reach its goals, improve results, and become more competitive.

Thousands of organizations around the world use the Baldrige Excellence Framework to improve and get sustainable results. Those recognized as national role models receive the Malcolm Baldrige National Quality Award, a Presidential award. At the Quality Texas Foundation, there have been 21 national recipients and fifty-seven state award recipients.

What can Baldrige do for my organization?

Whether your organization is new, is growing, or has existed for many years, it faces daily and long-term challenges. It also has strengths that have served you well so far. The Baldrige Excellence Framework helps you identify and leverage your strengths and prepare to face your challenges. It helps you address issues that are important to your organization:

- Understanding what it takes to be competitive or just continue organizational success and achieve long-term success in your environment
- Getting your leaders, managers, and workforce all on the same page
- Ensuring that your employees understand and can contribute to the drivers of your organization's success
- Understanding, and meeting or exceeding, customer, patient/family, or student/family requirements and expectations
- Ensuring that your operations are efficient and lead to short- and long-term success

As a result, you will be better able to position your organization to succeed and accomplish your mission—with a sense of greater clarity and with alignment among your leaders, employees, customers, and key partners.

Criteria for Performance Excellence. By answering the questions in the Criteria for Performance Excellence, you explore your strengths and your opportunities for improvement in seven critical aspects of managing and performing as an organization (called categories):

1. **Leadership: How do you share your vision and lead your organization? How do you ensure good governance?**
2. **Strategy: How do you prepare for the future?**
3. **Customers: How do you listen to, satisfy, and engage your customers?**
4. **Measurement, analysis, and knowledge management: How do you use reliable data and information to make decisions?**
5. **Workforce: How do you engage and empower your people?**
6. **Operations: How do you ensure efficient and effective operations that deliver customer value?**
7. **Results: How well are you doing?**

The linkages among these categories provide a systems perspective on your organization. Some of these linkages are:

- the connections between your approaches in categories 1–6 and the results you achieve (category 7);
- (2) the connection between workforce planning and strategic planning; and (3) the need for customer and market knowledge in creating your strategy and action plans.

Scoring guidelines. With Baldrige, just having stated processes or sets of results is not enough. You can assess the maturity of your responses based on four evaluation dimensions for the process categories and four for the results category.

Processes are the methods your organization uses to accomplish its work. With the Baldrige framework, you assess and improve your processes along four dimensions:

1. **Approach:** How do you accomplish your organization's work? How systematic and effective are your key approaches?
2. **Deployment:** How consistently are your key approaches used in relevant parts of your organization?
3. **Learning:** How well have you evaluated and improved your key approaches? How well have improvements been shared within your organization? Has new knowledge led to innovation?
4. **Integration:** How well do your approaches reflect your current and future organizational needs? How well are processes and operations harmonized across your organization to achieve key organization-wide goals?

Results are assessed along these four dimensions:

1. **Levels:** What is your current performance on a meaningful measurement scale?
2. **Trends:** Are the results improving, staying the same, or getting worse?
3. **Comparisons:** How does your performance compare with that of competitors, or with benchmarks or industry leaders?
4. **Integration:** Are you tracking results that are important to your organization? Are you using the results in decision making?

As you respond to the Criteria questions and assess your responses against the scoring guidelines, you will begin to identify strengths and gaps—first within the Criteria categories and then among them. The coordination of key processes, and feedback between your processes and your results, will lead to cycles of improvement. As you continue to use the framework, you will learn more and more about your organization and begin to define the best ways to build on your strengths, close gaps, and innovate.

Baldrige has a simple purpose.

The purpose of the Baldrige framework is simply to help your organization—no matter its size, sector, or industry—answer three questions: *Is your organization doing as well as it could? How do you know? What and how should your organization improve or change?*

By challenging yourself with the questions that make up the Criteria for Performance Excellence, you explore how you are accomplishing what is important to your organization. The questions (divided into six interrelated process categories and a results category) represent seven critical aspects of managing and performing as an organization:

1. Leadership
2. Strategy
3. Customers
4. Measurement, Analysis, and Knowledge Management
5. Workforce
6. Operations
7. Results

Baldrige promotes a systems perspective.

A systems perspective means managing all the components of your organization as a unified whole to achieve ongoing success. The system's building blocks and integrating mechanism are the core values and concepts, the seven interrelated Criteria categories, and the scoring guidelines.

A focus on core values and concepts. Baldrige is based on a set of beliefs and behaviors. These core values and concepts are the foundation for integrating key performance and operational requirements within a results-oriented framework that creates a basis for action, feedback, and ongoing success:

- Systems perspective
- Visionary leadership
- Patient-focused excellence
- Valuing people
- Agility and resilience
- Organizational learning
- Focus on success and innovation
- Management by fact
- Societal contributions and community health
- Ethics and transparency
- Delivering value and results

How do I get started?

However, you plan to use the Baldrige framework, the Baldrige community is there to help your organization learn, grow, and improve. See the following pages and visit <https://www.quality-texas.org> to see the possibilities.

The [Baldrige] Criteria help you link your strategy, your human capital process, your leadership development process, and all of your core operations together and help them focus on what your customers actually want.

—Scott McIntyre, President and CEO, Managing Partner, Guidehouse (formerly Baldrige Award recipient PricewaterhouseCoopers Public Sector Practice)

How to Use the Baldrige Excellence Framework

Whether your organization is large or small, you can use the Baldrige Excellence Framework for improvement. Your experience with Baldrige will help you decide where to begin.

The Quality Texas Foundation Regional Program can help you assess your level of expertise and where your journey should begin. Please contact Lin Wrinkle-McGuire, COO, at linwrinkle@quality-texas.org or Dr. Mac McGuire, CEO at drmac@quality-texas.org for more information.

There are three different applications. Business/NFP is the most often used. Healthcare has a healthcare version if the primary customers are patients and families. Education has an education version if the primary customers are students and families.

If you are just learning about the Baldrige framework . . .

Here are some ways to begin using the Baldrige framework to improve your organization.

Step 1: Scan the questions in the Organizational Profile. Discussing the answers to these questions with your senior leadership team might be your first Baldrige self-assessment.

Step 2: Study the 11 Baldrige core values and concepts. Consider how your organization measures up in relation to the core values. Are there any improvements you should be making?

Step 3: Review the criteria on the website for your particular industry (www.quality-texas.org).

Step 4: Review the questions in the titles of the 17 Criteria for Performance Excellence items of the Commitment Level (normal starting point) to reach a basic understanding of the Criteria and your organization's performance.

Step 5: Contact QTFRP for additional information and how to learn more.

Step 6: Enroll in the Pre-Examiner Training with QTFRP. This training is specifically designed for those who are new to the Baldrige process.

Step 7: Enroll in the Organizational Leadership/Examiner Training with QTFRP.

Step 8: Consider the Leadership, Strategic Planning, Writing Seminars, and Workforce Engagement Training. This training has the potential to greatly accelerate your learning and development.

Step 9: Attend the Quest for Excellence® Conference, the Baldrige Fall Conference, or the QTFRP conference. These events highlight the role-model approaches of recipients of the Baldrige Award or Baldrige-based awards. These organizations have used the Baldrige framework to improve performance, innovate, and achieve world-class results. Workshops on Baldrige self-assessment are often offered in conjunction with these conferences.

Criteria for Performance Excellence

Items and Point Values

Organizational Profile

P.1 Organizational Description

P.2 Organizational Situation

Categories and Items Point Values	Points	Value
Leadership		115
1.1 Senior Leadership	65	
1.2 Governance and Societal Contributions	50	
Strategy		90
2.1 Strategy Development	45	
2.2 Strategy Implementation	45	
Customers		85
3.1 Customer Expectations	40	
3.2 Customer Engagement	45	
Measurement, Analysis, and Knowledge Management		90
4.1 Measurement, Analysis, Review and Improvement of Organizational Performance	45	
4.2 Information and Knowledge Management	45	
Workforce		85
5.1 Workforce Environment	40	
5.2 Workforce Engagement	45	
Operations		85
6.1 Work Processes	45	
6.2 Operational Effectiveness	40	
Results		450
7.1 Health Care and Process Results	120	
7.2 Customer Results	80	
7.3 Workforce Results	80	
7.4 Leadership and Governance Results	80	
7.5 Financial, Market, and Strategy Results	90	
TOTAL POINTS		1,000

Criteria for Performance Excellence

Begin with the Organizational Profile

The Organizational Profile is the most appropriate starting point for self-assessment and for writing an application. It is critically important for the following reasons:

- You can use it as an initial self-assessment. If you identify topics for which conflicting, little, or no information is available, use these topics for action planning.
- It sets the context for understanding your organization and how it operates and allows you to address unique aspects of your organization in your responses to the Baldrige Criteria questions in categories 1–7. Your responses to all other questions in the Criteria should relate to the organizational context you describe in this profile.
- It helps you identify gaps in key information about your organization and focus on key performance requirements and results.

Organizational Profile (OP)

The **Organizational Profile** is a snapshot of your organization and its strategic environment.

P.1 Organizational Description: What are your key organizational characteristics?

a. Organizational Environment

(1) Health Care Service Offerings What are your main HEALTHCARE SERVICE offerings?

What is the relative importance (including percentage of revenue/budget) of each product or service to your success? What are the delivery methods for these HEALTHCARE SERVICES?

(2) MISSION, VISION, VALUES, AND CULTURE What are your MISSION, VISION, AND VALUES? What are the defining characteristics of your organizational CULTURE? What are your organization's CORE COMPETENCIES, and what is their relationship to your MISSION and VISION?

(3) Workforce Profile What is your WORKFORCE profile? What are your WORKFORCE or employee groups and SEGMENTS and the KEY ENGAGEMENT drivers for each? What are the KEY changes you are experiencing in your WORKFORCE CAPABILITY, CAPACITY, and composition?

(4) Assets What are your major assets, such as facilities, equipment, technologies, and intellectual property?

(5) Regulatory Environment What are your KEY applicable regulations and accreditation, certification, or registration requirements?

b. Organizational Relationships

(1) Organizational Structure What are your organizational leadership structure and GOVERNANCE structures? What are your KEY components of your organization's LEADERSHIP SYSTEM? What are the reporting relationships among your GOVERNANCE SYSTEM, SENIOR LEADERS, and parent organization, as appropriate?

(2) Patients, Other CUSTOMERS, and STAKEHOLDERS What are your KEY market SEGMENTS, patient and other CUSTOMER groups, and STAKEHOLDER groups, as appropriate? What are their KEY requirements and expectations for your HEALTH CARE SERVICES, patient and other CUSTOMER support services, and operations, including any differences among the groups?

(3) Suppliers, PARTNERS, and COLLABORATORS What are your KEY types of suppliers, PARTNERS, and COLLABORATORS? What role do they play in producing and delivering your KEY HEALTH CARE SERVICES and patient and other CUSTOMER support services, and in enhancing your competitiveness? What role do they play in contributing and implementing INNOVATIONS in your organization? What are your KEY supply-network requirements?

Notes

P.1a(1). How you deliver services to your patients and other customers might be direct or indirect, through contractors, collaborators, partners, or third-party vendors.

P.1a(2). Your values are part of your organization's culture. Other characteristics of your organizational culture include shared beliefs, norms, and values that contribute to the uniqueness of the environment within your organization.

P.1a(2). If your organization has a stated purpose as well as a mission, you should include it in your response here and as appropriate in the process categories. Some organizations define a mission and a purpose, and some use the terms interchangeably. Purpose refers to the fundamental reason that the organization exists.

