

2011-2012

Criteria for Performance Excellence Health Care



An Assessment Tool for New Zealand Health Care Providers

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NEW ZEALAND BUSINESS EXCELLENCE AWARD WINNERS

2011

Hutt City Council - Gold

2010

Spectrum Care - Silver

2009

Royal New Zealand Navy - Gold

New Zealand Fire Service - Silver

Western Bay of Plenty District Council - Silver

2008

Vero Insurance New Zealand - Gold

Whangarei District Council - Silver

Kerridge & Partners - Silver

2007

NZ Aluminium Smelters Ltd - Gold

Vero Liability Insurance Ltd - Silver

Kerridge & Partners - Bronze

2006

Royal New Zealand Navy - Achievement (Silver)

Hutt City Council - Achievement (Silver)

Metso Minerals - Commendation (Bronze)

City Care Ltd - Commendation (Bronze)

Kerridge & Partners - Commendation (Bronze)

2005

Livestock Improvement Corporation - Achievement (Silver)

NZ Fire Service - Commendation (Bronze)

2004

Accident Compensation Corporation - Achievement (Silver)

Vero Insurance New Zealand - Achievement (Silver)

Hutt City Council - Commendation (Bronze)

Hamilton City Council - Progress

2003

Auckland Regional Council - Achievement (Silver)

Degussa Peroxide Ltd - Achievement (Silver)

Royal New Zealand Navy - Commendation (Bronze)

NZ Aluminium Smelters Ltd - Commendation (Bronze)

Whangarei District Council - Commendation (Bronze)

The Interisland Line - Progress

Hutt City Council - Progress

2002

Trade New Zealand - Achievement (Silver)

Livestock Improvement Corporation - Commendation (Bronze)

Auckland Regional Council - Commendation (Bronze)

ACC Healthwise - Progress

2001

Auckland Regional Council - Commendation (Bronze)

Royal New Zealand Navy - Commendation (Bronze)

Auckland City - Progress

Degussa Peroxide Limited - Progress

Metso Minerals Matamata - Progress

Synergy International Limited - Progress

2000

Australia NZ Direct Line (ANZDL) - Achievement (Silver)

Gracelands Vocational Trust - Commendation (Bronze)

Horner & Partners Ltd - Commendation (Bronze)

Coca-Cola Amatil (NZ) Ltd - Commendation (Bronze)

Livestock Improvement Corporation - Progress



To: New Zealand Health Care Community

From: The Board of the
New Zealand Business Excellence Foundation

Subject: Take the Baldrige Challenge

The Criteria for Performance Excellence have been used by thousands of organisations worldwide to improve performance and capability and to help them respond to current challenges and address all the complexities of delivering today's results while preparing effectively for the future.

The Criteria provide an internationally recognised and respected framework for organisational assessment and improvement. Whether your organisation is small or large, is involved in ambulance service, health maintenance, or another health care service; and has one facility or multiple sites, the Health Care Criteria provide a valuable framework that can help you measure your performance and to plan and prioritise improvement activities.

The Criteria can also help you align resources with approaches, such as the Plan-Do-Study-Act methodology, the Balanced Scorecard, and Six Sigma. This will enable your organisation to improve communication, productivity, and effectiveness; and achieve strategic goals.

The NZ Business Excellence Foundation will provide you with an understanding of how the Criteria can assist your organisation and the benefits in adopting a "Business Excellence" approach. Performing a self assessment against the Criteria is a key step in understanding your organisational strengths and opportunities for improvement.

Even if you do not expect to win a NZ Business Excellence Award, submitting an Award application has valuable benefits. Every applicant receives a detailed feedback report based on an independent, external assessment conducted by a panel of specially trained National Evaluators.

The Criteria are in your hands . . . so is an incredible opportunity. Why not take advantage of that opportunity? When you turn these pages, you turn the corner toward performance excellence. If you want more information, please contact the Foundation at info@nzbef.org.nz or visit our website www.nzbef.org.nz

Focusing on Performance Excellence

Creating an environment in New Zealand where managers from all sectors can share best management practices and hence building high performing organisations is fundamental to the success of the New Zealand Business Excellence Foundation.

The New Zealand Business Excellence Foundation was established to be a catalyst for the identification, support and sharing of excellent business practices in this country. The Foundation is a not-for-profit Trust that provides services to support New Zealand organisations achieve performance excellence. It is funded through Patrons, Partners, Membership and other support, as well as user pays specific services.

The New Zealand Business Excellence Foundation

The Foundation has a vision to see New Zealand organisations enjoying international competitiveness through sustained performance excellence. To achieve this by stimulating and supporting performance excellence in New Zealand by:

- Developing awareness and understanding of performance excellence
- Supporting and facilitating organisations on their journey towards excellence
- Facilitating the identification and sharing of best practices
- Recognising performance excellence

The Criteria for Performance Excellence

The Criteria for Performance Excellence has been developed and is up-dated annually by the U.S. Department of Commerce who is responsible for the Baldrige National Quality Programme and the Award. The Criteria reflects the successful management practices identified in high performance organisations. These practices are then constructed into a model which reflects the Criteria for Performance Excellence.

Uses of the Criteria for Performance Excellence

The Health Care Criteria was written as reflective questions that can be used by any organisation as a self-assessment tool – to identify areas of strength and opportunities for improvement.

Information Presentation

The information in the booklet is presented in four sections: the Criteria for Performance Excellence, About the Criteria, Scoring, and Application Information. Criteria users are encouraged to review all the information in the first three sections to facilitate their understanding and use of the Criteria for performance assessment and improvement. Potential applicants for the Award will need the information in the fourth section and in the separate NZBEF Award Application booklet.

The Health Care Criteria are therefore a strategic tool, which can provide an objective method of identifying performance gaps, of triggering improvement initiatives and for monitoring progress in performance improvement. The potential is to achieve world-class levels of performance.

In New Zealand the Criteria for Performance Excellence are used in three ways:

- As a self-assessment tool prior to planning to identify focus areas for improvement initiatives.
- As an awards criteria for the New Zealand Business Excellence Awards programme. The Criteria are used by applicants to document their performance, a team of trained National Evaluators then assess and provide feedback to the applicants. For more information please visit – www.nzbef.org.nz
- As the basis for a range of training and workshops to assist Member Companies to improve performance capability.

Membership of the New Zealand Business Excellence Foundation

Here are just some of the reasons why joining the New Zealand Business Excellence Foundation is a positive step for your organisation:

- It gives you a significant competitive edge. Associating yourself with the Foundation and its members, other well-known and highly focused organisations – tells your customers, staff and your business associates that you too are committed to achieving excellence.
- You will be entitled to exclusive membership-only rates for all our training courses, seminars, conferences, and resources.
- You are entitled to a range of membership benefits outlined on the NZBEF website
- You can access the Knowledge Base, which is a members-only area of our business improvement website, which provides access to presentations, business improvement articles, award winning applications and business excellence links to other relevant business improvement websites

Educational Programmes and Business Excellence Support Materials

The New Zealand Business Excellence Foundation provides a range of learning opportunities and resource materials. Full information can be sought through our website or contact the Foundation at info@nzbef.org.nz

THE NEW ZEALAND BUSINESS EXCELLENCE FOUNDATION CELEBRATES THE 2011 BUSINESS EXCELLENCE AWARDS



HUTT CITY COUNCIL
GOLD AWARD



CONTENTS

The Health Care Criteria for Performance Excellence

1	Health Care Criteria for Performance Excellence Framework
2	Health Care Criteria for Performance Excellence—Item Listing
3	Health Care Criteria for Performance Excellence
3	Preface: Organisational Profile
6	1 Leadership
9	2 Strategic Planning
12	3 Customer Focus
15	4 Measurement, Analysis, and Knowledge Management
17	5 Workforce Focus
20	6 Operations Focus
22	7 Results

About the Criteria

26	Changes from the 2009-10 Health Care Criteria
28	Health Care Criteria Response Guidelines
32	Category and Item Descriptions
44	Core Values and Concepts
49	Key Characteristics of the Health Care Criteria

Scoring

50	Scoring System
52	Scoring Guidelines

Application Information

53	Applying for a New Zealand Business Excellence Award
53	Important Dates

General Information

54	Glossary of Key Terms
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Business/Non-Profit and Education organisations should use the appropriate Criteria booklets for their respective sectors.

The first step in the Award application process is to provide an Award Expression of Interest, please e-mail info@nzbef.org.nz for more information

If you would like to recommend a member of your organisation to become a National Evaluator, please e-mail info@nzbef.org.nz for more information

Our web address is www.nzbef.org.nz

HEALTH CARE CRITERIA FOR PERFORMANCE EXCELLENCE FRAMEWORK

The requirements of the Health Care Criteria for Performance Excellence are embodied in seven categories, as follows:

- 1 Leadership
- 2 Strategic Planning
- 3 Customer Focus
- 4 Measurement, Analysis, and Knowledge Management
- 5 Workforce Focus
- 6 Operations Focus
- 7 Results

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

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

Organisational Profile

Your Organisational Profile (top of figure) sets the context for the way your organisation operates. Your organisation's environment, key working relationships, and strategic situation - including competitive environment, strategic challenges and advantages, and performance improvement system - serve as an overarching guide for your organisational performance management system.

Performance System

The performance system is composed of the six Baldrige Categories in the centre of the figure that define your operations and the results you achieve.

Leadership (category 1), Strategic Planning (category 2), and Customer Focus (category 3) represent the leadership triad. These categories are placed together to emphasise the importance of a leadership focus on patients, stakeholders and strategy. Senior leaders set your organisational direction and seek future opportunities for your organisation.

Workforce Focus (category 5), Operations Focus (category 6), and Results (category 7) represent the results triad. Your organisation's workforce and key operational processes accomplish the work of the organisation that yields your overall performance results.

All actions point toward Results - a composite of health care and process outcomes, customer focused outcomes, workforce focused outcomes, Leadership and governance outcomes, and financial and market outcomes.

The horizontal arrow in the centre of the framework links the leadership triad to the results triad, a linkage critical to organisational success. Furthermore, the arrow indicates the central relationship between Leadership (category 1) and Results (category 7). The two-headed arrows indicate the importance of feedback in an effective performance management system.

System Foundation

Measurement, Analysis, and Knowledge Management (category 4) are critical to the effective management of your organisation and to a fact-based, knowledge-driven system for improving health care and operational performance and competitiveness. Measurement, analysis, and knowledge management serve as a foundation for the performance management system.

Criteria Structure

The seven Criteria categories shown in the figure are subdivided into items and areas to address.

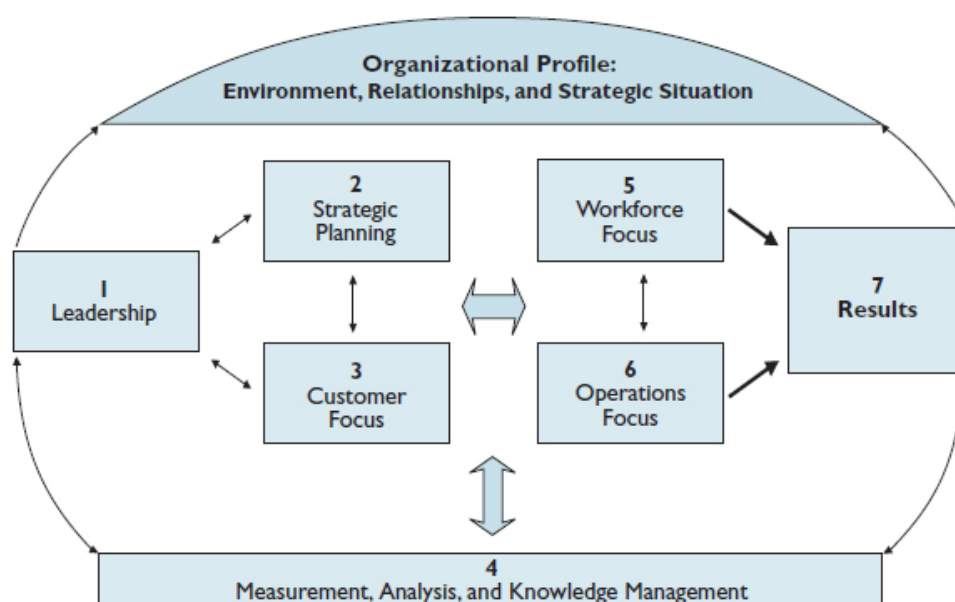
Items

There are 17 process and results items, each focusing on a major requirement. Item titles and point values are given on **page 2**. The item format is shown on **page 28**.

Areas to Address

Items consist of one or more areas to address (areas). Organisations should address their responses to the specific requirements of these areas.

Baldrige Health Care Criteria for Performance Excellence Framework A Systems Perspective



HEALTH CARE CRITERIA FOR PERFORMANCE EXCELLENCE—ITEM LISTING

P Preface: Organisational Profile

P.1 Organisational Description

P.2 Organisational Situation

Categories and Items		Point Values
1	Leadership	120
1.1	Senior Leadership	70
1.2	Governance and Societal Responsibilities	50
2	Strategic Planning	85
2.1	Strategy Development	40
2.2	Strategy Implementation	45
3	Customer Focus	85
3.1	Voice of the Customer	45
3.2	Customer Engagement	40
4	Measurement, Analysis, and Knowledge Management	90
4.1	Measurement, Analysis and Improvement of Organisational Performance	45
4.2	Management of Information, Knowledge, and Information Technology	45
5	Workforce Focus	85
5.1	Workforce Environment	40
5.2	Workforce Engagement	45
6	Operations Focus	85
6.1	Work Systems	45
6.2	Work Processes	40
7	Results	450
7.1	Health Care and Process Outcomes	120
7.2	Customer-Focused Outcomes	90
7.3	Workforce-Focused Outcomes	80
7.4	Leadership Outcomes	80
7.5	Financial and Market Outcomes	80
TOTAL POINTS		1000

Note: The scoring system used with the Criteria items in a Baldrige assessment can be found on pages 48-50

HEALTH CARE CRITERIA FOR PERFORMANCE EXCELLENCE

Importance of Beginning with Your Organisational Profile

Your Organisational Profile is critically important because

- it is the most appropriate starting point for self-assessment and for writing an application;
- it helps you identify potential gaps in key information and focus on key performance requirements and results;
- it is used by the National Evaluators and Judges in application review, including the site visit, to understand your organisation and what you consider important; (you will be assessed using the Criteria requirements in relation to your organisation's environment, relationships, influences, and challenges, as presented in your Organisational Profile); and
- it also may be used by itself for an initial self-assessment. If you identify topics for which conflicting, little, or no information is available, it is possible that the Organisational Profile can serve as your complete assessment, and you can use these topics for action planning.

P

Preface: Organisational Profile

The **Organisational Profile** is a snapshot of your organisation, the KEY influences on HOW you operate, and the KEY challenges you face.

P.1 Organisational Description : What are your key organisational characteristics?

Describe your organisation's operating environment and your KEY relationships with PATIENTS and STAKEHOLDERS, suppliers, and PARTNERS.

Within your response, include answers to the following questions:

a. Organisational Environment

- (1) **Service Offerings** What are your organisation's main HEALTH CARE SERVICE offerings? What are the delivery mechanisms used to provide your HEALTH CARE SERVICE offerings?
- (2) **VISION and MISSION** What are the KEY characteristics of your organisational culture? What are your stated PURPOSE, VISION, VALUES, and MISSION? What are your organisation's CORE COMPETENCIES and their relationship to your MISSION?
- (3) **WORKFORCE Profile** What is your WORKFORCE profile? What are your WORKFORCE or staff groups and SEGMENTS? What are their educational LEVELS? What are the KEY elements that engage them in accomplishing your MISSION and VISION? What are your organisation's WORKFORCE and job DIVERSITY, organised bargaining units, KEY WORKFORCE benefits, and special health and safety requirements?
- (4) **Assets** What are your major facilities, technologies, and equipment?
- (5) **Regulatory Requirements** What is the regulatory environment under which your organisation operates? What are the applicable occupational health and safety regulations; accreditation, certification, or registration requirements; health care industry standards; and environmental, financial and HEALTH CARE SERVICE delivery regulations?

b. Organisational Relationships

- (1) **Organisational Structure** What are your organisational structure and GOVERNANCE system? What are the reporting relationships among your GOVERNANCE board, SENIOR LEADERS and parent organisation as appropriate?
- (2) **CUSTOMERS and STAKEHOLDERS** What are your KEY health care market SEGMENTS, and PATIENT and STAKEHOLDER groups, as appropriate? What are their KEY requirements and expectations for your HEALTH CARE SERVICES, PATIENT and STAKEHOLDER support SERVICES, and operations? What are the differences in these requirements and expectations among market SEGMENTS, and PATIENT and STAKEHOLDER groups?
- (3) **Suppliers and PARTNERS** What are your KEY types of suppliers, PARTNERS, and COLLABORATORS? What role do these suppliers, PARTNERS, and COLLABORATORS play in the delivery of your KEY HEALTH CARE SERVICES and PATIENT and STAKEHOLDER support services? What are your KEY mechanisms for communicating with suppliers, PARTNERS, and COLLABORATORS? What role, if any, do these groups play in implementing INNOVATIONS in your organisation? What are your KEY supply chain requirements?

Notes

N1. “Health Care Service offerings” (P.1a[1]) refers to the health care services that your organisation offers in the marketplace. Mechanisms for service delivery to your patients and stakeholders might be direct or through contractors, collaborators, or partners

N2. “Core competencies” (P.1a[2]) refers to your organisation’s areas of greatest expertise. Your organisation’s core competencies are those strategically important capabilities that are central to fulfilling your mission or provide an advantage in your marketplace or service environment. Core competencies frequently are challenging for competitors or suppliers and partners to imitate. Also, core competencies frequently preserve your competitive advantage.

N3. Many health care organisations rely heavily on volunteers to accomplish their work. These organisations should include volunteers in their discussion of their workforce (P.1a[3]).

N4. Workforce groups and segments (including organised bargaining units; (P.1a[3])) might be based on the type of employment or contract reporting relationship, location, work environment, family-friendly policies, or other factors.

N5. Stakeholders may refer to patients’ families, the community, insurers and other third-party payors, employers, health care providers, patient advocacy groups, departments of health,

and students. Generic references to customers or stakeholders include patients.

N6. Patient and stakeholder groups (P.1b[2]) might be based on common expectations, behaviours, preferences, or profiles. Within a group, there may be patient and stakeholder segments based on differences and commonalities. Your markets might be subdivided into market segments based on health care services or features, service delivery modes, payors, business volume, geography, or other factors that your organisation uses to define related market characteristics.

N7. Requirements of patient and stakeholder groups, and health care market segments (P.1b[2]) might include accessibility, continuity of care, safety, security, leveraging of technology, billing requirements, socially responsible behaviour, community service, cultural preferences, and multilingual services.

N8. Communication mechanisms (P.1b[3]) should be two-way and in understandable language, and they might be in person, via e-mail, Web-based, or by telephone. For many organisations, these mechanisms may change as market-place, patient, or stakeholder requirements change.

For additional description of this item, see page 32.

Information for Understanding All Criteria Items

For definitions of key terms presented throughout the Criteria and scoring guidelines text in SMALL CAPS, see the Glossary of Key Terms on pages 54-60.

Frequently, several questions are grouped under one number (e.g., P.1a[3]). These questions are related and do not require separate responses. These multiple questions serve as a guide in understanding the full meaning of the information being requested.

The items in the Baldrige Criteria are divided into three groups: the *Preface*, which defines your organisational environment; categories 1-6 which define your organisation’s *processes*; and category 7, which contains your *results* for your organisation’s processes. Only responses to the last two groups are scored during an Award evaluation; the Organisational Profile items are used to provide context for the evaluation.

Item notes serve three purposes: (1) to clarify terms or requirements presented in an item, (2) to give instructions and examples for responding to the item requirements, and (3) to indicate key linkages to other items. In all cases, the intent is to help you respond to the item requirements.

P.2 Organisational Situation : What is your organisation's strategic situation?

Describe your organisation's competitive environment, your KEY STRATEGIC CHALLENGES and advantages, and your system for PERFORMANCE improvement.

Within your response, include answers to the following questions:

a. Competitive Environment

- (1) **Competitive Position** What is your competitive position? What are your relative size and growth in the health care industry or your markets served? What are the numbers and types of competitors and KEY COLLABORATORS for your organisation?
- (2) **Competitive Changes** What are any KEY changes taking place that affect your competitive situation, including opportunities for INNOVATION and collaboration, as appropriate?
- (3) **Comparative Data** What are your KEY available sources of comparative and competitive data from within the health care industry? What are your KEY available sources of comparative data from outside the health care industry? What limitations, if any, affect your ability to obtain these data?

b. Strategic Context

What are your KEY HEALTH CARE SERVICE, operational, societal responsibility, and human resource STRATEGIC CHALLENGES and ADVANTAGES?

c. Performance Improvement System

What are the KEY elements of your PERFORMANCE improvement system, including your evaluation, organisational LEARNING and INNOVATION PROCESSES?

Notes

N1. Strategic challenges and advantages (P.2b) might relate to technology, health care services, your operations, your patient and stakeholder support, the health care industry, and people. Strategic advantages might include differentiators such as your technology leadership, innovation rate, accessibility, health care and administrative support services, cost, reputation for service delivery, and wait times for services.

N3. Performance improvement (P.2c) through learning and integration is an assessment dimension used in the scoring system to evaluate the maturity of organisational approaches and deployment (see page 48). This question is intended to help you and the National Evaluators set an overall context for your approach to performance improvement.

Approaches to performance improvement that are compatible with the systems approach provided by the Baldrige framework should be related to your organisation's needs and might include applying Six Sigma methodology, implementing Plan-Do-Study-Act improvement cycles, or employing other process improvement and innovation tools. A growing number of organisations have implemented specific processes for meeting goals in product and process innovation.

For additional description of this item, see pages 32-33

Page Limit

For New Zealand Business Excellence Award applicants, the Organisational Profile is limited to five pages. These pages are not counted in the overall application page limit. Typing and format instructions for the Organisational Profile are the same as for the application. These instructions are provided in the *New Zealand Business Excellence Award : Applicant Guidebook*. This Guidebook is available through our website - www.nzbef.org.nz

1 Leadership (120 points)

The **Leadership** category examines HOW your organisation's SENIOR LEADERS' personal actions guide and sustain your organisation. Also examined are your organisation's GOVERNANCE system and HOW your organisation fulfils its legal, ethical and societal responsibilities and supports its KEY communities.

1.1 Senior Leadership: How do your senior leaders lead? (70 points)

Process

Describe HOW SENIOR LEADERS' actions guide and sustain your organisation. Describe HOW SENIOR LEADERS communicate with your WORKFORCE and encourage HIGH PERFORMANCE.

Within your response, include answers to the following questions:

a. VISION, VALUES and MISSION

- (1) **VISION and VALUES** HOW do SENIOR LEADERS set your organisation's VISION and VALUES? HOW do SENIOR LEADERS DEPLOY your organisation's VISION and VALUES through your LEADERSHIP SYSTEM, to the WORKFORCE, to KEY suppliers and PARTNERS, and to PATIENTS, and STAKEHOLDERS as appropriate? HOW do SENIOR LEADERS' actions reflect a commitment to the organisation's VALUES?
- (2) **Promoting Legal and ETHICAL Behaviour** HOW do SENIOR LEADERS' actions demonstrate their commitment to legal and ETHICAL behaviour? HOW do they promote an organisational environment that requires it?
- (3) **Creating a SUSTAINABLE Organisation** HOW do SENIOR LEADERS create a SUSTAINABLE organisation? HOW do SENIOR LEADERS achieve the following:
 - create an environment for organisation PERFORMANCE improvement, the accomplishment of your MISSION and STRATEGIC OBJECTIVES, INNOVATION, PERFORMANCE leadership and organisational agility
 - create a WORKFORCE culture that delivers a consistently positive experience for PATIENTS and STAKEHOLDERS and fosters their ENGAGEMENT
 - create an environment for organisational and WORKFORCE LEARNING
 - develop and enhance their leadership skills
 - participate in organisational LEARNING, succession planning, and the development of future organisational leaders?
 - create and promote a culture of PATIENT safety

b. Communication and Organisational PERFORMANCE

- (1) **Communication** HOW do SENIOR LEADERS communicate with, and engage the entire WORKFORCE? HOW do SENIOR LEADERS achieve the following:
 - encourage frank, two-way communication throughout the organisation
 - communicate KEY decisions
 - take an active role in reward and recognition programmes to reinforce HIGH PERFORMANCE and a PATIENT and health care focus?
- (2) **Focus on Action** HOW do SENIOR LEADERS create a focus on action to accomplish the organisation's objectives, improve PERFORMANCE, and attain its VISION? HOW do SENIOR LEADERS identify needed actions? HOW do SENIOR LEADERS include a focus on creating and balancing VALUE for PATIENTS and other STAKEHOLDERS in their organisational PERFORMANCE expectations?

Notes

N1. In health care organisations with separate administrative/operational and health care provider leaders, "senior leaders" refers to both sets of leaders and the relationship between them.

N2. Organisational vision (1.1a[1]) should set the context for strategic objectives and action plans, which are described in items 2.1 and 2.2.

N3. A sustainable organisation (1.1a[3]) is capable of addressing current organisational needs and possesses the agility and strategic management to prepare successfully for its future business, market, and operating environment. Both internal and external factors are considered. In this context, the concept of

innovation includes both technological and organisational innovation to help the organisation succeed in the future. A sustainable organisation also ensures a safe and secure environment for the workforce and other key stakeholders. An organisation's contributions to environmental, social, and economic systems beyond those of its workforce and immediate stakeholders are considered in its societal responsibilities (item 1.2).

N4. A focus on action (1.1b[2]) considers the strategy, the workforce, the work systems, and the assets of your organisation. It includes taking intelligent risks and implementing innovations and on-going improvements in productivity that may be

achieved through eliminating waste or reducing cycle time; it might use techniques such as Six Sigma and Lean. It also includes the actions to accomplish the organisation's strategic objectives (see 2.2a[1]).

N5. Your organisational performance results should be reported in items 7.1–7.5.

N6. For those organisations that rely on volunteers to accomplish their work, responses to 1.1b(1) also should discuss your efforts to communicate with and engage the volunteer workforce.

For additional description of this item, see page 33.

1.2 Governance and Societal Responsibility : How do you govern and fulfil your societal responsibilities (50 points)

Process

Describe your organisation's GOVERNANCE system and APPROACH to leadership improvement. Describe HOW your organisation ensures legal and ETHICAL BEHAVIOUR, and fulfils its societal responsibilities, supports its KEY communities and contributes to community health.

