

2012

# Tillingate Living Feedback Report



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The *Tillingate Living Case Study Feedback Report* is a fictional Baldrige Award feedback report that was developed by a team of experienced Baldrige examiners who evaluated the *Tillingate Living Case Study*, using the Independent and Consensus Review Processes. The *Tillingate Living Case Study* describes a privately held company with 23 skilled nursing and assisted living facilities. There is no connection between the fictitious Tillingate Living and any other organization, named either Tillingate Living or otherwise. Except for several national and government organizations, the other organizations cited in the case study are fictitious. Because the primary purpose of the case study is to provide learning opportunities for training Baldrige examiners and others, there are areas in the case study where Criteria requirements purposely are not addressed.

Tillingate Living scored in band 4 for process items and in band 3 for results items. An organization in band 4 for process items typically demonstrates effective, systematic approaches responsive to the overall requirements of the Criteria, but deployment may vary in some areas or work units. Key processes benefit from fact-based evaluation and improvement, and approaches are being aligned with organizational needs. For an organization that scores in band 3 for results items, results typically address areas of importance to the basic Criteria requirements and accomplishment of the organization's mission, with good performance being achieved. Comparative and trend data are available for some of these important results areas, and some beneficial trends are evident.

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**October 29, 2012**

Ms. Susan Freestone  
Executive Vice President, Chief Operations Officer  
Tillingate Living  
101 Queensway Avenue  
Harrisburg, PA 171092

Dear Ms. Freestone:

Congratulations for taking the Baldrige challenge! We commend you for your commitment to performance excellence. This feedback report was prepared for your organization by members of the volunteer Board of Examiners in response to your application for the 2012 Malcolm Baldrige National Quality Award. It outlines the scoring for your organization and describes areas identified as strengths and opportunities for possible improvement. The report contains the examiners' observations about your organization, although it is not intended to prescribe a specific course of action. In some cases, the feedback report comments do not cover all areas to address within a Criteria item. This is due to the examiner team intentionally identifying your most significant strengths and your most important opportunities for improvement, in the team's collective opinion. Please refer to "Preparing to Read Your Feedback Report" for further details about how to use the information contained in your feedback report.

We are eager to ensure that the comments in the report are clear to you so that you can incorporate the feedback into your planning process to continue to improve your organization. For ease of understanding, each comment is preceded by the relevant Criteria item reference. In addition, the comments in your report are concise, with the "nugget" of feedback located in the first sentence and supported with examples, as appropriate. As direct communication between examiners and applicants is not permitted, please contact me at (301) 975-2360 if you wish to clarify the meaning of any comment in your report. We will contact the examiners for clarification and convey their intentions to you.

The feedback report is not your only source of ideas about organizational improvement. Current and previous Baldrige Award recipients can be potential resources on your continuing journey to performance excellence. For information on contacting award recipients, please see [our Web site](#). The 2012 award recipients will share their stories at our annual Quest for Excellence® Conference, April 7–10, 2013. Current and previous award recipients participate in our regional conferences as well. Information about activities related to the Baldrige Program can be found on our Web site at <http://www.nist.gov/baldrige>.

Each year, we conduct a survey to gather data about how you, our customers, feel about our most important product, this feedback report as well as the entire application process. In approximately 30 days, you will receive this customer satisfaction survey from the Panel of Judges. As an applicant, you are uniquely qualified to provide an effective evaluation of the materials and processes that we use in administering the Baldrige Program. Please help us continue to improve the program by completing and returning this survey.

Thank you for your participation in the Malcolm Baldrige National Quality Award process. Best wishes for continued success with your performance excellence journey.

Sincerely,

Harry S. Hertz, Director  
Baldrige Performance Excellence Program

Enclosures

*...it's never been about the Award, but, maybe about being Award-worthy. We embrace the Baldrige approach and we wrote the application and we experienced the very intensive examiner survey. We did all that because we felt it would make us a better organization...the thing that really motivates most of us at Good Sam is how proud we are together, as a team, that we are able to deliver some of the best health outcomes in America and do it in a very caring and compassionate way.*

*David Fox, President  
Advocate Good Samaritan Hospital, Downers Grove, IL  
2010 Baldrige Award Winner*

### **Preparing to read your feedback report . . .**

Your feedback report contains Baldrige examiners' observations based on their understanding of your organization. The examiner team has provided comments on your organization's strengths and opportunities for improvement relative to the Baldrige Criteria. The feedback is not intended to be comprehensive or prescriptive. It will tell you where examiners think you have important strengths to celebrate and where they think key improvement opportunities exist. The feedback will not necessarily cover every requirement of the Criteria, nor will it say specifically how you should address these opportunities. You will decide what is most important to your organization and how best to address the opportunities.

If your organization has not applied in the recent past, you may notice a change in the way feedback comments are now structured in the report. In response to applicant feedback, the Baldrige Program now asks examiners to express the main point of the comment in the first sentence, followed by relevant examples, in many cases resulting in more concise, focused comments. In addition, the program has included Criteria item references with each comment to assist you in understanding the source of the feedback. Each 2012 feedback report also includes a graph in Appendix A that shows your organization's scoring profile compared to the median scores for all 2012 applicants at Consensus Review.

Applicant organizations understand and respond to feedback comments in different ways. To make the feedback most useful to you, we've gathered the following tips and practices from prior applicants for you to consider.

