Why articulate the Baldrige Criteria?
Articulating the Criteria questions improves understanding and ease of use. Unlike the official Baldrige Criteria questions which are bundled into densely-worded paragraphs of disparate topics, the Articulated Criteria simply separate the questions.

Global Acceptance and Popularity of understanding:
The Articulated Criteria are now approved for use by more than 20 national quality and excellence award programs based on the Baldrige Criteria worldwide attesting to their acceptance. Previous versions of the Articulated Criteria have been downloaded thousands of times daily attesting to their popularity.

Consistency of understanding:
The Articulated Criteria also electronically linked to definitions for all key terms used in the Baldrige Criteria. More than saving time, these links ensure that users understand the terminology. A common understanding is critical because the Examiners are required to use these definitions to conduct an assessment. For example, variation in use of common terms such as ‘CORE COMPETENCIES’, ‘SUSTAINABILITY’, and ‘INTEGRATION’ can and likely will detract from the validity of assessments.

Are the words the same as the Baldrige Health Care Criteria?
The words are the same but with a more user friendly format to improve understanding and ease of use. In addition, links to the definitions of all key Baldrige terms have been added as well as links to more than 50 Health Care Criteria Response Templates (new for 2012). The templates help ensure the validity and integration of the information entered.

Sharing:
Please feel free to share the Health Care Articulated Criteria with anyone who may benefit.

Notes:
- The Articulated Criteria are updated frequently. Click here to download the latest version. For example, expect to see soon:
  - An MS Word version that allows you to add your responses immediately following the Criteria questions
  - A ‘clean’ PDF version without the Template links and promotional stuff
- Links to the Criteria Response Templates have not been activated in this version. Click here to learn how to obtain them

Finally, thank you for using the only functionally integrated version of the Baldrige Criteria available anywhere. Paul
P Preface: Organizational Profile

The Organizational Profile is a snapshot of your organization, the KEY influences on HOW you operate, and the KEY CHALLENGES you face.

P.1 Organizational Description:

What are your KEY organizational characteristics?

Describe your organization’s operating environment and your KEY relationships with PATIENTS and STAKEHOLDERS suppliers and PARTNERS.

Within your response, include answers to the following questions:

START ANSWERING PROFILE P.1 QUESTIONS HERE

P.1a. Organizational Environment

(1) Service Offerings [HEALTH CARE SERVICE OFFERINGS TEMPLATE]
   What are your organization’s main HEALTH CARE SERVICE offerings (see note 1 below)?
   What is the relative importance of each to your organizational success?
   What mechanisms do you use to deliver your services?

(2) VISION and MISSION [VISION, MISSION, VALUES and CORE COMPETENCIES TEMPLATE]
   What are the distinctive characteristics of your organizational culture?
   What are your stated PURPOSE, VISION, VALUES, and MISSION?
   What are your organization’s CORE COMPETENCIES and their relationship to your MISSION?

(3) WORKFORCE Profile [WORKFORCE PROFILE TEMPLATE]
   What is your WORKFORCE profile?
   What are your WORKFORCE or staff groups and SEGMENTS?
   What are their education levels?
   What are the KEY elements that ENGAGE them in accomplishing your MISSION and VISION?
   What are your organization’s WORKFORCE and job DIVERSITY, organized bargaining units, KEY WORKFORCE benefits, and special health and safety requirements?

(4) Assets [ASSETS TEMPLATE]
   What are your major facilities, technologies, and equipment?

(5) Regulatory Requirements [REGULATORY REQUIREMENTS TEMPLATE]
   What is the regulatory environment under which your organization 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?
P.1b. Organizational Relationships

(1) **Organizational Structure**

What are your organizational structure and GOVERNANCE system? What are the reporting relationships among your GOVERNANCE board, SENIOR LEADERS, and parent organization, 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 organizations play in implementing INNOVATIONS in your organization? What are your KEY supply-chain requirements?

STOP ANSWERING PROFILE P.1 QUESTIONS HERE

Notes:

N1. *HEALTH CARE SERVICE offerings* (P.1a[1]) refer to the HEALTH CARE SERVICES that your organization 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 organization’s areas of greatest expertise. Your organization’s CORE COMPETENCIES are those strategically important capabilities that are central to fulfilling your MISSION or provide an advantage in your marketplace or service environment. CORE COMPETENCIES frequently are challenging for competitors or suppliers and PARTNERS to imitate. Also, CORE COMPETENCIES frequently preserve your competitive advantage.

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

N4. WORKFORCE groups and SEGMENTS (including organized bargaining units; P.1a[3]) might be based on the type of employment or contract reporting relationship, location, tour of duty, 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, behaviors, 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 organization 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 behavior, 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 organizations, these mechanisms may change as marketplace, **PATIENT**, or **STAKEHOLDER** requirements change.

All terms in CAPS link to their definitions

**Information for Understanding All Criteria Items**

For definitions of **KEY terms** presented throughout the **Criteria** and **scoring guidelines text** in caps, see the **Glossary of KEY Terms**.

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 Health Care Criteria** are divided into three groups: the **Preface**, which defines your organizational environment; **categories 1–6**, which define your organization’s **PROCESSES**; and **category 7**, which contains your **RESULTS** for your organization’s **PROCESSES**. Only responses to the last two groups are scored during a Baldrige Award evaluation of an organization; the **Organizational 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 Organizational Situation:

What is your organization’s strategic situation?

Describe your organization’s competitive environment, your KEY STRATEGIC CHALLENGES and ADVANTAGES, and your system for PERFORMANCE improvement.

Within your response, include answers to the following questions:

START ANSWERING PROFILE P.2 QUESTIONS HERE

P.2a. Competitive Environment

(1) Competitive Position  [COMPETITIVE POSITION TEMPLATE]
   What is your competitive position?
   What are your relative size and growth in the health care industry or markets served?
   What are the numbers and types of competitors and KEY COLLABORATORS for your organization?