P.1a(3). As applicable, your workforce profile should include location of your workforce, your organized bargaining units (i.e., union representation), and the special health and safety requirements of the workforce. Your workforce profile should specify any workforce groups (including employed and independent physicians) the organization has identified for segmenting data. Organizations that also rely on volunteers and/or temporary staff members to accomplish core work (producing

output that is necessary and/or customer-facing) should include these groups as a part of their workforce. Workforce or employee groups and segments might be based on type of employment or contract-reporting relationship, location (including remote work), work shift/tour of duty, work environment, use of flexible work policies, or other factors. Current and anticipated change impacting your workforce members might relate to scheduling, location, and their requirements and expectations.

P.1a(3), P.1b(2), P.1b(3). Referring and other providers (e.g., physicians, physician assistants, and nurse practitioners) are part of the workforce if they are credentialed at the health care organization, but otherwise, they are considered partners. If providers are involved in a referral, they are considered suppliers of patients to your organization. In most cases, providers are not considered customers unless they are users of your health care services. Third-party payors may be considered customers or partners. Insurers are considered partners

P.1a(5). Regulations and requirements include any applicable occupational health and safety regulations; industry standards, and environmental, financial, and product regulations. Industry standards might include industrywide codes of conduct and policy guidance. Depending on the regions in which you operate, special financial

covenants, standards regarding relationships with physicians or other referral sources, and environmental regulations may apply.

P.1b(1). The Organizational Profile asks for the what of your leadership system. Questions in categories 1 and 5 ask *how* the system is used.

P.1b(2). Patients (customers) are the direct recipients of the health care services you provide; your organization may use another term for patient, such as client, resident, consumer, or member. Other customers may include those who pay for your services, such as patients' families. Stakeholders might include health departments, Offices of Emergency Management, universities, etc., in your service area.

P.1b(2). Patient and other customer groups might be based on common requirements and expectations, behaviors, preferences, or profiles. Within a group, there may be segments based on differences, commonalities, or both. You might subdivide your market segments or customer groups based on health care service lines or features, service delivery modes, payors, volume, geography, or other defining Factors.

P.1b(2). There may be different patient groups (segments; e.g.; inpatient, outpatient, emergency care, urgent care, post-acute care, hospice) in an integrated delivery network or continuum of care with different group characteristics or needs and expectations.

P.1b(2). Patient, other customer, stakeholder, and operational requirements and expectations will drive your organization's sensitivity to the risk of service, support, and supply-network interruptions, including those due to natural disasters and other emergencies.

P.1b(3). Your supply network consists of the external entities involved in producing and delivering your health care services to your patients and other customers and offering post-care support. For some organizations, these entities form a chain, in which one entity directly supplies another. Increasingly, however, these entities are interlinked and exist in interdependent rather than linear relationships. The Health Care Criteria use the term supply network to emphasize the interdependencies among organizations and their suppliers. The term supply network represents an evolution and maturity in supply-chain management.

[Baldrige Excellence Framework \(Health Care\) | NIST](#)

P.2 Organizational Situation: What is your organization’s strategic situation?

a. Competitive Environment

(1) Competitive Position What are your relative size, share, and growth in your industry or the markets you serve? How many and what types of competitors do you have? What differentiates you from them?

(2) Competitiveness Changes What KEY changes, if any, are affecting your competitive situation, including changes that create opportunities for collaboration and INNOVATION, as appropriate?

(3) Comparative Data What KEY sources of comparative and competitive data are available from within your industry? What KEY sources of comparative data are available from outside your industry? What limitations, if any, affect your ability to obtain or use these data?

b. Strategic Context

What are your KEY STRATEGIC CHALLENGES, threats, ADVANTAGES and OPPORTUNITIES?

c. Performance Improvement System

What is your overall SYSTEM for PERFORMANCE improvement? What KEY tools and methods are used as part of this SYSTEM?

Notes

P.2b. Strategic challenges, threats, advantages, and opportunities might be in the areas of business, operations, societal contributions, and workforce. They might relate to health care services or service features; quality and outcomes; finances; organizational structure and culture; emerging technology; digital integration; data and information; security and cybersecurity; emerging competitors; organizational resilience and risk management; changing stakeholder requirements and expectations; workforce capability or capacity; brand recognition and reputation; your supply network; diversity, equity, and inclusion; the upgrade and maintenance of facilities; and the health care industry.

P.2c. Excellence is not possible without robust evaluation and improvement of key processes, systems, and organizational results. The Baldrige Scoring System (pages 30–36) uses performance improvement through learning and integration as a factor in assessing the maturity of organizational approaches and their deployment. This question is intended to set an overall context for your approach

to performance improvement. The system you use should be related to your organization’s needs and compatible with your organization’s capabilities, capacity, and culture. Specific tools and methods that might be utilized as part of the system include, for example, the PDCA methodology, ISO standards, a Lean Enterprise System, and the Six Sigma methodology, among others.

For additional guidance on this item, see the [Baldrige Excellence Framework \(Health Care\) | NIST](#)

1 Leadership

The Leadership category asks how senior leaders' personal actions guide and sustain your organization. It also asks about your organization's governance system and how your organization fulfills its legal, ethical, and societal responsibilities.

1.1 Senior Leadership: How do your senior leaders lead the organization?

Process

In your response, include answers to the following questions:

a. VISION AND VALUES

(1) **Establishing MISSION, VISION, and VALUES** HOW do SENIOR LEADERS set and DEPLOY your organization's VISION and VALUES?

(2) **Promoting Legal and ETHICAL BEHAVIOR** HOW do SENIOR LEADERS' personal actions demonstrate their commitment to legal and ETHICAL BEHAVIOR?

b. Communication

HOW do SENIOR LEADERS communicate with and engage the entire WORKFORCE, KEY PARTNERS, AND OTHER KEY CUSTOMERS?

c. Focus on Organizational Performance

(1) **Creating an Environment for Success** How do SENIOR LEADERS create an environment for success now and in the future?

(2) **Creating a Focus on Action** HOW do SENIOR LEADERS create a focus on action to achieve the organization's MISSION and VISION?

Notes

1. Your responses in category 1 should align with the components of your leadership system listed in P.1b(1). 1.1. This item deals specifically with senior leaders and how they lead the organization. Other items focus on the organization.

1.1. In health care organizations with separate administrative/operational and health-care-provider/medical-staff leaders, the term senior leaders refers to both sets of leaders and the relationship between them.

1.1. Results related to the effectiveness of leadership and the leadership system should be reported in item 7.4.

1.1. In leading their organizations and focusing on success, senior leaders should consider the entire workforce (whether in-person, hybrid, or remote).

1.1a(1). Your organization's mission and vision should set the context for the strategic opportunities, strategic objectives, and action plans you describe in P.2b and items 2.1 and 2.2.

1.1b. Organizations that rely on volunteers and/or temporary staff members to accomplish core work (producing output that is necessary and/or customer-facing) should also discuss efforts to communicate with these segments. (See the first note to item 5.1.) Similarly, organizations that rely heavily on suppliers should discuss efforts to communicate with and engage key suppliers.

1.1c(1). In creating an environment for success, leaders should consider both external and internal factors. Factors might include risk appetite and tolerance; the need for technological and organizational innovation, including risks and opportunities arising from emerging technology, data integration, and digitization; readiness for short- and long-term disruptions; potential nontraditional and disruptive competitors in the health care marketplace; organizational culture; work systems; the potential need for changes in structure and culture; workforce capability and capacity; resource availability; societal benefit and social equity; health equity; and core competencies

1.1c(1). Fostering equity means supporting the fair treatment of all customers, workforce members, and all other key stakeholders of the organization. Inclusion refers to promoting the full participation and supporting them to feel a sense of belonging.

1.1c(2). Senior leaders' focus on action considers your strategy, workforce, work systems, and assets. It includes taking intelligent risks and implementing innovations and ongoing improvements in performance and productivity. Senior leaders' focus on action also includes the actions needed to achieve your strategic objectives (see 2.2a[1]) and may involve establishing change management plans for major organizational change or responding rapidly to significant information from social media or other input.

For additional guidance on this item, see [Baldrige Excellence Framework \(Health Care\) | NIST](#)

1.2 Governance and Societal Responsibilities: How do you govern and fulfill your societal responsibilities?

Process

In your response, include answers to the following questions:

a. Organizational GOVERNANCE

- (1) **GOVERNANCE System** HOW does your organization ensure responsible GOVERNANCE?
- (2) **PERFORMANCE Evaluation** HOW do you evaluate the PERFORMANCE of your SENIOR LEADERS and your GOVERNANCE board?
- (3) **Organizational PERFORMANCE** HOW does your GOVERNANCE System review the organization's PERFORMANCE?

b. Legal and ETHICAL BEHAVIOR

- (1) **Legal, Regulatory, and Accreditation Compliance** HOW do you address your current and anticipated future legal, regulatory, and community concerns with your Health Care services and operations?
- (2) **ETHICAL BEHAVIOR** HOW does you require and foster ETHICAL BEHAVIOR in all interactions?

c. Societal Contributions

- (1) **Societal Well-Being** How do you incorporate societal well-being and benefit into your strategy and daily operations?
- (2) **Community Support** HOW does you actively support and strengthen your KEY communities?

Notes

1.2. Societal contributions in areas critical to your ongoing marketplace success should also be addressed in Strategy Development (item 2.1) and Operations (category 6). Key societal results should be reported as Leadership and Governance Results (item 7.4).

1.2a(1). Transparency in the operations of your governance system should include your internal controls on governance processes. For some privately held businesses and nonprofit (including government) organizations, an external advisory board may provide some or all governance board functions.

1.2a(1). In protecting stakeholder interests, the governance system should consider and approve appropriate levels of risk for the organization, recognizing the need to accept risk as part of running a successful organization.

1.2a(2). The evaluation of leaders' performance might be supported by peer reviews, formal performance management reviews, and formal or informal feedback from surveys of the workforce and other stakeholders.

1.2b(2). Measures or indicators of ethical behavior might include instances of unethical conduct or compliance breaches and responses to them, survey results showing workforce perceptions of organizational ethics, ethics hotline use, percentage of allegations substantiated, and results of ethics reviews and audits. Such measures or indicators might also include evidence that policies, workforce training, and monitoring systems are in place for conflicts of interest; protection and use of sensitive data, information, and knowledge generated through synthesizing and correlating these data; and proper use of funds.

1.2c. Some health care organizations may contribute to society and support their key communities totally through the mission-related activities described in response to other Criteria questions. In such cases, it is appropriate

to respond here with any "extra efforts" through which you support these and/or broader communities (both your defined communities and the community at large).

1.2c(1). Societal well-being has become both an organizational differentiator and a strategic mandate across sectors. Areas of societal well-being and benefit to report are those that go beyond the compliance processes you describe in 1.2b(1). They might include organizational or collaborative efforts to improve the environment and advance the sustainability of natural resources (e.g., through a circular economy); strengthen community services, education, health, and emergency preparedness; address social inequities; and improve the practices of trade, business, or professional associations. These efforts may have local, regional, national, or global impacts.