- Take a deep breath and approach your Baldrige feedback with an open mind. You applied to get the feedback. Read it, take time to digest it, and read it again.
- Before reading each comment, review the Criteria requirements that correspond to each of the Criteria item references (which now precede each comment); doing this may help you understand the basis of the examiners' evaluation. The Health Care Criteria for Performance Excellence can be accessed at [http://www.nist.gov/baldrige/publications/hc\\_criteria.cfm](http://www.nist.gov/baldrige/publications/hc_criteria.cfm).
- Especially note comments in **boldface type**. These comments indicate observations that the examiner team found particularly important—strengths or opportunities for improvement that the team felt had substantial impact on your organization's performance practices,

capabilities, or results and, therefore, had more influence on the team's scoring of that particular item.

- You know your organization better than the examiners know it. If the examiners have misread your application or misunderstood information contained in it, don't discount the whole feedback report. Consider the other comments, and focus on the most important ones.
- Celebrate your strengths and build on them to achieve world-class performance and a competitive advantage. You've worked hard and should congratulate yourselves.
- Use your strength comments as a foundation to improve the things you do well. Sharing those things you do well with the rest of your organization can speed organizational learning.
- Prioritize your opportunities for improvement. You can't do everything at once. Think about what's most important for your organization at this time, and decide which things to work on first.
- Use the feedback as input to your strategic planning process. Focus on the strengths and opportunities for improvement that have an impact on your strategic goals and objectives.

*My feeling about adopting the Baldrige Criteria is that if you are successful, if you persevere, the results that you will achieve will be the most rewarding that you will ever have in your professional career. This concept of being able to design, deploy, and measure your success and achieve higher and higher levels of performance each year is a remarkably satisfying experience.*

*David Tilton, President and CEO  
AtlantiCare, Egg Harbor Township, NJ  
2009 Baldrige Award Winner*

*Heartland has had a long-standing commitment to using the Baldrige Criteria as a method to hard-wire, if you will, excellence comprehensively into the organization. I think that Baldrige, especially in health care, is extremely important. Baldrige is a commitment to excellence that never ends. . . . We want to learn every day, we want to be better every day, and Baldrige gave us the framework . . . to pursue that journey of excellence.*

*Mark Laney, President and CEO  
Heartland Health, St. Joseph, MO  
2009 Baldrige Award Winner*

## KEY THEMES

### Key Themes—Process Items

Tillingate Living scored in band 4 for process items (1.1–6.2) in the Consensus Review of written applications for the Malcolm Baldrige National Quality Award. For an explanation of the process scoring bands, please refer to Figure 6a, Process Scoring Band Descriptors.

An organization in band 4 for process items typically demonstrates effective, systematic approaches responsive to the overall requirements of the Criteria, but deployment may vary in some areas or work units. Key processes benefit from fact-based evaluation and improvement, and approaches are being aligned with overall organizational needs.

**a. The most important strengths or outstanding practices (of potential value to other organizations) identified in Tillingate Living’s response to process items are as follows:**

- Tillingate Living demonstrates management by fact and supports its vision to be a top choice for care by monitoring performance with well-defined data selection criteria and its cascading Agility, Patience, Empathy, and Excellence (APEX) scorecard. Data, information, and organizational best practices are made available electronically through the TillingNet Portal, supporting a culture of transparency and accountability.
- By embedding its values of agility, empathy, patience, and excellence within its processes for listening to current, former, and potential residents and families, Tillingate Living is able to address changing needs and the future direction of the long-term care model. Tillingate Living’s listening mechanisms include the Patient Satisfaction Survey and walk-around, community perception. Recent refinements include social media monitoring. Aggregated voice-of-the-customer information is available to all facilities, supporting strategic planning and Tillingate Living’s vision to be a top choice for care.
- Tillingate Living’s approaches to providing care and supporting the workforce strengthen the core competency of managing facilities to deliver excellent clinical outcomes. Interdisciplinary Collaborative Care Teams within skilled nursing facilities (SNFs) and cross-trained universal employees within assisted living facilities (ALFs) have given workforce members a voice in resident care and encouraged positive relationships with coworkers. The organization has provided educational opportunities for its nurses by leveraging its university partnerships, a strategic advantage.

**b. The most significant opportunities, concerns, or vulnerabilities identified in Tillingate Living’s response to process items are as follows:**

- It is not evident that several key processes are deployed to all applicable staff members, volunteers, students, credentialed physicians, nurse practitioners (NPs), suppliers, and payors. For example, staff members at some of the ALFs do not have access to the TillingNet applications, and credentialed physicians and NPs do not appear to actively participate in the PDCA or Lean Six Sigma teams designed to improve the care model and clinical outcomes. It is not evident that human resource processes are in place to ensure the competency, safety, and security of students and volunteers. Without deploying key processes to all relevant groups, Tillingate Living may have undetected vulnerabilities that could hinder its ability to provide exceptional services.
- It is not clear that Tillingate Living's key strategies, strategic objectives, and related action plans (Figure 2.1-3) address all identified strategic challenges. For example, no short-term action plans identified in Figure 2.1-3 address the strategic challenge related to integrating existing practices with Accountable Care Organizations (ACOs), and the strategic objectives listed do not appear to balance all stakeholder needs. Without addressing these key elements of planning, Tillingate Living may not fully achieve its objectives, goals, and longer-term strategy.
- Tillingate Living's processes for organizational learning are not yet fully implemented. For example, it is not evident that APEX Performance Goal Plans for leaders and the Board of Directors (BOD) or BOD self-evaluations are used to identify opportunities for improvement in the Leadership System. It is not clear that best practices shared through TillingNet are adopted at all applicable facilities. In addition, evaluation of the learning and development system is limited, and several key processes may benefit from cycles of refinement and learning. By embedding cycles of learning and improvement into all key processes, Tillingate Living may accelerate progress toward and accomplishment of its goals.