Within your response, include answers to the following questions:

a. Organisational GOVERNANCE

- (1) **GOVERNANCE System** How does your organisation review and achieve the following KEY aspects of your GOVERNANCE system:
 - accountability for management's actions
 - fiscal accountability
 - transparency in operations and selection of and disclosure policies for those responsible for GOVERNANCE, as appropriate
 - independence in internal and external audits
 - protection of STAKEHOLDER and stockholder interests, as appropriate
- (2) **PERFORMANCE Evaluation** How do you evaluate the PERFORMANCE of your SENIOR LEADERS, including the chief executive? How do you use these PERFORMANCE evaluations in determining executive compensation? How do you evaluate the PERFORMANCE of members of your GOVERNANCE board, as appropriate? How do SENIOR LEADERS and your GOVERNANCE board use these PERFORMANCE reviews to advance their development and improve both their personal leadership EFFECTIVENESS and that of your board and LEADERSHIP SYSTEM, as appropriate?

b. Legal and ETHICAL BEHAVIOUR

- (1) **Legal Behaviour, Regulatory Behaviour, and Accreditation** How do you address any adverse impacts on society of your HEALTH CARE SERVICES and operations? How do you anticipate public concerns with current and future services and operations? How do you prepare for these impacts and concerns in a proactive manner, including conserving natural resources and using EFFECTIVE supply chain management PROCESSES, as appropriate? What are your KEY compliance PROCESSES, MEASURES, and GOALS for achieving and surpassing regulatory, legal and accreditation requirements, as appropriate? What are your KEY PROCESSES, MEASURES, and GOALS for addressing risks associated with your services and operations?
- (2) **ETHICAL BEHAVIOUR** How does your organisation promote and ensure ETHICAL BEHAVIOUR in all interactions? What are your KEY PROCESSES and MEASURES or INDICATORS for enabling and monitoring ETHICAL BEHAVIOUR in your GOVERNANCE structure, throughout your organisation, and in interactions with PATIENTS, PARTNERS, suppliers and other STAKEHOLDERS? How do you monitor and respond to breaches of ETHICAL BEHAVIOUR?

c. Societal Responsibilities and Support of KEY Communities

- (1) **Societal Wellbeing** How do you consider societal well-being and benefit as part of your strategy and daily operations? How do you contribute to the well-being of your environmental, social, and economic systems?
- (2) **Community Support** How does your organisation actively support and strengthen your KEY communities? What are your KEY communities? How do you identify these communities and determine areas for organisational involvement, including areas related to your CORE COMPETENCIES? How do your SENIOR LEADERS, in concert with your WORKFORCE, contribute to improving these communities and to building community health?

Notes

N1. Societal responsibilities in areas critical to your organisation's on-going marketplace success also should be addressed in Strategy Development (item 2.1) and in Operations Focus (category 6). Key results, such as results of regulatory and legal requirements (including malpractice and the results of mandated financial audits); accreditation; reductions in environmental impacts through the use of "green" technology, resource conserving activities, or other means; or improvements in social impacts such as the global use of enlightened labour practices, should be reported as Leadership and Governance Outcomes (item 7.4).

N2. Transparency in operations of your governance board (1.2a[1]) should include your internal controls on governance processes.

N3. Leadership performance evaluation (1.2a[2]) might be supported by peer reviews, formal performance management reviews, and formal or informal workforce and other stakeholder feedback and surveys.

N4. Measures or indicators of ethical behaviour (1.2b[2]) might include the percentage of independent board members, instances of ethical conduct breaches and responses, survey results on workforce perceptions of organisational ethics, ethics hotline use, and results of ethics reviews and audits. They also might

include evidence that policies, workforce training, and monitoring systems are in place with respect to conflicts of interest and the proper use of funds.

N5. Areas of societal contributions and community support appropriate for inclusion in 1.2c might include your efforts to improve the environment (e.g., collaboration to conserve the environment or natural resources); strengthen local community services, education, and health; and improve practices of trade, business or professional associations.

N6. The health and safety of your workforce are not addressed in item 1.2; you should address these workforce factors in item 5.1.

N7. Actions to build community health (1.2c[2]) are population-based services supporting the general health of the communities in which you operate. Such services will likely draw upon your core competencies and might include health education programmes, immunization programmes, unique health services provided at a financial loss, population-screening programmes (e.g., diabetes, hypertension), sponsorship of safety programmes, and indigent care and other community benefits. You should report the results of your community health services in item 7.1.

For additional description of this item, see pages 33-34.

Assessment of Item Responses

Item responses are assessed by considering the Criteria item requirements; your key business factors presented in your Organisational Profile; and the maturity of your approaches, breadth of their deployment, and strength of your improvement process and results relative to the scoring system. Refer to the scoring system information on pages 50-51.

2 Strategic Planning (85 points)

The **Strategic Planning** category examines HOW your organisation develops STRATEGIC OBJECTIVES and ACTION PLANS. Also examined are HOW your chosen STRATEGIC OBJECTIVES and ACTION PLANS are implemented and changed if circumstances require, and HOW progress is measured.

2.1 Strategy Development : How do you develop your Strategy (40 points)

Process

Describe HOW your organisation establishes its strategy to address its STRATEGIC CHALLENGES and leverage its STRATEGIC ADVANTAGES. Summarise your organisation's KEY STRATEGIC OBJECTIVES and their related GOALS.

Within your response, include answers to the following questions:

a. Strategy Development PROCESS

- (1) **Strategic Planning PROCESS** HOW does your organisation conduct its strategic planning? What are the KEY PROCESS steps? Who are the KEY participants? HOW does your PROCESS identify potential blind spots? HOW do you determine your CORE COMPETENCIES, STRATEGIC CHALLENGES and STRATEGIC ADVANTAGES, (identified in your Organisation Profile)? What are your short- and longer-term planning time horizons? HOW are these time horizons set? HOW does your strategic planning PROCESS address these time horizons?
- (2) **Strategy Considerations** HOW do you ensure that strategic planning addresses the KEY elements listed below? HOW do you collect and analyse relevant data and information pertaining to these factors as part of your strategic planning PROCESS:
 - your organisation's strengths, weaknesses, opportunities, and threats
 - early indications of major shifts in technology, markets, HEALTH CARE SERVICES, PATIENT and STAKEHOLDER preferences, competition, the economy, and the regulatory environment
 - long-term organisational SUSTAINABILITY, including needed CORE COMPETENCIES and PROJECTIONS of your future PERFORMANCE and your competitors' or comparable organisations' future PERFORMANCE
 - your ability to execute the strategic plan

b. STRATEGIC OBJECTIVES

- (1) **KEY STRATEGIC OBJECTIVES** What are your KEY STRATEGIC OBJECTIVES and your timetable for accomplishing them? What are your most important GOALS for these STRATEGIC OBJECTIVES?
- (2) **STRATEGIC OBJECTIVE Considerations** HOW do your STRATEGIC OBJECTIVES achieve the following:
 - address your STRATEGIC CHALLENGES and STRATEGIC ADVANTAGES?
 - address your opportunities for INNOVATION in HEALTH CARE SERVICES, operations, and your business model
 - capitalise on your current CORE COMPETENCIES and address the potential need for new CORE COMPETENCIES
 - balance short- and longer-term challenges and opportunities
 - consider and balance the needs of all KEY STAKEHOLDERS
 - enhance your ability to adapt to sudden shifts in your market conditions

Notes

N1. "Strategy development" refers to your organisation's approach to preparing for the future. Strategy development might utilise various types of forecasts, projections, options, scenarios, knowledge (see 4.2a for relevant organisational knowledge), or other approaches to envisioning the future for purposes of decision making and resource allocation. Strategy development might involve participation by key suppliers, distributors, partners, patients and stakeholders.

N2. The term "strategy" should be interpreted broadly. Strategy might be built around or lead to any or all of the following: new health care services; redefinition of key patient and stakeholder groups or market segments; intelligent risks, new core competencies, revenue growth via various approaches, including acquisitions, grants, and endowments; divestitures; new partnerships and alliances; and new staff or volunteer

relationships. Strategy might be directed toward becoming a centre for clinical and service excellence, a preferred provider, a research leader, a low-cost provider, a market innovator, a provider of a high-end customised service, or an integrated service provider. It also might be directed toward meeting a community or public health care need.

N3. Your organisation's strengths, weaknesses, opportunities, and threats (2.1a[2]) should address all factors that are key to your organisation's future success, including the following, as appropriate: your patient, stakeholder, and health care market requirements, expectations, and opportunities; your culture, policies and procedures to ensure patient safety and to avoid medical errors; your policies and procedures regarding access to care and equity of care; your opportunities for innovation and role model performance; your core competencies; your competitive

and collaborative environment and your performance relative to competitors and comparable organisations; technological and other key innovations or changes that might affect your services and how you operate, as well as the rate of innovation; your workforce and other resource needs; your ability to capitalise on diversity; your opportunities to redirect resources to higher priority health care services, or areas; financial, societal, ethical, regulatory, technological, security, and other potential risks and opportunities; your ability to prevent and respond to emergencies, including natural or other disasters; changes in the national or global economy; requirements for and strengths and weaknesses of your partners and supply chain; changes in your parent organisation; and other factors unique to your organisation.

N4. Your ability to execute the strategic plan (2.1a[2]) should address your ability to mobilise the necessary resources and knowledge. It also should address your organisational agility based on contingency plans or, if circumstances require, a shift in plans and rapid execution of new or changed plans.

N5. Strategic objectives that address key challenges and advantages (2.1b[2]) might include access and locations; rapid response; customisation; co-location with major partners; workforce capability and capacity; specific joint ventures; rapid innovation; societal responsibility actions or leadership; web-based provider, patient, and stakeholder relationship management; implementation of electronic medical records and electronic care processes (e.g., order entry and e-prescribing); and enhancements in health care service quality. Responses to item 2.1 should focus on your specific challenges and advantages - those most important to your ongoing success and to strengthening your organisation's overall performance.

N6. Item 2.1 addresses your overall organisational strategy, which might include changes in health care service offerings and customer engagement processes. However, the item does not address customer engagement strategies or service design; you should address these factors in items 3.2 and 6.1, as appropriate.

For additional description of this item, see pages 34-35.

2.2 Strategy Deployment : How do you deploy your strategy? (45 points)

Process

Describe HOW your organisation converts its STRATEGIC OBJECTIVES into ACTION PLANS. Summarise your organisation's ACTION PLANS HOW they are DEPLOYED, and related KEY ACTION PLAN PERFORMANCE MEASURES or INDICATORS. Project your organisation's future PERFORMANCE relative to KEY comparisons on these KEY PERFORMANCE MEASURES or INDICATORS.

Within 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? What are your KEY short- and longer-term ACTION PLANS and their relationship to your STRATEGIC OBJECTIVES? What are the KEY planned changes, if any, in your HEALTH CARE SERVICES, your STAKEHOLDERS and markets (including your PATIENT populations), your suppliers and PARTNERS, and how you will operate?
- (2) **ACTION PLAN Implementation** HOW do you DEPLOY ACTION PLANS throughout the organisation to your WORKFORCE and to KEY suppliers and PARTNERS, as appropriate, to achieve your KEY STRATEGIC OBJECTIVES? HOW do you ensure that the KEY outcomes of your ACTION PLANS can be sustained?
- (3) **Resource Allocation** HOW do you ensure that financial and other resources are available to support the accomplishment of your ACTION PLANS, while meeting current obligations? HOW do you allocate these resources to support the accomplishment of the plans? HOW do you manage the financial and other risks associated with the plans to ensure the financial viability of your organisation?
- (4) **WORKFORCE Plans** What are your KEY human resource or WORKFORCE plans to accomplish your short- and longer-term STRATEGIC OBJECTIVES and ACTION PLANS? HOW do the plans address potential impacts on your WORKFORCE members and any potential changes to WORKFORCE CAPABILITY and CAPACITY needs?
- (5) **PERFORMANCE MEASURES** What are your KEY PERFORMANCE MEASURES or INDICATORS for tracking the achievement and EFFECTIVENESS of your ACTION PLANS? HOW do you ensure that your overall ACTION PLAN measurement system reinforces organisational ALIGNMENT? HOW do you ensure that the measurement system covers all KEY DEPLOYMENT areas and STAKEHOLDERS?
- (6) **ACTION PLAN Modification** HOW do you establish and implement modified ACTION PLANS if circumstances require a shift in plans and rapid execution of new plans?

b. PERFORMANCE PROJECTIONS

For the KEY PERFORMANCE MEASURES or INDICATORS identified in 2.2a(5), what are your PERFORMANCE PROJECTIONS for both your short- and longer-term planning time horizons? HOW does your projected PERFORMANCE on these MEASURES or INDICATORS compare with projected PERFORMANCE of your competitors or other organisations offering similar HEALTH CARE SERVICES? HOW does it compare with KEY BENCHMARKS, GOALS and past PERFORMANCE, as appropriate? If there are current or projected gaps in PERFORMANCE against your competitors or comparable organisations, HOW will you address them?

Notes

N1. Strategy and action plan development and deployment are closely linked to other items in the Criteria. The following are examples of key linkages:

- item 1.1 for how your senior leaders set and communicate organisational direction
- category 3 for gathering patient, stakeholder and market knowledge as input to your strategy and action plans and for deploying action plans
- category 4 for measurement, analysis, and knowledge management to support your key information needs, support your development of strategy, provide an effective basis for your performance measurements, and track progress relative to your strategic objectives and action plans
- category 5 for meeting your workforce capability and capacity needs; for workforce development and learning system

design and needs, and for implementing workforce-related changes resulting from action plans

- category 6 for changes to core competencies, work systems and work process requirements resulting from your action plans
- item 7.1 for specific accomplishments relative to your organisational strategy and action plans.

N2. Measures and indicators of projected performance (2.2b) might include changes resulting from new ventures; organisational acquisitions or mergers; new value creation; market entry and shifts; new legislative mandates, legal requirements, or industry standards; and significant anticipated innovations in health care service delivery and technology.

For additional description of this item, see page 35.

3 Customer Focus (85 points)

The **CUSTOMER FOCUS** category examines HOW your organisation engages its PATIENTS and STAKEHOLDERS for long-term market success. This ENGAGEMENT strategy includes HOW your organisation listens to the VOICE OF ITS CUSTOMERS (your PATIENTS and STAKEHOLDERS) and uses CUSTOMER information to improve and identify opportunities for INNOVATION.

3.1 Voice of the Customer : How do you obtain information from your patients and stakeholders? (45 points)

Process

Describe HOW your organisation listens to your CUSTOMERS and gains satisfaction and dissatisfaction information.

Within your response, include answers to the following questions:

a. PATIENT and STAKEHOLDER Listening

- (1) **Listening to Current PATIENTS and STAKEHOLDERS** How do you listen to PATIENTS and STAKEHOLDERS to obtain actionable information? How do your listening methods vary for different PATIENTS groups, STAKEHOLDER groups or market SEGMENTS? How do you use social media and web-based technologies to listen to PATIENTS and STAKEHOLDERS, as appropriate? How do you follow up with PATIENTS and STAKEHOLDERS on the quality of services, PATIENT and STAKEHOLDER support, and transactions to receive immediate and actionable feedback?
- (2) **Listening to Potential PATIENTS and STAKEHOLDERS** How do you listen to former PATIENTS and STAKEHOLDERS, potential PATIENTS and STAKEHOLDERS, and competitors' PATIENTS and STAKEHOLDERS to obtain actionable information and to obtain feedback on your services, PATIENT and STAKEHOLDER support, and transactions, as appropriate?

b. Determination of PATIENT and STAKEHOLDER Satisfaction and ENGAGEMENT

- (1) **Satisfaction and ENGAGEMENT** How do you determine PATIENT and STAKEHOLDER satisfaction and ENGAGEMENT? How do these determination methods differ among PATIENT and STAKEHOLDER groups and market SEGMENTS, as appropriate? How do your measurements capture actionable information for use in exceeding your PATIENTS' and STAKEHOLDERS' expectations and securing your PATIENTS' and STAKEHOLDERS' ENGAGEMENT?
- (2) **Satisfaction Relative to Competitors** How do you obtain information on your PATIENTS' and STAKEHOLDERS' satisfaction relative to their satisfaction with your competitors? How do you obtain information on your PATIENTS' and STAKEHOLDERS' satisfaction relative to the satisfaction LEVELS of PATIENTS and STAKEHOLDERS of other organisations providing similar HEALTH CARE SERVICES or to health care industry BENCHMARKS, as appropriate?
- (3) **Dissatisfaction** How do you determine PATIENT and STAKEHOLDER dissatisfaction? How do your measurements capture actionable information for use in meeting your PATIENTS' and STAKEHOLDERS' requirements and exceeding their expectations in the future?

Notes

N1. The "voice of the customer" refers to your process for capturing patient- and stakeholder-related information. Voice-of-the-customer processes are intended to be proactive and continuously innovative to capture stated, unstated, and anticipated requirements, expectations, and desires of patients and stakeholders. The goal is to achieve customer engagement. Listening to the voice of the customer might include gathering and integrating various types of patient and stakeholder data, such as survey data, focus group findings, blog comments and other social media data, and complaint data that affect patients' and stakeholders' purchasing and engagement decisions.

N2. Use of social media and web-based technologies to listen to patients and stakeholders (3.1a[1]) provides a newer mode of gathering insight into their perceptions of all aspects of your involvement with them. Use of social media may include blogs moderated by your organisation and unsolicited opportunities to learn based on social media outlets your organisation does not control, such as wikis, online forums, and blogs not moderated by your organisation.

N3. Determining patients and stakeholder satisfaction and dissatisfaction (3.1b) might include the use of any or all of the following: surveys, formal and informal feedback, health care

service utilisation data, complaints, win/loss analysis, patient and stakeholder referral rates, and transaction completion rates. Information might be gathered on the Web, through personal contact or a third party, or by mail. Determining patients and stakeholder dissatisfaction should be seen as more than reviewing low customer satisfaction scores. Dissatisfaction should be independently determined to identify root causes of dissatisfaction and enable a systematic remedy to avoid future dissatisfaction.

N4. Dimensions of patient satisfaction (3.1b[1]) might include, for example, satisfaction with the quality of care, with provider interactions, with long-term health outcomes, and with ancillary services.

N5. Determining relative patient and stakeholder satisfaction (3.1b[2]) may involve comparisons with competitors, comparisons with other organisations that deliver similar health care services in a noncompetitive marketplace, or comparisons achieved through health care industry or other organisations. Determining relative satisfaction of patients and stakeholders also may involve determining why patients and stakeholders chose your competitors over you.

For additional description of this item, see page 36.

3.2 Customer Engagement : How do you engage patients and stakeholders to serve their needs and build relationships? (40 points)

Process

Describe HOW your organisation determines HEALTH CARE SERVICE offerings and PATIENT and STAKEHOLDER communication mechanisms to support PATIENTS and STAKEHOLDERS. Describe HOW your organisation builds PATIENT and STAKEHOLDER relationships.

Within your response, include answers to the following questions:

a. HEALTH CARE SERVICE Offerings and PATIENT and STAKEHOLDER Support

- (1) **HEALTH CARE SERVICE Offerings** HOW do you identify PATIENT, STAKEHOLDER, and market requirements for HEALTH CARE SERVICE offerings? HOW do you identify and innovate service offerings to meet the requirements and exceed the expectations of your PATIENT and STAKEHOLDER groups and market SEGMENTS (identified in your Organisational Profile)? HOW do you identify and innovate service offerings to enter new markets, to attract new PATIENTS and STAKEHOLDERS and to provide opportunities for expanding relationships with existing PATIENTS and STAKEHOLDERS, as appropriate?
- (2) **PATIENT and STAKEHOLDER Support** HOW do you enable PATIENTS and STAKEHOLDERS to seek information and CUSTOMER support? HOW do you enable them to obtain HEALTH CARE SERVICES from you and provide feedback on your services and your support? What are your KEY means of PATIENT and STAKEHOLDER support, including your KEY communication mechanisms? HOW do they vary for different PATIENT and STAKEHOLDER groups or market SEGMENTS? HOW do you determine your PATIENTS' and STAKEHOLDERS' KEY support requirements? HOW do you ensure that PATIENTS' and STAKEHOLDERS' support requirements are DEPLOYED to all people and PROCESSES involved in PATIENT and STAKEHOLDER support?
- (3) **PATIENT and STAKEHOLDER Segmentation** HOW do you use PATIENT and STAKEHOLDER, market, and HEALTH CARE SERVICE offering information to identify current and anticipate future PATIENT and STAKEHOLDER groups and market SEGMENTS? HOW do you consider PATIENTS and STAKEHOLDERS of competitors and other potential PATIENTS, STAKEHOLDER and markets in this segmentation? HOW do you determine which PATIENT and STAKEHOLDER groups, and market SEGMENTS to pursue for current and future HEALTH CARE SERVICES?
- (4) **PATIENT and STAKEHOLDER Data Use** HOW do you use PATIENT, STAKEHOLDER, market, and HEALTH CARE SERVICE offering information to improve marketing, build a more PATIENT- and STAKEHOLDER-focused culture, and identify opportunities for INNOVATION?

b. Building PATIENTS and STAKEHOLDER Relationships

- (1) **Relationship Management** HOW do you market, build, and manage relationships with PATIENTS and STAKEHOLDERS to achieve the following?
 - acquire PATIENTS and STAKEHOLDERS and build market share
 - retain PATIENTS and STAKEHOLDERS, meet their requirements and exceed their expectations in each stage of their relationship with you
 - increase their ENGAGEMENT with you?
- (2) **Complaint Management** HOW do you manage PATIENT and STAKEHOLDER complaints? HOW does your PATIENT and STAKEHOLDER complaint management PROCESS ensure that complaints are resolved promptly and EFFECTIVELY? HOW does your PATIENT and STAKEHOLDER complaint management PROCESS enable you to recover your PATIENTS' and STAKEHOLDERS' confidence, and enhance their satisfaction and ENGAGEMENT?

Notes

N1. “Customer engagement” refers to your patients’ and stakeholders’ investment in your organisation and health care service offerings. Characteristics of engagement include patient and stakeholder retention and loyalty, patients’ and stakeholders’ willingness to make an effort to obtain health care services from—and increase the services they obtain from—your organisation, and patients’ and stakeholders’ willingness to actively advocate for and recommend your organisation and health care service offerings.

N2. “Health care service offerings” and “health care services” refer to the services and programmes that you offer in the marketplace. Health care service offerings (3.2a) should consider all the important characteristics of services that patients and stakeholders receive in each stage of their relationship with you. The focus should be on features that affect patients’ and stakeholders’ preferences and loyalty—for example, those features that affect their view of clinical and service quality and differentiate your services from competing offerings or those of organisations offering similar health care services. Beyond specific health care provisions leading to desired health care outcomes, those

features might include extended hours, family support services, ease of access to and use of your services, timeliness, cost, and assistance with billing/paperwork processes and transportation. Key health care service features also might take into account how transactions occur and factors such as the confidentiality and security of patient and stakeholder data. Your results on performance relative to the key service features should be reported in item 7.1, and those concerning patients’ and stakeholders’ perceptions and actions (outcomes) should be reported in item 7.2.

N3. The goal of patients and stakeholder support (3.2a[2]) is to make your organisation easy to obtain health care from and responsive to your patients’ and stakeholders’ expectations.

N4. Building patient and stakeholder relationships (3.2b) might include the development of partnerships or alliances with stakeholders.

For additional description of this item, see page 36.

The *Measurement, ANALYSIS and Knowledge Management* category examines HOW your organisation selects, gathers, analyses, manages, and improves its data, information, and KNOWLEDGE ASSETS and HOW it manages its information technology. The category also examines HOW your organisation reviews and uses review findings to improve its PERFORMANCE.

4.1 Measurement, Analysis, and Improvement of Organisational Performance:

How do you measure, analyse, and then improve organisational performance? (45 points)

Process

Describe HOW your organisation measures, analyses, aligns, and improves its PERFORMANCE through the use of data and information at all levels and in all parts of your organisation.

Within your response, include answers to the following questions:

a. PERFORMANCE Measurement

- (1) **PERFORMANCE MEASURES** How do you select, collect, align, and integrate data and information for tracking daily operations and overall organisational PERFORMANCE, including progress relative to STRATEGIC OBJECTIVES and ACTION PLANS? What are your KEY organisational PERFORMANCE MEASURES including KEY short-term and longer-term financial MEASURES? How frequently do you track these MEASURES? HOW do you use these data and information to support organisational decision making and INNOVATION?
- (2) **Comparative Data** How do you select and ensure the EFFECTIVE use of KEY comparative data and information to support operational and strategic decision making and INNOVATION?
- (3) **PATIENT and STAKEHOLDER Data** HOW do you select and ensure the EFFECTIVE use of VOICE-OF-THE-CUSTOMER data and information (including complaints) to support operational and strategic decision making and INNOVATION?
- (4) **Measurement Agility** How do you ensure that your PERFORMANCE measurement system is able to respond to rapid or unexpected organisational or external changes?

b. PERFORMANCE ANALYSIS and Review

HOW do you review organisational PERFORMANCE and capabilities? HOW do you use your KEY organisational PERFORMANCE MEASURES in these reviews? What ANALYSES do you perform to support these reviews and to ensure that conclusions are valid? HOW do you use these reviews to assess organisational success, competitive PERFORMANCE, financial health, and progress relative to STRATEGIC OBJECTIVES and ACTION PLANS? HOW do you use these reviews to assess your organisation's ability to respond rapidly to changing organisational needs and challenges in your operating environment?

c. PERFORMANCE Improvement

- (1) **Best Practice Sharing** How do you use PERFORMANCE review findings to share lessons learned and best practices across organisational units and WORK PROCESSES?
- (2) **Future PERFORMANCE** How do you use PERFORMANCE review findings and KEY comparative and competitive data to project future PERFORMANCE?
- (3) **Continuous Improvement and INNOVATION** How do you use organisational PERFORMANCE review findings to develop priorities for continuous improvement and opportunities for INNOVATION? HOW are these priorities and opportunities DEPLOYED to work group and functional level operations throughout your organisation? When appropriate, how are the priorities and opportunities DEPLOYED to your suppliers, PARTNERS, and COLLABORATORS to ensure organisational ALIGNMENT?

Notes

N1. Performance measurement (4.1a) is used in fact-based decision making for setting and aligning organisational directions and resource use at the work unit, key process, departmental, and organisational levels.

N2. Comparative data and information (4.1a[2]) are obtained by benchmarking and by seeking competitive comparisons.