(2) Competitiveness Changes  [COMPETITIVE POSITION TEMPLATE]
   What are any KEY changes taking place that affect your competitive situation, including opportunities for INNOVATION and COLLABORATION, as appropriate?

(3) COMPARATIVE Data  [COMPARATIVE INFORMATION TEMPLATE]
   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?

P.2b. Strategic Context

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

P.2c. PERFORMANCE Improvement System

What are the KEY elements of your PERFORMANCE improvement system, including your evaluation, organizational LEARNING, and INNOVATION PROCESSES? [PROCESS IMPROVEMENT TEMPLATE]

STOP ANSWERING PROFILE P.2 QUESTIONS HERE

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 service.

N2. PERFORMANCE improvement (P.2c) through LEARNING and INTEGRATION is an assessment dimension used in the scoring system to evaluate the maturity of organizational APPROACHES and DEPLOYMENT. This question is intended to help you and the Baldrige examiners 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 organization’s needs and might include applying Six Sigma methodology, implementing Plan-Do-Check-Act (PDCA) improvement cycles, or employing other PROCESS
improvement and INNOVATION tools. A growing number of organizations have implemented specific PROCESSES for meeting GOALS in product and PROCESS INNOVATION.

All terms in CAPS link to their definitions

1 Leadership (120 pts.)

The Leadership category examines HOW your organization’s SENIOR LEADERS’ personal actions guide and SUSTAIN your organization. Also examined are your organization’s GOVERNANCE system and HOW your organization fulfills its legal, ETHICAL, and societal responsibilities and supports its KEY communities.

1.1 Senior Leadership:

**HOW do your SENIOR LEADERS lead? (70 pts.)**

Describe HOW SENIOR LEADERS’ actions guide and SUSTAIN your organization.

Describe HOW SENIOR LEADERS communicate with your WORKFORCE and encourage HIGH PERFORMANCE.

Within your response, include answers to the following questions:

**START ANSWERING ITEM 1.1 QUESTIONS HERE**

1.1a. **VISION, VALUES, and MISSION**

(1) **VISION and VALUES**

HOW do SENIOR LEADERS set your organization’s VISION and VALUES? [VISION, MISSION and VALUES TEMPLATE]

HOW do SENIOR LEADERS DEPLOY your organization’s VISION and VALUES through your LEADERSHIP SYSTEM, to the WORKFORCE, to KEY suppliers and PARTNERS, and to PATIENTS and other STAKEHOLDERS, as appropriate? [PATIENTS/CUSTOMERS TEMPLATE], [STAKEHOLDERS TEMPLATE], [WORKFORCE PROFILE TEMPLATE], and [SUPPLIERS, PARTNERS and COLLABORATORS TEMPLATE]

HOW do SENIOR LEADERS’ actions reflect a commitment to the organization’s VALUES?

(2) **Promoting Legal and ETHICAL BEHAVIOR**

HOW do SENIOR LEADERS’ actions demonstrate their commitment to legal and ETHICAL BEHAVIOR? [ETHICAL BEHAVIOR TEMPLATE]

HOW do they promote an organizational environment that requires it? [ETHICS and GOVERNANCE TEMPLATE]

(3) **Creating a SUSTAINABLE Organization**

HOW do SENIOR LEADERS create a SUSTAINABLE organization?

HOW do SENIOR LEADERS achieve the following?

- create an environment for organizational PERFORMANCE improvement, the accomplishment of your MISSION and STRATEGIC OBJECTIVES, INNOVATION, PERFORMANCE leadership, and organizational AGILITY [PROCESSES and SYSTEMS IMPROVEMENT TEMPLATE]
- create a WORKFORCE culture that delivers a consistently positive experience for PATIENTS and STAKEHOLDERS and fosters their ENGAGEMENT [ORGANIZATIONAL CULTURE APPROACHES]
- create an environment for organizational and WORKFORCE LEARNING [LEARNING and DEVELOPMENT APPROACHES TEMPLATE]
- develop and enhance their leadership skills
- participate in organizational LEARNING, succession planning and development of future organizational leaders
- create and promote a culture of PATIENT safety
1.1b. Communication and Organizational PERFORMANCE

(1) Communication [LEADERSHIP COMMUNICATION TEMPLATE]
   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 organization
   • communicate KEY decisions
   • take an active role in reward and recognition programs to reinforce HIGH PERFORMANCE and a PATIENT and health care focus

(2) Focus on Action [LEADERSHIP-DRIVEN IMPROVEMENT TEMPLATE]
   HOW do SENIOR LEADERS create a focus on action to accomplish the organization’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 organizational PERFORMANCE expectations?

STOP ANSWERING ITEM 1.1 QUESTIONS HERE

Notes:

N1. In health care organizations with separate administrative/operational and health care provider LEADERS, “SENIOR LEADERS” refers to both sets of LEADERS and the relationship between them.

N2. Organizational 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 organization (1.1a[3]) is capable of addressing current business needs and possesses the AGILITY and strategic management to prepare successfully for its future business, market, and operating environment. Both external and internal factors are considered. In this context, the concept of INNOVATION includes both technological and organizational INNOVATION to help the organization succeed in the future. A SUSTAINABLE organization also ensures a safe and secure environment for the WORKFORCE and other KEY STAKEHOLDERS. An organization’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 organization. It includes taking intelligent risks and implementing INNOVATIONS and ongoing 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 your organization’s STRATEGIC OBJECTIVES (see 2.2a[1]).

N5. Your organizational PERFORMANCE RESULTS should be reported in items 7.1, 7.2, 7.3, 7.4, and 7.5.

N6. For those organizations 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.