### **Key Themes—Results Items**

Tillingate Living scored in band 3 for results items (7.1–7.5). For an explanation of the results scoring bands, please refer to Figure 6b, Results Scoring Band Descriptors.

For an organization in band 3 for results items, results typically address areas of importance to the basic Criteria requirements and accomplishment of the organization's mission, with good performance being achieved. Comparative and trend data are available for some of these important results areas, and some beneficial trends are evident.

#### **c. Considering Tillingate Living's key business/organization factors, the most significant strengths found in response to results items are as follows:**

- Results in several key areas support Tillingate Living's vision of being among the top 10% of SNFs and ALFs. Resident satisfaction has been favorable relative to the top 10% since 2008 for SNFs and since 2010 for assisted living. Likewise, overall employee satisfaction results have been favorable relative to the top decile since 2008, and employee engagement results for recommending Tillingate Living to a family member



are at the best-in-class level. The organization's focus on patient safety and publicly reported measures contribute to its top-decile performance on the skilled nursing measure of the pressure ulcer rate.

- Several key organizational performance results demonstrate favorable trends in support of the organization's mission. These include financial and market measures such as Overall Operating Margin (Figure 7.5-1), Days in Accounts Receivable (Figure 7.5-7), Days Cash on Hand (Figure 7.5-8), Overall Debt to Equity (Figure 7.5-12), and Overall Occupancy Rate and Occupancy Rate by Service Offering (Figures 7.5-4 and 7.5-5); patient-focused health care outcomes such as results on advance directives, pain reduction, and vaccinations (Figures 7.1-2 through 7.1-4 and 7.1-8); resident satisfaction and engagement results (Figures 7.2-1 through 7.2-4); and Community Support Activities (Figure 7.4-9).

**d. Considering Tillिंगate Living's key business/organization factors, the most significant opportunities, vulnerabilities, and/or gaps (related to data, comparisons, linkages) found in response to results items are as follows:**

- Tillिंगate Living does not report performance results that are relevant to the accomplishment of its mission. For example, results of annual BOD self-evaluations, internal and external audits, charitable donations, and efforts to develop organizational leaders are not provided, and medical error reduction results are limited to pharmacy errors. Tillिंगate Living is also missing results on workforce climate and development for most areas, including workforce health, safety, and security; residents' and other stakeholders' dissatisfaction; and engagement/satisfaction of volunteers and credentialed physicians. Without monitoring all relevant performance results, Tillिंगate Living may have undetected vulnerabilities that may limit progress toward its vision to be a top choice for care.
- Tillिंगate Living does not segment results for several areas it has identified as important. For example, Tillिंगate Living identifies a growing market of patients with dementia and traumatic brain injury, but it does not provide customer engagement or financial results for those segments. Quality and patient safety are critical to Tillिंगate Living, but it has not segmented results for its patient safety measures by service offering, state, or facility. Nor has it segmented its efficiency measures, such as help desk response and discharge times. Given Tillिंगate Living's geographically dispersed facilities and competitive market, measuring, monitoring, and improving results that are segmented may enhance the organization's ability to maintain its reputation for excellent service and improve operational effectiveness.
- Many results are missing relevant comparison and competitor data. For example, most satisfaction and engagement results lack competitive data, and some results lack comparative data (Figures 7.2-5, 7.2-9, and 7.2-12). The lack of comparative data in Baby Boomer Volume Growth (Figure 7.5-14), which improved from 6% in 2008 to 8% in 2011, may make it difficult for Tillिंगate Living to assess whether competitors are growing volume for this market more rapidly. A greater understanding of its performance relative to competitor and other comparative data may help Tillिंगate Living strengthen its position in its competitive market environment.

## DETAILS OF STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT

The numbers and letters preceding each comment indicate the Criteria item requirements to which the comment refers. Not every Criteria requirement will have a corresponding comment; rather, these comments were deemed the most significant by a team of examiners.

### Category 1 Leadership

#### 1.1 Senior Leadership

Your score in this Criteria item for the Consensus Review is in the 50–65 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

#### STRENGTHS

- a(1) Senior leaders' approach to setting, deploying, and reviewing the vision, values, and mission supports organizational alignment. Approaches include the assignment of champions for acquired facilities, alignment of APEX goals, and 26 communication mechanisms that include weekly huddles. The addition of "homelike environment" after a 2009 acquisition supports the core competency of designing, innovating, and managing facilities.
- a(3) The Corporate Leadership Team creates an environment for performance improvement and achievement of the strategic objectives through the Leadership and 5E systems. Cascading scorecards facilitate deployment of strategic objectives and associated action plans to the workforce, suppliers, and partners. The systematic performance review process (Figure 4.1-1) supports organizational sustainability through identification of best practices that are shared at the biannual Leadership Summits.
- b(1) Tillingate Living's multiple communication mechanisms (Figure 1.1-2), as well as facility visits and luncheon chats, engage the workforce at all levels. Feedback on communication effectiveness is captured in the information management system for subsequent review. The PDCA-based Communication System (Figure 1.1-3) serves as the primary approach for evaluating and improving mechanisms to convey key decisions, encourage two-way communication, and support a patient focus across facilities in all four states.

#### OPPORTUNITIES FOR IMPROVEMENT

- a(3) It is not clear how senior leaders create and promote a culture of patient safety. For example, it is not evident how Tillingate Living uses data gathered through tracking of adverse events and near-misses or if resultant corrective actions are evaluated for applicability across the organization. Without systematically building a safety-focused culture, Tillingate Living may limit its ability to create a safe and secure environment, a key stakeholder requirement.