1.2c(2). Areas for organizational involvement in supporting your key communities might include areas that leverage your core competencies or may focus on helping to address systemic challenges that impact health, education, or economic opportunities. Actions to build community health are population-based services that support the general health of the communities (social determinants of health) in which you operate. Such services will likely draw on your core competencies and might include the identification of community health needs. Improving communities might include both charity care and community investment efforts, such as community health initiatives (free clinics for the underserved, some emergency services, telehealth services, service to Medicaid patients), as well as community health improvement initiatives, including health fairs, health education, immunization programs, wellness and prevention programs, and contributions to community organizations that support programs to eliminate health disparities

For additional guidance on this item, see [Baldrige Excellence Framework \(Health Care\) | NIST](#)

2 Strategy

The STRATEGY Category asks HOW your organization develops STRATEGIC OBJECTIVES and ACTION PLANS, implements them, changes them if circumstances require, and measures progress.

2.1 Strategy Development: How do you develop your strategy?

Process

In your response, include answers to the following questions:

a. Strategy Development PROCESS

- (1) **Strategic Planning PROCESS** HOW do you conduct your strategic planning?
- (2) **Strategy Considerations** HOW do you collect and analyze relevant data and develop information for your strategic planning PROCESS?
- (3) **STRATEGIC OPPORTUNITIES and INTELLIGENT RISKS** HOW do you identify STRATEGIC OPPORTUNITIES and stimulate INNOVATION?
- (4) **Outsourcing and CORE COMPETENCIES** How do you decide which KEY processes will be accomplished by your WORKFORCE and which by external suppliers, PARTNERS, and COLLABORATORS?

b. STRATEGIC OBJECTIVES

- (1) **KEY STRATEGIC OBJECTIVES** What are your organization's KEY STRATEGIC OBJECTIVES and their most important related GOALS?
- (2) **Considerations** HOW do your STRATEGIC OBJECTIVES achieve appropriate balance among varying and potentially competing organizational needs?

Notes

2.1. This item deals with your overall organizational strategy, which might include changes in patient and other customer engagement processes and health care service offerings. However, you should describe the patient and other customer engagement and service design strategies, respectively, in items 3.2 and 6.1, as appropriate.

2.1. Strategy development refers to your organization's approach to preparing for the future. In developing your strategy, you should consider your level of acceptable enterprise risk. Strategy development might involve key suppliers, collaborators, distributors, partners, patients, and other customers.

2.1. The term strategy should be interpreted broadly. Strategy might be built around or lead to any or all of the following: new, changing, or discontinued health care services, including acquisitions or entry into new services and partnerships to improve access, grow revenue, or reduce costs; redefinition of key patient and other customer groups or market segments; definition or redefinition of your role in your business ecosystem (your network of partners, suppliers, collaborators, competitors, patients, other customers, communities, and other relevant organizations inside and outside the health care sector that serve as potential resources); differentiation of your brand; achievement of specialty certifications, creation of centers of excellence; new core competencies; and new staff or volunteer relationships. It might also be directed toward becoming a high-reliability organization, a provider of a high-end or customized service, an integrated service provider, or an employer of choice, or toward meeting a community or population health care need.

2.1a(1). Your strategic planning should address your ability to mobilize the necessary resources and knowledge to execute the strategic plan. It should also address your ability to develop and execute contingency plans or, if circumstances require, to shift strategy and rapidly execute new or changed plans.

2.1a(2) Your overall approach to risk management should be described in 6.2c(3).

2.1a(3). This question focuses on identifying strategic opportunities that stimulate innovations. Report your process for determining which innovations to pursue in 4.2c.

2.1b. Strategic objectives should focus on your specific challenges, advantages, and opportunities—those most important to your ongoing success and to strengthening your overall performance and your success now and in the future. Strategic objectives should align with your short- and long-term horizons/milestones.

For additional guidance on this item, see For additional guidance on this item, see [Baldrige Excellence Framework \(Health Care\) | NIST](#)

2.2 Strategy Implementation: How do you implement your strategy? Process

In your response, include answers to the following questions:

a. **ACTION PLAN Development and DEPLOYMENT**

(1) **ACTION PLAN Development** HOW do you **DEVELOP** your **ACTION PLANS**?

(2) **ACTION PLAN Implementation** HOW do you **DEPLOY** your **ACTION PLANS**?

(3) **Resource Allocation** HOW do you ensure that financial and other resources are available to support the achievement of your **ACTION PLANS** while meeting current obligations?

(4) **WORKFORCE Plans** What are your **KEY WORKFORCE** plans to support your short- and longer-term **STRATEGIC OBJECTIVES** and **ACTION PLANS**?

(5) **PERFORMANCE MEASURES** What **KEY PERFORMANCE MEASURES** or **INDICATORS** do you use to track the achievement and **EFFECTIVENESS** of your **ACTION PLANS**?

(6) **PERFORMANCE PROJECTIONS** For these **KEY PERFORMANCE MEASURES** or **INDICATORS**, what are your **PERFORMANCE PROJECTIONS** for both your short- and longer-term planning horizons?

b. **Action Plan Modification** HOW do you recognize and respond when circumstances require a shift in **ACTION PLANS** and rapid execution of new plans?

Notes

2.2. The development and deployment of your strategy and action plans are closely linked to other Health Care Criteria items. The following are examples of key linkages:

Item 1.1: how your senior leaders set and communicate organizational direction

Category 3: how you gather patient, other customer and market knowledge as input to your strategy and action plans and to use in deploying action plans

Category 4: how you measure and analyze data and manage knowledge to support key information needs, support the development of strategy, provide an effective basis for performance measurements, and track progress on achieving strategic objectives and action plans

Category 5: how you meet workforce capability and capacity needs, determine needs and design your workforce learning and development system, and implement workforce-related changes resulting from action plans

Category 6: how you address changes to your work processes resulting from action plans

Item 7.5: results for overall strategy and action plan achievement

2.2a(4). In developing your workforce plans, consider the impacts on your different workforce segments in relation to and alignment with

organizational objectives around workforce demographics, diversity, and location (e.g., in-person, hybrid, and remote).

2.2a(6). Projected performance might consider new ventures; organizational acquisitions or mergers; new value creation; market entry and shifts; new legislative mandates, legal requirements, industry standards, or accreditation standards; and significant anticipated innovations. Your process for projecting future performance should be reported in 4.1b.

2.2b. Circumstances that might require shifts in action plans and rapid execution of new plans include disruptive internal and external events, changes in the competitive environment, changing economic conditions, the emergence of disruptive technologies, and sudden changes in patient and other customer requirements and expectations.

For additional guidance on this item, see For additional guidance on this item, see [Baldrige Excellence Framework \(Health Care\) | NIST](#)

3 Customer

The CUSTOMERS category asks how your organization engages its Patients and other CUSTOMERS for ongoing success, including HOW your organization listens to patients and other CUSTOMERS, determines products and/or services to meet their needs, builds long-term relationship with patients and other CUSTOMERS, and enhances the CUSTOMER experience.

Process

3.1 Customer Expectations: How do you listen to your patients and other customers and determine health care services to meet their needs?

Process

3.1 Customer Expectations:

In your response, include answers to the following questions:

a. Listening to Patients and other CUSTOMERS

(1) **Current Patients and Other CUSTOMERS** HOW do you listen to, interact with, and observe patients and other CUSTOMERS to obtain actionable information?

(2) **Potential Patients and Other CUSTOMERS** HOW do you listen to potential patients and other CUSTOMERS to obtain actionable information?

b. Patient and Other CUSTOMER Segmentation and Service Offerings

(1) **Patient and Other CUSTOMER SEGMENTATION** HOW do you determine your Patient and other CUSTOMER groups and market segments?

(2) **Service Offerings** HOW do you determine HEALTH CARE SERVICE offerings?

Notes

3.1. Customer data and information should be used to support your strategy development process in item 2.1, your performance analysis and review in 4.1, and your product design in item 6.1. Voice-of-the-customer and market data and information to use might include aggregated data on satisfaction, dissatisfaction, and complaints and, as appropriate, data and information from social media and other web-based or digital sources.

3.1. Your results on performance relative to key product and/or service features should be reported in item 7.1.

3.1a(1). Your listening methods should include all stages of your involvement and experiences with patients and other customers. These stages might include relationship building, the active relationship and experience of care, and a follow-up strategy, as appropriate.

3.1b(2). In identifying health care service offerings, you should consider all the important characteristics of services that patients and other customers receive in each stage of their relationship with you. The focus should be on features that affect patients' and other customers' preference for and loyalty to your organization and your brand—for example, unique or innovative features that affect their view of clinical and service quality and experience of care, and that differentiate your offerings from those of competing organizations. Those latter features might include ease of access to and use of your services, including telehealth and new locations; availability of appointments, including (if appropriate) extended hours; a virtual experience; family support services; efficiency; timeliness; cost; assistance with billing/administrative processes and transportation; environmental or social stewardship; and the privacy and security of patient and other customer data.

For additional guidance on this item, see For additional guidance on this item, see [Baldrige Excellence Framework \(Health Care\) | NIST](#)

3.2 Customer Engagement: How do you build relationships and enhance the patient and other customer experience? Process

In your response, include answers to the following questions:

a. Patient and Other Customer Experience

(1) Relationship Management How do you build and manage relationships with patients and other CUSTOMERS?

(2) Patient and Other CUSTOMER Access and Support How do you enable patients and other CUSTOMERS to seek care from you, seek information, and obtain support?

(3) Complaint Management How do you manage patient and other CUSTOMER complaints?

(4) Fair Treatment How do your patient and other CUSTOMER experience PROCESSES promote and ensure fair treatment for different patients, patient groups, and other CUSTOMER groups, and market SEGMENTS?

b. Determination of Patient and Other CUSTOMER Satisfaction, Dissatisfaction, and Engagement How do you determine patient and other CUSTOMER satisfaction, dissatisfaction, and ENGAGEMENT?

Notes

3.2. Results for patient and other customer perceptions and actions (outcomes) should be reported in item 7.2.

3.2a. You should ensure that your approaches for managing patient and other customer relationships, enabling patients and other customers to seek information and support, and managing complaints promote fairness, equity, and inclusion, and that they do not inadvertently discriminate.

3.2b. Determining patient and other customer dissatisfaction should be seen as more than reviewing low customer satisfaction scores. It should be independently determined to identify

root causes and enable a systematic remedy to avoid future dissatisfaction.

3.2b. Information on relative satisfaction may include comparisons with competitors, comparisons with other organizations that deliver similar health care services in a noncompetitive marketplace, or comparisons obtained through third-party surveys or surveys endorsed or required by payors, such as the Consumer Assessment of Healthcare Providers and Systems (CAHPS).

For additional guidance on this item, see For additional guidance on this item, see [Baldrige Excellence Framework \(Health Care\) | NIST](#)

4 Measurement, Analysis, and Knowledge Management

The Measurement, Analysis, and Knowledge Management category asks HOW your organization measures, analyzes, reviews, and improves organizational PERFORMANCE and HOW you manage your information and organizational KNOWLEDGE ASSETS.

4.1 Measurement, Analysis, Review, and Improvement of Organizational Performance: How do you measure, analyze, review, and then improve organizational performance? Process

In your response, include answers to the following questions:

a. PERFORMANCE Measurements

- (1) **PERFORMANCE MEASURES** HOW do you track data and information on daily operations and overall organizational PERFORMANCE?
- (2) **Comparative Data** HOW do you select comparative data and information to support fact-based decision making?

b. PERFORMANCE ANALYSIS and Review, and Improvement

- (1) HOW do you analyze and review your organization's PERFORMANCE and capabilities?
- (2) HOW do you use findings from PERFORMANCE reviews to develop priorities for continuous improvement and opportunities for INNOVATION?

Notes

4.1. The questions in this item are closely linked to each other and to other Health Care Criteria items. Your performance measurement, analysis, and review system should include measures for all key parts of your organization, including your leadership (category 1, strategy (category 2), customers (category 3), workforce (category 5), and operations (category 6).