All terms in CAPS link to their definitions
1.2 GOVERNANCE and Societal Responsibilities:

**HOW do you govern and fulfill your societal responsibilities?** (50 pts.)

Describe your organization’s GOVERNANCE system and APPROACH to leadership improvement.

Describe **HOW** your organization ensures legal and ETHICAL BEHAVIOR, fulfills its societal responsibilities, supports its KEY communities, and contributes to community health.

Within your response, include answers to the following questions:

**START ANSWERING ITEM 1.2 QUESTIONS HERE**

1.2a. Organizational GOVERNANCE

1. GOVERNANCE System

**GOVERNANCE SYSTEM TEMPLATE**

**HOW** does your organization review and achieve the following KEY aspects of your GOVERNANCE system?

- accountability for the management’s actions
- fiscal accountability
- transparency in operations and selection of and disclosure policies for GOVERNANCE board members, as appropriate
- independence in internal and external audits
- protection of STAKEHOLDER and stockholder interests, as appropriate

2. PERFORMANCE Evaluation

**ORGANIZATIONAL PERFORMANCE MEASURES, REVIEWS, TRACKING, ANALYSES, and ASSESSMENT TEMPLATE**

**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?

1.2b. Legal and ETHICAL BEHAVIOR

1. Legal Behavior, Regulatory Behavior, and Accreditation

**REGULATORY, ACCREDITATION and LEGAL ENVIRONMENT TEMPLATE**

**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 BEHAVIOR

**ETHICAL BEHAVIOR TEMPLATE**

**HOW** does your organization promote and ensure ETHICAL BEHAVIOR in all interactions?

What are your KEY PROCESSES and MEASURES or INDICATORS for enabling and monitoring ETHICAL BEHAVIOR in your GOVERNANCE structure, throughout your organization, and in interactions with PATIENTS, PARTNERS, suppliers, and other STAKEHOLDERS?
HOW do you monitor and respond to breaches of ETHICAL BEHAVIOR?

1.2c. Societal Responsibilities and Support of KEY Communities

(1) Societal Well-Being [SOCIETAL WELL-BEING TEMPLATE]

   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 [COMMUNITY SUPPORT TEMPLATE]

   HOW does your organization actively support and strengthen your KEY communities?

   What are your KEY communities?

   HOW do you identify these communities and determine areas for organizational 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?

STOP ANSWERING ITEM 1.2 QUESTIONS HERE

Notes:

N1. Societal responsibilities in areas critical to your organization’s ongoing marketplace success also should be addressed in Strategy Development (item 2.1) and in Operations Focus (category 6). KEY RESULTS, such as RESULTS related to 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 labor practices, should be reported as Leadership and GOVERNANCE Outcomes (item 7.4).

N2. Transparency in operations of your GOVERNANCE system (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 BEHAVIOR (1.2b[2]) might include the percentage of independent board members, instances of ETHICAL conduct breaches and responses, survey RESULTS on WORKFORCE perceptions of organizational 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 proper use of funds.

N5. Areas of societal contributions and community support appropriate for 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 the 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 programs, immunization programs, unique HEALTH SERVICES provided at a financial loss, population-screening programs (e.g., for hypertension), sponsorship of safety programs, and indigent care and other community benefits. You should report the RESULTS of your community HEALTH SERVICES in item 7.1.
All terms in CAPS link to their definitions

Baldridge Excellence Tools and Resources
2 Strategic Planning (85 pts.)

The *Strategic Planning* category examines HOW your organization 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 pts.)

Describe HOW your organization establishes its strategy to address its STRATEGIC CHALLENGES and leverage its STRATEGIC ADVANTAGES.

Summarize your organization’s KEY STRATEGIC OBJECTIVES and their related GOALS.

Within your response, include answers to the following questions:

**START ANSWERING ITEM 2.1 QUESTIONS HERE**

2.1a. Strategy Development PROCESS

(1) *Strategic Planning PROCESS*

HOW does your organization conduct its strategic planning?

What are the KEY PROCESS steps? [STRATEGIC PLANNING PROCESS TEMPLATE]

Who are the KEY participants? [STRATEGIC PLANNING PROCESS TEMPLATE]

HOW does your PROCESS identify potential blind spots?

HOW do you determine your CORE COMPETENCIES, STRATEGIC CHALLENGES, and STRATEGIC ADVANTAGES (identified in your Organizational 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* [STRATEGY CONSIDERATIONS TEMPLATE]

HOW do you ensure that strategic planning addresses the KEY elements listed below?

HOW do you collect and ANALYZE relevant data and information pertaining to these factors as part of your strategic planning PROCESS?

- your organization’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 organizational SUSTAINABILITY, including needed CORE COMPETENCIES, and PROJECTIONS of your future PERFORMANCE and your competitors’ or COMPARABLE organizations’ future PERFORMANCE
- your ability to execute the strategic plan
2.1b. STRATEGIC OBJECTIVES

(1) KEY STRATEGIC OBJECTIVES [STRATEGIC OBJECTIVES TEMPLATE]

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 [STRATEGIC OBJECTIVES TEMPLATE]

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
• capitalize 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

STOP ANSWERING ITEM 2.1 QUESTIONS HERE

Notes:

N1. “Strategy development” refers to your organization’s APPROACH to preparing for the future. Strategy development might utilize various types of forecasts, PROJECTIONS, options, scenarios, KNOWLEDGE (see 4.2a for relevant organizational KNOWLEDGE), or other APPROACHES to envisioning the future for purposes of decision making and resource allocation. Strategy development might involve participation by KEY suppliers, PARTNERS, and 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 preferred provider, a center for clinical and service excellence, a research leader, a low-cost provider, a market INNOVATOR, or a provider of a high-end or customized service, or an INTEGRATED service provider. It also might be directed toward meeting a community or public health care need.