- a, b Tillingate Living presents limited evidence that it evaluates and refines leadership processes designed to support innovation, a positive customer experience, and leadership skills, such as the Leadership Summit and Gate Way to Leadership programs. Such evaluation may help Tillingate Living identify opportunities to enhance leadership skills, support succession planning, and develop future leaders.
- b(2) It is not evident that Tillingate Living systematically balances value for all residents and stakeholders. For example, it is not clear that the strategic plan addresses the growth in the population of Alzheimer patients and dementia residents or those who view retirement as "an opportunity to be more active in hobbies and long-held interests." Without a systematic process in this area, Tillingate Living may miss opportunities for success in its competitive market.

## 1.2 Governance and Societal Responsibilities

Your score in this Criteria item for the Consensus Review is in the 50–65 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

### STRENGTHS

- a(1) Tillingate Living’s well-aligned governance system helps the management demonstrate accountability and transparency. Through the “Up One Side and Down the Other” (Figure 1.2-1) framework, integrated system and facility strategic plans are deployed to employees, and cascading scorecards are aligned up and down the organization. In addition, Tillingate Living’s factor matrix for BOD selection, disclosures of conflict of interest, and open BOD meetings support operational transparency.
- c In identifying and supporting its key communities across its four-state service area, Tillingate Living capitalizes on its core competencies and leverages the Aging Actively Consortium care model. Innovative intergenerational reading programs, purchase of locally grown foods, and reciprocal agreements with local colleges foster community loyalty, improved outcomes, and future referrals. Evaluating community support during the strategic planning process ensures a sustained focus on societal well-being.
- b(1) Tillingate Living’s proactive approaches to addressing public and regulatory concerns with its operations may promote sustainability in a highly regulated industry. Examples include conducting impact studies for new facilities, communicating with the community (Figure 1.1-2), and maintaining key compliance and risk management processes (Figure 1.2-2). Also, having its facilities serve as beta sites for structural safety innovations proactively addresses a key concern shared by patients, families, and payors.

### OPPORTUNITIES FOR IMPROVEMENT

- b(2) Systematic, fully deployed processes to ensure ethical behavior are not evident. For example, beyond orientation, ethics training or methods to raise nonclinical ethical concerns are not apparent. In addition, mechanisms for reporting ethical concerns do not appear to be fully deployed, and existing processes for ensuring ethical behavior do not appear to be deployed to partners, suppliers, and other stakeholders. Addressing these gaps may help support residents’ requirement of respect for their privacy and dignity.
- a(2) It is unclear how Tillingate Living uses senior leaders’ and the BOD’s APEX Performance Goal Plans, as well as BOD self-evaluations, to improve the Leadership System. Without systematically evaluating and improving leaders’ personal effectiveness and the Leadership System as a whole, Tillingate Living may have difficulty addressing the strategic challenge of succession planning and long-term organizational sustainability.
- c It is not evident that Tillingate Living evaluates and improves its processes related to societal responsibility and support of key communities. For example, it is unclear whether

the educational programs supported with volunteers, farm support, and/or "going green" efforts have undergone cycles of refinement since 2006. Without evaluating and improving such efforts, Tillingate Living may have difficulty sustaining its reputation for societal responsibility in the longer term.

## Category 2 Strategic Planning

### 2.1 Strategy Development

Your score in this Criteria item for the Consensus Review is in the 50–65 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

#### STRENGTHS

- **a(1) The five-month, 14-step strategic planning process (SPP) enables Tillingate Living to learn about residents' needs and expectations and determine its strategic challenges and advantages. The SPP considers resident needs and minimizes blind spots through an environmental scan and SWOT analysis (Figure 2.1-2). The short- and near-term horizons allow responses to senior living trends and corporate/facility performance. Resident and Family Councils now give input to the process.**
- a(2) In support of long-term sustainability, Tillingate Living identifies key strategic considerations with SWOT analyses, the environmental scan, and internal and competitor performance projections. System and localized environmental scans monitor for major shifts during the year. Annual updating of five-year plans, alignment of operating and action plans, and defined accountability support execution of Tillingate Living's overall strategy.
- b Each of Tillingate Living's four strategic objectives aligns with the vision and addresses at least one challenge, advantage, or core competency (Figure 2.1-3). For example, the objective to achieve role-model financial sustainability addresses the challenge of low operating margins. Balancing short- and longer-term challenges and advantages through action planning further supports key strategic objectives.

#### OPPORTUNITIES FOR IMPROVEMENT

- a, b Tillingate Living's strategic planning and objectives do not appear to address all strategic challenges or balance all stakeholder needs. For example, it is not clear how the strategic objectives (Figure 2.1-3) address the challenge to integrate existing practices with ACOs or how physician partners and suppliers are systematically included in the SPP. Such gaps may prevent Tillingate Living from being a top choice for care.
- a(1) It is not clear how Tillingate Living systematically identifies and refines its core competencies. For example, how the core competency of designing and delivering rehabilitation services was systematically determined during step 3 of the SPP is unclear. Without a defined approach in this area, Tillingate Living may miss the opportunity to leverage these strategically important capabilities for future success.
- b(2) In the development of strategic objectives, it is not clear how Tillingate Living considers opportunities for innovation through the environmental scan and SWOT analysis.

Without such consideration, Tillingate Living may not be fully leveraging its core competency of designing, innovating, and managing facilities to support various lifestyles and deliver excellent clinical outcomes.