"Benchmarking" refers to identifying processes and results that represent best practices and performance for similar activities, inside or outside the health care industry. Competitive comparisons relate your organisation's performance to that of competitors and other organisations providing similar health care services.

N3. Organisational performance reviews (4.1b) should be informed by organisational performance measurement, performance measures reported throughout your Criteria item responses, and they should be guided by the strategic objectives and action plans described in items 2.1 and 2.2. The reviews also might be informed by internal or external Baldrige assessments.

N4. Performance analysis (4.1b) includes examining performance trends; organisational, health care industry, and technology projections; and comparisons, cause-effect relationships, and correlations.

Performance analysis should support your performance reviews, help determine root causes, and help set priorities for resource use. Accordingly, such analysis draws on all types of data: patient- and stakeholder-related, health care outcome, financial and market, operational, and competitive/comparative.

N5. The results of organisational performance analysis and review should contribute to your organisational strategic planning in category 2.

N6. Your organisational performance results should be reported in items 7.1–7.5.

For additional description of this item, see pages 37-38.

4.2 Management of Information, Knowledge and Information Technology: How do you manage your information, organisational knowledge and information technology? (45 points)

Process

Describe HOW your organisation builds and manages its KNOWLEDGE ASSETS. Describe HOW your organisation ensures the quality and availability of needed data, information, software, and hardware for your WORKFORCE, suppliers, PARTNERS, COLLABORATORS, and PATIENTS and STAKEHOLDERS.

Within your response, include answers to the following questions:

a. Data, Information, and Knowledge Management

- (1) **Properties** How do you manage your organisational data, information, and knowledge to ensure the following properties?
 - accuracy
 - integrity and reliability
 - timeliness
 - security and confidentiality
- (2) **Data and Information Availability** How do you make needed data and information available to your WORKFORCE, suppliers, PARTNERS, COLLABORATORS, PATIENTS, and STAKEHOLDERS, as appropriate?
- (3) **Knowledge Management** How do you manage organisational knowledge to accomplish the following?
 - the collection and transfer of WORKFORCE knowledge
 - the transfer of relevant knowledge from and to PATIENTS, STAKEHOLDERS, suppliers, PARTNERS, and COLLABORATORS
 - the rapid identification, sharing, and implementation of best practices
 - the assembly and transfer of relevant knowledge for use in your INNOVATION and strategic planning PROCESSES

b. Management of Information Resources and Technology

- (1) **Hardware and Software Properties** How do you ensure that hardware and software are reliable, secure, and user friendly?
- (2) **Emergency Availability** In the event of an emergency, HOW do you ensure the continued availability of hardware and software systems and the continued availability of data and information to EFFECTIVELY serve PATIENTS, STAKEHOLDERS, and organisational needs?

Notes

N1. Data and information access (4.2a[2]) might be via electronic and other means.

For additional description of this item, see page 38.

5 Workforce Focus (85 points)

The *WORKFORCE Focus* category examines your ability to assess *WORKFORCE CAPABILITY* and *CAPACITY* needs and build a *WORKFORCE* environment conducive to *HIGH PERFORMANCE*. The category also examines *HOW* your organisation engages, manages, and develops your *WORKFORCE* to utilise its full potential in *ALIGNMENT* with your organisation's overall *MISSION*, strategy, and *ACTION PLANS*.

5.1 Workforce Environment : How do you build an effective and supportive workforce environment? (40 points)

Process

Describe HOW your organisation manages *WORKFORCE CAPABILITY* and *CAPACITY* to accomplish the work of the organisation. Describe HOW your organisation maintains a safe, secure, and supportive work climate.

Within your response, include answers to the following questions:

a. *WORKFORCE CAPABILITY* and *CAPACITY*

- (1) **CAPABILITY and CAPACITY** How do you assess your *WORKFORCE CAPABILITY* and *CAPACITY* needs, including skills, competencies, and staffing levels?
- (2) **New *WORKFORCE* Members** How do you recruit, hire, place, and retain new members of your *WORKFORCE*? HOW do you ensure that your *WORKFORCE* represents the diverse ideas, cultures, and thinking of your hiring and *PATIENT* and *STAKEHOLDER* community?
- (3) **Work Accomplishment** How do you organise and manage your *WORKFORCE* to achieve the following?
 - accomplish the work of your organisation
 - capitalise on the organisation's *CORE COMPETENCIES*
 - reinforce a *PATIENT*, *STAKEHOLDER*, and health care focus
 - exceed *PERFORMANCE* expectations
 - address your *STRATEGIC CHALLENGES* and *ACTION PLANS*
- (4) ***WORKFORCE* Change Management** How do you prepare your *WORKFORCE* for changing *CAPABILITY* and *CAPACITY* needs? HOW do you manage your *WORKFORCE*, its needs, and your needs to ensure continuity, to prevent *WORKFORCE* reductions, and minimise the impact of *WORKFORCE* reductions, if they do become necessary? HOW do you prepare for and manage periods of *WORKFORCE* growth?

b. *WORKFORCE* Climate

- (1) **Workplace Environment** How do you address workplace environmental factors, including accessibility, to ensure and improve *WORKFORCE* health, safety, and security? What are your *PERFORMANCE MEASURES* and improvement *GOALS* for each of these *WORKFORCE* needs? What are any significant differences in these factors and *PERFORMANCE MEASURES* or targets for different workplace environments?
- (2) ***WORKFORCE* Policies and Benefits** How do you support your *WORKFORCE* via policies, services, and benefits? HOW are these tailored to the needs of a diverse *WORKFORCE* and different *WORKFORCE* groups and *SEGMENTS*?

Notes

N1. "Workforce" refers to the people actively involved in accomplishing the work of your organisation. It includes your organisation's permanent, temporary, and part-time personnel, as well as any contract employees supervised by your organisation, independent practitioners (e.g., physicians, physician assistants, nurse practitioners, acupuncturists, and nutritionists not paid by the organisation), volunteers, and health profession students (e.g., medical, nursing, and ancillary). It includes team leaders, supervisors, and managers at all levels. People supervised by a contractor should be addressed in category 6 as part of your larger work systems.

N2. "Workforce capability" (5.1a) refers to your organisation's ability to accomplish its work processes through the knowledge, skills, abilities, and competencies of its people. Capability may include the ability to build and sustain relationships with your patients and stakeholders; innovate and transition to new technologies; develop new health care services, and work processes; and to meet changing health care, market, and regulatory demands.

"Workforce capacity" (5.2a) refers to your organisation's ability to ensure sufficient staffing levels to accomplish its work processes and successfully deliver your health care services to your patients and stakeholders, including the ability to meet seasonal or varying demand levels.

N3. Workforce capability and capacity should consider not only current needs but also future requirements based on your strategic objectives and action plans reported in category 2.

N4. 5.1a[2] addresses only new workforce members. The retention of existing workforce members is considered in item 5.2, Workforce Engagement.

N5. Preparing your workforce for changing capability and capacity needs (5.1a[4]) might include training, education, frequent communication, considerations of workforce employment and employability, career counselling, and out-placement and other services.

For additional description of this item, see page 39.

5.2 Workforce Engagement :How do you engage your workforce to achieve organisational and personal success? (45 points)

Process

Describe HOW your organisation engages, compensates, and rewards your WORKFORCE to achieve HIGH PERFORMANCE. Describe HOW you assess WORKFORCE ENGAGEMENT and use the results to achieve higher PERFORMANCE. Describe HOW members of your WORKFORCE, including leaders, are developed to achieve HIGH PERFORMANCE.

Within your response, include answers to the following questions:

a. WORKFORCE Enrichment

- (1) **Elements of ENGAGEMENT** HOW do you determine the KEY elements that affect WORKFORCE ENGAGEMENT? HOW do you determine the KEY elements that affect WORKFORCE satisfaction? HOW are these elements determined for different WORKFORCE groups and SEGMENTS?
- (2) **Organisational Culture** HOW do you foster an organisational culture that is characterised by open communication, HIGH PERFORMANCE WORK, and an engaged WORKFORCE? HOW do you ensure that your organisational culture benefits from the diverse ideas, cultures, and thinking of your WORKFORCE?
- (3) **PERFORMANCE Management** HOW does your WORKFORCE PERFORMANCE management system achieve the following?
 - support HIGH PERFORMANCE WORK and WORKFORCE ENGAGEMENT
 - consider WORKFORCE compensation, reward, recognition, and incentive practices
 - reinforce a CUSTOMER and business focus and achievement of your ACTION PLANS

b. Assessment of WORKFORCE ENGAGEMENT

- (1) **Assessment of ENGAGEMENT** HOW do you assess WORKFORCE ENGAGEMENT? What formal and informal assessment methods and MEASURES do you use to determine WORKFORCE ENGAGEMENT and WORKFORCE satisfaction? HOW do these methods and MEASURES differ across WORKFORCE groups and SEGMENTS? HOW do you use other INDICATORS, such as WORKFORCE retention, absenteeism, grievances, safety, and PRODUCTIVITY to assess and improve WORKFORCE ENGAGEMENT?
- (2) **Correlation with Business RESULTS** HOW do you relate your WORKFORCE ENGAGEMENT assessment findings to KEY business RESULTS reported in category 7 to identify opportunities for improvement in both WORKFORCE ENGAGEMENT and business RESULTS?

c. WORKFORCE and Leader Development

- (1) **LEARNING and Development System** HOW does your LEARNING and development system address the following factors for your WORKFORCE members and your leaders?
 - your organisation's CORE COMPETENCIES, STRATEGIC CHALLENGES, and accomplishment of its ACTION PLANS, both short-term and long-term
 - organisational PERFORMANCE improvement and INNOVATION
 - ethics and ethical business practices
 - CUSTOMER focus
 - their LEARNING and development needs, including those that are self-identified and those identified by supervisors, managers and SENIOR LEADERS
 - the transfer of knowledge from departing or retiring WORKFORCE members
 - the reinforcement of new knowledge and skills on the job
- (2) **LEARNING and Development EFFECTIVENESS** HOW do you evaluate the EFFECTIVENESS and efficiency of your LEARNING and development systems?
- (3) **Career Progression** HOW do you manage EFFECTIVE career progression for your entire WORKFORCE? HOW do you accomplish EFFECTIVE succession planning for management and leadership positions?

Notes

N1. “Workforce engagement” refers to the extent of workforce commitment, both emotional and intellectual, to accomplishing the work, mission, and vision of the organisation.

N2. The characteristics of “high-performance work” environments (5.2a[2] and 5.2a[3]) in which people do their utmost for the benefit of their patients and stakeholders and for the success of the organisation, are key to understanding an engaged workforce. These characteristics are described in detail in the definition of “high performance work” on page 56.

N3. Compensation, recognition, and related reward and incentive practices (5.2a[3]) include promotions and bonuses that might be based on performance, skills acquired, and other factors. Recognition systems for volunteer and independent practitioners who contribute to the work of the organisation should be included, as appropriate.

N4. Identifying improvement opportunities (5.2b[2]) might draw on your workforce-focused results presented in item 7.3 and might involve addressing workforce-related problems based on their impact on your business results reported in response to other category 7 items.

N5. Your organisation may have unique considerations relative to workforce development, learning, and career progression. If this is the case, your response to 5.2c should include how you address these considerations. Your response should also consider the breadth of development opportunities your organisation might use, including education, training, coaching, mentoring and work related experiences.

For additional description of this item, see pages 39-40.

6 Operations Focus (85 points)

The *OPERATIONS FOCUS* Category examines HOW your organisation designs, manages, and improves its WORK SYSTEMS and WORK PROCESSES to deliver and PATIENT and STAKEHOLDER VALUE and achieve organisational success and SUSTAINABILITY. Also examined is your readiness for emergencies.

6.1 Work Systems: How do you design, manage, and improve your work systems? (45 points)

Process

Describe HOW your organisation designs, manages and improves its WORK SYSTEMS to deliver PATIENT and STAKEHOLDER VALUE, prepare for potential emergencies, and achieve organisational success and SUSTAINABILITY.

Within your response, include answers to the following questions:

a. WORK SYSTEM Design

- (1) **Design Concepts** HOW do you design and innovate your overall WORK SYSTEMS? HOW do you capitalise on your CORE COMPETENCIES? HOW do you decide which PROCESSES within your overall WORK SYSTEMS will be internal to your organisation (your KEY WORK PROCESSES) and which will use external resources?
- (2) **WORK SYSTEM Requirements** HOW do you determine KEY WORK SYSTEM requirements, incorporating input from PATIENTS, STAKEHOLDERS, suppliers, PARTNERS, and COLLABORATORS, as appropriate? What are the KEY requirements for these WORK SYSTEMS?

b. WORK SYSTEM Management

- (1) **WORK SYSTEM Implementation** What are your organisation's WORK SYSTEMS? HOW do you manage and improve your WORK SYSTEMS to deliver PATIENT and STAKEHOLDER VALUE and achieve organisational success and SUSTAINABILITY?
- (2) **Cost Control** HOW do you control the overall costs of your WORK SYSTEMS? HOW do you prevent rework and errors, including medical errors and unintended harm to PATIENTS? HOW do you minimise the costs of inspections, tests, and PROCESS or PERFORMANCE audits, as appropriate?

c. Emergency Readiness

HOW do you ensure WORK SYSTEM and workplace preparedness for disasters or emergencies? HOW does your disaster and emergency preparedness system consider prevention, management, continuity of operations, and recovery?

Notes

N1. "Work systems" refers to how the work of your organisation is accomplished. Work systems involve your workforce, your key suppliers and partners, your contractors, your collaborators, and other components of the supply chain needed to produce and deliver your products and business and support processes. Your work systems co-ordinate the internal work processes and the external resources necessary for you to develop, produce, and deliver your products to your customers and to succeed in your marketplace.

N2. Disasters and emergencies (6.1c) might be weather-related, utility-related, security-related, or due to a local or national emergency, including potential pandemics. Health care organisations should consider both community-related disasters, where they play a role as first responders, and organisation-specific incidents that threaten continued operations (e.g., fire, building damage, or loss of power/water). Emergency considerations related to information technology should be addressed in item 4.2.

For additional description of this item, see page 40.

6.2 Work Processes: How do you design, manage, and improve your key work processes? (40 points)

Process

Describe HOW your organisation designs, manages, and improves its KEY WORK PROCESSES to deliver PATIENT and STAKEHOLDER VALUE and achieve organisational success and SUSTAINABILITY.

Within your response, include answers to the following questions:

a. WORK PROCESS Design

- (1) **Design Concepts** HOW do you design and innovate your WORK PROCESSES to meet all the key requirements? HOW do you incorporate new technology, organisational knowledge, evidence-based medicine, HEALTH CARE SERVICE excellence, and the potential need for agility into these PROCESSES? HOW do you incorporate CYCLE TIME, PRODUCTIVITY, cost control, and other efficiency and EFFECTIVENESS factors into these PROCESSES?
- (2) **WORK PROCESS Requirements** HOW do you determine KEY WORK PROCESS requirements? What are your organisation's KEY WORK PROCESSES? What are the KEY requirements for these WORK PROCESSES?

b. WORK PROCESS Management

- (1) **KEY WORK PROCESS Implementation** HOW do your KEY WORK PROCESSES relate to your WORK SYSTEMS? HOW does your day-to-day operation of these PROCESSES ensure that they meet KEY PROCESS requirements? What are your KEY PERFORMANCE MEASURES or INDICATORS and in-process MEASURES for the control and improvement of your WORK PROCESSES?
- (2) **PATIENT Expectations and Preferences** HOW do you address and consider each PATIENT'S expectations? HOW are HEALTH CARE SERVICE delivery PROCESSES and likely outcomes explained to set realistic PATIENT expectations? HOW are PATIENT decision making and PATIENT preferences factored into the delivery of HEALTH CARE SERVICES?
- (3) **Supply Chain Management** HOW do you manage your supply chain? HOW do you ensure that suppliers you select are qualified and positioned to enhance your PERFORMANCE and PATIENT and STAKEHOLDER satisfaction? HOW do you evaluate supplier PERFORMANCE? HOW do you deal with poorly performing suppliers?
- (4) **PROCESS Improvement** HOW do you improve your WORK PROCESSES to improve health care outcomes, achieve better PERFORMANCE, reduce variability, and improve HEALTH CARE SERVICES?

Notes

N1. Your key work processes (6.2a[2]) are your most important internal value creation processes and might include health care and service design and delivery, patient and stakeholder support, supply-chain management, business, and support processes. Your key work processes are those that involve the majority of your organisation's workforce members and produce patient and stakeholder value. "Projects" are unique work processes intended to produce an outcome and then go out of existence. Project management also may be applied to a work system challenge or opportunity.

For additional description of this item, see pages 40-41.

N2. To improve process performance (6.2b[4]) and reduce variability, your organisation might implement approaches such as a Lean Enterprise System, Six Sigma methodology, use of ISO quality systems standards, the Plan-Do-Check-Act methodology, or other process improvement tools. These approaches might be part of your performance improvement system described in response to P.2c in the Organisational Profile.

N3. The results of improvements in health care outcomes and health care service and process performance should be reported in item 7.1.

7 Results (450 points)

The **RESULTS** Category examines your organisation's **PERFORMANCE** and improvement in all **KEY** areas — product outcomes and **PROCESS** outcomes, **CUSTOMER**-focused outcomes, **WORKFORCE**-focused outcomes, leadership and **GOVERNANCE** outcomes, and financial and market outcomes. **PERFORMANCE LEVELS** are examined relative to those of competitors and other organisations with similar product offerings.

7.1 Health Care and Process Outcomes: What are your health care and process effectiveness results? (120 points)

Results

Summarise your organisation's **KEY** health care **RESULTS** and its **KEY PERFORMANCE** and **PROCESS EFFECTIVENESS** and **efficiency RESULTS**. Include **PROCESSES** that directly serve **PATIENTS** and **STAKEHOLDERS**, strategy, and operations. **SEGMENT** your **RESULTS** by **HEALTH CARE SERVICE** offerings, by **PATIENT** and **STAKEHOLDER** groups and market **SEGMENTS**, and by **PROCESS** types and locations, as appropriate. Include and indicate your **RESULTS** for **KEY MEASURES** that are publicly reported and/or mandated by regulatory, accreditor, or payor requirements. Include appropriate comparative data.

Provide data and information to answer the following questions:

a. PATIENT-focused Health Care RESULTS

What are your current **LEVELS** and **TRENDS** in **KEY MEASURES** or **INDICATORS** of health care outcomes and **PROCESS PERFORMANCE** that are important to and directly serve your **PATIENTS** and **STAKEHOLDERS**? How do these **RESULTS** compare with the **PERFORMANCE** of your competitors and other organisations with similar offerings?

b. Operational PROCESS EFFECTIVENESS RESULTS

(1) **Operational EFFECTIVENESS** What are your current **LEVELS** and **TRENDS** in **KEY MEASURES** or **INDICATORS** of the operational **PERFORMANCE** of your **KEY WORK SYSTEMS** and **PROCESSES** including **PRODUCTIVITY**, **CYCLE TIME**, and other appropriate **MEASURES** of **PROCESS EFFECTIVENESS**, **efficiency** and **INNOVATION**?

(2) **Emergency Preparedness** What are your current **LEVELS** and **TRENDS** in **KEY MEASURES** or **INDICATORS** of the **EFFECTIVENESS** of your **WORK SYSTEMS** and workplace preparedness for disasters or emergencies?

c. Strategy Implementation RESULTS

What are your **RESULTS** for **KEY MEASURES** or **INDICATORS** of the accomplishment of your organisational strategy and **ACTION PLANS**, including building and strengthening **CORE COMPETENCIES**?

Notes

N1. Results reported in item 7.1 should provide key information for analysis and review of your organisational performance (item 4.1); demonstrate use of organisational knowledge (item 4.2); and provide the operational basis for customer-focused outcomes (item 7.2) and financial and market outcomes (item 7.5).

N2. Health care and process results reported in 7.1a should relate to the key patient and stakeholder requirements and expectations identified in P1b(2), based on information gathered in items 3.1 and 3.2. The measures or indicators should address factors that affect patients' and stakeholders' preferences, such as those included in item P.1, note 7, and item 3.2, note 2.

N3. Results reported in 7.1b should address your key operational requirements as presented in the Organisational Profile and in items 6.1 and 6.2.

N4. Appropriate measures and indicators of operational process effectiveness (7.1b) might include audit, just-in-time delivery, and acceptance results for externally provided health care services and processes; supplier and partner performance; health care service and work system innovation rates and results; simplification of internal jobs and job classifications; work layout improvements; changes in supervisory ratios; response times for emergency drills or exercises; and results for work relocation or contingency exercises.

N5. Measures or indicators of strategy and action plan accomplishment (7.1c) should address your strategic objectives and goals identified in 2.1b(1) and your action plan performance measures and projected performance identified in 2.2a(5) and 2.2b, respectively.

For additional description of this item, see pages 41-42.

7.2 Customer-Focused Outcomes: What are your patient- and stakeholder-focused performance results? (90 points)

Results

Summarise your organisation's KEY PATIENT- and STAKEHOLDER-focused RESULTS for PATIENT AND STAKEHOLDER satisfaction, dissatisfaction, and ENGAGEMENT. SEGMENT your RESULTS by HEALTH CARE SERVICE offerings, PATIENT and STAKEHOLDER groups, and market SEGMENTS as appropriate. Include appropriate comparative data.

Provide data and information to answer the following questions:

a. CUSTOMER-focused RESULTS

- (1) **PATIENT and STAKEHOLDER Satisfaction** What are your current LEVELS and TRENDS in KEY MEASURES or INDICATORS of PATIENT and STAKEHOLDER satisfaction and dissatisfaction? HOW do these RESULTS compare with the PATIENT and STAKEHOLDER satisfaction LEVELS of your competitors and other organisations providing similar HEALTH CARE SERVICES?
- (2) **PATIENT and STAKEHOLDER ENGAGEMENT** What are your current LEVELS and TRENDS in KEY MEASURES or INDICATORS of PATIENT and STAKEHOLDER ENGAGEMENT, including relationship building? HOW do these RESULTS compare over the course of your PATIENTS' and STAKEHOLDERS' relationship with you, as appropriate?

Notes

N1. Patient and stakeholder satisfaction, dissatisfaction, engagement and relationship building results reported in this Item should relate to the patient and stakeholder groups and market segments discussed in P.1b(2) and category 3 and to the listening and determination methods and data described in item 3.1.

For additional description of this item, see page 42.

N2. Measures and indicators of patient and stakeholder satisfaction with your health care services relative to satisfaction with competitors and other organisations providing similar health care services (7.2a[1]) might include information and data from your patients and stakeholders and from independent organisations.

7.3 Workforce-Focused Outcomes: What are your workforce-focused performance results? (80 points)

Results

Summarise your organisation's KEY WORKFORCE-focused RESULTS for your WORKFORCE environment and for WORKFORCE ENGAGEMENT. SEGMENT your RESULTS to address the DIVERSITY of your WORKFORCE and to address your WORKFORCE groups and SEGMENTS, as appropriate. Include appropriate comparative data.

Provide data and information to answer the following questions:

a. WORKFORCE RESULTS

- (1) **WORKFORCE CAPABILITY and CAPACITY** What are your current LEVELS and TRENDS in KEY MEASURES of WORKFORCE CAPABILITY and CAPACITY, including staffing levels and appropriate skills?
- (2) **WORKFORCE Climate** What are your current LEVELS and TRENDS in KEY MEASURES or INDICATORS of your WORKFORCE climate, including WORKFORCE health, safety, and security and WORKFORCE services and benefits, as appropriate?
- (3) **WORKFORCE ENGAGEMENT** What are your current LEVELS and TRENDS in KEY MEASURES or INDICATORS of WORKFORCE ENGAGEMENT, and WORKFORCE satisfaction?
- (4) **WORKFORCE Development** What are your current LEVELS and TRENDS in KEY MEASURES or INDICATORS of WORKFORCE and leader development?

Notes

N1. Results reported in this item should relate to processes described in category 5. Your results should be responsive to key work process needs described in category 6 and to your organisation's action plans and human resource plans or workforce plans described in item 2.2.

For additional description of this item, see pages 42-43.

N2. Responses to 7.3a(3) should include measures and indicators identified in response to 5.2b(1).

N3. Results for paid workforce members, independent practitioners, volunteers, and health profession students should be included as appropriate.

7.4 Leadership and Governance Outcomes: What are your senior leadership and governance results? (80 points)

Results

Summarise your organisation's **KEY SENIOR LEADERSHIP** and **GOVERNANCE RESULTS**, including those for fiscal accountability, legal compliance, **ETHICAL BEHAVIOUR**, societal responsibility, and support of **KEY communities**. **SEGMENT your RESULTS by organisational units**, as appropriate. Include appropriate comparative data.

Provide data and information to answer the following questions:

a. Leadership, GOVERNANCE, and Societal Responsibility RESULTS

- (1) **LEADERSHIP** What are your RESULTS for KEY MEASURES or INDICATORS of SENIOR LEADERS' communication and engagement with the WORKFORCE to DEPLOY VISION and VALUES, encourage two-way communication, and create a focus on action?
- (2) **GOVERNANCE** What are your KEY current findings and TRENDS in KEY MEASURES or INDICATORS of GOVERNANCE and fiscal accountability, internal and external, as appropriate?
- (3) **Law, Regulation, and Accreditation** What are your RESULTS for KEY MEASURES or INDICATORS of achieving and surpassing legal, regulatory and accreditation requirements?
- (4) **Ethics** What are your RESULTS for KEY MEASURES or INDICATORS of ETHICAL BEHAVIOUR and of STAKEHOLDER trust in your organisation's SENIOR LEADERS and GOVERNANCE? What are your RESULTS for KEY MEASURES or INDICATORS of breaches of ETHICAL BEHAVIOUR?
- (5) **Society** What are your RESULTS for KEY MEASURES or INDICATORS of your organisation's fulfilment of its societal responsibilities and your organisation's support of its KEY communities?

Notes

N1. Responses to 7.4a(1) should address communication processes identified in item 1.1.

N2. Responses to 7.4a(2) might include financial statement issues and risks, important internal and external auditor recommendations, and management's responses to these matters.

N3. Regulatory, legal, and accreditation results (7.4a[3]) should address requirements described in 1.2b. Workforce-related occupational health and safety results (e.g., OSH-reportable incidents) should be reported in 7.3a(2).

N4. For examples of measures of ethical behaviour and stakeholder trust (7.4a[4]), see item 1.2, note 4.