4.1a(1). Modifying or adjusting your measures to provide timely data to address rapid or unexpected organizational or external changes may involve adopting difference performance measures or adjusting the intervals between measurements. These modifications might be necessary to respond to regulatory or other changes in the political or societal environment, disasters and emergencies, innovations in organizational processes or business

models, new competitor offerings, or productivity enhancements.

4.1a(2). The comparative data and information you select should be used to support operational and strategic decision making. Comparative data and information are obtained by benchmarking and by seeking competitive comparisons. Benchmarking is identifying processes and results that represent best practices and performance for similar activities, inside or outside the Health Care industry. Competitive comparisons relate your performance to that of competitors and other organizations providing similar health care services.

4.1b. Performance analyses include examining performance trends; organizational, health care industry, and technology projections; and

comparisons, cause-effect relationships, and correlations. These analyses should support your performance reviews, help determine root causes, and help set priorities for resource use and transformative change, if appropriate. Accordingly, such analyses draw on all types of data: health care outcome, patient- and other customer-related, workforce-related, financial and market, operational, and competitive/comparative. These analyses should also draw on regulatory and other publicly mandated measures, when appropriate. The analyses may involve digital data analytics and data science techniques that detect patterns in large volumes of data (“big data”) and interpret their meaning. Such activities may be conducted internally or in partnership with suppliers, partners, or collaborators with the requisite expertise.

4.1b(1). Organizational performance reviews should include data on your strategic objectives and action plans (category 2), as well as data on

your leadership (category 1), customers (category 3), workforce (category 5), and operations (category 6). The results of organizational performance analysis and review should inform your strategy development and implementation, operations, priorities for continuous improvement, and opportunities for innovation. Rapid response to changes in your operating environment might include the need to adjust your performance expectations.

4.1b(2). Priorities for continuous improvement should be considered as part of your performance improvement process in 6.1b. Opportunities for innovation should be considered as part of your process for pursuing potential innovations in 4.2c.

For additional guidance on this item, see For additional guidance on this item, see [Baldrige Excellence Framework \(Health Care\) | NIST](#)

4.2 Information and Knowledge Management: How do you manage your information and organizational knowledge assets? Process

In your response, include answers to the following questions:

a. Data and Information

(1) **Quality** How do you verify and ensure the quality of organizational data and information?

(2) **Availability** How do you ensure the availability of organizational data and information?

(3) **Cybersecurity** HOW do you secure sensitive or privileged data and information, information technology assets, and Internet-enabled SYSTEMS?

b. Organizational Knowledge

(1) **Knowledge Management** How do you build and manage organizational knowledge?

(2) **Best Practices** How do you identify and share best practices in your organization?

c. **Pursuit of INNOVATION** HOW do you determine which opportunities for INNOVATION to pursue?

Notes

4.2a(2). Information technology systems include, for example, physical devices and systems (hardware); software platforms and applications; externally based information systems, such as those stored in the cloud or outside your organization's control.

4.2a(3). Managing cybersecurity includes protecting against the loss of sensitive information about employees, patient and other customers, and organizations; protecting assets, including intellectual property; and protecting against the financial, legal, and reputational aspects of breaches.

4.2b(1). Building and managing organizational knowledge from different sources may involve handling big data sets and disparate types of data and information, such as data tables, video, audio, photos, and text. Analyzing data and information may involve using artificial intelligence, digital data analytics, and data science techniques that detect patterns in large volumes of data and interpret

their meaning. Using these techniques to make decisions with human consequences requires deploying technology and leveraging data in a way that protects information about organizations and individuals.

4.2b(1). Embedding learning in the way your organization operates means that learning (1) is a part of everyday work; (2) results in solving problems at their source; (3) is focused on building and sharing knowledge throughout your organization; and (4) is driven by opportunities to bring about significant, meaningful change and to innovate; and (5) enables agila and sustainable processes.

4.2c. Your process for pursuing potential innovations should carefully evaluate all opportunities, including those Identified In your strategic planning process (2.1a), your customer listening (3.1a), your product and service determination (3.1b[2]), your performance reviews (4.1b), your knowledge management system

(4.2b[1]), and by your workforce and other stakeholders. Your assessment should consider which opportunities are Intelligent risks worth pursuing and should balance the need for thoughtful assessment with importance of implementing the innovation in a timely manner.

For additional guidance on this item, see For additional guidance on this item, see [Baldrige Excellence Framework \(Health Care\) | NIST](#)

5 Workforce

The **WORKFORCE** category asks **HOW** your organization assesses **WORKFORCE CAPABILITY** and **CAPACITY** needs and builds a **WORKFORCE** climate to support **HIGH PERFORMANCE**. The category also asks **HOW** your organization engages, manages, and develops your **WORKFORCE** to utilize its full potential in **ALIGNMENT** with your organization's overall business needs.

5.1 Workforce Environment: How do you build an effective and supportive workforce environment?

Process

In your response, include answers to the following questions:

a. **WORKFORCE CAPABILITY** and **CAPACITY**

- (1) **CAPABILITY and CAPACITY NEEDS** HOW do you assess your **WORKFORCE CAPABILITY** and **CAPACITY** needs?
- (2) **New WORKFORCE Members** HOW do you recruit, hire, and onboard new **WORKFORCE** members?
- (3) **WORKFORCE Change** HOW do you prepare your **WORKFORCE** for changing **CAPABILITY** and **CAPACITY** needs?
- (4) **Work Accomplishment** HOW do you organize and manage your **WORKFORCE**?

b. **WORKFORCE Climate**

- (1) **Workplace Environment** HOW do you ensure workplace health, security, and accessibility for the **WORKFORCE**?
- (2) **WORKFORCE Benefits and Policies** HOW do you support your **WORKFORCE** via services, benefits, and policies?

Notes

5. Results related to workforce environment and engagement should be reported in item 7.3. People supervised by a contractor should be addressed in categories 2 and 6 as part of your larger work system strategy and your internal work processes. Organizations that rely on volunteers and/or temporary staff members to perform core work (producing output that is necessary and/or customer-facing) should include them as members of the workforce. Medical staff, both employed and independent physicians, should also be included. Workforce approaches should include these segments as appropriate to the functions they fulfill for the organization.

5.1a. Workforce capability and capacity planning addresses the organization's needs; individual workforce members' needs are addressed in other areas of category 5.

5.1a(1) Your assessment of workforce capability and capacity needs should consider not only current needs, but also future requirements based on the strategic objectives and action plans you identify in category 2.

5.1a(3). Preparing your workforce for change might include preparing for (1) alternate workplaces or telework, (2) changes in patient, and other customer or service requirements that lead to the use of new technology, (3) redesigned work systems, or (4) organizational transformation. Such preparation might include training, education,

frequent communication, consideration of workforce employment and employability, career counseling, and other services. Preparing your workforce for change might also include addressing potential workforce burnout in times of staffing shortages or increased workload caused by emergencies or other unplanned circumstances.

5.1a(4), 5.1b(1). Your organization should consider the multiple sites where employees work, including those who regularly work at home or other alternate sites through telework or remote-work arrangements.

5.1b(1). Workplace accessibility eliminates barriers that can prevent people with disabilities from working to their potential. Fully inclusive workplaces are physically, technologically, and attitudinally accessible without bias.

5.1b(1). If workplace environmental factors and their performance measures or targets differ significantly for your different workplace environments, you should include these differences in your response.

5.1b(1). Workplace safety and security should be addressed in item 6.2c(1) as part of your overall safety system, which fosters the safety of employees and all other people in your workplace.

5.1b(2). Fair compensation can be defined as adequate and appropriate pay for an employee's work based on the individual's experience and performance in relation to job requirements, as well as in alignment with relevant industry, market, and/or competitor comparisons.

For additional guidance on this item, see For additional guidance on this item, [Baldrige Excellence Framework \(Health Care\) | NIST](#)

5.2 Workforce Engagement: How do you engage your WORKFORCE for retention and HIGH-PERFORMANCE? Process

In your response, include answers to the following questions:

a. Assessment of WORKFORCE ENGAGEMENT

- (1) **Drivers of ENGAGEMENT** HOW do you determine KEY drivers of WORKFORCE ENGAGEMENT?
- (2) **Assessment of ENGAGEMENT and Retention** HOW do you assess WORKFORCE ENGAGEMENT?

b. Organizational CULTURE HOW do you foster an organizational CULTURE that is characterized by open communication, HIGH-PERFORMANCE, patient safety, and an engaged WORKFORCE?

c. PERFORMANCE MANAGEMENT AND Development

- (1) **PERFORMANCE Management** HOW does your WORKFORCE PERFORMANCE management SYSTEM support HIGH PERFORMANCE?
- (2) **PERFORMANCE Development** How does your LEARNING and development SYSTEM support the personal development of WORKFORCE members and your organization's needs?
- (3) **Career Development and Succession Planning** HOW do you manage career development for your WORKFORCE and your future leaders?
- (4) **Equity and Inclusion** HOW do you ensure that your PERFORMANCE management, PERFORMANCE development, and career development PROCESSES promote equity and inclusion for a diverse WORKFORCE and different WORKFORCE groups and SEGMENTS?

Notes

5.2a(1). Drivers of workforce engagement (identified in P.1a[3]) refer to the drivers of workforce members' commitment, both emotional and intellectual, to accomplishing the organization's work, mission, and vision. Organizations should review these drivers periodically to ensure that they reflect any significant changes affecting workforce members; for example, a transition to regular off-site work or hybrid work-site arrangements.

5.2a(2). Other indicators to use in assessing and improving workforce engagement might include workforce retention, absenteeism, grievances, safety, and productivity. Determining workforce dissatisfaction should be seen as more than reviewing low workforce satisfaction scores. It should be independently determined to identify

root causes and enable a systematic remedy to avoid future dissatisfaction.

5.2c(2). Your response should include how you address any considerations for workforce development, learning, and career progression that are unique to your organization. These might include development opportunities that address your organization's core competencies, strategic challenges, and action plans; organizational change and innovation; improvements in delivering a positive patient and other customer experience; and the reinforcement of new knowledge and skills on the job. Your response should also consider the breadth of development opportunities you might offer, including education, training, coaching, mentoring, and work-related experiences.

For additional guidance on this item, see For additional guidance on this item, see [Baldrige Excellence Framework \(Health Care\) | NIST](#)

6 Operations

The Operations category asks **HOW** your organization designs, manages, improves, and innovates its products and **WORK PROCESSES** and improves operational **EFFECTIVENESS** to deliver **CUSTOMER VALUE** and achieve ongoing organizational success.

6.1 Work Processes: How do you design, manage, and improve your key health care services and work processes? Process

In your response, include answers to the following questions:

a. Service and PROCESS Design

- (1) **Service Requirements** HOW do you determine KEY HEALTH CARE SERVICE requirements?
- (2) **Service Design** HOW do you design your HEALTH CARE SERVICES to meet these KEY requirements?
- (3) **PROCESS Requirements** HOW do you determine your KEY WORK PROCESS and support PROCESS requirements?
- (3) **PROCESS Design** How do you design your KEY WORK PROCESSES and support PROCESSES to meet your KEY requirements?

b. PROCESS Management and Improvement

- (1) **PROCESS Implementation** HOW does your day-to-day operation of your KEY WORK PROCESSES and support PROCESSES ensure that they meet your KEY PROCESS requirements?
- (2) **Patient Expectations and Preferences** HOW do you address and consider each patient's expectations?
- (3) **PROCESS Improvement** HOW do you improve your KEY WORK PROCESSES and support PROCESSES to improve HEALTH CARE SERVICES and PROCESS PERFORMANCE?