- a(2) It is unclear how Tillingate Living ensures its ability to execute the strategic plan, beyond assigning accountability for the system and facility plans. Without addressing key planning elements that might affect execution, such as changing capacity needs to "right-size for performance excellence," Tillingate Living may not achieve its strategy and key objectives.

## 2.2 Strategy Implementation

Your score in this Criteria item for the Consensus Review is in the 50–65 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

### STRENGTHS

- a(1-2) Through continuous refinements in its development and implementation of action plans across the system, Tillingate Living supports its key strategies for achieving its vision to become the top choice for care. Cycles of learning and refinement have led to broader participation by employees, physicians, and stakeholders as well as the development of 90-day action plans that are monitored through APEX scorecard reviews.
- a(3) Tillingate Living ensures appropriate allocation of its resources by aligning them with action plans and budgets at department and facility levels. The Corporate Leadership Team sets capital spending limits and prioritizes resource distribution relative to impact on the organization's vision and strategy. Reviews of financial and other risks take place through key processes such as SWOT analysis.
- a(5-6) Tillingate Living ensures organizational alignment and the commitment of key stakeholders by tracking the achievement of action plans with APEX scorecard measures. With monthly reviews of 90-day plans and facility/department scorecards, Tillingate Living requires root-cause analysis and a modified action plan submitted to the VP of operations if unfavorable performance persists for three or more months. In addition, performance evaluations tied to performance bonuses include reviews of progress on 90-day plans.

### OPPORTUNITIES FOR IMPROVEMENT

- a(1-2) It is not clear how Tillingate Living systematically deploys action plans to its geographically dispersed workforce and to relevant physician partners, suppliers, and community partners. Without effective deployment, Tillingate Living may not be able to achieve its strategic objectives or sustain key outcomes of action plans supporting its vision.
- a(4) It is not clear how Tillingate Living's workforce plans (Figure 2.1-3) address strategic objectives, action plans, workforce impacts, or potential changes to capability and capacity. Without a well-defined process in this area, Tillingate Living may be unable to sustain its core competency linked to a caring and exceptional staff.
- b It is not clear how Tillingate Living addresses projected performance gaps relative to competitors' performance. Approaches such as conducting an annual competitor SWOT analysis and monitoring 90-day plans may be insufficient to manage such gaps effectively, especially given the competitive market and market consolidation.



## Category 3 Customer Focus

### 3.1 Voice of the Customer

Your score in this Criteria item for the Consensus Review is in the 50–65 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

#### STRENGTHS

- **a(1) A robust customer listening process supports Tillingate Living’s vision of being a top choice for care. Numerous listening mechanisms for current resident and stakeholder groups (Figure 3.1-2) are reviewed annually during strategic planning. Tillingate Living aggregates VOC information on a portal accessible to all facilities and has added resident advocates, begun monitoring social media outlets, and created Spillbook pages and TiedIn groups.**
- b(1) Tillingate Living’s methods of gauging resident, family, and community satisfaction and engagement support the provision of high-quality care and services. Targeted surveys and weekly walk-around surveys by volunteers determine satisfaction and engagement. The Packer Patient Satisfaction Survey includes CAHPS Nursing Home Survey questions and provides national comparative data. The Community Perception Survey, as well as surveys of the medical community and senior centers, also provide input.
- a(2) Tillingate Living’s multiple mechanisms for listening to former and potential residents and stakeholders help it address the strategic challenge of a competitive market and market consolidation. The organization obtains data and information through open houses, the Community Perception Survey, a competitor SWOT analysis, and discharge surveys.

#### OPPORTUNITIES FOR IMPROVEMENT

- b(1), b(3) It is not evident how Tillingate Living determines payor satisfaction, dissatisfaction, or engagement. An approach in this area may help Tillingate Living ensure future reimbursement and address the strategic challenge of low operating margins.
- a(1) It is not evident that Tillingate Living varies its approaches to listening and learning across the various stages of resident or stakeholder relationships. Tailoring approaches in this way may yield actionable information to use in meeting resident and community requirements for high-quality care and services.
- b(2) It is unclear how Tillingate Living obtains information on the satisfaction and engagement of assisted living residents with competitors. Without such data, similar to CAHPS Nursing Home Surveys and CMS Nursing Home Compare data on skilled nursing residents, Tillingate Living may miss the opportunity to be among the top 10 percent of SNFs and ALFs.

## 3.2 Customer Engagement

Your score in this Criteria item for the Consensus Review is in the 50–65 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

### STRENGTHS

- a(1) Tillingate Living identifies current and emerging resident and stakeholder requirements (Figure 3.1-3) in coordination with strategic planning and key work process design. This may help the organization maintain its core competency of designing, innovating, and managing facilities to support various lifestyles and deliver excellent clinical outcomes.
- a(2) Multiple mechanisms enable residents and families to seek information that addresses key requirements, such as respect for choices and communication of the family member's health status. These mechanisms include a resident and family portal and facility Spillbook sites with daily activities, menus, and other information. Family members can now securely access a resident log and communicate with residents through the portal.
- a(3) Analysis during strategic planning supports Tillingate Living's value of agility and helps it proactively address its competitive market and market consolidation. The Knowledge Management Department uses a four-step process to aggregate and analyze VOC data and information to validate existing resident and stakeholder segments and identify new ones.