N3. Your organization’s strengths, weaknesses, opportunities, and threats (2.1a[2]) should address all factors that are KEY to your organization’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 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 environment and your PERFORMANCE now and in the future relative to competitors and COMPARABLE organizations; 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 capitalize 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 organization; and other factors unique to your organization.
N4. Your ability to execute the strategic plan (2.1a[2]) should address your ability to mobilize the necessary resources and **KNOWLEDGE**. It also should address your organizational **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, customization, 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 organization’s overall **PERFORMANCE**.

N6. **Item 2.1** addresses your overall organizational 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.
2.2 Strategy Implementation:

**HOW do you implement your strategy?** (45 pts.)

Describe **HOW** your organization converts its **STRATEGIC OBJECTIVES** into **ACTION PLANS**.

Summarize your organization’s **ACTION PLANS**, **HOW** they are **DEPLOYED**, and **KEY ACTION PLAN PERFORMANCE MEASURES** or **INDICATORS**.

Project your organization’s future **PERFORMANCE** relative to **KEY COMPARISONS** on these **PERFORMANCE MEASURES** or **INDICATORS**.

Within your response, include answers to the following questions:

**START ANSWERING ITEM 2.2 QUESTIONS HERE**

2.2a. **ACTION PLAN Development and DEPLOYMENT**

(1) **ACTION PLAN Development** [STRATEGIC ACTION PLANS TEMPLATE]

**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? [PLANNED CHANGES TEMPLATE]

(2) **ACTION PLAN Implementation** [STRATEGIC ACTION PLANS TEMPLATE]

**HOW** do you **DEPLOY ACTION PLANS** throughout the organization to your **WORKFORCE** and to **KEY** suppliers, **PARTNERS**, and **COLLABORATORS**, 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 organization?

(4) **WORKFORCE PLANS** [WORKFORCE PLANS ALIGNMENT to STRATEGY TEMPLATE]

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** [STRATEGIC ACTION PLANS TEMPLATE]

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 organizational **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?

2.2b. PERFORMANCE PROJECTIONS [PERFORMANCE PROJECTIONS TEMPLATE]

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 the PROJECTED PERFORMANCE of your competitors or other organizations 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 organizations, HOW will you address them?

STOP ANSWERING ITEM 2.2 QUESTIONS HERE

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 organizational 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 organizational strategy and ACTION PLANS

N2. MEASURES and INDICATORS of PROJECTED PERFORMANCE (2.2b) might include changes resulting from new ventures; organizational 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 SERVICES and technology.

All terms in CAPS link to their definitions
3 CUSTOMER Focus (85 pts.)

The CUSTOMER Focus category examines HOW your organization ENGAGES its PATIENTS and STAKEHOLDERS for long-term marketplace success. This ENGAGEMENT strategy includes HOW your organization listens to the VOICE OF ITS CUSTOMERS, (your PATIENTS and STAKEHOLDERS), builds CUSTOMER relationships, 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 pts.)

Describe HOW your organization listens to your PATIENTS and STAKEHOLDERS and gains satisfaction and dissatisfaction information.

Within your response, include answers to the following questions:

START ANSWERING ITEM 3.1 QUESTIONS HERE

3.1a. PATIENT and STAKEHOLDER Listening

(1) Listening to Current PATIENTS and STAKEHOLDERS [CUSTOMER and STAKEHOLDER LISTENING TEMPLATE]

HOW do you listen to PATIENTS and STAKEHOLDERS to obtain actionable information?

HOW do your listening methods vary for different PATIENT groups, STAKEHOLDER groups, or market SEGMENTS?

HOW do you use social media and Web-based technologies to listen to and STAKEHOLDERS, as appropriate?

HOW do your listening methods vary across the stages of PATIENTS’ and STAKEHOLDERS’ relationships with you?

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 [CUSTOMER and STAKEHOLDER LISTENING TEMPLATE]

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?

3.1b. Determination of PATIENT Satisfaction and ENGAGEMENT

(1) Satisfaction and ENGAGEMENT [PATIENT and STAKEHOLDER SATISFACTION and ENGAGEMENT TEMPLATE]

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 [PATIENT and STAKEHOLDER SATISFACTION and ENGAGEMENT TEMPLATE]

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 organizations providing similar HEALTH CARE SERVICES or to health care industry BENCHMARKS, as appropriate?
(3) **Dissatisfaction** [PATIENT and STAKEHOLDER SATISFACTION and ENGAGEMENT TEMPLATE]

**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?

**STOP ANSWERING ITEM 3.1 QUESTIONS HERE**

**Notes:**

N1. The **“VOICE OF THE CUSTOMER”** refers to your **PROCESS** for capturing **PATIENT**-related 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 organization and unsolicited opportunities to learn based on social media outlets your organization does not control, such as wikis, online forums, and blogs not moderated by your organization.

N3. Determining **PATIENT** 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 utilization 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 **PATIENT** and **STAKEHOLDER** dissatisfaction should be seen as more than reviewing low **CUSTOMER** satisfaction scores. Dissatisfaction should be independently determined to identify root causes 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 organizations that deliver similar **HEALTH CARE SERVICES** in a noncompetitive marketplace, or **COMPARISONS** achieved through health care industry or other organizations. Determining relative satisfaction **PATIENTS** and **STAKEHOLDERS** also may involve determining why **PATIENTS** and **STAKEHOLDERS** choose your competitors over you.

All terms in CAPS link to their definitions

Baldrige Excellence Tools and Resources
3.2 CUSTOMER ENGAGEMENT:

**HOW** do you ENGAGE PATIENTS and STAKEHOLDERS to serve their needs and build relationships? (40 pts.)

Describe **HOW** your organization determines HEALTH CARE SERVICE offerings and PATIENT and STAKEHOLDER communication mechanisms to support PATIENTS and STAKEHOLDERS.

Describe **HOW** your organization builds PATIENT and STAKEHOLDER relationships.