Notes

6.1. The results for health care services and process performance should be reported in item 7.1.

6.1. Efforts to reduce adverse environmental and societal impacts associated with services should consider the design, material sourcing, production, delivery, and consumption of your services, as well as the disposal or reuse of products used. This consideration should be informed by the concepts and practices of a “circular economy.”

6.1a(1) Your product and service requirements should address the key patient and other customer requirements and expectations identified in your Organizational Profile and inform applicable process requirements asked for in 6.1a(3), such as your internal process capability, supply-network capability, and partner and collaborator capability.

6.1a(3). Your key support processes should support your key work (value-creation) processes. They might include processes that support leaders and other workforce members engaged in, for example, service design and delivery, patient and

other customer interactions, and business and enterprise management. Other examples might include accounting, purchasing, marketing, human resource management, and regulatory compliance.

6.1a(4). Process design may include the need to innovate or extensively redesign a process or care delivery model, such as telehealth, due to changes in requirements or technology, or the need to incorporate digital technology, such as enhanced automation, the Internet of Things, artificial intelligence, cloud operations and remote accessibility. Agility may be needed when work processes need to change as a result of overall

work system changes, such as bringing a supply-chain process in-house to avoid disruptions in supply due to unpredictable external events, or conversely outsourcing a process formerly carried out in-house.

6.1b(3). Your tools and methods to improve process performance should be part of the performance improvement system you describe in P.2c in the Organizational Profile.

For additional guidance on this item, see For additional guidance on this item, see [Baldrige Excellence Framework \(Health Care\) | NIST](#)

6.2 Operational Effectiveness: How do you ensure effective management of your operations?

Process

In your response, include answers to the following questions:

a. Operational Efficiency and EFFECTIVENESS How do you manage the cost, efficiency, and EFFECTIVENESS of your operations?

b. Supply-Network Management How do you manage your supply network?

c. Safety, Business Continuity and RESILIENCE, and Risk Management

(1) **Safety** HOW do you provide a safe and secure operating environment for your WORKFORCE and other people in your workplace?

(2) **Patient Safety** HOW do you reduce patient harm and medical errors?

(3) **Business Continuity and RESILIENCE** How do you ensure that your organization can anticipate, prepare for, and recover from disasters, emergencies or other disruptions?

(4) **Risk Management** What is your organization's overall APPROACH to risk management?

Notes

6.2a. The impact of your operations on society and the environment is increasingly becoming an important expectation of many patients, other customers, and stakeholders and should be among your considerations.

6.2b. To ensure that suppliers are positioned to meet operational needs and enhance your performance and your patients' and other customers' satisfaction, you might partner with suppliers or form alliances among multiple organizations within your ecosystem to form a supply network. Such networks reduce dependencies on sole-source suppliers and provide greater resilience than a traditional supply chain. Communication of expectations and feedback to suppliers should be two-way, allowing suppliers to express what they need from you and other organizations within the supply network. For many

organizations, these mechanisms may change as marketplace, patient and other customer, or stakeholder requirements change.

6.2c(3). Disasters and emergencies might be short- or longer-term and might be related to weather; climate; utilities; security; or a local or national health or other emergency. The extent to which you prepare such events will depend on your organization's environment and its sensitivity to short- and longer-term disruptions of operations. Acceptable levels of risk will vary depending on the nature of your health care services, supply network, and stakeholder needs and expectations.

For additional guidance on this item, see For additional guidance on this item, see [Baldrige Excellence Framework \(Health Care\) | NIST](#)

7 Results

The **RESULTS** category asks about your organization's **PERFORMANCE** and improvement in all **KEY** areas—health care and **PROCESS RESULTS**, **CUSTOMER RESULTS**, **WORKFORCE RESULTS**, leadership and **GOVERNANCE RESULTS**, and financial, marketplace, and strategy **RESULTS**.

7.1 Health Care and Process Results: What are your health care and process performance results? Results

Provide data and information to answer the following questions:

a. **HEALTH CARE AND CUSTOMER-Focused Service RESULTS** **What are your health care RESULTS for your patients and other CUSTOMER service PROCESSES?**

b. **WORK PROCESS EFFECTIVENESS RESULTS**

(1) **PROCESS EFFECTIVENESS and Efficiency** **What are your PROCESS EFFECTIVENESS and efficiency RESULTS?**

(2) **Safety and Emergency Preparedness** **What are your safety and emergency preparedness RESULTS?**

c. **Supply-Network Management RESULTS** **What are your supply-network management RESULTS?**

Notes

7. Results should be considered systemically, with contributions to individual results items frequently stemming from processes in more than one Criteria category.

The Baldrige scoring system asks for current, trended, comparative, and segmented data, as appropriate, to provide key information for analyzing and reviewing your organizational performance (item 4.1), building organizational knowledge (item 4.2), and providing the operational basis for customer-focused results (item 7.2); workforce-focused results (item 7.3); leadership results (item 7.4); and financial, marketplace, and strategy results (item 7.5).

In a few areas, your results may be qualitative or not amenable to trending over time. Some examples are results for governance accountability, for accreditation, and for limited or one-time projects.

Comparative data and information are obtained by benchmarking (inside and outside your industry, as appropriate) and by seeking competitive comparisons. In a few cases, such as results for projects or processes that are unique to your organization, comparative data may not be available or appropriate. In those situations, other sources might include best past performance, organizational budget, internal targets or goals, or internal projections.

7.1. Results should include those for representative key measures that are publicly reported and/or mandated by regulators, accreditors, or payors, such as the Healthcare Effectiveness Data and Information Set (HEDIS); Centers for Medicare and Medicaid Services (CMS) measures, such as health outcome measures, including outpatient and post-acute-care measures; and Agency for Healthcare Research and Quality (AHRQ) measures, such as

process of care, coordination of care, and patient safety measures, as appropriate.

7.1a. Health care results and results for patient and other customer service processes should relate to the key service requirements that you identify in 6.1a(1) and your customer requirements and expectations identified in P.1b(2). These are based on information gathered through the processes you describe in category 3. The measures or indicators should address factors that affect patient and other customer preference, such as those listed in the notes to P.1b(2) and 3.1b. Results of processes aimed at identifying and addressing inequities and disparities among groups should be reported.

7.1b. Results should address the key operational requirements you identify in the Organizational Profile and in category 6.

7.1b(1). Report your results for key measures or indicators of innovation in 7.5b.

7.1b(2). When possible, the effectiveness of your emergency preparedness should focus on outcomes, learning, and results, beyond training activities and compliance.

For additional guidance on this item, see For additional guidance on this item, see [Baldrige Excellence Framework \(Health Care\) | NIST](#)

7.2 Customer-Focused Results: What are your customer-focused performance results?

Results

Provide data and information to answer the following questions:

a. Patient- and Other CUSTOMER-Focused RESULTS

- (1) **Patient and Other CUSTOMER Satisfaction** What are your patient and other CUSTOMER satisfaction and dissatisfaction RESULTS?
- (2) **Patient and Other CUSTOMER ENGAGEMENT** What are your patient and other CUSTOMER ENGAGEMENT RESULTS?

Notes

7.2. Results for patient and other customer satisfaction, dissatisfaction, and engagement should relate to the patient and other customer groups and market segments you identify in P.1b(2) and the listening and determination methods you report in category 3.

7.2a(1). Results from all of the CAHPS surveys (e.g., experience of care measures) or any other patient satisfaction results should be included if your organization reports these measures, as well as any other surveys regarding patients' experience of care that you may use.

For additional guidance on this item, see For additional guidance on this item, see [Baldrige Excellence Framework \(Health Care\) | NIST](#)

7.3 Workforce-Focused Outcomes: What are your workforce-focused performance results?

Results

Provide data and information to answer the following questions:

a. WORKFORCE-FOCUSED RESULTS

- (1) **WORKFORCE CAPABILITY and CAPACITY RESULTS?** What are your WORKFORCE CAPABILITY and CAPACITY RESULTS?
- (2) **WORKFORCE Climate** What are your RESULTS for workplace health and for WORKFORCE compensation and benefits?
- (3) **WORKFORCE ENGAGEMENT and Retention** What are your WORKFORCE ENGAGEMENT RESULTS?
- (4) **WORKFORCE Development** What are your WORKFORCE and leader development RESULTS?

Notes

7.3. Results reported in this item should relate to the processes, measures, and indicators you report in category 5. Your results should also respond to the key work process needs you report in category 6 and to the action plans and workforce plans you report in item 2.2. Responses should report results for all workforce segments identified in the Organizational Profile, including those working virtually (from their homes or other alternate sites) or those who have hybrid work-site arrangements.

Organizations that rely on volunteers or temporary staff members to accomplish core work (producing Output that is necessary and/or customer-facing) should report results for them, as appropriate.

For additional guidance on this item, see For additional guidance on this item, see [Baldrige Excellence Framework \(Health Care\) | NIST](#)

7.4 Leadership and Governance RESULTS: What are your senior leadership and governance results?

Results

Provide data and information to answer the following questions:

a. Leadership, GOVERNANCE, Legal, Ethics, and Societal Contribution RESULTS

- (1) **Leadership** What are your RESULTS for SENIOR LEADERS' communication and engagement with the WORKFORCE, PARTNERS, and patients, and other CUSTOMERS?
- (2) **GOVERNANCE** What are your RESULTS for GOVERNANCE accountability?
- (3) **Law and Regulation** What are your legal, regulatory, and accreditation RESULTS?
- (4) **Ethics** What are your RESULTS for ETHICAL BEHAVIOR?
- (5) **Society** What are your RESULTS for societal well-being and support of your KEY communities?

Notes

7.4. Responses should relate to the communication processes you identify in item 1.1 and the governance, legal and regulatory, ethics, and societal contribution processes and measures you report in item 1.2. Workforce-related occupational safety and health results (e.g., OSHA-reportable incidents) should be reported in 7.1b(2) and 7.3a(2).

7.4a(2). Responses might include financial statement issues and risks, important internal and external auditor recommendations, and management's responses to these matters.

7.4a(4). For examples of measures of ethical behavior and stakeholder trust, see the note to 1.2b(2).

7.4a(5). Measures of contributions to societal well-being might include those for environmental protection and those for support of communities, whether local, nationwide, or worldwide. Examples are results for preventive health services (e.g., immunizations, health screenings); reduced energy

consumption; use of renewable energy resources and recycled water; reduction of your carbon footprint; waste reduction and utilization; alternative approaches to conserving resources (e.g., increased virtual meetings); and donations of goods or services to promote housing, community health, and food security for all members of communities. Support of key communities includes measures that support community health initiatives to address issues identified in community health needs assessments; other examples might include measures that support minority-owned businesses and results from health equity initiatives.

7.4a(5). Organizations whose mission is societal contribution or that offer societal contribution as a key service line (e.g., population health) should report those results in 7.1.

For additional guidance on this item, see For additional guidance on this item, see [Baldrige Excellence Framework \(Health Care\) | NIST](#)

7.5 Financial, Marketplace, and Strategy Results: What are your results for financial and marketplace performance and strategy implementation? Results

Provide data and information to answer the following questions:

a. Financial and Marketplace RESULTS

(1) **Financial PERFORMANCE** What are your financial PERFORMANCE RESULTS?