### OPPORTUNITIES FOR IMPROVEMENT

- a(3) It is unclear how Tillingate Living's segmentation process addresses the growing populations of baby boomers, dementia patients, and younger people with injuries. Without segmentation that addresses these populations--whose growth is identified as a key change in the competitive environment—Tillingate Living may miss opportunities to anticipate future market segments in its competitive market.
- b(1) Beyond Tillingate Living's making initial contacts via open houses, focus groups and medical community education, how the organization builds resident and stakeholder relationships is not clear. A robust, systematic approach to building these relationships may help the organization strengthen its position in its competitive market.
- a(4) It is not clear how Tillingate Living uses resident, stakeholder, market, and health care service offering information to build a more resident- and stakeholder-focused culture. A systematic process in this area may help Tillingate Living maintain its reputation for excellent service and achieve its vision of being a top choice for care.

## Category 4 Measurement, Analysis, and Knowledge Management

### 4.1 Measurement, Analysis, and Improvement of Organizational Performance

Your score in this Criteria item for the Consensus Review is in the 50–65 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

#### STRENGTHS

- **a(1) Tillingate Living's use of performance measures assists it in achieving its key organizational results and strategic objectives. The organization employs five specific criteria for data selection and uses cascading APEX scorecards to monitor performance. This approach is integrated with the strategic planning process.**
- b By integrating the analysis of organizational data with workforce development, Tillingate Living improves its ability to meet customer and stakeholder requirements. Data reviews take place at multiple levels of the organization and undergo annual reviews followed by cycles of learning. Findings from these reviews are inputs into workforce development.
- c(1) Tillingate Living spreads best practices and identifies innovative ideas through its leadership communication systems and recognition processes. For example, the LEAP office maintains the TillingNet Portal containing lessons learned and best practices, based on reviews across facilities, departments, and work areas. An internal APEX improvement conference twice per year at each facility and annually at the system level showcases projects and innovations for wider implementation.

#### OPPORTUNITIES FOR IMPROVEMENT

- a(2) It is unclear how Tillingate Living systematically ensures the use of comparative data. For example, Tillingate Living expects leaders and employees to include top-performer data in all analysis, but it is unclear, beyond APEX goals, how this is accomplished. Systematic use of comparative data may help Tillingate Living understand its performance relative to that of competitors, other providers, and best practices.
- b It is unclear how the annual evaluations of the performance measurement system assess the organization's ability to respond rapidly to its changing needs and challenges. Ensuring that the performance measurement system is sensitive to such changes may assist Tillingate Living in monitoring emerging trends, reducing potential blind spots, and supporting its value of agility.
- a(1) It is unclear that the data tracking system is fully implemented at all facilities. For example, some ALFs do not have access to the intranet where the cascading scorecards are housed. By capitalizing on the strategic advantage of "cutting-edge technology" to fully

implement the data tracking system at all facilities, Tillingate Living may increase sharing of knowledge, lessons learned, and best practices.

- c(3) It is unclear that Tillingate Living fully uses review findings to develop priorities for innovation. For example, Tillingate Living provides no evidence that the findings of the pilot with local health care providers to test and refine the ACO model led to any activities to better position the organization for ACOs. Linking review findings with prioritization for innovation may help Tillingate Living accelerate its efforts to integrate existing practices with ACOs.

## 4.2 Management of Information, Knowledge, and Information Technology

Your score in this Criteria item for the Consensus Review is in the 50–65 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

### STRENGTHS

- a(1) Tillingate Living effectively manages its information and knowledge assets to ensure data accuracy, integrity, and security. The corporate Technology Group ensures high standards in managing properties of organizational data, information, and knowledge. The Health Information Technology (HIT) Steering Committee oversees regulatory requirements and audits compliance.
- a(3) By ensuring that knowledge is shared among employees, suppliers, and stakeholders, Tillingate Living supports its core competency in managing facilities. Knowledge-sharing mechanisms include the Knowledge Management Department, LEAP Office, APEX coordinators, PDCA/LSS teams, quarterly supplier meetings, and annual facility-level and systemwide conferences. Exit interviews, cross-training, and the Best Practice Portal capture workforce knowledge, with new employees trained on LSS teams' maps of critical processes.
- a(2) Tillingate Living's approaches to making data and information available ensure easy physician access and support the communication of residents' health status. The TillingNet system makes needed data and information available to employees, residents, families, suppliers, physicians, and hospitals. Secure, ADA-compliant portals specific for each user group support 24-hour staff responses.
- b(1) Using broad input from end users, the Technology Group aligns the Information Technology Plan with the strategic plan. Nurses, pharmacists, medical directors, health information technicians, and informatics nurses participate on domain teams to provide expertise and input. These teams report to the Technology Group, which helps create the Information Technology Plan based on the strategic plan.

### OPPORTUNITIES FOR IMPROVEMENT

- a(2) It is not clear how Tillingate Living makes data and information available to all employees, suppliers, partners, collaborators, residents, and stakeholders. For example, it is unclear how ALFs without the TillingNet applications or backup generators access data and information, which suppliers and partners have access to organizational data, and how they are managed. This may hinder Tillingate Living in its mission to provide ageless care and timeless living.

- a, b It is unclear how Tillingate Living evaluates and improves key processes for managing information resources and knowledge systems. For example, Tillingate Living does not appear to use help desk call data to improve data and information properties or to improve the assembly and transfer of relevant knowledge. Such evaluation and improvement may help Tillingate Living sustain organizational success.