N5. Responses to 7.4a(5) should address your organisation's societal responsibilities discussed in 1.2b(1) and 1.2c(1), as well as support of the key communities and contribution to community health described in 1.2c(2). Measures of contributions to societal well-being might include reduced energy consumption; the use of renewable energy resources, recycled water, and alternative approaches to conserve resources (e.g., increased audio and video conferencing); and the global use of enlightened labour practices.

For additional description of this item, see page 43.

7.5 Financial and Market Outcomes: What are your financial and marketplace performance results? (80 points)

Results

Summarise your organisation's KEY financial and market-place PERFORMANCE RESULTS by market SEGMENTS, or PATIENT and STAKEHOLDER groups as appropriate. Include appropriate comparative data.

Provide data and information to answer the following questions:

a. Financial and Market RESULTS

- (1) **Financial PERFORMANCE** What are your current LEVELS and TRENDS in KEY MEASURES or INDICATORS of financial PERFORMANCE, including aggregate MEASURES of financial return, financial viability, or budgetary PERFORMANCE, as appropriate?
- (2) **Marketplace PERFORMANCE** What are your current LEVELS and TRENDS in KEY MEASURES or INDICATORS of marketplace PERFORMANCE, including market share or position, market and market share growth, and new markets entered, as appropriate?

Notes

N1. Responses to 7.5a(1) might include aggregate measures of financial return, such as return on investment (ROI), operating margins, profitability, or profitability by market segment or customer group. Responses also should include measures of

financial viability, such as liquidity, debt-to-equity ratio, days cash on hand, asset utilisation, and cash flow. Measures should relate to the financial measures reported in 4.1a(1) and the financial management approaches described in item 2.2.

For additional description of this item, see page 43.

CHANGES FROM THE 2009-2010 HEALTH CARE CRITERIA

The Health Care Criteria for Performance Excellence have evolved significantly over time to help organisations address a dynamic environment, focus on strategy-driven performance, address concerns about customer and workforce engagement, governance and ethics, societal responsibilities and long-term organisational sustainability. The Criteria have continually progressed toward a comprehensive, integrated systems perspective of overall organisational performance management.

The year-to-year changes to the Baldrige Criteria have been evolutionary. However, since the Baldrige Programme's inception over 20 years ago, the changes to the Criteria have been revolutionary. They have evolved from having a specific focus on manufacturing quality to a comprehensive strategic focus on overall organisational competitiveness and sustainability. With each update of the Criteria, the Programme must balance two important stakeholder considerations. On one hand, there is a need for the Criteria to be at the leading edge of validated management practice to help users address the increasingly complex challenges they face; on the other hand, there is a desire for the Criteria to remain stable in order to provide users continuity in their performance assessments. Starting in 2009, the Baldrige Programme moved to a formal two-year revision cycle for the Criteria. Since that two-year cycle continues to meet the dual demands on the Criteria stated above, we have decided to retain that approach, making these the 2011-2012 Health Care Criteria for Performance Excellence.

The most significant revisions to the Criteria this year address two areas of importance: (1) dealing with complexity in enterprise leadership and management, and (2) customer engagement.

Complexity is a fact of organisational life. To succeed in today's global, competitive, uncertain environment, organisations must accept complexity. The Criteria are complex because achieving organisational sustainability in a global economy is complex. However, the Criteria provide a holistic frame of reference. While the Criteria require complex thinking, they also provide the path to clear identification of an organisation's relevant issues and strategic advantages, followed by identification of key data, then analyses for decision making. Handling complexity requires agility and the ability to execute with a sufficient degree of simplicity. One of the key foci for the current revisions is to help your organisation achieve that simplicity in execution. Each group of questions (the numbered paragraphs in each item) now has a subhead that summarises the content. With the outline formed by the category and item titles, titles for the areas to address, and these subheads, Criteria users now have a simple guide to performance excellence. All the significant aspects of a performance management system are covered in this outline, and the individual questions provide added guidance and details when you need those. We also have strengthened *the line of sight from strategic challenges and advantages to core competencies, to strategy, and*

then to work systems and work processes. This clear set of linkages should move an organisation from the strategic environment in which it functions to the execution of its operations in a logical sequence. While each of these concepts is complex, the line of sight should simplify the execution. Strategy development in our global marketplace will increasingly require some degree of intelligent risk taking, which is introduced as a new consideration in 2011 to place all the important considerations in the Criteria user's purview.

The concept of customer engagement has continued to receive increasing attention as organisations compete in a global marketplace and in competitive local markets. We have recognised the flow of logic in the customer focus category to address this concept better. The responsibility for establishing an organisational culture that fosters customer engagement for mutual success and customer loyalty begins with the senior leadership and is a part of creating a sustainable organisation. We have placed the responsibility for a patient- and stakeholder-focused culture in the senior leadership item. Listening and learning from and about the customer has taken on new dimensions with the advent of wide-scale use of social media. This concept has been added to questions on how your organisation listens to customers.

The most significant changes in the Criteria items and the Criteria booklet are summarised as follows:

- The number of areas to address has been reduced from 41 to 40, and the number of Criteria items has been reduced from 18 to 17, plus 2 in the Preface: Organisational Profile section.
- The question that appeared in numerous items about keeping systems current with changing health care needs and directions has been removed from the Criteria. This topic should be covered in strategic planning and also is a sign of organisational maturity, which is reflected in the scoring guidelines as a function of learning and integration.

Preface: Organisational Profile

- Item P.1, Organisational Description, no longer asks about managing supplier and partner relationships. Supply-chain management is now addressed in item 6.2.
- Item P.2, Organisational Situation, now includes societal responsibility as a factor to consider in your strategic challenges and advantages.

Category 1: Leadership

- Item 1.1, Senior Leadership, now includes a focus on creating a workforce culture that fosters customer engagement as a leadership responsibility.
- Item 1.2, Governance and Societal Responsibilities, asks how senior leader performance evaluations are used in determining executive compensation.

Category 2: Strategic Planning

- This category has an enhanced focus on organisational agility to address a changing strategic environment.
- Item 2.1, Strategy Development, now asks how your strategic planning process considers projections of your and your competitors' future performance. The item also asks questions about your ability to adapt to sudden shifts in your market conditions.
- Item 2.2, Strategy Implementation, specifically asks about the relationship of your action plans to your strategic objectives.

Category 3: Customer Focus

- This category has been redesigned to enhance the flow of logic and incorporate the use of social media as a mechanism for listening to customers.
- Item 3.1, now Voice of the Customer, asks about how you listen to current and potential patients and stakeholders and how you determine patient and stakeholder satisfaction, dissatisfaction, and engagement.
- Item 3.2, now Customer Engagement, asks about your health care service offerings, patient and stakeholder support, patient and stakeholder segmentation, and use of patient and stakeholder data. These are important to building relationships with patients and stakeholders, which is addressed in the second part of the item.

Category 4: Measurement, Analysis and Knowledge Management

- Item 4.1, Measurement, Analysis, and Improvement of Organisational Performance, now includes voice-of-the-customer data as a key component of organisational performance measurement. Use of customer data was previously addressed as a stand-alone factor in category 3. Performance improvement questions now ask about best-practice sharing and about use of performance review findings and comparative data to project future performance.

Category 5: Workforce Focus

- This category has been reconfigured and simplified to enhance the flow of logic.
- Item 5.1, now Workforce Environment, includes preparing for periods of workforce growth as part of managing workforce capacity and capability.
- Item 5.2, now Workforce Engagement, includes patient and stakeholder focus as an element of workforce and leader development.

Category 6: Operations Focus

- This category, now Operations Focus, has been renamed to focus on the operations that produce and support the delivery of your health care service offerings.
- Item 6.1, Work Systems, has been simplified to focus exclusively on work systems, including controlling costs of those systems.
- Item 6.2, Work Processes, specifically asks about the relationship of your work processes to your work systems. The item also asks about your supply-chain management processes.

Category 7: Results

- This category has been aligned with the changes in categories 1-6 to encourage the measurement of important and appropriate results and also has been reduced from six items to five.
- Item 7.1, now Health Care and Process Outcomes, results from the combination of former items dealing with health care outcomes and process outcomes. This change has been made for several reasons: (1) it is important to relate processes to the ultimate goal of delivering ever-improving value to patients and stakeholders, contributing to improved health care quality and organisational sustainability; (2) there is a desire to drive thinking on cause-effect relationships between strategic and operational processes and health care outcomes.
- Item 7.3, now Workforce-Focused Outcomes, has been realigned to follow the flow of logic in category 5.
- Item 7.4, now Leadership and Governance Outcomes, more explicitly details leadership responsibilities for delivering key results.
- Item 7.5, now Financial and Market Outcomes, places this item last as the "bottom line" for many organisations.

Glossary of Key Terms

- Several words in the Glossary section have had slightly updated definitions. There has been particular effort to clarify the definition of performance projections.

Results Scoring Section

- The results scoring guidelines have been modified to align better with the item format and organisational maturity by addressing the basic, overall, and multiple requirements of results items. Also, performance projection expectations are now included only in the 90-100% scoring range.

HEALTH CARE CRITERIA RESPONSE GUIDELINES

The guidelines given in this section are offered to assist Criteria users in responding most effectively to the requirements of the 17 process and results Criteria items. Writing an application for the NZ Business Excellence Award involves responding to these requirements in 50 or fewer pages.

The guidelines are presented in three parts:

- (1) general guidelines regarding the Criteria booklet, including how the items are formatted
- (2) guidelines for responding to process items
- (3) guidelines for responding to results items

To respond most effectively to the Criteria items, it is also important to refer to the scoring guidelines (page 52), which describe how organisations can demonstrate increasing accomplishment and improvement relative to the requirements of the Criteria items.

General Guidelines

1. Read the entire Criteria booklet.

The main sections of the booklet provide a full orientation to the Criteria, including how responses are to be evaluated for self-assessment or by National Evaluators. You should become thoroughly familiar with the following sections:

- Health Care Criteria for Performance Excellence (pages 3-25)
- Scoring System (pages 50-51)

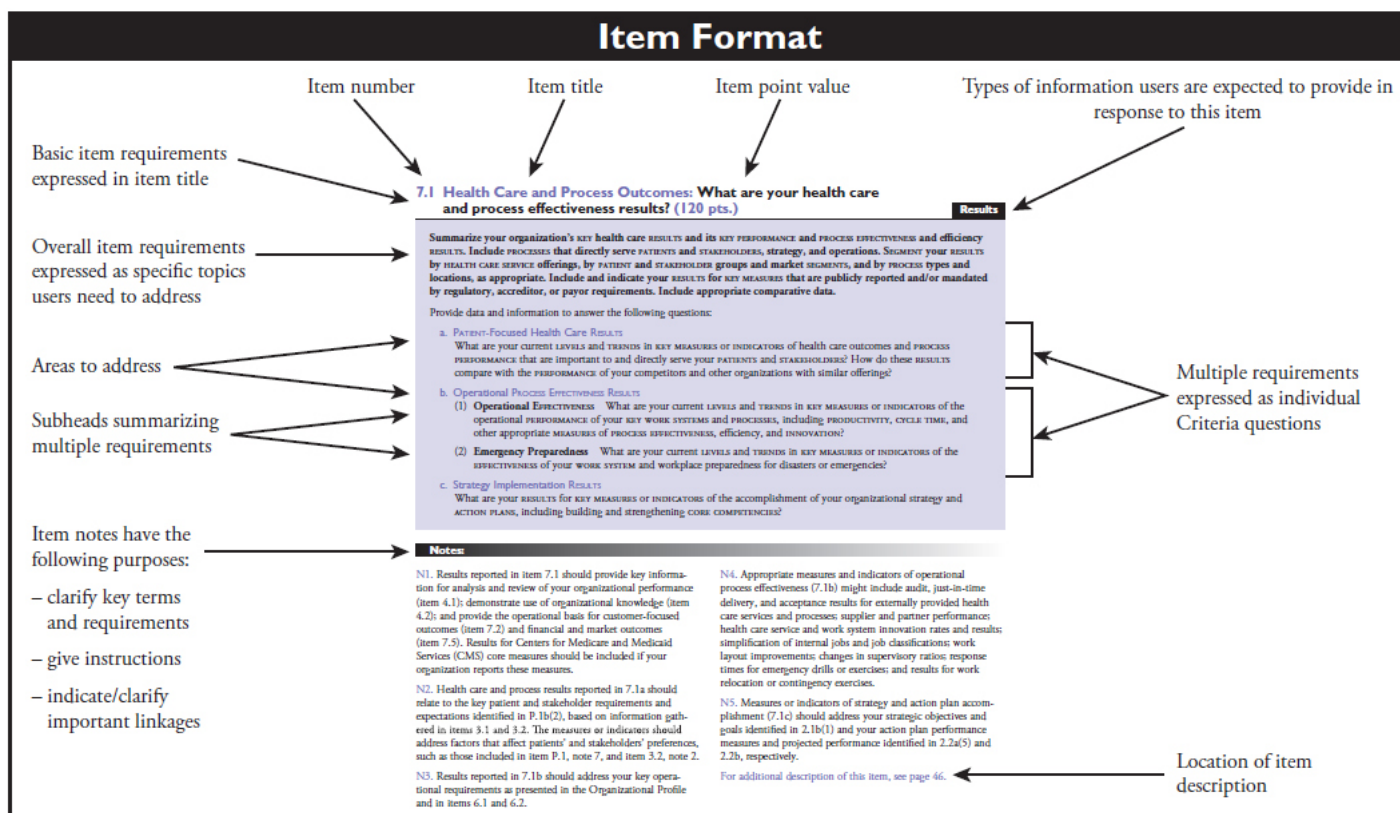
- Glossary of Key Terms (pages 54-60)
- Category and Item Descriptions (pages 32-43)

2. Review the Item format and understand how to respond to the item requirements.

The item format (see figure below) shows the different parts of items, the role of each part, and where each part is placed. It is especially important for you to understand the multiple requirements contained in the areas to address. The item notes following the item requirements are an aid to understanding the areas to address. Each item and area to address is described in greater detail in the Category and Item Descriptions section (pages 32-43).

Each item is classified as either **process** or **results**, depending on the type of information required. Guidelines for responding to process items are given on pages 29-30. Guidelines for responding to results items are given on pages 30-31.

Item requirements are presented in question format. Some of the requirements in the areas to address include multiple questions. Responses to an item should contain information that address all questions; however, each question need not be answered separately. Responses to multiple questions within a single area to address may be grouped, as appropriate to your organisation. These multiple questions serve as a guide in understanding the full meaning of the information being requested.



3. Refer to the Scoring Guidelines.

The evaluation of process and results item responses includes a review of the Criteria Items in combination with the scoring guidelines (page 52). Specifically, as a complement to requirements of the process items (categories 1–6), the scoring guidelines address the maturity of your approaches, breadth of deployment, extent of learning, and integration with other elements of your performance management system. Similarly, as a complement to requirements of the results items (category 7), the scoring guidelines focus on the actual performance levels, the significance of the results trends, relevant comparative data, integration with important elements of your performance management system, and the strength of the improvement process. Therefore, you need to consider both the Criteria and the scoring guidelines as you prepare your responses to all items.

4. Understand the meaning of key terms.

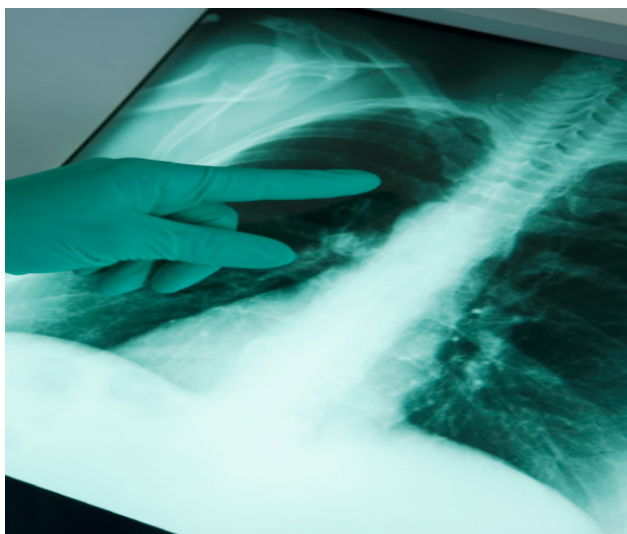
Many of the terms used in the Criteria have meanings that may differ somewhat from standard definitions or definitions used in your organisation. Terms printed in SMALL CAPS can be found in the Glossary of Key Terms beginning on page 54. Understanding these terms can help you accurately self assess your organisation and communicate your processes and results to those reviewing your responses and planning your improvement efforts.

5. Start by preparing the Organisational Profile.

The Organisational Profile is the most appropriate starting point. The Organisational Profile is intended to help everyone—including organisations using the Criteria for self-assessment, application writers, and reviewers—understand what is most relevant and important to your organisation’s mission and to its performance as a health care provider. The questions in the Organisational Profile are on pages 3-5. The Organisational Profile is described in greater detail on pages 32-33.

Guidelines for Responding to Process Items

Although the Criteria focus on key organisational performance results, these results by themselves offer little *diagnostic* value. For example, if some results are poor or are improving at rates slower than your competitors’ or comparable organisations, it is important to understand why this is so and what might be done to accelerate improvement.



The purpose of process items is to permit diagnosis of your organisation’s *most important* processes—the ones that contribute most to organisational performance improvement and contribute to key outcomes or performance results. Diagnosis and feedback depend heavily on the content and completeness of your item responses. For this reason, it is important to respond to these Items by providing your *key* process information. Guidelines for organising and reviewing such information follow.

1. Understand the meaning of “how.”

Process items include questions that begin with the word “how.” Responses should outline your key process information that addresses approach, deployment, learning, and integration (See Scoring System page 50). Responses lacking such information, or merely providing an example, are referred to in the scoring guidelines as “anecdotal information.”

2. Understand the meaning of “what.”

Two types of questions in process items begin with the word “what.” The first type of question requests basic information on key processes and how they work. Although it is helpful to include *who* performs the work, merely stating *who* does not permit diagnosis or feedback. The second type of question requests information on *what* your key findings, plans, objectives, goals, or measures are. These latter questions set the context for showing alignment and integration in your performance management system. For example, when you identify key strategic objectives, your action plans, some of your performance measures, and some results reported in category 7 are expected to relate to the stated strategic objectives.

3. Write and review responses with the following guidelines and comments in mind.

- Show that *approaches* are systematic.

Systematic approaches are repeatable and use data and information to enable learning. In other words, approaches are systematic if they build in the opportunity for evaluation, improvement, innovation, and knowledge sharing, thereby enabling a gain in maturity.

- Show *deployment*.

Deployment information should summarise how your approaches are implemented in different parts of your organisation. Deployment can be shown compactly by using tables.

- Show evidence of *learning*.

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

- Show *integration*.

Integration shows alignment and harmonisation among processes, plans, measures, actions, and results that generate organisational effectiveness and efficiencies.

- Show focus and consistency.

There are four important considerations regarding focus and consistency: (1) the Organisational Profile should make clear what is important to your organisation; (2) the Strategic Planning category (category 2), including the strategic objectives, action plans, and core competencies should

highlight areas of greatest focus and describe how deployment is accomplished; (3) the descriptions of organisational level analysis and review (item 4.1) should show how your organisation analyses and reviews performance information to set priorities; and (4) the Operations Focus category (category 6) should highlight the work systems and work processes that are key to your overall performance. *Showing focus and consistency in the process items and tracking corresponding measures in the Results Items should improve organisational performance.*

- Respond fully to item requirements.

Missing information will be interpreted as a gap in your performance management system. All areas to address should be addressed. Individual questions within an area to address may be addressed individually or together.

4. Cross-reference when appropriate.

As much as possible, each item response should be self-contained. However, responses to different items also should be mutually reinforcing. It is appropriate to refer to the other responses rather than repeat information. In such cases, key process information should be given in the item requesting this information. For example, workforce development and learning systems should be described in item 5.2. Discussions about workforce development and learning elsewhere in your application would then reference but not repeat details given in your item 5.2 response.

5. Use a compact format.

Applicants should make the best use of the 50 application pages permitted. Applicants are encouraged to use flowcharts, tables, and “bullets” to present information concisely. The 50-page application limit is designed to force your organisation to consider what is most important in managing your enterprise and reporting your results.

Guidelines for Responding to Results Items

The Criteria place a major emphasis on results. The following information, guidelines, and example relate to effective and complete reporting of results.

1. Focus on the most critical organisational performance results.

Results reported should cover the most important requirements for your organisation’s success, highlighted in your Organisational Profile and in the Leadership, Strategic Planning, Customer Focus, Workforce Focus, and Operations Focus categories.

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

- *performance levels* that are reported on a meaningful measurement scale
- *trends* to show directions of results, rates of change and the extent of deployment
- *comparisons* to show how results compare with those of other, appropriately selected organisations
- *integration* to show that all important results are included, segmented, (e.g., by important patient or stakeholder, workforce, process, and health care service groups)



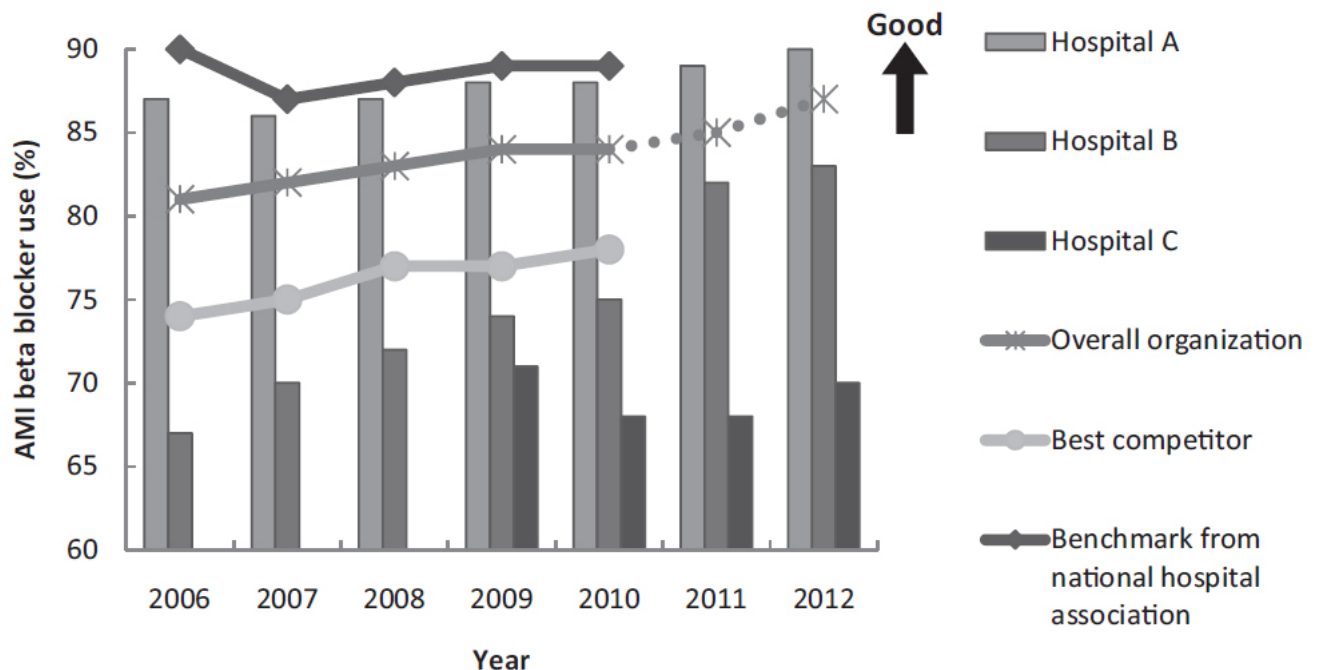
3. Include trend data covering actual periods for tracking trends.

No minimum period of time is specified for trend data. However, a minimum of three historical data points generally is needed to ascertain a trend. Trends might span five or more years for some results. Trends should represent historic and current performance and not rely on projected (future) performance. Time intervals between data points should be meaningful for the specific measure(s) reported. For important results, new data should be included even if trends and comparisons are not yet well established.

4. Use a compact format—graphs and tables.

Many results can be reported compactly by using graphs and tables. Graphs and tables should be labelled for easy interpretation. Results over time or compared with others should be “normalised,” i.e., presented in a way (such as use of ratios that takes into account size factors). For example, reporting safety trends in terms of needle sticks per 100 staff members would be more meaningful than total needle sticks if the number of staff members has varied over the time period or if you are comparing your results to organisations differing in size.

Figure 7.1-3 Beta-Blocker Use



5. Incorporate results into the body of the text.

Discussion of results and the results themselves should be close together in an Award application. *Trends that show a significant beneficial or adverse change should be explained.* Use figure numbers that correspond to items. For example, the third figure for item 7.1 would be Figure 7.1-3. (See the example in the figure above.)

The graph shown on the next page illustrates data that a health care system with multiple sites might present as part of a response to item 7.1, Health Care and Process Outcomes. In the Organisational Profile, the organisation has identified use of beta-blockers with acute myocardial infarction (AMI) as a key patient and stakeholder requirement.

The graph illustrates a number of characteristics of clear and effective results reporting:

- A figure number is provided for reference to the graph in the text.
- Both axes and units of measure are clearly labelled.
- Data levels and trends are reported for a key patient and stakeholder requirement - use of beta-blockers with AMI.
- Results are presented for several years.
- An arrow indicates that an upward trend is good for this measure.
- Appropriate comparisons are shown clearly.

- The organisation shows, using a single graph, that all three of its hospitals are separately tracked for beta-blocker use.
- The organisation projects improved performance, including discontinuous or breakthrough improvement relative to prior performance for hospital B. The text should explain this breakthrough change and might refer to critical learning from hospital A as the basis for the projected change.

To help interpret the scoring guidelines (page 50), the following comments on the graphed results would be appropriate:

- The current overall organisational performance level is good. This conclusion is supported by the comparison with competitors and with a benchmark level.
- The organisation shows beneficial improvement trends sustained over time.
- Hospital A is the current performance leader - showing sustained high performance and a slightly positive trend since 2007. Hospital B shows rapid improvement. Its performance is near that of the best competitor but trails hospital A.
- Hospital C - identified in the application as a new acquisition - is having early problems with ensuring beta blocker use but is projecting a turnaround. (The organisation should briefly explain these problems.)
- The organisation has projected improvements in beta blocker use for all of its hospitals. Hospital C continues to lag behind the others; hospital A is projected to meet its goal by the year 2012.

CATEGORY AND ITEM DESCRIPTIONS

Preface: Organisational Profile

The Organisational Profile provides an overview of your organisation. The profile addresses your operating environment, your key organisational relationships, your competitive environment and strategic context, and your approach to performance improvement. Your Organisational Profile provides a framework for understanding your organisation. It helps the National Evaluators and Judges when reviewing your application to understand what you consider important. It also helps you to guide and prioritise the information you present in response to the Criteria items in categories 1–7.