Within your response, include answers to the following questions:

START ANSWERING ITEM 3.2 QUESTIONS HERE

3.2a. Product 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 Organizational 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 [PATIENT and STAKEHOLDER SUPPORT TEMPLATE]

**HOW** do you enable PATIENTS and STAKEHOLDERS to seek information and 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 [PATIENT SEGMENTATION TEMPLATE], [STAKEHOLDER SEGMENTATION TEMPLATE]

**HOW** do you use PATIENT, 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, STAKEHOLDERS, 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 [PATIENT and STAKEHOLDER DATA USE TEMPLATE]

**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?
3.2b. Building PATIENT and STAKEHOLDER Relationships

(1) **Relationship Management** [PATIENT and STAKEHOLDER RELATIONSHIP BUILDING TEMPLATE]

**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** [COMPLAINT MANAGEMENT TEMPLATE]

**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?

STOP ANSWERING ITEM 3.2 QUESTIONS HERE

**Notes:**

**N1.** “CUSTOMER ENGAGEMENT” refers to your PATIENTS’ and STAKEHOLDER’s investment in your organization 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—your organization, and PATIENTS’ and STAKEHOLDERS’ willingness to actively advocate for and recommend your organization and HEALTH CARE SERVICE offerings.

**N2.** “HEALTH CARE SERVICE offerings” and “HEALTH CARE SERVICES” refer to the services and programs 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 organizations 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, timeliness, cost, assistance with billing/paperwork PROCESSES and transportation. KEY HEALTH CARE SERVICE features also might take into account HOW transactions occur and factors such as confidentiality and security of PATIENT and STAKEHOLDER data. Your RESULTS on PERFORMANCE relative to 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 PATIENT and STAKEHOLDER support (3.2a[2]) is to make your organization 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.

All terms in CAPS link to their definitions
4 MEASUREMENT, ANALYSIS, and KNOWLEDGE Management (90 pts.)

The MEASUREMENT, ANALYSIS, and KNOWLEDGE Management category examines HOW your organization selects, gathers, ANALYZES, manages, and improves its data, information, and KNOWLEDGE ASSETS and HOW it manages its information technology. The category also examines HOW your organization uses review findings to improve its PERFORMANCE.

4.1 MEASUREMENT, ANALYSIS, and Improvement of Organizational PERFORMANCE:

HOW do you MEASURE, ANALYZE, and then improve organizational PERFORMANCE? (45 pts.)

Describe HOW your organization MEASURES, ANALYZES, reviews, and improves its PERFORMANCE through the use of data and information at all levels and in all parts of your organization.

Within your response, include answers to the following questions:

START ANSWERING ITEM 4.1 QUESTIONS HERE

4.1a. PERFORMANCE MEASUREMENT

(1) PERFORMANCE MEASURES

HOW do you select, collect, ALIGN, and INTEGRATE data and information for tracking daily operations and overall organizational PERFORMANCE, including progress relative to STRATEGIC OBJECTIVES and ACTION PLANS? [PERFORMANCE MEASURES SELECTION and ALIGNMENT TEMPLATE]

What are your KEY organizational PERFORMANCE MEASURES, including KEY short-term and longer-term financial MEASURES? [PERFORMANCE MEASURES and TRACKING TEMPLATE]

HOW frequently do you track these MEASURES? [PERFORMANCE MEASURES and TRACKING TEMPLATE]

HOW do you use these data and information to support organizational decision making and INNOVATION? [PERFORMANCE MEASURES USE TEMPLATE]

(2) COMPARATIVE Data [COMPARISONS SELECTION CRITERIA TEMPLATE] and [PERFORMANCE MEASURES USE TEMPLATE]

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 [PERFORMANCE MEASURES USE TEMPLATE]

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 organizational or external changes?

4.1b. PERFORMANCE ANALYSIS and Review

HOW do you review organizational PERFORMANCE and CAPABILITIES? [PERFORMANCE ANALYSIS and REVIEW TEMPLATE]

HOW do you use your KEY organizational PERFORMANCE MEASURES in these reviews? [PERFORMANCE ANALYSIS and REVIEW TEMPLATE]

What ANALYSES do you perform to support these reviews and ensure that conclusions are valid? [PERFORMANCE ANALYSIS and REVIEW TEMPLATE]
HOW do you use these reviews to assess organizational success, competitive PERFORMANCE, financial health, and progress relative to STRATEGIC OBJECTIVES and ACTION PLANS? [PERFORMANCE ANALYSIS and REVIEW TEMPLATE]

HOW do you use these reviews to assess your organization’s ability to respond rapidly to changing organizational needs and CHALLENGES in your operating environment?

4.1c. PERFORMANCE Improvement

(1) Best-Practice Sharing

HOW do you use PERFORMANCE review findings to share lessons learned and best practices across organizational units and WORK PROCESSES? [PERFORMANCE IMPROVEMENT APPROACHES TEMPLATE]

(2) Future PERFORMANCE

HOW do you use PERFORMANCE review findings and KEY COMPARATIVE and competitive data to project future PERFORMANCE? [PERFORMANCE IMPROVEMENT APPROACHES TEMPLATE]

(3) Continuous Improvement and INNOVATION

HOW do you use organizational PERFORMANCE review findings to develop priorities for continuous improvement and opportunities for INNOVATION? [PERFORMANCE IMPROVEMENT APPROACHES TEMPLATE]

HOW are these priorities and opportunities DEPLOYED to work group and functional-level operations throughout your organization?

When appropriate, HOW are the priorities and opportunities DEPLOYED to your suppliers, PARTNERS, and COLLABORATORS to ensure organizational ALIGNMENT? [PERFORMANCE IMPROVEMENT APPROACHES TEMPLATE]

STOP ANSWERING ITEM 4.1 QUESTIONS HERE

Notes:

N1. PERFORMANCE MEASUREMENT (4.1a) is used in fact-based decision making for setting and ALIGNING organizational directions and resource use at the work unit, KEY PROCESS, departmental, and organizational 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 organization’s PERFORMANCE to that of competitors and other organizations providing similar HEALTH CARE SERVICES.