## Category 5 Workforce Focus

### 5.1 Workforce Environment

Your score in this Criteria item for the Consensus Review is in the 50–65 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

#### STRENGTHS

- a(3) The organization’s approaches to providing care leverage its core competency in managing facilities to support various lifestyles and deliver excellent clinical outcomes. Interdisciplinary Collaborative Care Teams within Skilled Nursing Facilities and cross-trained universal employees within ALFs provide relationship-based care. The care teams cover daily care planning for residents and also address residents’ personal and environmental needs.
- b(1) A variety of methods and associated goals (Figure 5.1-2) help ensure workplace health, safety, and security. These methods include a systemwide Safety Committee that meets monthly to review progress toward goals, unexpected events, and best practices. Daily rounding by Collaborative Care Teams helps identify potential safety hazards.
- b(2) Workforce services, benefits, and policies that are aligned with five satisfaction and engagement factors (P.1a [3]) support the needs of a diverse workforce and contribute to the strategic advantage of employee retention. The array of offerings covers the major needs identified and allows for individualization.
- a(1) Tillingate Living’s systematic assessment of workforce capability and capacity, which addresses daily staffing levels (Figure 5.1-1), supports the workforce in accomplishing the strategic objectives. The five capability and four capacity approaches are integrated with the APEX scorecard and the SPP.

#### OPPORTUNITIES FOR IMPROVEMENT

- **a, b It is unclear how Tillingate Living manages volunteers, physicians, and students to fully support its work. For example, it is unclear how volunteers are trained and managed and how approaches are deployed to precepted students and credentialed physicians. Approaches for managing these workforce groups may help Tillingate Living deliver high-quality care and services and maintain a safe, secure environment.**
- a(4) Beyond examples such as workforce changes made to address the Bellburn Care Group acquisition, it is unclear that the organization systematically prepares the workforce for changing capability and capacity needs. Without a repeatable, defined process, Tillingate Living may not be able to address its strategic challenge of right-sizing for performance excellence.

- a, b Tillingate Living provides little evidence of a fact-based method of evaluation to build and continually improve an effective workforce environment. For example, there is no evidence of refinement or innovation in approaches to addressing capability and capacity; recruitment; or workplace health, safety, security, and benefits. Without ensuring an effective workforce environment, Tillingate Living may lose its advantage of high employee retention.



## 5.2 Workforce Engagement

Your score in this Criteria item for the Consensus Review is in the 30–45 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

### STRENGTHS

- a(3) The alignment of individual performance goals with strategic goals contributes to the achievement of those goals. Tillingate Living uses resident outcome data to drive high workforce performance by linking outcomes to the performance evaluation and compensation structure, which is unique in the industry.
- c(1) Tillingate Living's learning and development system, including classroom and webinar training (Figure 5.2-1), addresses strategic advantages and challenges. For example, the organization leverages its university partnerships by providing precepting for nursing services in exchange for educational opportunities for nurses. In addition, the Gate Way and Gate Way II programs and a leadership academy help address the strategic challenge of succession planning.
- b(1) Tillingate Living's approach to assessing workforce engagement is aligned with performance measurement and strategic planning. APEX scorecard results that are considered indicators of workforce engagement are reviewed regularly, and Tillingate Living addresses key workforce engagement findings within strategic planning.

### OPPORTUNITIES FOR IMPROVEMENT

- **a, b, c It is unclear how Tillingate Living applies workforce performance management, engagement, and professional development processes to volunteers, students, and credentialed physicians/nurse practitioners. Without engaging the entire workforce, Tillingate Living may miss opportunities to maintain its excellent reputation, especially related to the key family requirement of an attentive staff.**
- a(1) A systematic process is not evident for determining elements of engagement for different workforce segments. Such a process may help Tillingate Living recruit and retain the workforce needed to attain its vision.
- c(2) Tillingate Living's evaluation of the learning and development system, which appears to be limited to a review of posteducation performance, may not allow Tillingate Living to fully leverage its investment in learning. A systematic approach in this area may help Tillingate Living maintain its core competency of developing clinical and service competencies for a caring and exceptional staff.
- c(3) It is not clear how Tillingate Living's three-tiered leadership development program systematically supports effective succession planning for management and leadership

positions. Ensuring a systematic approach to succession planning—identified as a strategic challenge—may promote long-term organizational sustainability.

## Category 6 Operations Focus

### 6.1 Work Systems

Your score in this Criteria item for the Consensus Review is in the 50–65 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

#### STRENGTHS

- b Tillingate Living manages and improves its work systems in alignment with key strategic objectives, which may promote the achievement of those objectives. For example, Tillingate Living uses policies, training, and PDCA improvement cycles to manage work systems and control costs. Through make/buy analysis, it determines which processes to manage in-house or to outsource.
- c Tillingate Living's emergency preparedness system addresses the key family requirement of a safe and secure environment. For example, it prepares for potential emergencies through a six-part Emergency Preparedness Plan (EPP), which is reviewed quarterly and after any plan activation. The Emergency Preparedness Team coordinates plan-related activities, along with the Technology Group and the Safety Committee.
- a(1) Tillingate Living intentionally aligns its core competencies with its work systems and involves work system owners to help ensure alignment of work processes. In the work systems for engaging a skilled workforce and delivering resident care, this design supports residents' quality of life and long-term care residents' independence.