The Organisational Profile provides your organisation with critical insight into the key internal and external factors that shape your operating environment. These factors, such as the vision, values, mission, core competencies, competitive environment, and strategic challenges and advantages, impact the way your organisation is run and the decisions you make. As such, the Organisational Profile helps your organisation better understand the context in which it operates; the key requirements for current and future business success and organisational sustainability; and the needs, opportunities, and constraints placed on your organisation's management systems.

P.1 Organisational Description: What are your key organisational characteristics?

Purpose

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

Comments

- The use of such terms as “purpose,” “vision,” “values,” “mission,” and “core competencies” varies depending on the organisation, and some organisations may not use one



or more of these terms. Nevertheless, you should have a clear understanding of the essence of your organisation, why it exists, and where your senior leaders want to take the organisation in the future. This clarity enables you to make and implement strategic decisions affecting the future of your organisation.

- A clear identification and thorough understanding of your organisation's core competencies are central to organisational sustainability and competitive performance. Executing your core competencies well is frequently a marketplace differentiator. Keeping your core competencies current with your strategic directions can provide a strategic advantage, and protecting intellectual property contained in your core competencies can support sustainability.
- The legal and regulatory environment in which you operate places requirements on your organisation and impacts how you run your organisation. Understanding this environment is key to making effective operational and strategic decisions. Further, it allows you to identify whether you are merely complying with the minimum requirements of applicable laws, regulations, and standards of practice or exceeding them, a hallmark of leading organisations.
- Leading organisations have well-defined governance systems with clear reporting relationships. It is important to clearly identify which functions are performed by senior leaders and, as applicable, by your governance board and your parent organisation. Board independence and accountability frequently are key considerations in the governance structure.
- In supplier-dependent organisations, suppliers play critical roles in processes that are important to running the business and to maintaining or achieving a sustainable competitive advantage. Supply chain requirements might include accessibility, continuity of care, on-time or just-in-time delivery, flexibility, variable staffing, research and design capability, process and health care service innovation, and customised services.

P.2 Organisational Situation: What is your organisation's strategic situation?

Purpose

This item addresses the competitive and collaborative environment in which your organisation operates, including your key strategic challenges and advantages. It also addresses how you approach performance improvement, organisational learning, and innovation processes. The aim is to understand your key organisational challenges and your system for establishing and preserving your competitive advantage.

Comments

- Knowledge of an organisation's strengths, vulnerabilities, and opportunities for improvement and growth is essential to the success and sustainability of the organisation. With this knowledge, you can identify those health care service offerings, processes, competencies, and performance attributes that are unique to your organisation; those that set you apart from other organisations; those that help you to preserve your competitive advantage; and those that you must develop to sustain or build your market position.

- Understanding who your competitors and collaborators are, how many you have, and their key characteristics is essential for determining what your competitive advantage is in the health care industry and marketplace. Leading organisations have an in-depth understanding of their current competitive and collaborative environment, including key changes taking place.
- Sources of comparative and competitive data might include external organisations, health care industry journals and other publications, benchmarking activities, annual reports for publicly traded companies and public organisations, conferences, local networks, and industry associations. Comparative data, particularly in areas related to patient and stakeholder satisfaction, staff satisfaction, and organisational effectiveness (e.g., cycle time), can also be obtained from organisations outside the health care sector.
- Operating your organisation in today's highly competitive marketplace means you are facing strategic challenges that can affect your ability to sustain performance and maintain your competitive position. These challenges might include your operational costs (e.g., pharmaceuticals, labour, or medical technology); expanding or decreasing markets; mergers or acquisitions by your organisation and by your competitors; economic conditions, including fluctuating demand and economic downturns; needs for public health and bioterrorism preparedness; the introduction of new or substitute health care services; rapid technological changes; or emergence of e-healthcare delivery technology. In addition, your organisation may face challenges related to the recruitment, hiring, and retention of a qualified workforce.
- A particularly significant challenge, if it occurs to your organisation, is being unprepared for a disruptive technology that threatens your competitive position or your marketplace. In the past, such technologies have included MRIs replacing myelograms, laparoscopic surgery replacing more invasive types of surgery, and social media challenging other means of communication. Today, organisations need to be scanning the environment inside and outside their immediate industry to detect such challenges at the earliest possible point in time.

Leadership (Category 1)

Leadership addresses how your senior leaders' actions guide and sustain your organisation, setting organisational vision, values, and performance expectations. Attention is given to how your senior leaders communicate with your workforce, enhance their leadership skills, participate in organisational learning and develop future leaders, create a focus on action, and establish an environment that encourages ethical behaviour and high performance. The category also includes your organisation's governance system and how your organisation fulfils its legal, ethical, and societal responsibilities and supports its key communities and builds community health.

1.1 Senior Leadership: How do your senior leaders lead?

Purpose

This item examines the key aspects of your senior leaders' responsibilities. It examines how your senior leaders set and communicate the organisation's vision and values and how they practice these values. It focuses on your senior leaders' actions to create a sustainable, high-performing organisation with a patient, stakeholder, and community focus.

Comments

- Senior leaders' central role in setting values and directions, communicating, creating and balancing value for all stakeholders, and creating an organisational focus on action are key elements of this item. Success requires a strong orientation to the future and a commitment to improvement, innovation, and organisational sustainability. Increasingly, this requires creating an environment for empowerment, agility, and learning.
- In health care organisations with separate administrative/operational and health care leadership, an important aspect of leadership is the relationship between and collaboration of these two sets of leaders.
- In highly respected organisations, senior leaders are committed to establishing a culture of patient engagement, to developing the organisation's future leaders, and to recognising and rewarding contributions by members of the workforce. Senior leaders enhance their personal leadership skills. They participate in organisational learning, in the development of future leaders, in succession planning, and in recognition opportunities and events that celebrate the workforce. Development of future leaders might include personal mentoring or participation in leadership development courses.

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

Purpose

This item examines key aspects of your organisation's governance system, including leadership improvement. It also examines how your organisation ensures that everyone in the organisation behaves legally and ethically, and how your organisation fulfils its societal responsibilities, and supports its key communities.

Comments

- The organisational governance requirement addresses the need for a responsible, informed, transparent, and accountable governance or advisory body that can protect the interests of key stakeholders (including shareholders) in publicly traded, private, and nonprofit organisations. This body should have independence in review and audit functions, as well as a performance evaluation function that monitors organisational and CEOs' and medical staff leaders' performance.
- An integral part of health care delivery, performance management and improvement is proactively addressing (1) the need for ethical behaviour, (2) all legal, regulatory, and accreditation requirements, and (3) risk factors. Ensuring high performance in these areas requires establishing appropriate measures or indicators that senior leaders track. Your organisation should be sensitive to issues of public concern related to your health care services, whether or not these issues currently are embodied in laws and regulations. Role-model organisations look for opportunities to exceed requirements and to excel in areas of legal and ethical behaviour.
- This item addresses the conservation of natural resources. Conservation might be achieved through the use of "green" technologies, the replacement of hazardous chemicals with water-based chemicals, energy conservation, the use of cleaner energy sources, or the recycling of by-products or wastes.

- Societal responsibility implies going beyond a compliance orientation. Opportunities to contribute to the well-being of environmental, social, and economic systems and opportunities to support key communities are available to organisations of all sizes. The level and breadth of these contributions will depend on the size of your organisation and your ability to contribute.
- Your organisation's community involvement should include considering contributions in areas of your core competencies. Examples of organisational community involvement are partnering with other health care providers, businesses, and professional associations to engage in beneficial, cooperative activities, such as increasing equity and access to care and sharing best practices to improve overall NZ health status and health care.
- Actions to build community health might include partnering with local organisations (public entities and businesses) and health care providers. The community health services offered by your organisation will depend on your mission, including service requirements for tax-exempt organisations.

Strategic Planning (Category 2)

Strategic Planning addresses strategic and action planning, implementation of plans, how adequate resources are ensured to accomplish the plans, how accomplishments are measured and sustained, and how plans are changed if circumstances require a change. The category stresses that long-term organisational sustainability and your competitive environment are key strategic issues that need to be integral parts of your organisation's overall planning. Decisions about your organisational core competencies are an integral part of organisational sustainability and therefore are key strategic decisions.

While many organisations are increasingly adept at strategic planning, plan execution is still a significant challenge. This is especially true given market demands to be agile and to be prepared for unexpected change, such as volatile economic conditions or disruptive technologies that can upset an otherwise fast-paced but more predictable marketplace. This category highlights the need to place a focus not only on developing your plans, but also on your capability to execute them.

The Baldrige Health Care Criteria emphasise three key aspects of organisational excellence. These aspects are important to strategic planning:

- Patient-focused excellence is a strategic view of excellence. The focus is on the drivers of customer engagement, patient health status, new markets, and market share—key factors in competitiveness, profitability, and organisational sustainability.
- Operational performance improvement and innovation contribute to short- and longer-term productivity growth and cost/price competitiveness. Building operational capability—including speed, responsiveness, and flexibility—represents an investment in strengthening your organisational fitness.
- Organisational and personal learning are necessary strategic considerations in today's fast-paced environment. The Criteria emphasise that improvement and learning need to be embedded in work processes. The special role of strategic planning is to align work systems and learning initiatives with your organisation's strategic directions, thereby ensuring that improvement and learning prepare you for and reinforce organisational priorities.



The Strategic Planning category examines how your organisation

- determines its key strengths, weaknesses, opportunities, and threats; its core competencies; and its ability to execute your strategy
- optimises the use of resources, ensures the availability of a skilled workforce, and bridges short- and longer term requirements that may entail capital expenditures, technology development or acquisition, supplier development, and new partnerships or collaborations
- ensures that implementation will be effective—that there are mechanisms to communicate requirements and achieve alignment on three levels: (1) the organisation and executive level, (2) the key work system and work process level, and (3) the work unit and individual job level.

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

2.1 Strategy Development: How do you develop your strategy? Purpose

This item examines how your organisation determines its core competencies, strategic challenges, and strategic advantages and establishes its strategic objectives to address its challenges and leverage its advantages. The aim is to strengthen your overall performance, your performance relative to competitors and other organisations providing similar health care services, and your future success.

Comments

- This item calls for basic information on the planning process and for information on all the key influences, risks, challenges, and other requirements that might affect your organisation's future opportunities and directions—taking as long-term a view as appropriate and possible from the perspectives of your organisation and your industry or marketplace. This approach is intended to provide a thorough and realistic context for the development of a patient-, stakeholder-, - and market-focused strategy to guide ongoing decision making, resource allocation, and overall management.
- This item is intended to cover all types of health care organisations, competitive/collaborative situations, strategic issues, planning approaches, and plans. The requirements explicitly call for a future-oriented basis for action but do not imply the need for formal planning departments, specific planning cycles, or a specified way of visualising the future. Even if your organisation is seeking to create an entirely new health care service or business, it is still necessary to set and to test the objectives that define and guide critical actions and performance.
- This item emphasises health care industry leadership, which usually depends on health care service delivery and operational effectiveness. Health care industry leadership requires a view of the future that includes not only the markets or segments in which your organisation provides services but also how it competes and collaborates in providing services in these markets. How it competes and/or collaborates presents many options and requires that you understand your organisation's and your competitors'/collaborators' strengths and weaknesses. How it competes also might involve decisions on taking intelligent risks in order to gain or retain a market leadership position. Although no specific time horizons are included, the thrust of this item is sustained performance leadership.
- An increasingly important part of strategic planning is projecting the future competitive and collaborative environment. This includes the ability to project your own future performance as well as that of your competitors. Such projections help to detect and reduce competitive threats, to shorten reaction time, and to identify opportunities. Depending on the size and type of organisation, the potential need for new core competencies, the maturity of markets, the pace of change, and competitive parameters (such as price, costs, or the innovation rate), organisations might use a variety of modelling, scenarios, or other techniques and judgments to anticipate the competitive and collaborative environment.

2.2 Strategy Implementation: How do you implement your strategy?

Purpose

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

Comments

- This item asks how your action plans are developed and deployed to your workforce, key suppliers, and partners. The accomplishment of action plans requires resources and

performance measures, as well as the alignment of the plans of your work units, suppliers, and partners. Of central importance is how you achieve alignment and consistency—for example, via work systems, work processes, and key measurements. Also, alignment and consistency are intended to provide a basis for setting and communicating priorities for ongoing improvement activities—part of the daily work of all work units. In addition, performance measures are critical for tracking performance.

- Many types of analyses can be performed to ensure that financial resources are available to support the accomplishment of your action plans, while your organisation also meets existing obligations. For current operations, these efforts might include the analysis of cash flows, net income statements, and current liabilities versus current assets. For investments to accomplish action plans, the efforts might include analysis of discounted cash flows, return on investment (ROI), or return on invested capital (ROIC). The specific types of analyses will vary from organisation to organisation. These analyses should help your organisation assess the financial viability of your current operations and the potential viability of and risks associated with your action plan initiatives.
- Action plans should include human resource or workforce plans that are aligned with and support your overall strategy.
- Examples of possible human resource plan elements are
 - a re-design of your work organisation and jobs to increase workforce empowerment and decision making
 - initiatives to promote greater labour-management cooperation, such as union partnerships
 - a consideration of the impacts of outsourcing on your current workforce and initiatives
 - initiatives to prepare for future workforce capability and capacity needs
 - initiatives to foster knowledge sharing and organisational learning
 - the modification of your compensation and recognition systems to recognise team, organisational, patient and stakeholder, or other performance attributes
 - education and training initiatives, such as developmental programmes for future leaders, partnerships with universities to help ensure the availability of an educated and skilled workforce, and establishment of training programmes on new technologies important to the future success of your workforce and your organisation
- Projections and comparisons in this item are intended to improve your organisation's ability to understand and track dynamic, competitive performance factors. Projected performance might include changes resulting from new business ventures, entry into new markets, the introduction of new technologies, product innovations, or other strategic thrusts that might involve a deliberate degree of risk. Through this tracking process, your organisation should be better prepared to take into account its rate of improvement and change relative to that of competitors or other organisations offering similar health care services and relative to its own targets or stretch goals. Such tracking serves as a key diagnostic tool for your organisation's management to start, accelerate, or discontinue initiatives.

Customer Focus (Category 3)

Customer Focus addresses how your organisation seeks to engage your customers, with a focus on listening to and supporting patients and stakeholders, determining their satisfaction, offering the right services, and building relationships that result in loyalty through patients' and stakeholders' investment in your health care service offerings. The category stresses customer engagement as an important outcome of an overall patient and stakeholder culture and a learning and performance excellence strategy. Your patient and stakeholder satisfaction and dissatisfaction results provide vital information for understanding your patients, your stakeholders, and the marketplace. In many cases, the voice of the customer provides meaningful information not only on your patients' and stakeholders' views but also on their marketplace behaviours and how these views and behaviours may contribute to the sustainability of your organisation in the marketplace.

Throughout the Criteria, patients are frequently identified separately from stakeholder groups to stress the importance of patients to health care organisations. However, the item requirements also refer to stakeholders generically to ensure the inclusion of all stakeholder groups in the organisation's customer focus and performance management system. Stakeholders might include patients' families, the community, insurers and other third-party payors, employers, health care providers, patient advocacy groups, departments of health, and students. A key challenge to health care organisations may be balancing the differing expectations of patient and stakeholder groups.

3.1 Voice of the Customer: How do you obtain information from your patients and stakeholders?

Purpose

This item examines your organisation's processes for listening to your customers and determining their satisfaction and dissatisfaction.. It also examines the process for using these data. The aim is to capture meaningful information in order to exceed your customers' expectations.

Comments

- Selection of voice-of-the-customer strategies depends on your organisation's key business factors. Increasingly, organisations listen to the voice of the customer via multiple modes. Some frequently used modes include focus groups with key customers, close integration with key customers, interviews with lost and potential customers about their purchasing or relationship decisions, win/loss analysis relative to competitors and other organisations providing similar products, and survey or feedback information.
- This item emphasises how you obtain actionable information from customers. Information that is actionable can be tied to key product offerings and business processes and can be used to determine cost and revenue implications for setting improvement goals and priorities for change.
- In a rapidly changing technological, competitive, economic, and social environment, many factors may affect customer expectations and loyalty and your interface with customers in the marketplace. This makes it necessary to continually listen and learn. To be effective, listening and learning need to be closely linked with your organisation's overall business strategy.
- Customers increasingly are turning to social media to voice their impressions of your products and customer support. This information may be provided through social interactions you mediate or through independent or customer-initiated

means. All of these can be valuable sources of information for your organisation. Organisations may need to become familiar with vehicles for monitoring and tracking this information.

- Knowledge of customers, customer groups, market segments, former customers, and potential customers allows your organisation to tailor product offerings, to support and tailor your marketing strategies, to develop a more customer-focused workforce culture, to develop new business, and to ensure organisational sustainability.
- In determining customers' satisfaction and dissatisfaction, a key aspect is their comparative satisfaction with competitors, competing or alternative offerings, and/or organisations providing similar products. Such information might be derived from your own comparative studies or from independent studies. The factors that lead to customer preference are of critical importance in understanding factors that drive markets and potentially affect longer term competitiveness and organisational sustainability.

3.2 Customer Engagement: How do you engage patients and stakeholders to serve their needs and build relationships?

Purpose

This item examines your organisation's processes for identifying and innovating product offerings that serve your customers and markets; enabling customers to seek information and support; and using customer, market, and product offering information. The item also examines how you build relationships with your customers and manage complaints in order to retain customers and increase their engagement with you. The aim of these efforts is to improve marketing, build a more customer-focused culture, enhance customer loyalty, and identify opportunities for innovation.

Comments

- Customer engagement is a strategic action aimed at achieving such a degree of loyalty that the customer will advocate for your brand and product offerings. Achieving such loyalty requires a customer-focused culture in your workforce based on a thorough understanding of your business strategy and the behaviours and preferences of your customers.
- A relationship strategy may be possible with some customers but not with others. The relationship strategies you do have may need to be distinctly different for each customer, customer group, and market segment. They also may need to be distinctly different during various stages of the customer life cycle.
- Complaint aggregation, analysis, and root cause determination should lead to effective elimination of the cause of complaints and to the setting of priorities for process and product improvements. Successful outcomes require effective deployment of information throughout the organisation.



Measurement, Analysis, and Knowledge Management (Category 4)

The Measurement, Analysis, and Knowledge Management Category is the main point within the Criteria for all key information about effectively measuring, analysing, and improving performance and managing organisational knowledge to drive improvement and organisational competitiveness. In the simplest terms, category 4 is the “brain centre” for the alignment of your organisation’s health care, administrative, and clinical operations with its strategic objectives. Central to such use of data and information are their quality and availability. Furthermore, since information, analysis, and knowledge management might themselves be primary sources of competitive advantage and productivity growth, this category also includes such strategic considerations.

4.1 Measurement, Analysis and Improvement of Organisational Performance: How do you measure, analyse, and then improve organisational performance?

Purpose

This item examines your organisation’s selection and use of data and information for performance measurement, analysis, and review in support of organisational planning and performance improvement. This performance improvement includes efforts to improve health care results and outcomes (e.g., by selecting statistically meaningful indicators, adjusting data for risk, and lining outcomes to processes and provider decisions). The item serves as a central collection and analysis point in an integrated performance measurement and management system that relies on financial and non financial data and information, including clinical data. The aim of performance measurement, analysis, review, and improvement is to guide your organisation’s process management toward the achievement of key organisational results and strategic objectives to anticipate and respond to rapid or unexpected organisational or external changes, and to identify best practices that may be shared.

Comments

- Alignment and integration are key concepts for successful implementation and use of your performance measurement system. They are viewed in terms of the extent and effectiveness of their use to meet your performance assessment and improvement needs and your strategy development and execution. Alignment and integration include how measures are aligned throughout your organisation and how they are integrated to yield organisation wide data and information. Alignment and integration also include how performance measurement requirements are deployed by your senior leaders to track work group and process-level performance on key measures targeted for organisation-wide significance or improvement.
- The use of comparative data and information is important to all organisations. The major premises for their use are that (1) your organisation needs to know where it stands relative to competitors, to other providers, and to best practices, (2) comparative information and information obtained from benchmarking often provide the impetus for significant (“breakthrough”) improvement or change, and (3) comparing performance information frequently leads to a better understanding of your processes and their performance, and (4) comparative performance projections and competitors’ performance may reveal organisational challenges as well as where innovation is needed. Comparative information also may support business analysis and decisions relating to core competencies, partnering, and outsourcing.

- Your effective selection and use of comparative data and information require (1) the determination of needs and priorities, (2) criteria for seeking appropriate sources for comparisons—from within and outside the health care industry and your organisation’s markets, and (3) the use of data and information to set stretch goals and to promote major, non incremental (“breakthrough”) improvements in areas most critical to your organisation’s competitive strategy.
- Comparative data might include data from similar organisations or health care industry benchmarks. Local or national sources of data might include (1) other organisations through sharing or contributing to external reference databases (e.g., indicator projects), (2) the open literature (e.g., outcomes of research studies and practice guidelines), and (3) independent organisations that gather and evaluate data.
- The organisational review called for in this item is intended to cover all areas of performance. This includes not only current performance but also projections of your future performance. It is anticipated that the review findings will provide a reliable means to guide both improvements and opportunities for innovation that are tied to your organisation’s key objectives, core competencies, success factors, and measures. Therefore, an important component of your organisational review is the translation of the review findings into actions that are deployed throughout your organisation and to appropriate suppliers, partners, collaborators, and key customers.
- Analyses that your organisation conducts to gain an understanding of performance and needed actions may vary widely depending on your type of organisation, size, competitive environment, and other factors. Examples of possible analyses include
 - how health care service improvements correlate with key patient and stakeholder indicators such as satisfaction, loyalty, and market share
 - cost and revenue implications of patient- and stakeholder-related problems and effective problem resolution
 - interpretation of market share changes in terms of patient and stakeholder gains and losses and changes in customer engagement
 - improvement trends in key operational performance indicators such as productivity, cycle time (e.g., length of stay, turnaround times, wait times, and billing delays), waste reduction, utilisation rates, error rates, and cost per case
 - relationships among personal learning, organisational learning and the value added per staff member
 - financial benefits derived from improvements in workforce safety, absenteeism, and turnover
 - benefits and costs associated with education and training, including e-learning and other distance learning opportunities
 - benefits and costs associated with improved organisational knowledge management and sharing
 - the relationship between knowledge management and innovation
 - how the ability to identify and meet workforce capability and capacity needs correlates with retention, motivation and productivity

- cost and revenue implications of workforce-related problems and effective problem resolution
- individual or aggregate measures of productivity and quality relative to competitors' and comparable organisations' performance
- cost trends relative to competitors' and comparable organisations' trends (e.g., cost per case for key diagnostic related groups)
- compliance with preventative screenings compared with similar health care providers
- relationships among health care service quality, operational performance indicators, and overall financial performance trends as reflected in indicators such as operating costs, revenues, asset utilisation, and value added per staff member
- allocation of resources among alternative improvement projects based on cost/benefit implications or environmental and societal impact
- net earnings or savings derived from quality, operational, and workforce performance improvements
- comparisons among cost centres showing how quality and operational performance improvement affect financial performance (e.g., impacts of health maintenance organisation preventive care versus diagnostic expenses and treatment of potentially preventable illnesses)
- contributions of improvement activities to cash flow, working capital use, and shareholder and community value
- financial impacts of patient and stakeholder loyalty
- cost and revenue implications of new health care market entry
- market share versus profits/financial returns
- trends in economic, market, and stakeholder indicators of value and the impact of these trends on organisational sustainability

- Individual facts and data do not usually provide an effective basis for setting organisational priorities. This Item emphasises that close alignment is needed between your analysis and your organisational performance review and between your analysis and your organisational planning. This ensures that analysis



is relevant to decision making and that decision making is based on relevant data and information. In addition your historical performance, combined with assumptions of future internal and external changes, allows the development of your performance projections. These projections may serve as a key planning tool.

- Action depends on understanding causality among processes and between processes and results or outcomes. Process actions and their results may have many resource implications. Organisations have a critical need to provide an effective analytical basis for decisions, because resources for improvement are limited and causality is often unclear.

4.2 Management of Information, Knowledge, and Information Technology: How do you manage your information, organisational knowledge, and information technology?

Purpose

This item examines how your organisation ensures the quality and availability of needed data, information, software, and hardware for your workforce, suppliers and partners, collaborators, and patients and stakeholders, normally and in the event of an emergency. It also examines how your organisation builds and manages its knowledge assets. The aim is to improve organisational efficiency and effectiveness and to stimulate innovation.

Comments

- Managing information can require a significant commitment of resources as the sources of data and information grow dramatically. The continued growth of electronic information within organisations' operations—as part of organisational knowledge networks, through the Web and social media, in organisation-to-organisation communications, and in electronic communication/information transfer, including electronic medical records - challenges organisational abilities to ensure reliability, confidentiality and availability in a user-friendly format. This is of particular concern given the need to ensure the confidentiality of patient records in compliance with the Privacy Act.
- Data and information are especially important in organisation networks, partnerships, and supply chains. Your responses to this Item should take into account this use of data and information and should recognise the need for rapid data validation and reliability assurance, given the increasing use of electronic data transfer.
- The focus of an organisation's knowledge management is on the knowledge that people need to do their work; improve processes and health care services, and develop innovative solutions that add value for the patient, the stakeholder, and the organisation.
- One of the many issues facing organisations today is how to manage, use, evaluate, and share their ever-increasing organisational knowledge. Leading organisations benefit from the knowledge assets of their workforce, patients, stakeholders, suppliers, collaborators, and partners, who together drive organisational learning and improve performance.
- Organisations should carefully plan how they will continue to provide an information technology infrastructure, data, and information in the event of either a natural or man-made disaster. These plans should consider the needs of all of the organisation's stakeholders, including the workforce, patients, suppliers, partners, and collaborators. The plans also should be coordinated with the organisation's overall plan for health care and operational continuity (item 6.1).

Workforce Focus (Category 5)

Workforce Focus addresses key workforce practices— those directed toward creating and maintaining a high performance work environment and toward engaging your workforce to enable it and your organisation to adapt to change and to succeed. The category covers your capability and capacity needs and your workforce support climate. Your workforce focus includes workforce engagement, development, and management, which should be addressed in an integrated way (i.e., aligned with your organisation's strategic objectives and action plans).

To reinforce the basic alignment of workforce management with overall strategy, the Criteria also cover human resource planning as part of overall planning in the Strategic Planning category (category 2).