(2) **Marketplace PERFORMANCE** What are your marketplace PERFORMANCE RESULTS?

b. Strategy Implementation and INNOVATION RESULTS **What are your RESULTS for the achievement of your organizational strategy?**

Notes

7.5a. Results should relate to the financial measures you report in 4.1a(1) and the financial management approaches you report in item 2.2.

7.5a(1). Aggregate measures of financial return might include those for return on investment, operating margins, and market growth by key health care service. Measures of financial viability might include those for liquidity, solvency, profitability, debt-to-equity ratio, days cash on hand, asset utilization, cash flow, bond ratings, accountable care organization or shared savings programs, and value-based purchasing financial results, as appropriate. For nonprofit health care organizations, measures of performance to budget might include additions to or subtractions from reserve funds, cost avoidance or savings, responses to budget decreases, lowering of costs to patients or other customers or return of funds as a result of increased efficiency, administrative expenditures as a percentage of budget, and the cost of fundraising versus funds raised.

7.5b. Measures or indicators of strategy and action plan achievement should relate to the strategic objectives and goals you report in 2.1b(1) and the action plan performance measures and projected performance you report in 2.2a(5) and 2.2a(6), respectively.

7.5b. Results for your efforts to innovate should link to your approach for pursuing innovations and taking intelligent risks, as noted in 4.2c. The results should report the innovations as well as the impact on your organization's performance. Examples of such results include significant gains in market share and/or revenues related to new markets entered or services launched or significant gains in effectiveness related to redesigned processes, facilities, or operations.

For additional guidance on this item, see For additional guidance on this item, see [Baldrige Excellence Framework \(Health Care\) | NIST](#)



Glossary of Key Terms

The terms below are those in small caps in the Baldrige Excellence Builder, as well as terms in the scoring rubric.

ACTION PLANS. Specific actions that your organization takes to reach its short- and longer-term strategic objectives. These plans specify the resources committed to and the time horizons for accomplishing the plans. Action plan development is the critical stage in planning when you make strategic objectives and goals specific so that you can effectively deploy them throughout the organization in an understandable way. In the Criteria, deploying action plans includes creating aligned measures for all affected departments and work units. Deployment might also require specialized training for some workforce members or recruitment of personnel.

For example, a strategic objective for a health care system in an area with an active business alliance focusing on cost and quality of care might be to become the low-cost/ high-quality provider. Action plans could entail designing efficient processes to optimize the length of hospital stays; implementing clinical guidelines and care protocols for error reduction, identification, and notification; analyzing resource and asset use; and analyzing the most commonly encountered diagnosis-related groups with a focus on prevention in those areas. To deploy the action plans, the system might train department and work-unit caregivers in setting priorities based on costs and benefits. Organizational-level analysis and review would likely emphasize process efficiency, cost per patient, and health care quality.

See also STRATEGIC OBJECTIVES.

AGILITY. A capacity for rapid change and flexibility in operations. Agility may be needed to respond to emergencies or address changes in your operating environment, to take advantage of an immediate opportunity, and/or to address a strategic challenge.

See also RESILIENCE.

ALIGNMENT. A state of consistency among plans, processes, information, resource decisions, workforce capability and capacity, actions, results, and analyses that 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 work unit level.

See also INTEGRATION.

ANALYSIS. The examination of data and information to provide a basis for effective decision making. Analysis often involves determining cause-effect relationships. Overall organizational analysis guides you in managing work systems and work processes toward achieving key business results and attaining strategic objectives.

Although individual facts and data are important, they do not usually provide an effective basis for acting or setting priorities. Effective actions depend on an understanding of relationships and context, which is derived from the analysis of patterns in data and information.

ANECDOTAL. In a response to a Health Care Criteria item, information that lacks specific methods; measures; deployment mechanisms; and evaluation, improvement, and learning factors. Anecdotal information frequently consists of examples and describes individual activities rather than systematic processes. For example, in an anecdotal response to how senior leaders deploy performance expectations, you might describe a specific occasion when a senior leader visited all of your organization's facilities. On the other hand, in properly describing a systematic process, you might include the methods all senior leaders use to communicate performance expectations regularly to all locations and workforce members, the measures leaders use to assess the effectiveness of the methods, and the tools and techniques you use to evaluate and improve the methods.

See also SYSTEMATIC.

APPROACH. The methods your organization uses to carry out its processes. Besides the methods themselves, approach refers to the appropriateness of the methods to the item requirements and your organization's operating environment, as well as how effectively your organization uses those methods.

Approach is one of the factors considered in evaluating process items. For further description, see the Scoring System.

BASIC QUESTION. The most central concept of a Health Care Criteria item, as presented in the item title question. For an illustration, see Health Care Criteria for Performance Excellence Structure.

BENCHMARKS. Processes and results that represent the best practices and best performance for similar activities, inside or outside your 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 forms include health care data collected by a third party (e.g., CMS, accrediting organizations, and commercial organizations), data on competitors' and other organizations' performance obtained from sharing or from external reference databases, comparisons with similar organizations that are in the same geographic area or that provide similar health care services, and information from the open literature (e.g., outcomes of research studies and practice guidelines).

CAPABILITY, WORKFORCE. See WORKFORCE CAPABILITY.

CAPACITY, WORKFORCE. See WORKFORCE CAPACITY.

COLLABORATORS. Organizations or individuals who cooperate with your organization to support a particular activity or event or who cooperate intermittently when their short-term goals are aligned with or are the same as yours. Typically, collaborations do not involve formal agreements or arrangements.

See also PARTNERS.

CORE COMPETENCIES. Your organization's areas of greatest expertise; those strategically important, possibly specialized capabilities that are central to fulfilling your mission or that provide an advantage in your marketplace or service environment. Core competencies are frequently challenging for competitors or suppliers and partners to imitate, and they may provide an ongoing competitive advantage. The absence of a needed core competency may result in a significant strategic challenge or disadvantage for your organization in the marketplace.

Core competencies may involve technological expertise, unique service offerings, a marketplace niche, or business acumen in a particular area.

CULTURE. The shared beliefs, norms, and values that characterize your workforce and are demonstrated within your organization.

In high-performing organizations, senior leaders create and reinforce an organization's culture based on the organization's mission, vision, and values.

See also ETHICAL BEHAVIOR and VALUES.

CUSTOMER. An actual or potential user of your organization's offerings of your health care services. Customers include the direct users of your health care services (patients), as well as others who are immediate purchasers or users, such as distributors, agents, or organizations that process your product as a component of theirs. The Baldrige framework addresses customers broadly, referencing your current and future customers, as well as your competitors' customers. Third-party payors may be considered customers or partners.

Patient-focused excellence is a Baldrige core value embedded in the beliefs and behaviors of high-performing organizations. Patient focus impacts and should be a factor in integrating your organization's strategic directions, work systems and work processes, and business results.

See also STAKEHOLDERS for the relationship between customers and others who might be affected by your health care services.

CUSTOMER ENGAGEMENT. Your patients' and other customers' emotional and intellectual commitment to your brand and health care service offerings. It is based on your ongoing ability to serve their needs and build relationships so that they will continue using your services. Characteristics of engaged customers include retention, brand loyalty, willingness to make an effort to obtain—and to continue to obtain—health care services from you, and willingness to actively advocate for and recommend your brand and offering.

DEPLOYMENT. The extent to which your organization applies an approach in addressing the requirements of a Health Care Criteria item. Evaluation of deployment considers how broadly and deeply the approach is applied in relevant work units throughout your organization.

Deployment is one of the factors considered in evaluating process items. For further description, see the Scoring System.

DIVERSITY. Personal differences among workforce members that enrich the work environment and are representative of your hiring and patient communities. These differences address many variables, such as race, religion, color, gender, national origin, disability, sexual orientation, age and generation, education, geographic origin, and skill characteristics, as well as ideas, thinking, academic disciplines, and perspectives.

The Health Care Criteria refer to valuing and benefiting from the diversity of your workforce hiring and patient communities. Capitalizing on both in building your workforce increases your opportunities for high performance; patient, other customer, workforce, and community satisfaction; and patient, other customer, and workforce engagement. When embraced, diversity can drive cultural, economic, and social vitality and innovation.

EFFECTIVE. How well a process or a measure addresses its intended purpose. Determining effectiveness requires (1) evaluating how well the process is aligned with the organization's needs and how well it is deployed, or (2) evaluating the outcome of the measure as an indicator of process or product performance.

EMPOWERMENT. Giving people the authority and responsibility to make decisions and take actions. When people are empowered, decisions are made closest to patients and other customers (the front line), where work-related knowledge and understanding reside.

The purpose of empowering people is to enable them to satisfy patients and other customers on first contact, improve processes and increase productivity, and improve your organization's health care and other performance results, as well as to encourage collaboration. An empowered workforce requires information to make appropriate decisions; thus, your organization must provide that information in a timely and useful way.

ENGAGEMENT, CUSTOMER. See CUSTOMER ENGAGEMENT.

ENGAGEMENT, WORKFORCE. See WORKFORCE ENGAGEMENT.

ETHICAL BEHAVIOR. The actions your organization takes to ensure that all its decisions, actions, and stakeholder interactions conform to its moral and professional principles of conduct. These principles should support all applicable laws and regulations and are the foundation for your organization's culture and values. They distinguish right from wrong.

Senior leaders should be role models for these principles of behavior. The principles apply to all people involved in your organization, from temporary workforce members to members of the board of directors. These principles benefit from regular communication and reinforcement. Senior leaders have the responsibility for the alignment of your organization's mission, vision, and values with its ethical principles. Ethical behavior encompasses interactions with all stakeholders, including your workforce, patients and their family members, insurers, payors, other customers, partners, suppliers, and local community members.

Well-designed and clearly articulated ethical principles empower people to make effective decisions with great confidence. In some organizations, ethical principles also serve as boundary conditions restricting behavior that

otherwise could have adverse impacts on your organization and/or society.

See also the related core value, Ethics and Transparency.

EXCELLENCE. See PERFORMANCE EXCELLENCE.

GOALS. Future conditions or performance levels that your organization intends or desires to attain. Goals can be both short- and longer-term. They are ends that guide actions. Quantitative goals, frequently referred to as targets, include a numerical point or range. Targets might be desired performance based on comparative or competitive data. Stretch goals are goals for 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, and
- providing a basis for measuring and accelerating progress.

See also PERFORMANCE PROJECTIONS.

GOVERNANCE. The system of management and controls exercised in the stewardship of your organization. Governance includes the responsibilities of your organization's owners/shareholders, board of directors, and senior leaders (administrative/operational and health care provider/medical staff). Corporate or organizational charters, bylaws, and policies document the rights and responsibilities of each of the parties and describe how they will direct and control your organization to ensure (1) accountability to owners/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 the CEO's performance, the establishment of executive compensation and benefits, succession planning, financial and other fiduciary 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. All services delivered by your organization that involve professional clinical/medical judgment, including those delivered to patients and to the community.

HIGH PERFORMANCE. High levels of overall organizational and individual performance, including quality, productivity, innovation rate, and cycle time. High performance results in improved service and value for patients, other customers, and other stakeholders.

Approaches to high performance vary in their form, their function, and the incentive systems used. High performance stems from and enhances workforce engagement. It involves cooperation between the administration/management and the workforce, which may involve workforce bargaining units; cooperation among work units, often involving teams; empowerment of your people, including personal accountability; and workforce input into planning. It may involve learning and building individual and organizational skills; learning from other organizations; creating flexible job design and work assignments; maintaining a flattened organizational structure, where decision making is decentralized and decisions are made closest to patients and other customers (the front line); and effectively using performance measures, including comparisons. Many organizations encourage high performance with monetary and

nonmonetary incentives based on factors such as organizational performance, team and individual contributions, and skill building. Also, approaches to high performance usually seek to align your organization's structure, core competencies, work, jobs, workforce development, and incentives.