N3. Organizational PERFORMANCE reviews (4.1b) should be informed by organizational PERFORMANCE MEASUREMENT and by 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; organizational, 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 organizational PERFORMANCE ANALYSIS and review should contribute to your organizational strategic planning in category 2.

N6. Your organizational PERFORMANCE RESULTS should be reported in items 7.1, 7.2, 7.3, 7.4, and 7.5

All terms in CAPS link to their definitions
4.2 Management of Information, KNOWLEDGE, and Information Technology:

**HOW do you manage your information, organizational KNOWLEDGE, and information technology?** (45 pts.)

Describe **HOW** your organization builds and manages its KNOWLEDGE ASSETS.

Describe **HOW** your organization 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:

**START ANSWERING ITEM 4.2 QUESTIONS HERE**

### 4.2a. Data, Information, and KNOWLEDGE Management

1. **Properties**  
   HOW do you manage your organizational 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, and PATIENTS, and STAKEHOLDERS, as appropriate?

3. **KNOWLEDGE Management**  
   HOW do you manage organizational 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

### 4.2b. 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 organizational needs?

**STOP ANSWERING ITEM 4.2 QUESTIONS HERE**

**Note:**

N1. Data and information access (4.2a[2]) might be via electronic or other means.
5 WORKFORCE Focus (85 pts.)

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 organization ENGAGES, manages, and develops your WORKFORCE to utilize its full potential in ALIGNMENT with your organization’s overall MISSION, strategy, and ACTION PLANS.

5.1 WORKFORCE Environment:

HOW do you build an EFFECTIVE and supportive WORKFORCE environment? (40 pts.)

Describe HOW your organization manages WORKFORCE CAPABILITY and CAPACITY to accomplish the work of the organization.

Describe HOW your organization maintains a safe, secure, and supportive work climate.

Within your response, include answers to the following questions:

START ANSWERING ITEM 5.1 QUESTIONS HERE

5.1a. WORKFORCE CAPABILITY and CAPACITY

(1) CAPABILITY and CAPACITY [WORKFORCE CAPABILITY and CAPACITY ASSESSMENT TEMPLATE]

HOW do you assess your WORKFORCE CAPABILITY and CAPACITY needs, including skills, competencies, and staffing levels?

(2) New WORKFORCE Members [NEW WORKFORCE MEMBERS TEMPLATE]

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 [WORK ACCOMPLISHMENT TEMPLATE]

HOW do you organize and manage your WORKFORCE to achieve the following?

- accomplish the work of your organization
- capitalize on the organization’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 [WORKFORCE CHANGE MANAGEMENT TEMPLATE]

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, prevent WORKFORCE reductions, and minimize the impact of WORKFORCE reductions, if they do become necessary?

HOW do you prepare for and manage periods of WORKFORCE growth?
5.1b. WORKFORCE Climate

(1) Workplace Environment [WORKPLACE ENVIRONMENT TEMPLATE]

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 [WORKFORCE POLICIES and BENEFITS TEMPLATE]

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?

STOP ANSWERING ITEM 5.1 QUESTIONS HERE

Notes:

N1. “WORKFORCE” refers to the people actively involved in accomplishing the work of your organization. It includes your organization’s permanent, temporary, and part-time personnel, as well as any contract staff supervised by your organization, independent practitioners (e.g., physicians, physician assistants, nurse practitioners, acupuncturists, and nutritionists not paid by the organization), 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 organization’s ability to accomplish its WORK PROCESSES through the KNOWLEDGE, skills, abilities, and competencies of its people. CAPABILITY may include the ability to build and SUSTAIN relationships with your PATIENTS and STAKEHOLDERS; INNOVATE and transition to new technologies; develop new HEALTH CARE SERVICES and WORK PROCESSES; and meet changing health care, market, and regulatory demands.

“WORKFORCE CAPACITY” (5.1a) refers to your organization’s ability to ensure sufficient staffing levels to accomplish its WORK PROCESSES and successfully deliver your HEALTH CARE SERVICES to your PATIENTS and STAKEHOLDERS, including the ability to meet 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 counseling, and outplacement and other services.

All terms in CAPS link to their definitions

Baldrige Excellence Tools and Resources
5.2 WORKFORCE ENGAGEMENT:

HOW do you ENGAGE your WORKFORCE to achieve organizational and personal success? (45 pts.)

Describe HOW your organization 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:

5.2a. WORKFORCE PERFORMANCE

(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) Organizational Culture [ORGANIZATIONAL CULTURE TEMPLATE]

HOW do you foster an organizational culture that is characterized by open communication, HIGH-PERFORMANCE WORK, and an ENGAGED WORKFORCE?

HOW do you ensure that your organizational culture benefits from the DIVERSE ideas, cultures, and thinking of your WORKFORCE?

(3) PERFORMANCE Management [WORKFORCE PERFORMANCE MANAGEMENT TEMPLATE]

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 PATIENT, STAKEHOLDER, and health care focus and achievement of your ACTION PLANS

5.2b. Assessment of WORKFORCE ENGAGEMENT

(1) Assessment of ENGAGEMENT [WORKFORCE ENGAGEMENT ASSESSMENT TEMPLATE]

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 Organizational RESULTS

HOW do you relate your WORKFORCE ENGAGEMENT assessment findings to KEY organizational RESULTS reported in category 7 to identify opportunities for improvement in both WORKFORCE ENGAGEMENT and health care RESULTS?
5.2c. WORKFORCE and Leader Development

(1) LEARNING and Development System [LEARNING AND DEVELOPMENT TEMPLATE]

HOW does your LEARNING and development system address the following factors for your WORKFORCE members and leaders?