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

Purpose

This item examines your organisation's workforce environment, your workforce capability and capacity needs, how you meet those needs to accomplish the work of your organisation, and how you ensure a safe and supportive work climate. The aim is to build an effective environment for accomplishing your work and for supporting your workforce.

Comments

- All organisations, regardless of size, are required to meet minimum regulatory standards for workforce safety; however, high-performing organisations have processes in place to ensure that they not only meet these minimum standards but go beyond a compliance orientation. This includes designing proactive processes, with input from people directly involved in the work, to ensure a safe working environment.
- Most organisations, regardless of size, have many opportunities to support their workforce. Some examples of services, facilities, activities, and other opportunities are personal and career counselling, career development and employability services, recreational or cultural activities, formal and informal recognition, non work-related education, day care, special leave for family responsibilities and community service, flexible work hours and benefits packages, outplacement services, and retiree benefits, including extended health care and ongoing access to services.

5.2 Workforce Engagement: How do you engage your workforce to achieve organisational and personal success?

Purpose

This item examines your organisation's systems for engaging, developing, and assessing the engagement of your workforce, with the aim of enabling and encouraging all members of your workforce to contribute effectively and to the best of their ability. These systems are intended to foster high performance, to address your core competencies, and to help accomplish your action plans and ensure organisational sustainability.

Comments

- A particular challenge in some health care organisations is the breadth of staff relationships - the variety of people contributing to the delivery of the organisation's services. These people might include paid staff, independent practitioners, volunteers, and students. The contributions of each of these groups must be considered in the Workforce Focus category.

- High-performance work is characterised by flexibility, innovation, knowledge and skill sharing, good communication and information flow, alignment with organisational objectives, patient and stakeholder focus, and rapid response to changing business needs and health care marketplace requirements. The focus of this item is on a workforce capable of achieving high performance.
- Many studies have shown that high levels of workforce engagement have a significant, positive impact on organisational performance. Research has indicated that engagement is characterised by performing meaningful work; having clear organisational direction and performance accountability; and having a safe, trusting, effective, and co-operative work environment. In many organisations, employees and volunteers are drawn to and derive meaning from their work because the work is aligned with their personal values. In health care organisations, workforce engagement also is dependent on building and sustaining relationships between administrative/operational leaders and independent practitioners.
- Factors inhibiting engagement should be understood and addressed by your organisation. Understanding of these factors could be developed through workforce surveys, focus groups, blogs, or exit interviews with departing members of your workforce.
- Compensation and recognition systems should be matched to your work systems. To be effective, compensation and recognition might be tied to demonstrated skills, peer evaluations, and/or collaboration among departments and health care practitioners.
- Compensation and recognition approaches also might include profit sharing; rewards for exemplary team or unit performance; and linkage to customer engagement measures, achievement of organisational strategic objectives, or other key organisational objectives.
- Depending on the nature of your organisation's health care services, workforce responsibilities, and the stage of organisational and personal development, workforce development needs might vary greatly. These needs might include participating in clinical education; gaining skills for knowledge sharing, communication, teamwork, and problem solving; interpreting and using data; exceeding patients' and stakeholders' requirements; accomplishing process analysis and simplification; reducing waste and cycle time; working with and motivating volunteers; and setting priorities based on strategic alignment or cost/benefit analysis. Education needs also might include advanced skills in new technologies or basic skills, such as reading, writing, language, arithmetic, and computer skills.
- Learning and development opportunities might occur inside or outside your organisation and could involve on-the-job, classroom, computer-based, or distance learning, as well as developmental assignments, coaching, or mentoring.
- To help people realise their full potential, many organisations use individual development plans prepared with each person that address his or her career and learning objectives.
- Although this item does not specifically ask you about training for customer contact employees, such training is important and common. It frequently includes learning critical knowledge and skills in the following areas: your health care services, patients, and stakeholders, how to listen to patients and stakeholders, how to recover from problems or failures, and how to effectively manage and exceed patients' and stakeholders' expectations.

- An organisation's knowledge management system should provide the mechanism for sharing the knowledge of its people and the organisation to ensure that high performance work is maintained through transitions. Each organisation should determine what knowledge is critical for its operations and should then implement systematic processes for sharing this information. This is particularly important for implicit knowledge (i.e., knowledge personally retained by members of the workforce).
- Measures to evaluate the effectiveness and efficiency of your workforce and leader development and learning systems might address the impact on individual, unit, and organisational performance; the impact on patient- and stakeholder-related performance; and a cost/benefit analysis.
- Although satisfaction with pay and satisfaction with promotion are important, these two factors generally are not sufficient to ensure workforce engagement and high performance. Some examples of other factors to consider are effective problem and grievance resolution; development and career opportunities; the work environment and management support; workplace safety and security; the workload; effective communication, cooperation, and teamwork; job security; appreciation of the differing needs of diverse workforce groups; and organisational support for serving patients and stakeholders.
- In addition to direct measures of workforce engagement through formal or informal surveys, some other indicators include absenteeism, turnover, grievances, and strikes.

Operations Focus (Category 6)

Operations Focus addresses how the work of your organisation is accomplished. It examines how your organisation designs, manages, and improves its key work processes and the work systems of which they are a part. It stresses the importance of your core competencies and how you protect and capitalise on them for success and organisational sustainability. It calls specific attention to the need to prepare for potential emergencies and to ensure continuity of operations.

Efficient and effective work systems require effective design; a prevention orientation; and linkage to patients, stakeholders, suppliers, partners, and collaborators, as well as a focus on value creation for all key stakeholders; operational performance improvement; cycle time reduction; emergency readiness; and evaluation, continuous improvement, innovation, and organisational learning.

Work systems must also be designed in a way that allows your organisation to be agile. In the simplest terms, "agility" refers to your ability to adapt quickly, flexibly, and effectively to changing requirements. Depending on the nature of your organisation's strategy and markets, agility might mean rapid change from one health care service to another, adoption of a new technology or treatment protocol, rapid response to changing demands or market conditions, or the ability to produce a wide range of customised services. Agility also increasingly involves decisions to outsource, agreements with key suppliers, and novel partnering arrangements.

Cost and cycle time reduction may be achieved through Lean process management strategies. Defect reduction and improved product yield. The elimination of waste and the improvement of health care services often involve Six Sigma projects. It is crucial to utilise key measures for tracking all aspects of your operations management.

6.1 Work Systems: How do you design, manage, and improve your work systems?

Purpose

This item examines your organisation's overall approach to work systems design, management, and improvement, capitalising on your core competencies, with the aim of creating value for your patients and stakeholders, preparing for potential emergencies, and achieving organisational success and sustainability.

Comments

- This item asks how you design your overall work systems and how you organise all of the work needed to offer your health care services. It draws a critical linkage to your core competencies, which frequently are under-appreciated as key sources of organisational sustainability, competitive advantage, and marketplace respect.
- Many organisations need to consider requirements for suppliers, partners, and collaborators at the work system and work process design stage. Overall, effective design must take into account all stakeholders in the continuum of care. If many design projects are carried out in parallel or if your organisation's health care services use equipment and facilities that are used by multiple services, coordination of resources might be a major concern, but it also might offer a means to significantly reduce unit costs and time to design and implement new services.
- Efforts to ensure the continuity of operations in an emergency should consider all facets of your organisation's operations that are needed to provide your health care services to patients and stakeholders. The specific level of service that you will need to provide will be guided by your organisation's mission and your patients' and stakeholders' needs and requirements. For example, health care providers are likely to have a higher need for continuity of services than organisations that do not provide an essential function. Your continuity of operations efforts also should be coordinated with your efforts to ensure data and information availability (item 4.2).

6.2 Work Processes: How do you design, manage, and improve your key work processes?

Purpose

This item examines the design, management, and improvement of your key work processes, with the aim of creating value for your patients and stakeholders, operating efficiently and effectively, and achieving organisational success and sustainability.

Comments

- Your key work processes include your health care service-related processes and those health care service processes that are considered important to organisational success and growth by your senior leaders. These processes frequently relate to an organisation's core competencies, strategic objectives, and critical success factors. Key health care processes might include assessment, screening, treatment and therapy. Key business processes might include processes for physician integration, innovation, research and development, technology acquisition, information and knowledge management, supply chain management, supplier partnering, outsourcing, mergers and acquisitions, project management, and sales and marketing. For some nonprofit organisations, key business processes might include fundraising, media relations, and public policy advocacy. Given the diverse nature of these processes, the requirements and performance characteristics might vary significantly for different processes.

- Your key work processes include those support processes that support your daily operations and your health care service delivery but are not usually designed in detail with the products. The support process requirements usually do not depend significantly on service characteristics. Support process design requirements usually depend significantly on your internal requirements, and they must be coordinated and integrated to ensure efficient and effective linkage and performance. Support processes might include processes for housekeeping, medical records, finance and accounting, facilities management, legal services, human resource services, public relations, community relations, and other administrative services.
- Your design approaches could differ appreciably depending on the nature of your health care service offerings—whether the services are entirely new, are variants, or involve major or minor work process changes. Modifications to or variants of existing health care services might result from shifting a service from an inpatient to an outpatient setting, introducing a new technology for an existing service, or instituting clinical pathways. You should consider the key requirements for your services. Factors that might need to be considered in work process design include desired health care outcomes; safety and risk management; timeliness of, and access to, coordination of, and continuity of care; patient involvement in decisions; variability in patients’ and stakeholders’ expectations regarding health care service options; environmental impact and use of “green” technology; measurement capability; process capability; availability or scarcity of staff with critical skills; availability of referral sources; supplier capability; technology; facility capacity or utilisation; regulatory requirements; and documentation. Effective design also must consider the cycle time and productivity of health care service delivery processes. This might involve detailed mapping of service delivery processes and the redesign (“re-engineering”) of those processes to achieve efficiency, as well as to meet changing patient and stakeholder requirements.
- Specific reference is made to in-process measurements and interactions with patients, stakeholders, and suppliers. These measurements and interactions require the identification of critical points in processes for measurement, observation, or interaction. These activities should occur at the earliest points possible in processes to minimise problems and costs that may result from deviations from expected performance. Achieving expected performance frequently requires setting in-process performance levels or standards to guide decision making. When deviations occur, corrective action is required to restore the performance of the process to its design specifications. Depending on the nature of the process, the corrective action could involve technology and/or people. Proper corrective action involves changes at the source (root cause) of the deviation. Such corrective action should minimise the likelihood of this type of variation occurring again or elsewhere in your organisation. When patient and stakeholder interactions are involved, differences among patients must be considered in evaluating how well the process is performing. This might entail allowing for specific or general contingencies, depending on the patient information gathered. This is especially true of professional and personal services. Key process cycle times in some organisations may be a year or longer, which may create special challenges in measuring day-to-day progress and identifying opportunities for reducing cycle times, when appropriate.
- For many organisations, supply chain management has become a key factor in achieving productivity and profitability goals and overall organisational success. Suppliers, partners,

and collaborators are receiving increasing strategic attention as organisations re-evaluate their core competencies. Supplier processes should fulfil two purposes: to help improve the performance of suppliers and partners and, for specific actions, to help them contribute to your organisation’s improved overall operations. Supply chain management might include processes for selecting suppliers, with the aim of reducing the total number of suppliers and increasing preferred supplier and partnering agreements.

- Critical to patient-focused delivery of health care services are the consideration of patient expectations, the setting of realistic patients expectations relative to likely health care outcomes, and the opportunity for patients to participate on an informed basis in making decisions about their own health care.
- This item also calls for information on how processes are improved to achieve better performance. Better performance means not only better quality from your patients’ perspectives and better health care outcomes, but also better financial and operational performance—such as productivity—from your other stakeholders’ perspectives. A variety of process improvement approaches are commonly used. Examples include (1) using the results of organisational performance reviews, (2) sharing successful strategies across your organisation to drive learning and innovation, (3) performing process analysis and research (e.g., process mapping, optimisation experiments, error proofing), (4) conducting technical and business research and development, (5) benchmarking, (6) using alternative technology, and (7) using information from patients and stakeholders affected by the processes—within and outside your organisation. Process improvement approaches might utilise financial data to evaluate alternatives and set priorities. Together, these approaches offer a wide range of possibilities, including a complete redesign (“re-engineering”) of processes.

Results (Category 7)

The Results category provides a results focus that encompasses your objective evaluation and your patients’ and stakeholders’ evaluation of your organisation’s health care service offerings, as well as your evaluation of your key processes and process improvement activities; your customer-focused results; your workforce-focused results; your governance, leadership system, and societal responsibility results; and your overall financial and market performance. Through this focus, the Health Care Criteria’s purposes—superior health care quality and value of offerings as viewed by your patients and stakeholders, and the marketplace; superior organisational performance as reflected in your clinical, operational, workforce, legal, ethical, societal, and financial indicators; and organisational and personal learning—are maintained. Category 7 thus provides “real-time” information (measures of progress) for evaluation and improvement of health care outcomes and health care and other key services and processes, in alignment with your overall organisational strategy. Item 4.1 calls for analysis and review of results data and information to determine your overall organisational performance and to set priorities for improvement.

7.1 Product and Process Outcomes: What are your product performance and process effectiveness results?

Purpose

This item examines your organisation’s key health care process results, which have the aim of demonstrating health care outcomes, service quality and value that lead to patient and stakeholder satisfaction and engagement. This item also examines

your organisation's other key process results not reported in items 7.2-7.5, which have the aim of demonstrating work system and work process effectiveness and efficiency.

Comments

- This item addresses those measures that best reflect your organisation's success in delivering on its mission as a health care provider. The item calls for the use of key data and information to demonstrate your organisation's performance on health care outcomes and processes in delivering health care. Overall, this is the most important item in the Health Care Criteria, as it focuses on demonstrating improving health care results over time.
- This item asks for comparative data. Comparative data from external organisations for your patient population are useful in demonstrating superior results relative to other organisations that provide similar health care services.
- This item places emphasis on measures of health care service performance that serve as indicators of patients' and stakeholders' views and health care decisions relative to future interactions and relationships. These measures of service performance are derived from patient- and stakeholder-related information gathered in items 3.1 and 3.2.
- Health care process measures appropriate for inclusion might be based on the following: adherence to patient safety practices, treatment protocols, care plans, critical pathways, care bundles, medication administration, patient involvement in decisions, timeliness of care, information transfers and communication of treatment plans and orders, and coordination of care across practitioners and settings.
- Patient outcome measures might include improvement in perceived pain, resumption of activities of daily living, return to work, decreased mortality and morbidity, and long term survival rates.
- The correlation between health care service performance and patient and stakeholder indicators is a critical management tool with multiple uses: (1) defining and focusing on key quality and patient and stakeholder requirements; (2) identifying service differentiators in the health care marketplace; and (3) determining cause-effect relationships between your health care service attributes and evidence of patient and stakeholder satisfaction and engagement. The correlation might reveal emerging or changing market segments, the changing importance of requirements, or even the potential obsolescence of health care and other service offerings.
- Measures and indicators of process effectiveness and efficiency might include work system performance that demonstrates improved cost savings or higher productivity by using internal and/or external resources; internal responsiveness indicators, such as cycle times and turnaround times, utilisation rates, waste reduction, such as reductions in repeat diagnostic tests; cost reduction; strategic indicators, such as innovation rates, time to introduce new health care services, and increased use of e-technology; and supply chain indicators, such as reductions in inventory, increases in quality and productivity, Six Sigma initiative results, improvements in electronic data exchange, and reductions in supply-chain management costs.
- This item encourages your organisation to develop and include unique and innovative measures to track key processes and operational improvement. Unique measures should consider cause-effect relationships between operational performance and health care service quality or performance. All key areas of organisational and operational performance, including

your organisation's readiness for emergencies, should be evaluated by measures that are relevant and important to your organisation.

- Because many organisations have difficulty determining appropriate measures, measuring progress in accomplishing their strategic objectives is a key challenge. Frequently, these progress measures can be discerned by first defining the results that would indicate end-goal success in achieving the strategic objective and then using that end-goal to define intermediate measures.

7.2 Customer-Focused Outcomes: What are your patient- and stakeholder-focused performance results?

Purpose

This item examines your organisation's patient- and stakeholder-focused performance results, with the aim of demonstrating how well your organisation has been satisfying your patients and stakeholders and engaging them in a long-term relationship, as appropriate.

Comments

- This item focuses on all relevant data to determine and help predict your organisation's performance as viewed by your patients and stakeholders. Relevant data and information include patient and stakeholder satisfaction and dissatisfaction; retention, gains, and losses of patients and stakeholders and their accounts; patient and stakeholder complaints, complaint management, effective complaint resolution; patient- and stakeholder-perceived value based on health care quality, outcomes, and cost; patient and stakeholder assessment of access and ease of use (including courtesy in service interactions); patient and stakeholder advocacy for your health care service offerings; and recognition from patients and stakeholders and independent rating organisations.
- This item places an emphasis on patient- and stakeholder-focused results that go beyond satisfaction measurements, because customer engagement and relationships are better indicators and measures of future success in the marketplace and of organisational sustainability.

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

Purpose

This item examines your organisation's workforce-focused performance results, with the aim of demonstrating how well your organisation has been creating and maintaining a productive, caring, engaging, and learning environment for all members of your workforce.

Comments

- Results reported might include generic or organisation-specific factors. Generic factors might include safety, absenteeism, turnover, satisfaction, and complaints (grievances). For some measures, such as absenteeism and turnover, local or regional comparisons might be appropriate. Organisation-specific factors are those you assess for determining your workforce climate and engagement. These factors might include the extent of training, retraining, or cross-training to meet capability and capacity needs; the extent and success of self-direction; the extent of union-management partnering; or the extent of volunteer and independent practitioner involvement in process and programme activities.
- Results reported for indicators of workforce capacity and capability might include staffing levels across organisational units and certification to meet skill needs. Additional factors

may include organisational restructuring, as well as job rotations designed to meet strategic directions or patient and stakeholder requirements.

- Results measures reported for indicators of workforce engagement and satisfaction might include improvement in local decision making, commitment to organisational change initiatives such as implementation of evidence-based care processes, organisational culture, and workforce knowledge sharing. Input data, such as the number of cash awards, might be included, but the main emphasis should be on data that show effectiveness or outcomes. For example, an outcome measure might be increased workforce retention resulting from establishing a peer recognition programme or the number of promotions that have resulted from the organisation's leadership development programme.

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

Purpose

This item examines your organisation's key results in the areas of senior leadership and governance which have the aim of demonstrating a fiscally sound, ethical organisation that fulfils its societal responsibilities, supports its key communities, and builds community health.

Comments

- Independent of an increased national focus on issues of governance and fiscal accountability, ethics, and leadership accountability, it is important for organisations to practice and demonstrate high standards of overall conduct. Governance bodies and senior leaders should track relevant performance measures on a regular basis and emphasise this performance in stakeholder communications.
- Results reported should include key accreditation and regulatory review findings, patient safety data, staff professional registration and recredentialing determinations,

external audit findings, proficiency testing results, and utilisation review results as appropriate.

- Results reported should include environmental, legal, and regulatory compliance; results of oversight audits by government or funding agencies; and noteworthy achievements in these areas, as appropriate. Results also should include organisational contributions to societal well-being, benefit and support for key communities, and contributions to improving community health.
- If your organisation has received sanctions or adverse actions under law (including malpractice), regulation, accreditation, or contract during the past five years, the incidents and their current status should be summarised.

7.5 Financial and Market Outcomes: What are your financial and marketplace performance results?

Purpose

This item examines your organisation's key financial and market results, with the aim of understanding your financial sustainability and your marketplace achievements.

Comments

- Measures reported in this item are those usually tracked by senior leadership on an on-going basis to assess your organisation's financial performance and viability.
- In addition to the measures included in item 7.5, note 1, appropriate financial measures and indicators might include revenues, budgets, profits or losses, cash position, net assets, debt leverage, cash-to-cash cycle time, earnings per share, financial operations efficiency (collections, billing, receivables), and financial returns. Marketplace performance measures might include measures of organisational growth, charitable donations and grants received, new services and markets entered, new populations served, or the percentage of revenues derived from new health care services or programmes.



CORE VALUES, AND CONCEPTS

Criteria Purposes

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

- to help improve organisational performance practices, capabilities, and results
- to facilitate communication and sharing of best practices information among health care organisations, and NZ organisations of all types
- to serve as a working tool for understanding and managing performance; and for guiding organisational planning and opportunities for learning

Health Care Criteria for Performance Excellence Goals

The Health Care Criteria are designed to help provide organisations with an integrated approach to organisational performance management that results in

- delivery of ever improving value to patients and stakeholders, contributing to improved health care quality and organisational sustainability
- improvement of overall organisational effectiveness and capabilities as health care providers
- organisational and personal learning

Core Values and Concepts

The Health Care Criteria are built on the following set of interrelated Core Values and Concepts:

- visionary leadership
- patient-focused excellence
- organisational and personal learning
- valuing workforce members and partners
- agility
- focus on the future
- managing for innovation
- management by fact
- societal responsibility and community health
- focus on results and creating value
- systems perspective

These values and concepts, described below, are embedded beliefs and behaviours found in high-performing organisations. They are the foundation for integrating key performance and operational requirements within a results-oriented framework that creates a basis for action and feedback.

Visionary Leadership

Your organisation's senior leaders should create a leadership system that includes both health care provider and administrative/operational leaders and fosters the integration and alignment of health care and business directions.

The senior leaders should set directions and create a patient focus, clear and visible values, and high expectations for the workforce. The directions, values, and expectations should balance the needs of all your stakeholders. Your leaders should ensure the creation

of strategies, systems, and methods for achieving performance excellence in health care, stimulating innovation, building knowledge and capabilities, and ensuring organisational sustainability. The defined values and strategies should help guide all of your organisation's activities and decisions. Senior leaders should inspire and encourage your entire workforce to contribute, to develop and learn, to be innovative, and to embrace meaningful change. Senior leaders should be responsible to your organisation's governance body for their actions and performance. The governance body should be responsible ultimately to all your stakeholders for the ethics, actions, and performance of your organisation and its senior leaders.

Senior leaders should serve as role models through their ethical behaviour and their personal involvement in planning, communicating, coaching the workforce, developing future leaders, reviewing organisational performance, and recognising members of your workforce. As role models, they can reinforce ethics, values, and expectations while building leadership, commitment, and initiative throughout your organisation.

Patient-Focused Excellence

Performance and quality are judged by an organisation's patients and stakeholders. Thus, your organisation must take into account all attributes of patient care delivery (including those not directly related to medical, clinical, and health services) and support that contribute value to your patients and stakeholders. Such behaviour leads to patient and stakeholder acquisition, satisfaction, preference, and loyalty; to positive referrals; and, ultimately, to business sustainability. Patient-focused excellence has both current and future components: understanding today's patient and stakeholder desires and anticipating their future desires and health care marketplace potential.

Value and satisfaction may be influenced by many factors throughout your patients' overall experience with your organisation. Primary among these factors is the degree of patient throughout the health care delivery process. Additional factors include the availability of clear information so patients can understand likely health and functional status outcomes, the quality of the relationship with and the responsiveness of the health care provider and ancillary staff, cost, and the quality and availability of continuing care and attention. For many patients, the ability to participate in making decisions about their health care is an important factor, leading to the requirement for patient education for informed decisions. Patient-focused excellence means much more than reducing errors, merely meeting accreditation standards, or reducing complaints. Nevertheless, these factors contribute to your patients' and stakeholders' view of your organisation and thus also are important parts of patient-focused excellence. In addition your organisation's success in recovering from accidents, service errors, and mistakes, is crucial for retaining patients and engaging patients and stakeholders for the long term.

A patient-focused organisation addresses not only the health care service characteristics that meet basic patient and stakeholder requirements but also those features and characteristics that differentiate the organisation from its competitors. Such differentiators may be based on number, breadth, and combinations of health care service offerings; customisation of offerings; multiple access mechanisms and ease of access; time to appointment; rapid response; innovative patient conveniences (e.g., valet parking, gourmet menus, or hotel accommodations); or special relationships.

Patient-focused excellence is thus a strategic concept. It is directed toward patient loyalty, referral of new patients, and market share gain in competitive markets. It demands constant sensitivity to changing and emerging patient, stakeholder, and market requirements and to the factors that drive customer (patient and stakeholder) engagement. It demands close attention to the voice of the customer. It demands anticipating changes in the health care marketplace. Therefore, patient-focused excellence demands a patient- and stakeholder-focused culture and organisational agility.

Organisational and Personal Learning

Achieving the highest levels of organisational performance requires a well-executed approach to organisational and personal learning that includes sharing knowledge via systematic processes. Organisational learning includes both continuous improvement of existing approaches and significant change or innovation, leading to new goals and approaches. Learning needs to be embedded in the way your organisation operates. This means that learning (1) is a regular part of daily work; (2) is practised at personal, department/work unit, and organisational levels; (3) results in solving problems at their source ("root cause"); (4) is focused on building and sharing knowledge throughout your organisation; and (5) is driven by opportunities to effect significant, meaningful change and to innovate. Sources for learning include staff members' and volunteers' ideas, health care research findings, patients' and stakeholders' input, best-practice sharing, and benchmarking.

Organisational learning can result in (1) enhancing value to patients through new and improved health care services; (2) developing new health care business opportunities; (3) developing evidence-based approaches to medicine and new health care delivery models; (4) improving responsiveness and cycle time performance; (5) increasing productivity and effectiveness in the use of

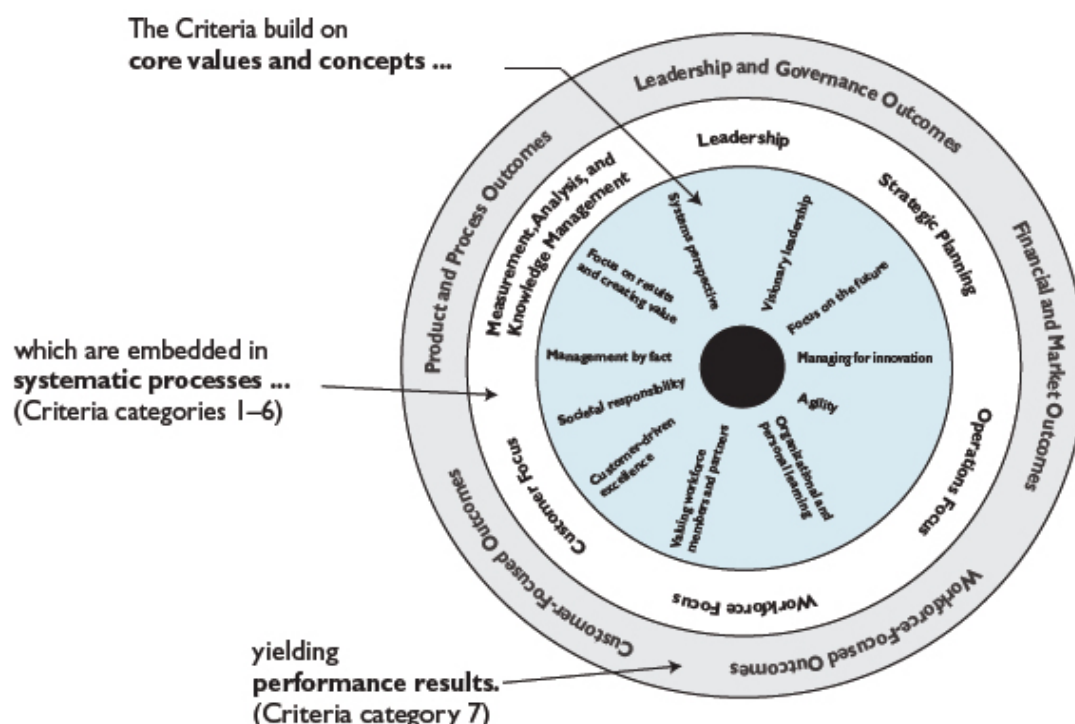
all your resources; and (6) enhancing your organisation's performance in fulfilling its societal responsibilities and building community health.