HOW. The systems and processes that your organization uses to achieve its mission requirements. In responding to "how" questions in HC Criteria categories 1–6, you should include information on approach (methods and measures), deployment, learning, and integration.

INDICATORS. See MEASURES AND INDICATORS.

INNOVATION(S). Making meaningful change to improve products, processes, or organizational effectiveness and create new value for stakeholders. (The HC Criteria use the term *innovation* as a process/activity and the term *innovations* to refer to the outcomes.) Innovations are discontinuous or "breakthrough" improvements in results, products, or processes. Innovation benefits from a supportive environment, a process for identifying strategic opportunities, and a willingness to pursue intelligent risks.

Successful organizational innovation also entails knowledge sharing, a decision to implement, implementation, evaluation, and learning. Although innovation is often associated with technological innovation, it is applicable to all key organizational processes that can benefit from change through innovation, whether breakthrough improvement or a change in approach or outputs. Innovations may be present in organization's genesis is an innovative idea, process, technology, product, or change in organizational structure or business model.

See also BENCHMARKING, INTELLIGENT RISKS and STRATEGIC OPPORTUNITIES.

INTEGRATION. The harmonization of plans, processes, information, resource decisions, workforce capability and capacity, actions, results, and analyses to support key organization-wide goals. Effective integration goes beyond alignment and is achieved when the individual components of an organizational performance management system operate as a fully interconnected unit.

Integration is one of the factors considered in evaluating both process and results items. For further description, see the Scoring System.

See also ALIGNMENT.

INTELLIGENT RISKS. Opportunities for which the potential short- or long-term gain or benefit outweighs the potential harm or loss to your organization's if you do not explore them. Taking intelligent risks requires a tolerance for failure and an expectation that innovation is not achieved by initiating only successful endeavors. At the outset, organizations must invest in potential successes while realizing that some will lead to failure.

The degree of risk that is intelligent to take will vary by the pace and level of threat and opportunity in the industry. In a rapidly changing industry with constant introductions of new products, processes, or business models, there is an obvious need to invest more resources in intelligent risks than in a stable industry. In the latter, organizations must monitor and explore growth potential and change but, most likely, with a less significant commitment of resources.

See also STRATEGIC OPPORTUNITIES.

KEY. Major or most important; critical to achieving your intended outcome. The HC Criteria, for example, refer to key challenges, plans, work processes, and measures—those that are most important to your organization's success. They are the essential elements for pursuing or monitoring a desired outcome. Key is generally defined as

around the most significant five (e.g., around five key challenges).

KNOWLEDGE ASSETS. Your organization's accumulated intellectual resources; 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. These knowledge assets reside in your workforce, software, patents, databases, documents, guides, policies and procedures, and technical drawings. Knowledge assets also reside within patients, other customers, suppliers, and partners.

Knowledge assets are the know-how that your organization has available to use, invest, and grow. Building and managing knowledge assets are key components of creating value for your stakeholders and sustaining a competitive advantage.

LEADERSHIP SYSTEM. The way leadership is exercised, formally and informally, throughout your organization; the basis for key decisions and the way they are made, communicated, and carried out. A leadership system includes structures and mechanisms for making decisions; ensuring two-way communication; selecting and developing leaders and managers; and reinforcing values, ethical behavior, directions, and performance expectations. In health care organizations with separate administrative/operational and health-care-provider/medical-staff leadership, the system includes both sets of leaders and the relationship between them.

An effective leadership system respects workforce members' and other stakeholders' capabilities and requirements, and it sets high expectations for performance and performance improvement. It builds loyalties and teamwork based on your organization's vision and values and the pursuit of shared goals. It encourages and supports initiative, innovation, 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 leaders to conduct self-examination, receive feedback, and improve.

LEARNING. New knowledge or skills acquired through evaluation, study, experience, and innovation. The Baldrige framework refers to two distinct kinds of learning: organizational learning and learning by the people in your workforce. Organizational learning is achieved through research and development, evaluation and improvement cycles, ideas and input from the workforce and stakeholders, the sharing of best practices, and benchmarking. Workforce learning is achieved through education, training, and developmental opportunities that further individual growth.

To be effective, learning should be embedded in the way your organization operates. Learning contributes to a competitive advantage and ongoing success for your organization and workforce.

For further description of organizational and personal learning, see the related core values and concepts: Valuing People, and Organizational Learning and Agility.

Learning is one of the factors considered in evaluating process items. For further description, see the Scoring System.

LEVELS. Numerical information that places or positions your 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. Numerical information that quantifies the input, output, and performance dimensions of processes, products, programs, projects, services, and the overall organization (outcomes). Measures and indicators might be simple (derived from one measurement) or composite.

The HC Criteria do not distinguish between measures and indicators. However, some users of these terms prefer “indicator” (1) when the measurement relates to performance but does not measure it directly (e.g., the number of complaints is an indicator but not a direct measure of dissatisfaction) and (2) when the measurement is a predictor (“leading indicator”) of some more significant performance (e.g., increased member satisfaction might be a leading indicator of retention of health maintenance organization members).

MISSION. Your organization's overall function. The mission answers the question, “What is your organization attempting to accomplish?” The mission might define customers or markets served, distinctive or core competencies, or technologies used.

MULTIPLE QUESTIONS. The details of a HC Criteria item, as expressed in the individual questions under each lettered area to address. Multiple questions are those listed under the boldface questions. The first question in a set of multiple requirements expresses the most important question in that group. The questions that follow expand on or supplement that question. For an illustration, see HC Criteria for Performance Excellence Structure.

Even high-performing, high-scoring users of the Baldrige framework are not likely to be able to address all the multiple requirements with equal capability or success.

OVERALL QUESTIONS. The most important features of a Health Care Criteria item, as elaborated in the first question (the leading question in boldface) in each paragraph under each lettered area to address. For an illustration, see HC Criteria for Performance Excellence Structure.

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

Formal partnerships usually last for an extended period and involve a clear understanding of the partners' individual and mutual roles and benefits.

See also COLLABORATORS.

PERFORMANCE. Outputs and their outcomes obtained from health care services, processes, and strategies that permit you to evaluate and compare your organization's results to performance projections, standards, past results, goals, and other organizations' results.

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

Health care process and outcome performance is performance relative to measures and indicators of characteristics of health care service delivery that are important to patients and other customers. Examples include quality measures such as mortality and morbidity rates; patient safety indicators such as measures of patient harm associated with the health care system; measures of functional status; prevention quality measures such as out-of-hospital treatment of chronic conditions; effective and efficiency measures such as length of hospital stays and hospital readmission rate;

and experience-of-care measures such as culturally sensitive care, and patient compliance and adherence. Health care performance might be measured at the organizational level, the diagnosis-related-group level, or the patient segment level.

Patient- and other customer-focused performance is performance relative to measures and indicators of patients' and other customers' perceptions, reactions, and behaviors. Examples include patient and other customer retention, complaints, grievances, and satisfaction and engagement survey results.

Operational performance is workforce, leadership, and organizational performance (including ethical and legal compliance) relative to measures and indicators of effectiveness, efficiency, and accountability. Examples include cycle time, productivity, waste reduction, workforce turnover, workforce cross-training rates, regulatory compliance, fiscal accountability, strategy accomplishment, and contributions to community health. Operational performance might be measured at the work-unit, key work process, and organizational levels.

Financial and marketplace performance is 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 employee, 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. An integrated approach to organizational performance management that results in (1) delivery of ever-improving value to patients, other customers, and stakeholders, contributing to improved health care quality and ongoing organizational success; (2) improvement of your organization's overall effectiveness and capabilities; and (3) learning for the organization and for people in the workforce. The Baldrige

Organizational Profile, Health Care Criteria, core values and concepts, and scoring guidelines provide a framework and assessment tool for understanding your organization's strengths and opportunities for improvement and, thus, for guiding your planning toward achieving higher performance and striving for excellence.

PERFORMANCE PROJECTIONS. Estimates of your organization's 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 managing your operations and in developing and implementing your strategy.

Performance projections state your *expected* future performance. Goals state your *desired* future performance. Performance projections for your competitors or similar organizations may indicate challenges facing your organization and areas where breakthrough performance or innovation is needed. In areas where your organization intends to achieve breakthrough performance or innovation, your performance projections and your goals may overlap.

See also GOALS.

PROCESS. Linked activities with the purpose of producing a product or service for a customer (user) within or outside your 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 the delivery of services, particularly those that directly involve patients and other customers, process is used more generally to spell out what delivering that service entails, possibly including a preferred or expected sequence. If a sequence is critical, the process needs to include information that helps customers understand and follow

the sequence. Such service processes also require guidance for service providers on handling contingencies related to customers' possible actions or behaviors. Such service processes also require guidance for service providers on handling contingencies related to customers' possible actions or behaviors.

In knowledge work, such as strategic planning, research, development, and analysis, process does not necessarily imply formal sequences of steps. Rather, it implies general understandings of competent performance in such areas as timing, options to include, evaluation, and reporting. Sequences might arise as part of these understandings.

Process is one of the two major dimensions (along with results) evaluated in a Baldrige-based assessment. This evaluation is based on four factors: approach, deployment, learning, and integration. For further description, see the Scoring System.

PRODUCTIVITY. Measures of the efficiency of resource use.

Although the term is often applied to single factors, such as the workforce (labor productivity), machines, materials, energy, and capital, the concept also applies to the total resources used in producing outputs. Using an aggregate measure of overall productivity allows you to determine whether the net effect of overall changes in a process—possibly involving resource trade-offs—is beneficial.

PROJECTIONS, PERFORMANCE. See PERFORMANCE PROJECTIONS.

RESILIENCE. An organization’s ability to anticipate, prepare for, and recover from disasters, emergencies, and other disruptions, and when disruptions occur, to protect and enhance workforce and customer engagement, supply-network and financial performance, organizational productivity, and community well-being.

Beyond the ability to “bounce back” to a prior state when a disruption occurs, resilience means having a plan in place that allows your organization to continue operating as needed during disruptions. To achieve resilience, leaders must cultivate the ability to respond quickly to both opportunities and threats, adapt strategy to changing circumstances, and have robust governance with a culture of trust. Organizations must adopt an ecosystem mindset, embrace data-rich though processes, and equip their workforce with ongoing learning of new skills. See also AGILITY.

RESULTS. Outputs and outcomes achieved by your organization. Results are evaluated based on current performance; performance relative to appropriate comparisons; the rate, breadth, and importance of performance improvements; and the relationship of results measures to key organizational performance requirements.

Results are one of the two major dimensions (along with Processes) evaluated in a Baldrige-based assessment. This evaluation is based on four factors: levels, trends, comparisons, and integration. For further description, see the Scoring System.

SEGMENT. One part of your organization’s patient, other customer, market, health care service offering, or workforce base.

Segments typically have common characteristics that allow logical groupings. In Health Care Criteria results items, segmentation refers to disaggregating results data in a way that allows for meaningful analysis of your organization’s performance. It is up to each organization to determine the factors that it uses to segment its patients, other customers, markets, services, and workforce.

Understanding segments is critical to identifying the distinct needs and expectations of different patient, other customer, market, and workforce groups and to tailoring health care service offerings to meet their needs and expectations. For example, you might segment your market based on service volume, geography, or technologies employed. You might segment your workforce based on geography, skills, needs, specialties, work assignments, or job classifications. Segmentation also can be used to identify and address disparities in care and outcomes for patients, and to promote diversity, equity, and inclusion in the workforce.