- your organization’s CORE COMPETENCIES, STRATEGIC CHALLENGES, and accomplishment of its ACTION PLANS, both short-term and long-term
- organizational PERFORMANCE improvement and INNOVATION
- ETHICS health care and ETHICAL business practices
- PATIENT and STAKEHOLDER 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 [LEARNING AND DEVELOPMENT TEMPLATE]

HOW do you evaluate the EFFECTIVENESS and efficiency of your LEARNING and development system?

(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?

STOP ANSWERING ITEM 5.2 QUESTIONS HERE

Notes:

N1. “WORKFORCE ENGAGEMENT” refers to the extent of WORKFORCE commitment, both emotional and intellectual, to accomplishing the work, MISSION, and VISION of the organization.

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 organization, are KEY to understanding an ENGAGED WORKFORCE. These characteristics are described in detail in the definition of “HIGH-PERFORMANCE WORK”.

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 volunteers and independent practitioners who contribute to the work of the organization 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 organizational RESULTS reported in response to other category 7 items.

N5. Your organization 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 organization might use, including education, training, coaching, mentoring, and work-related experiences.

All terms in CAPS link to their definitions
6 Operations Focus (85 pts.)

The Operations Focus category examines HOW your organization designs, manages, and improves its WORK SYSTEMS and WORK PROCESSES to deliver PATIENT and STAKEHOLDER VALUE and achieve organizational 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 pts.)

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

Within your response, include answers to the following questions:

START ANSWERING ITEM 6.1 QUESTIONS HERE

6.1a. WORK SYSTEM Design

   (1) Design Concepts
       HOW do you design and INNOVATE your overall WORK SYSTEMS?
       HOW do you capitalize on your CORE COMPETENCIES?
       HOW do you decide which [WORK] PROCESSES within your overall WORK SYSTEMS will be internal to your organization (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? [WORK SYSTEMS and REQUIREMENTS TEMPLATE]

6.1b. WORK SYSTEM Management

   (1) WORK SYSTEM Implementation
       What are your organization’s WORK SYSTEMS? [WORK SYSTEMS and REQUIREMENTS TEMPLATE]

       HOW do you manage and improve your WORK SYSTEMS to deliver PATIENT and STAKEHOLDER VALUE and achieve organizational success and SUSTAINABILITY? [PROCESSES and SYSTEMS IMPROVEMENT TEMPLATE]

   (2) Cost Control
       HOW do you control the overall costs of your WORK SYSTEMS? [SYSTEMS COST CONTROL TEMPLATE]

       HOW do you prevent rework and errors, including medical errors and unintended harm to PATIENTS? [SYSTEMS COST CONTROL TEMPLATE]

       HOW do you minimize the costs of inspections, tests, and PROCESS or PERFORMANCE audits, as appropriate? [INSPECTIONS, TESTS, and AUDITS TEMPLATE]

6.1c. Emergency Readiness [EMERGENCY PREPAREDNESS TEMPLATE]

   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 for PATIENTS and the community, evacuation, and recovery?
STOP ANSWERING ITEM 6.1 QUESTIONS HERE

Notes:

N1. “WORK SYSTEMS” refers to HOW the work of your organization is accomplished. WORK SYSTEMS involve your WORKFORCE, your KEY suppliers and PARTNERS, your contractors, your COLLABORATORS, and other components of the supply chain needed to produce and deliver your HEALTH CARE SERVICES and business and support PROCESSES. Your WORK SYSTEMS coordinate the internal WORK PROCESSES and the external resources necessary for you to develop, produce, and deliver your HEALTH CARE SERVICES to your PATIENTS and STAKEHOLDERS and to succeed in your marketplace.

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 organizations should consider both community-related disasters, where they play a role as first responders, and organization-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.

All terms in CAPS link to their definitions
6.2 WORK PROCESSES:

**HOW do you design, manage, and improve your KEY WORK PROCESSES?** (40 pts.)

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

Within your response, include answers to the following questions:

**START ANSWERING ITEM 6.2 QUESTIONS HERE**

### 6.2a. 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, organizational KNOWLEDGE, evidence-based medicine, HEALTH CARE SERVICE excellence, and the potential need for AGILITY into these [WORK] PROCESSES? [WORK PROCESSES REQUIREMENTS TEMPLATE]
   - **HOW** do you incorporate CYCLE TIME, PRODUCTIVITY, cost control, and other efficiency and EFFECTIVENESS factors into these [WORK] PROCESSES? [WORK PROCESSES REQUIREMENTS TEMPLATE]

2. **WORK PROCESS Requirements**
   - **HOW** do you determine KEY WORK PROCESS requirements?
   - What are your organization’s KEY WORK PROCESSES? [WORK PROCESSES REQUIREMENTS TEMPLATE]
   - What are the KEY requirements for these WORK PROCESSES? [WORK PROCESSES REQUIREMENTS TEMPLATE]

### 6.2b. WORK PROCESS Management

1. **KEY WORK PROCESS Implementation**
   - **HOW** do your KEY WORK PROCESSES relate to your WORK SYSTEMS? [WORK PROCESSES REQUIREMENTS TEMPLATE]
   - **HOW** does your day-to-day operation of these [WORK] 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? [WORK PROCESSES REQUIREMENTS TEMPLATE]

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** [SUPPLIER PERFORMANCE REQUIREMENTS TEMPLATE]
   - **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** [PROCESSES and SYSTEMS IMPROVEMENT TEMPLATE]

HOW do you improve your WORK PROCESSES to improve health care outcomes, achieve better PERFORMANCE, reduce variability, and improve HEALTH CARE SERVICES?

STOP ANSWERING ITEM ITEM 6.2 QUESTIONS HERE

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 organization’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.