The success of members of your workforce depends increasingly on having opportunities for personal learning and for practising new skills. Leaders' success depends on access to these kinds of opportunities, as well. In organisations that rely on volunteers, the volunteers' personal learning also is important, and their learning and skill development should be considered with the staff's. Organisations invest in personal learning through education, training, and other opportunities for continuing growth and development. Such opportunities might include job rotation and increased pay for demonstrated knowledge and skills. On-the-job training offers a cost-effective way to cross-train and to better link training to your organisational needs and priorities. For health care providers, personal learning includes building discipline knowledge and retraining to adjust to a changing health care environment, as well as enhancing knowledge of measurement systems that influence outcome assessments and clinical guidelines, decision trees, care bundles, or critical pathways. Education and training programmes may have multiple modes, including computer- and Web-based learning and distance learning.

Personal learning can result in (1) a more engaged, satisfied, and versatile workforce that stays with your organisation, (2) organisational cross-functional learning, (3) the building of your organisation's knowledge assets, and (4) an improved environment for innovation.

Thus, learning is directed not only toward better health care services but also toward being more, responsive, adaptive, innovative, and efficient - giving your organisation marketplace sustainability and performance advantages and engaging your workforce to increase satisfaction and the motivation to excel.

The Role of Core Values and Concepts



Valuing Workforce Members and Partners

An organisation's success depends increasingly on an engaged workforce that benefits from meaningful work, clear organisational direction, and performance accountability and that has a safe, trusting, and cooperative environment. Additionally, the successful organisation capitalises on the diverse backgrounds, knowledge, skills, creativity, and motivation of its workforce and partners.

Valuing the people in your workforce means committing to their engagement, satisfaction, development, and well-being. Increasingly, this involves more flexible, high-performance work practices tailored to varying workplace and home life needs. Major challenges in the area of valuing members of your workforce include (1) demonstrating your leaders' commitment to their success, (2) providing recognition that goes beyond the regular compensation system, (3) offering development and progression within your organisation, (4) sharing your organisation's knowledge so your workforce can better serve your patients and stakeholders and contribute to achieving your strategic objectives, (5) creating an environment that encourages intelligent risk taking and innovation, and (6) creating a supportive environment for a diverse workforce.

Organisations need to build internal and external partnerships to better accomplish overall goals. Internal partnerships might include cooperation among administrators, staff, physicians, and independent practitioners, as well as labour-management cooperation. Partnerships with members of your workforce might entail developmental opportunities, cross-training, or new work organisations, such as high-performance work teams. Internal partnerships also might involve creating network relationships among your departments/work units, between physicians and other caregivers, or between employees and volunteers to improve flexibility, responsiveness, and knowledge sharing.

External partnerships might be with customers; suppliers; business associations; third party payors; education, community, or social service organisations; and other health care providers. Strategic partnerships or alliances are increasingly important kinds of external partnerships. Such partnerships with other health organisations might result in referrals or in shared facilities that are either capital intensive or require unique and scarce expertise. Also, partnerships might permit the blending of your organisation's core competencies or leadership capabilities with the complementary strengths and capabilities of partners to address common issues. External partnerships might address sector-wide issues, such as the need for longitudinal care, equity and access to care, and comparative performance data. Such partnerships may be a source of strategic advantage for your organisation. Successful internal and external partnerships develop longer-term objectives, thereby creating a basis for mutual investments and respect. Partners should address the key requirements for success, means for regular communication, approaches to evaluating progress, and means for adapting to changing conditions. In some cases, joint education and training could offer a cost-effective method for workforce development.

Agility

Success in today's ever-changing health care environment demands agility—a capacity for rapid change and flexibility. Health care providers face ever-shorter cycles for the introduction of new/improved health care services, as well as for faster and more flexible responses to patients and stakeholders and non-profit and government organisations are increasingly being asked to respond rapidly to new or emerging social issues.

Major improvements in response times often require new work systems, simplification of work units and processes, or the ability for rapid changeover from one process to another. A cross-trained and empowered workforce is a vital asset in such a demanding environment.

Today's health care environment places a heavy burden on the timely design of health care delivery systems, disease prevention programmes, health promotion programmes, and effective and efficient diagnostic and treatment systems. Overall design must include the opportunity to learn for continuous organisational improvement and must value the individual needs of patients. Design must also include effective means for gauging the improvement of health status - for patients and populations, or for communities. Beneficial changes must be introduced at the earliest appropriate opportunity.

All aspects of time performance now are more critical, and cycle time has become a key process measure. Other important benefits can be derived from this focus on time; time improvements often drive simultaneous improvements in work systems, organisation, quality, cost, patient focus, supply-chain integration, productivity, and sustainability in a challenging economy.

Focus on the Future

Ensuring an organisation's sustainability requires understanding the short- and longer-term factors that affect your organisation and the health care market. The pursuit of sustained growth and performance leadership requires a strong future orientation and a willingness to make long-term commitments to key stakeholders - your patients and their families, your workforce, community, suppliers and partners, and employers, payors, and health professional students.

Your organisation's planning should anticipate many factors, such as changes in health care delivery systems, resource availability, patients' and other stakeholders' expectations, technological developments, new partnering opportunities, changing economic conditions, workforce development and hiring needs, the evolving importance of electronic communication and information transfer, changes in patient, stakeholder, and market segments, new health care delivery models, evolving regulatory requirements, changes in community and societal expectations and needs, and new thrusts by competitors and other organisations providing similar services. Strategic objectives and resource allocations need to accommodate these influences. A focus on the future includes developing your leaders, workforce, and suppliers, accomplishing effective succession planning; creating opportunities for innovation; and anticipating societal responsibilities and concerns.

A major longer-term investment associated with health care excellence is the investment in creating and sustaining an assessment system focused on health care outcomes. This entails becoming familiar with research findings and ongoing application of assessment methods.

Managing for Innovation

Innovation means making meaningful change to improve an organisation's health care services, programmes, processes, operations, health care delivery model, and business model, to create new value for the organisation's stakeholders. Innovation should lead your organisation to new dimensions of performance. Innovation may involve taking intelligent risks. Innovation is no longer strictly the purview of health care researchers; innovation is important for all aspects of your operations and all work systems and work processes. Organisations should be led and



managed so that innovation becomes part of the learning culture. Innovation should be integrated into daily work and should be supported by your performance improvement system. Systematic processes for innovation should reach across your entire organisation.

Innovation builds on the accumulated knowledge of your organisation and its people. Therefore, the ability to rapidly disseminate and capitalise on this knowledge is critical to driving organisational innovation.

Management by Fact

An effective health care service and administrative management system depends on the measurement and analysis of performance. Such measurements should derive from health care service needs and strategy, and they should provide critical data and information about key processes, outputs, and results. Many types of data and information are needed for performance management. Performance measurement should include information on health care outcomes; community health; epidemiological data; critical pathways, care bundles, and practice guidelines; administrative, payor, workforce, partner, cost, financial, and process performance; competitive or collaborative comparisons; patient and stakeholder satisfaction; and corporate governance and compliance outcomes. Data should be segmented by, for example, markets, health care service lines, and workforce groups to facilitate analysis.

Analysis refers to extracting larger meaning from data and information to support evaluation, decision making, improvement, and innovation. Analysis entails using data to determine trends, projections, and cause and effect that might not otherwise be evident. Analysis supports a variety of purposes, such as planning, reviewing your overall performance, improving operations, accomplishing change management, and comparing your performance with competitors', with similar health care organisations', or with "best practices" benchmarks.

A major consideration in performance improvement and change management involves the selection and use of performance measures or indicators. *The measures or indicators you select should best represent the factors that lead to improved health care outcomes; improved patient and stakeholder, operational, financial, and societal performance; and healthier communities. A comprehensive set of measures or indicators tied to patient, stakeholder, and organisational performance requirements provides a clear basis for aligning all processes with your organisation's goals.* Measures and indicators may need to support decision making in a rapidly changing environment. Through the analysis of data from your tracking processes, your

measures or indicators themselves may be evaluated and changed to better support your goals.

Societal Responsibility and Community Health

An organisation's leaders should stress responsibilities to the public, ethical behaviour, the need to consider societal well-being and benefit, and the need to foster improved community health. Leaders should be role models for your organisation in focusing on ethics and the protection of public health, safety, and the environment. The protection of health, safety, and the environment any impact of your organisation's operations. Also, organisations should emphasise resource conservation and waste reduction at the source. Planning should anticipate adverse impacts from facilities management, as well as from distribution, transportation, use, and disposal of your medical waste, radiation waste, chemicals, and biohazards. Effective planning should prevent problems, provide for a forthright response if problems occur, and make available the information and support needed to maintain public awareness, safety, and confidence.

Organisations should not only meet all local, and national laws and regulatory and accreditation requirements, but they should treat these and related requirements as opportunities for improvement "beyond mere compliance." Organisations should stress ethical behaviour in all stakeholder transactions and interactions. Highly ethical conduct should be a requirement of and should be monitored by the organisation's governance body. Ethical conduct should address both business and health care practices, such as the need to consider non-discriminatory patient treatment policies and protection of patients' rights and privacy.

"Societal well-being and benefit" refers to leadership and support—within the limits of an organisation's resources—of the environmental, social, and economic systems in the organisation's sphere of influence. Public health services and the support of the general health of the community are important societal responsibilities of health care organisations. Such leadership and support might include efforts to establish free clinics or affordable health care programmes, increase public health awareness programmes, foster neighbourhood services for the elderly, or be a role model for socially important issues. For a role-model organisation, leadership also entails helping to define regional or national health care issues for action by regional or national networks or associations.

Managing societal responsibilities requires the organisation to use appropriate measures and leaders to assume responsibility for those measures.

Focus on Results and Creating Value

An organisation's performance measurements need to focus on key results. Results should be used to create and balance value for your key stakeholders—your patients and their families, your workforce, the community, payors, businesses, health profession students, suppliers, partners, investors, and the public. By creating value for your key stakeholders, your organisation builds loyalty and contributes to the community and society. To meet the sometimes conflicting and changing aims that balancing value implies, organisational strategy explicitly should include key stakeholder requirements. This will help ensure that plans and actions meet differing stakeholder needs and avoid adverse impacts on any stakeholders. The use of a balanced composite of leading and lagging performance measures offers an effective means to communicate short- and longer-term priorities, monitor actual performance, and provide a clear basis for improving results.

Systems Perspective

The Health Care Criteria provide a systems perspective for managing your organisation and its key processes to achieve results—and to strive for performance excellence. The seven Baldrige Criteria Categories, the core values, and the scoring guidelines form the building blocks and the integrating mechanism for the system. However, successful management of overall performance requires organisation-specific synthesis, alignment, and integration. Synthesis means looking at your organisation as a whole and builds on key organisational attributes, including your core competencies, strategic objectives, action plans, and work systems. Alignment means using the key linkages among requirements given in the Baldrige Criteria categories to ensure consistency of plans, processes, measures, and actions. Integration builds on alignment, so that the individual

components of your performance management system operate in a fully interconnected manner and deliver anticipated results. These concepts are depicted in the Baldrige framework on page 1. A systems perspective includes your senior leaders' focus on strategic directions and on your patients and stakeholders. It means that your senior leaders monitor, respond to, and manage performance based on your results. A systems perspective also includes using your measures, indicators, core competencies, and organisational knowledge to build your key strategies. It means linking these strategies with your work systems and key processes and aligning your resources to improve overall performance and your focus on patients and stakeholders.

Thus, a systems perspective means managing your whole organisation, as well as its components, to achieve success.

Linkage of the Health Care Criteria to the Business/Nonprofit Criteria

The 2011-12 Health Care Criteria incorporate the core values and concepts described on the preceding pages and are built on the seven-part framework used in the Business/Nonprofit Criteria. The rationale for the use of the same framework is that it is adaptable to the requirements of all organisations, including health care organisations. However, this adaptation does not assume that these requirements are necessarily addressed in the same way. This adaptation for the health care sector, then, is largely a translation of the language and basic concepts of business and organisational excellence to similarly important concepts in health care excellence. A major practical benefit derived from using a common framework for all sectors of the economy is that it fosters cross-sector cooperation and the sharing of best practices.

KEY CHARACTERISTICS OF THE HEALTH CARE CRITERIA

1. The Criteria focus on results.

The Criteria focus on the key areas of organisational performance given below.

Organisational performance areas:

- (1) health care and process outcomes
- (2) customer-focused outcomes
- (3) workforce-focused outcomes
- (4) leadership and governance outcomes
- (5) financial and market outcomes

The use of this composite of measures is intended to ensure that strategies are balanced—that they do not inappropriately trade off among important stakeholders, objectives, or short- and longer-term goals.

2. The Criteria are non-prescriptive and adaptable.

The Criteria are made up of results-oriented requirements. However, the Criteria **do not** prescribe

- how your organisation should be structured;
- that your organisation should or should not have departments for planning, ethics, quality, or other functions; or
- that different units in your organisation should be managed in the same way.

These factors differ among organisations, and they are likely to change as needs and strategies evolve.

The Criteria are non-prescriptive for the following reasons:

- (1) The focus is on results, not on procedures, tools, or organisational structure. Organisations are encouraged to develop and demonstrate creative, adaptive, and flexible approaches for meeting requirements. Non-prescriptive requirements are intended to foster incremental and major (“breakthrough”) improvements, as well as basic change through innovation.
- (2) The selection of tools, techniques, systems, and organisational structure usually depends on factors such as the organisation type and size, organisational relationships, your organisation’s stage of development, and the capabilities and responsibilities of your workforce.
- (3) A focus on common requirements, rather than on common procedures, fosters understanding, communication, sharing, alignment, and integration, while supporting innovation and diversity in approaches.

3. The Criteria integrate key health care themes.

The Health Care Criteria have been adapted to be sensitive to and tolerant of the specific needs of health care organisations. These include:

- the different types of organisational missions (e.g., home health care agencies, hospitals, and teaching and research institutions);
- the patient and stakeholder as key customers;

- the complex leadership structure that includes both administrative/operational and clinical
- the multiple roles that health care providers, including physicians, may play as staff members, suppliers, and customers; and
- the importance of health care service delivery as the primary focus of the organisation’s processes.

4. The Criteria support a systems perspective to maintaining organisation-wide goal alignment.

The systems perspective to goal alignment is embedded in the integrated structure of the core values and concepts, the Organisational Profile, the Criteria, the scoring guidelines, and the results-oriented, cause-effect, cross-process linkages among the Criteria items.

Alignment in the Criteria is built around connecting and reinforcing measures derived from your organisation’s processes and strategy. These measures tie directly to patient and stakeholder value and to overall performance. The use of measures thus channels different activities in consistent directions with less need for detailed procedures, centralised decision making, or overly complex process management. Measures thereby serve both as a communications tool and as a basis for deploying consistent overall performance requirements. Such alignment ensures consistency of purpose while also supporting agility, innovation, and decentralised decision making.

A systems perspective to goal alignment, particularly when strategy and goals change over time, requires dynamic linkages among Criteria items. In the Criteria, action-oriented cycles of improvement take place via feedback between processes and results.

The improvement cycles have four, clearly defined stages:

- (1) planning, including design of processes, selection of measures, and deployment of requirements (**approach**)
- (2) executing plans (**deployment**)
- (3) assessing progress and capturing new knowledge, including seeking opportunities for innovation (**learning**)
- (4) revising plans based upon assessment findings, harmonising processes and work unit operations, and selecting better measures (**approach**)

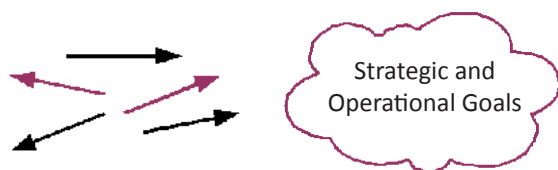
5. The Criteria support goal-based diagnosis.

The Criteria and the scoring guidelines make up a two-part diagnostic (assessment) system. The Criteria are a set of 17 performance-oriented requirements. The scoring guidelines spell out the assessment dimensions— process and results—and the key factors used to assess each dimension. An assessment thus provides a profile of strengths and opportunities for improvement relative to the 17 performance-oriented requirements and relative to process and performance maturity as determined by the scoring guidelines. In this way, assessment leads to actions that contribute to performance improvement in all areas, as described in the box above. This diagnostic assessment is a useful management tool that goes beyond most performance reviews and is applicable to a wide range of strategies, management systems, and types of organisations.

Steps Toward Mature Processes

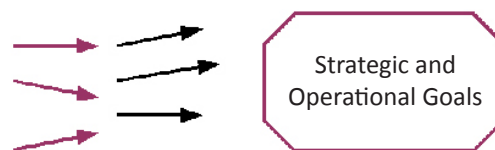
An aid for Assessing and Scoring Process Items

(1) Reacting to Problems (0-25%)



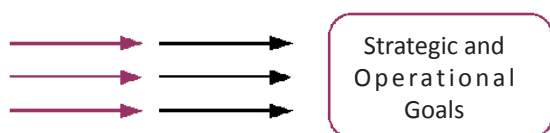
Operations are characterised by activities rather than by processes, and they are largely responsive to immediate needs or problems. Goals are poorly defined.

(2) Early Systematic Approaches (30-45%)



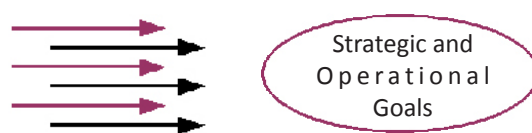
The organisation is at the beginning stages of conducting operations by processes with repeatability, evaluation and improvement, and some early co-ordination among organisational units. Strategy and quantitative goals are being defined.

(3) Aligned Approaches (50-65%)



Operations are characterised by processes that are repeatable and regularly evaluated for improvement, with learnings shared and with co-ordination among organisational units. Processes address key strategies and goals of the organisation.

(4) Integrated Approaches (70-100%)



Operations are characterised by processes that are repeatable and regularly evaluated for change and improvement in collaboration with other affected units. Efficiencies across units are sought and achieved through analysis, innovation, and the sharing of information and knowledge. Processes and measures track progress on key strategic and operational goals.

SCORING SYSTEM

The scoring of responses to Criteria items and Award applicant feedback are based on two evaluation dimensions: (1) process and (2) results. Criteria users need to furnish information relating to these dimensions. Specific factors for these dimensions are described below. Scoring guidelines are given on page 52.

Process

“Process” refers to the methods your organisation uses and improves to address the item requirements in categories 1–6. The four factors used to evaluate process are approach, deployment, learning, and integration (ADLI).

“Approach” refers to

- the methods used to accomplish the process
- the appropriateness of the methods to the item requirements and the organisation’s operating environment
- the effectiveness of your use of the methods
- the degree to which the approach is repeatable and based on reliable data and information (i.e., systematic)

“Deployment” refers to the *extent* to which

- your approach is applied in addressing item requirements relevant and important to your organisation

- your approach is applied consistently
- your approach is used (executed) by all appropriate work units

“Learning” refers to

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

“Integration” refers to the *extent* to which

- your approach is aligned with your organisational needs identified in the Organisational Profile and other Process Items
- your measures, information, and improvement systems are complementary across processes and work units
- your plans, processes, results, analyses, learning, and actions are harmonised across processes and work units to support organisation-wide goals

Results

“Results” refers to your organisation’s *outputs* and *outcomes* in achieving the requirements in items 7.1–7.5 (category 7). The four factors used to evaluate results are levels, trends, comparisons, and integration (LeTCI).

“Levels” refers to

- your current level of performance

“Trends” refers to

- the rate of your performance improvements or the sustainability of good performance (i.e., the slope of trend data)
- the breadth (i.e., the extent of deployment) of your performance results

“Comparisons” refers to

- your performance relative to appropriate comparisons, such as competitors or organisations similar to yours
- your performance relative to benchmarks or industry leaders

“Integration” refers to the *extent* to which

- your results measures (often through segmentation) address important patient and stakeholder, health care service, market, process, and action plan performance requirements identified in your Organisational Profile and in process items
- your results include valid indicators of future performance
- your results are harmonised across processes and work units to support organisation-wide goals

Item Classification and Scoring Dimensions

Items are classified according to the kinds of information and data you are expected to furnish relative to the two evaluation dimensions given above.

The two types of items are designated as

1. Process	Process
2. Results	Results

In process items, approach, deployment, learning and integration are linked to emphasise that descriptions of approach should always indicate the deployment—consistent with the *specific requirements* of the item and your organisation. As processes mature, their description also should indicate how cycles of learning (including innovation), as well as integration with other processes and work units, occur. Although the ADLI factors are linked, feedback to Award applicants reflects strengths and opportunities for improvement in any or all of these factors.

Results items call for data showing performance levels, trends and relevant comparisons for key measures and indicators of

organisational performance, and integration with key organisational requirements. Results items also call for data on breadth of performance results reported. This is directly related to deployment and organisational learning; if improvement processes are widely shared and deployed, there should be corresponding results. A score for a results item is thus a composite based upon overall performance, taking into account the four results factors (LeTCI).

“Importance” as a Scoring Consideration

The two evaluation dimensions described previously are central to evaluation and feedback. A critical consideration in evaluation and feedback is the *importance* of your reported process and results to your key business factors. The areas of greatest importance should be identified in your Organisational Profile and in items such as 2.1, 2.2, 3.2, 5.1, 5.2, and 6.1. Your key patient and stakeholder requirements, competitive environment, workforce needs, key strategic objectives, and action plans are particularly important.

Assignment of Scores to Your Responses

The following guidelines should be observed in assigning scores to item responses:

- All areas to address should be included in the item response. Also, responses should reflect what is important to the organisation.
- In assigning a score to an item, first decide which scoring range (e.g., 50 percent to 65 percent) is most descriptive of the organisation’s achievement level as presented in the Item response. “Most descriptive of the organisation’s achievement level” can include some gaps in one or more of the ADLI (process) factors or the LeTCI (results) factors for the chosen scoring range. An organisation’s achievement level is based on a holistic view of either the four process or four results factors in aggregate and not on a tallying or averaging of independent assessments against each of the four factors. Assigning the actual score *within* the chosen range requires evaluating whether the Item response is closer to the statements in the next higher or next lower scoring range.
- A process item score of 50 percent represents an approach that meets the overall requirements of the item, that is deployed consistently and to most work units, that has been through some cycles of improvement and learning, and that addresses the key organisational needs. Higher scores reflect greater achievement, demonstrated by broader deployment, significant organisational learning, and increased integration.
- A results item score of 50 percent represents a clear indication of good levels of performance, beneficial trends, and appropriate comparative data for the results areas covered in the item and *important* to the organisation’s business or mission. Higher scores reflect better trends and levels of performance, stronger comparative performance, and broader coverage and integration with the requirements of the business or mission.