SENIOR LEADERS. Your organization’s senior management group or team. In many organizations, this consists of the head of the organization and his or her direct reports. In health care organizations with separate administrative/operational and health care provider/medical leadership, “senior leaders” refers to both sets of leaders.

STAKEHOLDERS. All groups that are or might be affected by your organization's actions and success. Key stakeholders might include customers, the community, employers, health care providers, patient advocacy groups, departments of health, students, the workforce, partners, collaborators, governing boards, stockholders, donors, suppliers, taxpayers, regulatory bodies, policy makers, funders, other community organizations (e.g., schools, law enforcement, religious organizations), and local and professional communities.

See also CUSTOMER.

STRATEGIC ADVANTAGES. Those benefits that exert a decisive influence on your organization's likelihood of future success. These advantages are frequently sources of 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 your organization's internal capabilities, and (2) strategically important external resources, which your organization shapes and leverages 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 STRATEGIC CHALLENGES and STRATEGIC OBJECTIVES for the relationship among strategic advantages, strategic challenges, and the strategic objectives your organization articulates to address its challenges and advantages.

STRATEGIC CHALLENGES. Those pressures that exert a decisive influence on your organization's likelihood of future success. These challenges are frequently driven by your organization's anticipated and/or competitive position in the future relative to other providers of similar health care services. While not exclusively so, strategic

challenges are generally externally driven. However, in responding to externally driven strategic challenges, your organization may face internal strategic challenges.

External strategic challenges may relate to patient, other customer, or market needs or expectations; population health changes; health care service or technological changes; regulatory and accreditation changes; the labor market; or financial, societal, and other risks or needs. Internal strategic challenges may relate to capabilities or human and other resources.

See STRATEGIC ADVANTAGES and STRATEGIC OBJECTIVES for the relationship among strategic challenges, strategic advantages, and the strategic objectives your organization articulates to address its challenges and advantages.

STRATEGIC OBJECTIVES. The aims or responses that your organization articulates to address major change or improvement, competitiveness or social issues, and health care advantages. Strategic objectives are generally focused both externally and internally and relate to significant patient, other customer, market, health care service, or technological opportunities and challenges (strategic challenges). Broadly stated, they are what your organization must achieve to remain or become competitive and ensure its long-term success. Strategic objectives set your organization's longer-term directions and guide resource allocation and redistribution.

See ACTION PLANS for the relationship between strategic objectives and action plans and for an example of each.

STRATEGIC OPPORTUNITIES. Prospects for new or changed services, processes, business models (including strategic alliances), or markets. They arise from outside-the-box thinking, brainstorming, capitalizing on serendipity, research and innovation processes, nonlinear extrapolation of current conditions, and other approaches to imagining a different future.

The generation of ideas that lead to strategic opportunities benefits from an environment that encourages nondirected, free thought. Choosing which strategic opportunities to pursue involves consideration of relative risk, financial and otherwise, and then making intelligent choices (intelligent risks).

See also INTELLIGENT RISKS.

SYSTEM. A set of interrelated leadership and management elements of an organization used to integrate approaches, establish policies and objectives, and manage processes to achieve those objectives. The overarching performance system depicted by the Baldrige Excellence Framework consists of six process categories and a results category. Organizational systems establish processes, procedures, and responsibilities for achieving policies and objectives; and they may contain elements such as management structures (e.g., groups or committees), measurements, and multiple integrated systematic approaches used to conduct the work and support the organization. Organizational systems are generally focused internally, whereas the broader concept *work systems* includes work processes and external resources of the organization.

See also WORK SYSTEMS.

SYSTEMATIC. Well-ordered, repeatable, and exhibiting the use of data and information so that learning is possible. Approaches are systematic if they build in the opportunity for evaluation, improvement, and sharing, thereby permitting a gain in maturity. To see the term in use, refer to the Process Scoring Guidelines.

TRENDS. Numerical information that shows the direction and rate of change of your organization's results or the consistency of its performance over time. Trends show your organization's performance in a time sequence.

Ascertaining a trend generally requires a minimum of three historical (not projected) data points. Defining a statistically valid trend requires more data points. The cycle time of the process being measured determines the time between the data points for establishing a trend. Shorter cycle times demand more frequent measurement, while longer cycle times might require longer periods for a meaningful trend.

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

VALUE. The perceived worth of a program, process, asset, or function relative to its cost and possible alternatives.

Organizations frequently use value considerations to determine the benefits of various options relative to their costs, such as the value of various health care service combinations to patients, your community, and other customers. Your organization needs to understand what different stakeholder groups value and then deliver value to each group. This frequently requires balancing value among customers and other stakeholders, such as your workforce and the community.

VALUES. The guiding principles and behaviors that embody how your organization and its people are expected to operate. Values influence and reinforce your organization's desired culture. They support and guide the decisions made by every workforce member, helping your organization accomplish its mission and attain its vision appropriately. Examples of values include demonstrating integrity and fairness in all interactions, exceeding patients' and other customers' expectations, valuing individuals and diversity, protecting

the environment, and striving for performance excellence every day.

VISION. Your organization's desired future state. The vision describes where your organization is headed, what it intends to be, or how it wishes to be perceived in the future.

VOICE OF THE CUSTOMER. Your process for capturing patient- and other customer-related information. Voice-of-the-customer processes are intended to be proactive and continuously innovative to capture stated, unstated, and anticipated patient and other customer 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 other customer data, such as survey data, focus group findings, social media data and commentary, and complaint data, that affect patients' and other customers' relationship and engagement decisions.

WORK PROCESSES. Your organization's most important internal value-creation processes. They might include health care service design and delivery; patient support; supply-network management; and business and support processes. They are the processes that involve the majority of your organization's workforce and create value for patients, customers, and other stakeholders.

Your key work processes are always accomplished by your workforce. They frequently relate to your core competencies, the factors that determine your success relative to competitors and organizations offering similar health care services, and the factors your senior leaders consider important for business growth. In contrast, projects are unique work processes intended to produce an outcome and then go out of existence.

WORK SYSTEMS. The coordinated combination of internal work processes and external resources you need to develop and produce health care services, deliver them to your patients, and succeed in your market. Within your work systems, internal work processes are those that involve your workforce. External resources may include processes performed by your key suppliers, partners, contractors, and collaborators, as well as other components of your supply network needed to produce and deliver your health care services and carry out your business and support processes. These internal work processes and external resources function together to accomplish your organization's work.

Decisions about work systems are strategic, as you must decide whether to use internal processes or external resources for maximum efficiency and sustainability in your marketplace. These decisions involve protecting intellectual property, capitalizing on core competencies, and mitigating risk. The decisions you make have implications for your organizational structure, people, work processes, and equipment/technology.

WORKFORCE. All people actively supervised by your organization and involved in accomplishing your organization's work, including paid employees (e.g., permanent, part-time, temporary, on-site, and remote employees, as well as contract employees supervised by your organization), resident physicians, independent practitioners not paid by the organization (e.g., physicians, physician assistants, nurse practitioners, acupuncturists, and nutritionists), health care students (e.g., medical, nursing, and ancillary), and some volunteers (e.g., such as students/interns), as appropriate. Your workforce includes team leaders, supervisors, and managers at all levels.

WORKFORCE CAPABILITY. Your organization's ability to accomplish its work processes through its people's knowledge, skills, abilities, and competencies.

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

WORKFORCE CAPACITY. Your organization's ability to ensure sufficient staffing levels to accomplish your work processes and deliver your health care services to patients and other customers, including the ability to meet varying demand levels.

WORKFORCE ENGAGEMENT. The extent of workforce members' emotional and intellectual commitment to accomplishing your organization's work, mission, and vision. Organizations with high levels of workforce engagement are often

characterized by high-performance work environments in which people are motivated to do their utmost for their patients' and other customers' benefit and the organization's success.

In general, workforce members feel engaged when they find personal meaning and motivation in their work and receive interpersonal and workplace support. An engaged workforce benefits from trusting relationships, a safe and cooperative environment, good communication and information flow, empowerment, and accountability for performance. Key factors contributing to engagement include training and career development, effective recognition and reward systems, equal opportunity and fair treatment, and family-friendliness. Workforce engagement also depends on building and sustaining relationships between your administrative/operational leadership and independent practitioners.

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Process Scoring Guidelines (For Use with Categories Commitment Level 1–6)

0% or 5%	<p>No SYSTEMATIC APPROACH to item requirements is evident; information is ANECDOTAL. (A)</p> <ul style="list-style-type: none"> • Little or no DEPLOYMENT of any SYSTEMATIC APPROACH is evident. (D) • An improvement orientation is not evident; improvement is achieved by reacting to problems. (L) • No organizational ALIGNMENT is evident; individual areas or work units operate independently. (I)
10%, 15%, 20%, or 25%	<p>The beginning of a SYSTEMATIC APPROACH to the BASIC REQUIREMENTS of the item is evident. (A)</p> <ul style="list-style-type: none"> • The APPROACH is in the early stages of DEPLOYMENT in most areas or work units, inhibiting progress in achieving the BASIC REQUIREMENTS of the item. (D) • Early stages of a transition from reacting to problems to a general improvement orientation are evident. (L) • The APPROACH is ALIGNED with other areas or work units largely through joint problem solving. (I)
30%, 35%, 40%, or 45%	<p>An EFFECTIVE, SYSTEMATIC APPROACH, responsive to the BASIC REQUIREMENTS of the item, is evident. (A)</p> <ul style="list-style-type: none"> • The APPROACH is DEPLOYED, although some areas or work units are in early stages of DEPLOYMENT. (D) • The beginning of a SYSTEMATIC APPROACH to evaluation and improvement of KEY PROCESSES is evident. (L) • The APPROACH is in the early stages of ALIGNMENT with the basic organizational needs identified in response to the Organizational Profile and other process items. (I).
	<p>Because the Criteria is written at the Commitment Level, the organization cannot score above the 30-45% Scoring Range.</p>

Results Scoring Guidelines (For Use with Category 7)

0% or 5%	<p>There are no organizational PERFORMANCE RESULTS, or the RESULTS reported are poor. (Le)</p> <ul style="list-style-type: none"> • TREND data either are not reported or show mainly adverse TRENDS. (T) • Comparative information is not reported. (C) • RESULTS are not reported for any areas of importance to the accomplishment of your organization's MISSION. (I)
10%, 15%, 20%, or 25%	<p>A few organizational PERFORMANCE RESULTS are reported, responsive to the BASIC REQUIREMENTS of the item, and early good PERFORMANCE LEVELS are evident. (Le)</p> <ul style="list-style-type: none"> • Some TREND data are reported, with some adverse TRENDS evident. (T) • Little or no comparative information is reported. (C) • RESULTS are reported for a few areas of importance to the accomplishment of your organization's MISSION. (I)
30%, 35%, 40%, or 45%	<p>Good organizational PERFORMANCE LEVELS are reported, responsive to the BASIC REQUIREMENTS of the item. (Le)</p> <ul style="list-style-type: none"> • Some TREND data are reported, and most of the TRENDS presented are beneficial. (T) • Early stages of obtaining comparative information are evident. (C) • RESULTS are reported for many areas of importance to the accomplishment of your organization's MISSION. (I)
	<p>Because the Criteria is written at the Commitment Level, the organization cannot score above the 30-45% Scoring Range.</p>