N2. To improve PROCESS PERFORMANCE (6.2b[3]) and reduce variability, your organization might implement APPROACHES such as a Lean Enterprise System, the Six Sigma methodology, 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 Organizational Profile.

N3. The RESULTS of improvements in health care outcomes and HEALTH CARE SERVICE and PROCESS PERFORMANCE should be reported in item 7.1.

All terms in CAPS link to their definitions

Baldrige Excellence Tools and Resources
7 RESULTS (450 pts.)

The RESULTS category examines your organization’s PERFORMANCE and improvement in all KEY areas—health care 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 organizations with similar HEALTH CARE SERVICE offerings.

7.1 Health Care and PROCESS Outcomes:

What are your health care and PROCESS EFFECTIVENESS RESULTS? (120 pts.)

Summarize your organization’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, accredditor, or payor requirements.

Include appropriate COMPARATIVE data.

Provide data and information to answer the following questions:

START ANSWERING ITEM 7.1 QUESTIONS HERE

7.1a. 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 and STAKEHOLDERS?

How do these RESULTS COMPARE with the PERFORMANCE of your competitors and other organizations with similar offerings?

7.1b. 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 SYSTEM and workplace preparedness for disasters or emergencies?

7.1c. Strategy Implementation RESULTS

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

STOP ANSWERING ITEM 7.1 QUESTIONS HERE

Notes:
N1. RESULTS reported in item 7.1 should provide KEY information for ANALYSIS and review of your organizational PERFORMANCE (item 4.1); demonstrate use of organizational KNOWLEDGE (item 4.2); and provide the operational basis for CUSTOMER-focused outcomes (item 7.2) and financial and market outcomes (item 7.5). RESULTS for Centers for Medicare and Medicaid Services (CMS) core MEASURES should be included if your organization reports these MEASURES.

N2. Health care and PROCESS RESULTS reported in 7.1a should relate to the KEY PATIENT and STAKEHOLDER requirements and expectations identified in P.1b(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 Organizational 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.

All terms in CAPS link to their definitions
7.2 CUSTOMER-Focused Outcomes:

What are your PATIENT- and STAKEHOLDER-focused PERFORMANCE RESULTS? (90 pts.)

Summarize your organization’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:

START ANSWERING ITEM 7.2 QUESTIONS HERE

7.2a. 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 organizations 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?

STOP ANSWERING ITEM 7.2 QUESTIONS HERE

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.

N2. MEASURES and INDICATORS of PATIENT and STAKEHOLDER satisfaction with your HEALTH CARE SERVICES relative to satisfaction with competitors and other organizations providing similar HEALTH CARE SERVICES (7.2a[1]) might include information and data from your PATIENTS and STAKEHOLDERS and from independent organizations. RESULTS on the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) should be included if your organization reports these MEASURES.

All terms in CAPS link to their definitions
7.3 WORKFORCE-Focused Outcomes:

What are your WORKFORCE-focused PERFORMANCE RESULTS? (80 pts.)

Summarize your organization’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:

START ANSWERING ITEM 7.3 QUESTIONS HERE

7.3a. 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?

STOP ANSWERING ITEM 7.3 QUESTIONS HERE

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 organization’s ACTION PLANS and human resource or WORKFORCE PLANS described in item 2.2.

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.

All terms in CAPS link to their definitions Balandrige Excellence Tools and Resources
7.4 LEADERSHIP and GOVERNANCE Outcomes:

What are your SENIOR LEADERSHIP and GOVERNANCE RESULTS? (80 pts.)

Summarize your organization’s KEY SENIOR LEADERSHIP and GOVERNANCE RESULTS, including those for fiscal accountability, legal compliance, ETHICAL BEHAVIOR, societal responsibility, and support of KEY communities and community health.

SEGMENT your RESULTS by organizational units, as appropriate.

Include appropriate COMPARATIVE data.

Provide data and information to answer the following questions:

START ANSWERING ITEM 7.4 QUESTIONS HERE

7.4a. 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 BEHAVIOR and of STAKEHOLDER trust in your organization’s SENIOR LEADERS and GOVERNANCE?

What are your RESULTS for KEY MEASURES or INDICATORS of breaches of ETHICAL BEHAVIOR?

(5) Society
What are your RESULTS for KEY MEASURES or INDICATORS of your organization’s fulfillment of its societal responsibilities, your organization’s support of its KEY communities, and its contributions to community health?

STOP ANSWERING ITEM 7.4 QUESTIONS HERE

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 the 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., Occupational Safety and Health Administration [OSHA] reportable incidents) should be reported in 7.3a(2).
N4. For examples of MEASURES of ETHICAL BEHAVIOR and STAKEHOLDER trust (7.4a[4]), see item 1.2, note 4.
N5. Responses to 7.4a(5) should address your organization’s societal responsibilities described in 1.2b(1) and 1.2c(1), as well as support of the KEY communities and contributions 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 conserving resources (e.g., increased audio and video conferencing); and the global use of enlightened labor practices.

All terms in CAPS link to their definitions

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**7.5 Financial and Market Outcomes:**

What are your financial and marketplace PERFORMANCE RESULTS? (80 pts.)

Summarize your organization’s KEY financial and marketplace 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:

**START ANSWERING ITEM 7.5 QUESTIONS HERE**

**7.5a. 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?

**STOP ANSWERING ITEM 7.5 QUESTIONS HERE**

**Notes:**

N1. Responses to 7.5a(1) should include aggregate MEASURES of financial return, such as return on investment (ROI), operating margins, profitability, or profitability by market SEGMENT or PATIENT or STAKEHOLDER group. Responses also should include MEASURES of financial viability, such as liquidity, debt-to-equity ratio, days cash on hand, asset utilization, cash flow, and bond ratings, as appropriate. MEASURES should relate to the financial MEASURES reported in 4.1a(1) and the financial management APPROACHES described in item 2.2.

All terms in CAPS link to their definitions