PROCESS SCORING GUIDELINES

SCORE	PROCESSES (for use with categories 1-6)
0% or 5%	<ul style="list-style-type: none"> No SYSTEMATIC APPROACH to item requirements is evident; information is ANECDOTAL. (A) Little or no DEPLOYMENT of any SYSTEMATIC APPROACH is evident. (D) An improvement orientation is not evident; improvement is achieved through reacting to problems. (L) No organisational ALIGNMENT is evident; individual areas or work units operate independently. (I)
10%, 15%, 20% or 25%	<ul style="list-style-type: none"> The beginning of a SYSTEMATIC APPROACH to the BASIC REQUIREMENTS of the item is evident. (A) The APPROACH is in the early stages of DEPLOYMENT in most areas or work units, inhibiting progress in achieving the BASIC REQUIREMENTS of the item. (D) Early stages of a transition from reacting to problems to a general improvement orientation are evident. (L) The APPROACH is ALIGNED with other areas or work units largely through joint problem solving. (I)
30%, 35%, 40% or 45%	<ul style="list-style-type: none"> An EFFECTIVE, SYSTEMATIC APPROACH, responsive to the BASIC REQUIREMENTS of the item, is evident. (A) The APPROACH is DEPLOYED, although some areas or work units are in early stages of DEPLOYMENT. (D) The beginning of a SYSTEMATIC APPROACH to evaluation and improvement of KEY PROCESSES is evident. (L) The APPROACH is in the early stages of ALIGNMENT with your basic organisational needs identified in response to the Organisational Profile and other process items. (I)
50%, 55%, 60% or 65%	<ul style="list-style-type: none"> An EFFECTIVE, SYSTEMATIC APPROACH, responsive to the OVERALL REQUIREMENTS of the item, is evident. (A) The APPROACH is well DEPLOYED, although DEPLOYMENT may vary in some areas or work units. (D) A fact-based, SYSTEMATIC evaluation and improvement PROCESS and some organisational LEARNING, including INNOVATION, are in place for improving the efficiency and EFFECTIVENESS of KEY PROCESSES. (L) The APPROACH is ALIGNED with your organisational needs identified in response to the Organisational Profile and other process items. (I)
70%, 75%, 80% or 85%	<ul style="list-style-type: none"> An EFFECTIVE, SYSTEMATIC APPROACH, responsive to the MULTIPLE REQUIREMENTS of the item, is evident. (A) The APPROACH is well DEPLOYED, with no significant gaps. (D) Fact-based, SYSTEMATIC evaluation and improvement and organisational LEARNING, including INNOVATION are KEY management tools; there is clear evidence of refinement as a result of organisational-level ANALYSIS and sharing. (L) The APPROACH is INTEGRATED with your current and future organisational needs identified in response to the Organisational Profile and other process items. (I)
90%, 95%, or 100%	<ul style="list-style-type: none"> An EFFECTIVE, SYSTEMATIC APPROACH, fully responsive to the MULTIPLE REQUIREMENTS of the item, is evident. (A) The APPROACH is fully DEPLOYED without significant weaknesses or gaps in any areas or work units. (D) Fact-based, SYSTEMATIC evaluation and improvement and organisational LEARNING through INNOVATION are KEY organisation-wide tools; refinement and INNOVATION, backed by ANALYSIS and sharing, are evident throughout the organisation. (L) The APPROACH is well INTEGRATED with your current and future organisational needs identified in response to the Organisational Profile and other process items. (I)

RESULTS SCORING GUIDELINES

SCORE	RESULTS (for use with category 7)
0% or 5%	<ul style="list-style-type: none"> There are no organisational PERFORMANCE RESULTS and/or poor RESULTS in areas reported. (Le) TREND data are either 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 organisation's MISSION. (I)
10%, 15%, 20% or 25%	<ul style="list-style-type: none"> A few organisational PERFORMANCE RESULTS are reported responsive to the BASIC REQUIREMENTS of the item, and early good PERFORMANCE LEVELS are evident. (Le) 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 organisation's MISSION. (I)
30%, 35%, 40% or 45%	<ul style="list-style-type: none"> Good organisational PERFORMANCE LEVELS are reported responsive to the BASIC REQUIREMENTS of the item. (Le) Some TREND data are reported, and a majority 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 organisation's MISSION. (I)
50%, 55%, 60% or 65%	<ul style="list-style-type: none"> Good organisational PERFORMANCE LEVELS are reported responsive to the OVERALL REQUIREMENTS of the item. (Le) Beneficial TRENDS are evident in areas of importance to the accomplishment of your organisation's MISSION. (T) Some current PERFORMANCE LEVELS have been evaluated against relevant comparisons and/or BENCHMARKS and show areas of good relative PERFORMANCE. (C) Organisational PERFORMANCE RESULTS are reported for most KEY CUSTOMER, market, and PROCESS requirements. (I)
70%, 75%, 80% or 85%	<ul style="list-style-type: none"> Good to excellent organisational PERFORMANCE LEVELS are reported responsive to the MULTIPLE REQUIREMENTS of the item. (Le) Beneficial TRENDS have been sustained over time in most areas of importance to the accomplishment of your organisation's MISSION. (T) Many to most TRENDS and current PERFORMANCE LEVELS have been evaluated against relevant comparisons and/or BENCHMARKS and show areas of leadership and very good relative PERFORMANCE. (C) Organisational PERFORMANCE RESULTS are reported for most KEY CUSTOMER, market, PROCESS, and ACTION PLAN requirements. (I)
90%, 95%, or 100%	<ul style="list-style-type: none"> Excellent organisational PERFORMANCE LEVELS are reported that are fully responsive to the MULTIPLE REQUIREMENTS of the item. (Le) Beneficial TRENDS have been sustained over time in all areas of importance to the accomplishment of your organisation's MISSION. (T) Evidence of industry and BENCHMARK leadership is demonstrated in many areas. (C) Organisational PERFORMANCE RESULTS and PROJECTIONS are reported for most KEY CUSTOMER, market, PROCESS, and ACTION PLAN requirements. (I)

APPLYING FOR THE NEW ZEALAND BUSINESS EXCELLENCE AWARD

The New Zealand Business Excellence Award is an annual Award programme to recognise New Zealand organisations for performance excellence.

Award Purpose

The Award promotes:

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

Award Participation

To participate in the Award process, an organisation must submit an application package that addresses the Criteria for Performance Excellence. See below for key dates for Award Applicants and National Evaluators.

Application Requirements

Applying for the Award is a two-step process (1) Eligibility Determination via submission of your Expression of Interest Form, followed by (2) Application Evaluation. Detailed information on the requirements and contents of the Expression of Interest Form and the Application Form, due dates, and fees are provided in the *NZ Business Excellence Awards : Guidebook for Applicants*. To access the booklet you can view and/or download it from our website - www.nzbef.org.nz.

Application Review

Applications are reviewed and evaluated by members of the Panel of Evaluators and a Panel of Judges, who adhere to strict rules regarding conflict of interest, using the following process:

Stage 1 - independent review and evaluation by a team of National Evaluators

Stage 2 - consensus review by the National Evaluator Team

Stage 3 - site visits conducted by the National Evaluator Team accompanied by an NZBEF appointed independent Observer.

Stage 4 - Judges' review and recommendation of Award recipients

The identity of all applicant organisations remains confidential unless they receive an award. The NZBEF Awards Programme treats all information submitted by applicants as strictly confidential and has numerous protocols and processes in place to protect the organisations and help ensure the integrity of the award.

Feedback to Applicants

Feedback is one of the most important parts of the New Zealand Business Excellence Award process; it provides a pathway for improvement evaluation team.

Each Award applicant receives a confidential feedback report at the conclusion of the review process. The feedback report is a written assessment by the evaluation team.

The feedback report contains an applicant-specific listing of strengths and opportunities for improvement based on the Criteria. Used by organisations, as part of their strategic planning processes, the feedback report helps organisations focus on their customers and improve overall performance.

Award Recipients

Award recipients may publicise and advertise their Awards. Recipients are expected to share information about their successful performance strategies with other NZ organisations. Award recipients are also asked to provide digital images (.jpg format) for inclusion in the Criteria for Performance Excellence and other marketing material.

Expressions of Interest for Award Application due—24 February 2012

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GLOSSARY OF KEY TERMS

This Glossary of Key Terms defines and briefly describes terms used throughout the Health Care Criteria booklet that are important to performance management. As you may have noted, key terms are presented in SMALL CAPS every time they appear in the categories and scoring guidelines.

Action Plans

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

An example of 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 provider. Action plans could entail designing efficient processes to optimise the length of hospital stays, reduce the rework resulting from patient injuries and treatment errors, and analyse resource and asset use. Deployment requirements might include training for all department and work unit caregivers in setting priorities based on costs and benefits. Organisational-level analysis and review likely would emphasise process efficiency, cost per patient, and health care quality.

See also the definition of “strategic objectives”.

Alignment

The term “alignment” refers to consistency of plans, processes, information, resource decisions, actions, results, and analyses to support key organisation-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 organisational level, the key process level, and the work unit level.

See also the definition of “integration”.

Analysis

The term “analysis” refers to an examination of facts and data to provide a basis for effective decisions. Analysis often involves the determination of cause-effect relationships. Overall organisational analysis guides the management of work systems and work processes toward achieving key business results and toward attaining strategic objectives.

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

Anecdotal

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

An anecdotal response to how senior leaders deploy performance expectations might describe a specific occasion when a senior leader visited all of the organisation’s facilities. On the other hand, a systematic process might describe the communication methods used by all senior leaders to deliver performance expectations on a regular basis to all organisational locations and workforce members, the measures used to assess effectiveness of the

methods, and the tools and techniques used to evaluate and improve the communication methods.

See also the definition of “systematic”.

Approach

The term “approach” refers to the methods used by an organisation to address the Baldrige Criteria item requirements. Approach includes the appropriateness of the methods to the item requirements and to the organisation’s operating environment, as well as how effectively the methods are used.

Approach is one of the dimensions considered in evaluating process items. For further description, see the scoring system on pages 50-51.

Basic Requirements

The term “basic requirements” refers to the topic Criteria users need to address when responding to the most central concept of an item. Basic requirements are the fundamental theme of that item (e.g., your approach for strategy development for item 2.1). In the Criteria, the basic requirements of each item are presented as the item title. This presentation is illustrated in the item format shown on page 28.

Benchmarks

The term “benchmarks” refers to processes and results that represent best practices and performance for similar activities, inside or outside an organisation’s industry. Organisations engage in benchmarking to understand the current dimensions of world-class performance and to achieve discontinuous (non-incremental) or “breakthrough” improvement.

Benchmarks are one form of comparative data. Other comparative data organisations might use include information obtained from other organisations through sharing or contributing to external reference databases, information obtained from the open literature (e.g., outcomes of research studies and practice guidelines), data gathering and evaluation by independent organisations regarding industry data (frequently industry averages), data on competitors’ performance, and comparisons with similar organisations providing similar health care services.

Capability, Workforce

See “workforce capability.”

Capacity, Workforce

See “workforce capacity.”

Collaborators

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

See also the definition of “partners”.

Core Competencies

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

Customer

In the Health Care Criteria the term “customer” refers to actual and potential users of your organisation’s services or programmes (referred to as “health care services” in the Health Care Criteria). Patients are the primary customers of health care organisations. The Criteria address customers broadly, referencing current and future customers, as well as the customers of your competitors and other organisations providing similar health care services.

Patient-focused excellence is a core value embedded in the beliefs and behaviours of high-performing organisations. Patient focus impacts and should integrate an organisation’s strategic directions, its work systems and work processes, and its organisational performance results.

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

Customer Engagement

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

Cycle Time

The term “cycle time” refers to the time required to fulfil commitments or to complete tasks. Time measurements play a major role in the Criteria because of the great importance of time performance to improving competitiveness and overall performance. “Cycle time” refers to all aspects of time performance. Cycle time improvement might include test results reporting time, time to introduce new health care technology, order fulfilment time, length of hospital stays, call-line response time, billing time, and other key measures of time.

Deployment

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

Deployment is one of the dimensions considered in evaluating process items. For further description, see the scoring system on page 50-51.

Diversity

The term “diversity” refers to valuing and benefiting from personal differences. These differences address many variables and may include race, religion, colour, gender, national origin, disability, sexual orientation, age and generational preferences, education, geographic origin, and skill characteristics, as well as differences in ideas, thinking, academic disciplines, and perspectives.

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

Effective

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

Empowerment

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

Empowerment is aimed at enabling people to satisfy patients and stakeholders on first contact, to improve processes and increase productivity, and to improve the organisation’s health care outcomes and other performance results. An empowered workforce requires information to make appropriate decisions; thus, an organisational requirement is to provide that information in a timely and useful way.

Engagement, Customer

See “customer engagement”.

Engagement, Workforce

See “workforce engagement”.

Ethical Behaviour

The term “ethical behaviour” refers to how an organisation ensures that all its decisions, actions, and stakeholder interactions conform to the organisation’s moral and professional principles of conduct. These principles should support all applicable laws and regulations and are the foundation for the organisation’s culture and values. They distinguish “right” from “wrong.”

Senior leaders should act as role models for these principles of behaviour. The principles apply to all people involved in the organisation, from temporary members of the workforce to members of the board of directors, and they need to be communicated and reinforced on a regular basis. Although the Criteria do not prescribe that all organisations use the same model for ensuring ethical behaviour, senior leaders should ensure that the organisation’s mission and vision are aligned with its ethical principles. Ethical behaviour should be practised with all stakeholders, including the workforce, patients and their family members, insurers, payors, other partners and suppliers, and the organisation’s local community.

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

Goals

The term “goals” refers to a future condition or performance level that one intends or desires to attain. Goals can be both short and longer-term. Goals are ends that guide actions. Quantitative goals, frequently referred to as “targets,” include a numerical point or range. Targets might be projections based on comparative or competitive data. The term “stretch goals” refers to desired major, discontinuous (non-incremental) or “breakthrough” improvements, usually in areas most critical to your organisation’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
- providing a basis for measuring and accelerating progress workforce engagement.

See also the definition of “performance projections”.

Governance

The term “governance” refers to the system of management and controls exercised in the stewardship of your organisation. It includes the responsibilities of your organisation’s owners/shareholders, board of directors, and senior leaders (administrative/operational and health care). Corporate or organisational charters, by-laws, and policies document the rights and responsibilities of each of the parties and describe how your organisation will be directed and controlled to ensure: (1) accountability to shareholders and other stakeholders, (2) transparency of operations, and (3) fair treatment of all stakeholders. Governance processes may include the approval of strategic direction, the monitoring and evaluation of the CEO’s performance, the establishment of executive compensation and benefits, succession planning, financial auditing, risk management, disclosure, and shareholder reporting. Ensuring effective governance is important to stakeholders’ and the larger society’s trust and to organisational effectiveness.

Health Care Services

The term “health care services” refers to all services delivered by the organisation that involve professional clinical/medical judgment, including those delivered to patients and those delivered to the community. Health care services also include services that are not considered clinical or medical, such as admitting, food services, and billing.

High-Performance Work

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

Approaches to high-performance work vary in form, function, and incentive systems. High-performance work focuses on workforce engagement. It frequently includes cooperation between administration/management and the workforce, which may involve workforce bargaining units; cooperation among work units, often involving teams; the empowerment of your people, including self-directed responsibility; and input to planning. It also may include individual and organisational skill building and learning; learning from other organisations; flexibility in job design and work assignments; a flattened organisational structure, where decision making is decentralised and decisions are made closest to the “front line”; and effective use of performance measures, including comparisons. Many high-performing organisations use monetary and non-monetary incentives based on factors such as organisational performance, team and individual contributions, and skill building. Also, high-performance work usually seeks to align the organisation’s structure, core competencies, work, jobs, workforce development, and incentives.

How

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

Indicators

See “measures and indicators”.

Innovation

The term “innovation” refers to making meaningful change to improve products, processes, or organisational effectiveness, and to create new value for stakeholders. Innovation involves the adoption of an idea, process, technology, product or business model that is either new or new to its proposed application. The outcome of innovation is a discontinuous or breakthrough change in results, products, or processes.

Successful organisational innovation is a multi-step process that involves development and knowledge sharing, a decision to implement, implementation, evaluation, and learning. Although innovation is often associated with health care research and technological innovation, it is applicable to all key organisational processes that would benefit from change, whether through breakthrough improvement or a change in approach or outputs. It could include fundamental changes in organisational structure or the business model to more effectively accomplish the organisation’s work and to improve critical pathways and practice guidelines, facility design, the administration of medications, the organisation of work, or alternative therapies.

Integration

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

See also the definition of “alignment”.

Integration is one of the dimensions considered in evaluating both process and results Items. For further description, see the scoring system and guidelines on pages 50-52.

Key

The term “key” refers to the major or most important elements or factors, those that are critical to achieving your intended outcome. The Baldrige Criteria, for example, refer to key challenges, key plans, key work processes, and key measures—those that are most important to your organisation’s success. They are the essential elements for pursuing or monitoring a desired outcome.

Knowledge Assets

The term “knowledge assets” refers to the accumulated intellectual resources of your organisation. It is the knowledge possessed by your organisation and its workforce in the form of information, ideas, learning, understanding, memory, insights, cognitive and technical skills, and capabilities. Your workforce, software, patents, databases, documents, guides, policies and procedures, and technical drawings are repositories of your organisation’s knowledge assets. Knowledge assets are held not only by an organisation but reside within its patients, stakeholders, suppliers, and partners as well.

Knowledge assets are the “know how” that your organisation has available to use, to invest, and to grow. Building and managing its knowledge assets are key components for your organisation to create value for your stakeholders and to help sustain competitive advantage.

Leadership System

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

An effective leadership system respects the capabilities and requirements of workforce members and other stakeholders, and it sets high expectations for performance and performance improvement. It builds loyalties and teamwork based on the organisation’s vision and values and the pursuit of shared goals. It encourages and supports initiative and appropriate risk taking, subordinates organisational structure to purpose and function,

and avoids chains of command that require long decision paths. An effective leadership system includes mechanisms for the leaders to conduct self-examination, receive feedback, and improve.

Learning

The term “learning” refers to new knowledge or skills acquired through evaluation, study, experience, and innovation. The Baldrige Criteria include two distinct kinds of learning: organisational and personal. Organisational learning is achieved through research and development, evaluation and improvement cycles, workforce, patient, and stakeholder ideas and input, best-practice sharing, and benchmarking. Personal learning is achieved through education, training, and developmental opportunities that further individual growth.

To be effective, learning should be embedded in the way an organisation operates. Learning contributes to a competitive advantage and sustainability for the organisation and its workforce. For further description of organisational and personal learning, see the related core values and concepts on page 44.

Learning is one of the dimensions considered in evaluating process items. For further description, see the scoring system on pages 50-51.

Levels

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

Measures and Indicators

The term “measures and indicators” refers to numerical information that quantifies input, output, and performance dimensions of processes, programmes, projects, services, and the overall organisation (outcomes). The Health Care Criteria place particular focus on measures of health care process outcomes, patient safety, and patient functional status. Measures and indicators might be simple (derived from one measurement) or composite.

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

Mission

The term “mission” refers to the overall function of an organisation. The mission answers the question, “What is this organisation attempting to accomplish?” The mission might define patients, stakeholders, or markets served, distinctive or core competencies, or technologies used.

Multiple Requirements

The term “multiple requirements” refers to the individual questions Criteria users need to answer within each area to address. These questions constitute the details of an item’s requirements. They are presented in black text under each item’s area(s) to address. This presentation is illustrated in the item format shown on page 28.

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

Overall Requirements

The term “overall requirements” refers to the topics Criteria users need to address when responding to the central theme of an item. Overall requirements address the most significant features of the item requirements. In the Criteria, the overall requirements of each item are presented in one or more introductory sentences printed in bold. This presentation is illustrated in the item format shown on page 28.

Partners

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

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

See also the definition of “collaborators”.

Patient

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

Performance

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

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

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

“Patient- and stakeholder-focused performance” refers to performance relative to measures and indicators of patients’ and stakeholders’ perceptions, reactions, and behaviours. Examples include patient loyalty, complaints, and survey results.

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

“Financial and marketplace performance” refers to performance relative to measures of cost, revenue, and market position, including asset utilisation, asset growth, and market share. Examples include returns on investments, value added per employee, debt-to-equity ratio, returns on assets, operating margins, performance to budget, the amount in reserve funds, cash-to-cash cycle time, other profitability and liquidity measures, and market gains.

Performance Excellence

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

Performance Projections

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

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

See also the definition of “goals”.

Process

The term “process” refers to linked activities with the purpose of producing a product (service) for a customer (user) within or outside the organisation. Generally, processes involve combinations of people, machines, tools, techniques, materials, and improvements in a defined series of steps or actions. Processes rarely operate in isolation and must be considered in relation to other processes that impact them. In some situations, processes might require adherence to a specific sequence of steps, with documentation (sometimes formal) of procedures and requirements, including well-defined measurement and control steps.

In many service situations, such as health care treatment, particularly when patients and stakeholders are directly involved in the service, process is used in a more general way, (i.e., to spell out what must be done, possibly including a preferred or expected sequence). If a sequence is critical, the service needs to include information to help patients and stakeholders understand and follow the sequence. Such service processes also require guidance to the providers of those services on handling contingencies related to the possible actions or behaviours of those served.

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

In the Baldrige scoring system, your process achievement level is assessed. This achievement level is based on four factors that can be evaluated for each of an organisation’s key processes: approach, deployment, learning, and integration. For further description, see the scoring system on pages 50-51.

Productivity

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

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

Purpose

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

Results

The term “results” refers to outputs and outcomes achieved by an organisation in addressing the requirements of a Baldrige Criteria item. Results are evaluated on the basis of current performance; performance relative to appropriate comparisons; the rate, breadth, and importance of performance improvements; and the relationship of results measures to key organisational performance requirements. For further description, see the scoring system on pages 50-51.

Segment

The term “segment” refers to a part of an organisation’s overall patient, stakeholder, market, health care service offering, or workforce base. Segments typically have common characteristics that can be grouped logically. In Results Items, the term refers to disaggregating results data in a way that allows for meaningful analysis of an organisation’s performance. It is up to each organisation to determine the specific factors that it uses to segment its patients, stakeholders, markets, services, and workforce.

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

Senior Leaders

The term “senior leaders” refers to an organisation’s senior management group or team. In many organisations, this consists of the head of the organisation and his or her direct reports. In health care organisations with separate administrative/operational and clinical leadership, “senior leaders” refers to both sets of leaders and the relationship between them.

Stakeholders

The term “stakeholders” refers to all groups that are or might be affected by an organisation’s actions and success. Examples of key stakeholders might include patients, patients’ families, the community, insurers and other third-party payors, employers, health care providers, patient advocacy groups, departments

of health, students, the workforce, partners, collaborators, governing boards, shareholders, investors, charitable contributors, taxpayers, regulatory bodies, policy makers, funders, and local and professional communities.

See also the definition of “customer”.

Strategic Advantages

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

When an organisation realises both sources of strategic advantage, it can amplify its unique internal capabilities by capitalising on complementary capabilities in other organisations.

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

Strategic Challenges

The term “strategic challenges” refers to those pressures that exert a decisive influence on an organisation’s likelihood of future success. These challenges frequently are driven by an organisation’s future competitive position relative to other providers of similar health care services. While not exclusively so, strategic challenges generally are externally driven. However, in responding to externally driven strategic challenges, an organisation may face internal strategic challenges.

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

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

Strategic Objectives

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

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

Sustainability/Sustainable

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

Sustainability considerations might include workforce capability and capacity, resource availability, technology, knowledge, core competencies, work systems, facilities, and equipment. Sustainability might be affected by changes in the marketplace and patient and stakeholder preferences, changes in the financial markets, and changes in the legal and regulatory environment. In addition, sustainability has a component related to day-to-day preparedness for real-time or short-term emergencies.

In the context of the Baldrige Health Care Criteria, the impact of your organisation’s health care services and operations on society and the contributions you make to the well-being of environmental, social, and economic systems are part of your organisation’s overall societal responsibilities. Whether and how your organisation addresses such considerations also may affect its sustainability.

Systematic

The term “systematic” refers to approaches that are well-ordered, are repeatable, and use data and information so learning is possible. In other words, approaches are systematic if they build in the opportunity for evaluation, improvement, and sharing, thereby permitting a gain in maturity. For use of the term, see the scoring guidelines for process items on page 52.

Trends

The term “trends” refers to numerical information that shows the direction and rate of change for an organisation’s results or the consistency of its performance over time. Trends provide a time sequence of organisational performance.

A minimum of three historical (not projected) data points generally is needed to begin to ascertain a trend. More data points are needed to define a statistically valid trend. The time period for a trend is determined by the cycle time of the process being measured. Shorter cycle times demand more frequent measurement, while longer cycle times might require longer time periods before meaningful trends can be determined.

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

Value

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

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

Values

The term “values” refers to the guiding principles and behaviours that embody how your organisation and its people are expected to operate. Values reflect and reinforce the desired culture of an organisation. Values support and guide the decision making of every workforce member, helping the organisation accomplish its mission and attain its vision in an appropriate manner. Examples of values might include demonstrating integrity and fairness in all interactions, exceeding patient and stakeholder expectations, valuing individuals and diversity, protecting the environment, and striving for performance excellence every day.

Vision

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

Voice of the Customer

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

Work Processes

The term “work processes” refers to your most important internal value creation processes. They might include health care service design and delivery, patient support, supply chain management, business, and support processes. They are the processes that involve the majority of your organisation’s workforce and produce patient and stakeholder value.

Your key work processes frequently relate to your core competencies, to the factors that determine your success relative to competitors and organisations offering similar health care services, and to the factors considered important for business growth by your senior leaders.

Work Systems

The term “work systems” refers to how the work of your organisation is accomplished. Work systems involve your workforce, your key suppliers and partners, your contractors, your collaborators, and other components of the supply chain needed to produce and deliver your health care services and your business and support processes. Your work systems coordinate the internal work processes and the external resources necessary for you to develop, produce, and deliver your services to your patients and stakeholders and to succeed in your marketplace.

Decisions about work systems are strategic. These decisions involve protecting and capitalising on core competencies and deciding what should be procured or produced outside your organisation in order to be efficient and sustainable in your marketplace.

Workforce

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

Workforce Capability

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

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

Workforce Capacity

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

Workforce Engagement

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

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



CORE VALUES AND CONCEPTS

VISIONARY LEADERSHIP

Leaders should ensure the creation of strategies, systems and methods for achieving excellence, stimulating innovation, and building knowledge and capabilities. Senior leaders should inspire and motivate your entire workforce and should encourage all employees to contribute, to develop and learn, to be innovative, and to be creative.

CUSTOMER-DRIVEN EXCELLENCE

Quality and performance are judged by an organisation's customers. Customer-driven excellence is a strategic concept. It is directed toward customer retention and loyalty, market share gain, and growth. Customer-driven excellence demands awareness of developments in technology and competitors' offerings, as well as rapid and flexible response to customer and market changes.

ORGANISATIONAL AND PERSONAL LEARNING

Achieving the highest levels of business performance requires a well-executed approach to organisational and personal learning. Organisational learning includes both continuous improvement of existing approaches and adaptation to change, leading to new goals and/or approaches. Learning needs to be embedded in the way your organisation operates.

VALUING EMPLOYEES AND PARTNERS

An organisation's success depends increasingly on the diverse knowledge, skills, creativity, and motivation of all its employees and partners. Valuing employees means committing to their satisfaction, development, and well-being. Organisations need to build internal and external partnerships to better accomplish overall goals.

AGILITY

Success in globally competitive markets demands agility - a capacity for rapid change and flexibility. Businesses face ever-shorter cycles for the introduction of new/improved products and services, as well as for faster and more flexible response to customers.

FOCUS ON THE FUTURE

In today's competitive environment, a focus on the future requires understanding the short- and longer-term factors that affect your business and marketplace. Pursuit of sustainable growth and market leadership requires a strong future orientation and a willingness to make long-term commitments to key stakeholders.

MANAGING FOR INNOVATION

Innovation means making meaningful change to improve an organisation's products, services, and processes and to create new value for the organisations stakeholders. Innovation should lead your organisation to new dimensions of performance. Innovation builds on the accumulated knowledge of your organisation and its employees

MANAGEMENT BY FACT

Organisations depend on the measurement and analysis of performance. Such measurements should derive from business needs and strategy, and they should provide critical data and information about key processes, outputs, and results.

SOCIETAL RESPONSIBILITY

An organisation's leaders should stress responsibilities to the public, ethical behaviour, and the need to practice good citizenship. Leaders should be role models for your organisation in focusing on business ethics and protection of public health, safety, and the environment.

FOCUS ON RESULTS AND CREATING VALUE

An organisation's performance measurements need to focus on key results. Results should be used to create and balance value for your key stakeholders.

SYSTEMS PERSPECTIVE

The Criteria for Performance Excellence provides a systems perspective for managing your organisation and its key processes to achieve results - performance excellence. The seven Criteria Categories and the Core Values form the building blocks and the integrating mechanism for the system.



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