#### OPPORTUNITIES FOR IMPROVEMENT

- a(1) It is not evident that Tillingate Living innovates its work systems. For example, it is unclear whether the Delivery of Resident Care work system has been innovated to fully respond to the needs and growing expectations of baby boomers. Fully embedding innovative strategies into work system design may assist Tillingate Living in outperforming the competition.
- a(2) It is not evident how Tillingate Living involves suppliers and partners in the development of key work system requirements or what these requirements are. Without determining these requirements, Tillingate Living may miss an opportunity to coordinate internal work processes and the external resources necessary to succeed in the marketplace.
- b, c It is not clear that residents, volunteers, and physicians from all applicable facilities participate in improvement efforts related to the work systems (e.g., cost control, reduction of unintended harm to residents, and emergency preparedness). Including all relevant stakeholders in such efforts may help reduce performance gaps and enhance performance in Tillingate Living's competitive market.

## 6.2 Work Processes

Your score in this Criteria item for the Consensus Review is in the 50–65 percentage range. (Please refer to Figure 5a, Scoring Guidelines for Process Items.)

### STRENGTHS

- a Tillingate Living reviews and designs work processes as part of the annual strategic planning process and through the PDCA activities (Figure 6.2-1). The COPIS model is used to identify stakeholder requirements, and the five-step Requirements Determination process is used to define work process requirements. These approaches are aligned with stakeholder and organizational needs.
- b Tillingate Living’s approaches to managing its work processes, which are designed to flow from the key work systems, support the delivery of excellent clinical outcomes. Process measures (Figure 6.2-2) and control charting help Tillingate Living manage the work processes. Collaborative Care Teams gather patient input through team rounding, and the LEAP Office manages work process improvement across the organization.
- b(4) Use of PDCA and Lean Six Sigma teams for process improvement—with the Baldrige framework serving as an overarching performance improvement system—support Tillingate Living’s vision of achieving top-decile performance. PDCA teams, which include suppliers and physicians, improve work processes at the facility level. The nine-team Lean Six Sigma program addresses larger improvement needs across the organization.
- b(3) Tillingate Living’s management of suppliers helps ensure the delivery of services that provide resident and stakeholder value. These approaches include a qualification process, contract management, a monthly performance feedback report, and a formal corrective action reporting (CAR) process.

### OPPORTUNITIES FOR IMPROVEMENT

- b(2) Tillingate Living does not describe how it uses resident and family input in the delivery of health care services. Without effectively addressing patient expectations and preferences beyond daily rounding, Tillingate Living may not fully achieve its mission to deliver care in a homelike environment that supports residents’ lifestyles and need for care with dignity and respect.
- a(1), b(1) It is not evident how Tillingate Living involves physicians and volunteers in work process design or fully deploys in-process measures across all key work processes. Without full deployment of these approaches, Tillingate Living may be limited in delivering patient and stakeholder value.
- a(1) It is not clear how Tillingate Living’s design teams systematically transfer new technology, organizational knowledge, evidence-based medicine findings, or the potential

need for agility into work process enhancements. Addressing these areas may support Tillingate Living's value of agility and its vision of being a top choice for care.

- b(3) Full deployment of Tillingate Living's process improvement methodologies to all levels at all facilities is not evident. For example, it is not clear how Tillingate Living holds employees accountable for the expectations to examine their work areas for improvement opportunities and to use PDCA with a team. Strengthening deployment may help Tillingate Living address its financial and market strategic challenges.

## Category 7 Results

### 7.1 Health Care and Process Outcomes

Your score in this Criteria item for the Consensus Review is in the 30–45 percentage range. (Please refer to Figure 5b, Scoring Guidelines for Results Items.)

#### STRENGTHS

- a Some health care outcomes show Tillingate Living's commitment to providing high-quality, patient-centered care through harm reduction (Figures 7.1-4 through 7.1-7). Patient service results and health care outcomes related to pain reduction, infections, restraint use, and skilled nursing facility pressure ulcers have improved notably over the past five years. These results compare favorably to the U.S. average, and the 2010–2011 pressure ulcer rates are better than the top-decile comparison data.
- a Patient-focused health care results that demonstrate favorable performance trends support the vision to be among the top 10% of SNFs and ALFs and to be a top choice for care. Examples include results on advance directives, compliance with patient safety goals, pain reduction, and vaccinations (Figures 7.1-2 through 7.1-4 and 7.1-8).
- b(1), c Results for several indicators of process improvement promote Tillingate Living's operational effectiveness. For example, improvement project savings, both for the organization and across the four state groups, have consistently improved over the last seven years (Figure 7.1-21). Additional results (Figures 7.1-11, 7.1-14, and 7.1-16) demonstrate process improvements that support residents' requirements for quality care and service.
- b(2) Results for several key indicators of workplace preparedness (Figures 7.1-17, 7.1-18, and 7.1-19) support Tillingate Living in maintaining a safe and secure environment. For example, fire safety and health inspection deficiency rates for the organization and for each state grouping are at or below U.S. average levels. Also, Tillingate Living has consistently met or exceeded the required number of inspections, drills, and emergency exercises.

#### OPPORTUNITIES FOR IMPROVEMENT

- **a, b, c Limited results for publicly reported health care outcome and operational effectiveness areas may adversely impact organizational success. For example, medical error reduction results are limited to pharmacy errors and CAR rates (Figure 7.1-16), and only the aggregate results of the four-indicator Patient Safety Index (Figure 7.1-3) are presented. Tillingate Living also reports few results in relation to work process requirements (Figure 6.2-2), such as timeliness, accuracy, and availability.**
- **a, b Tillingate Living does not segment results in several areas of importance. For example, results for assisted living are limited, and results on the Patient Safety Index**

**(Figure 7.1-3), help desk response (Figure 7.1-14), and SN discharge time (Figure 7.1-11) are not segmented by service offering, state, or facility. Segmenting results may reveal areas in which to focus process improvement efforts toward achieving the top-decile vision.**

- a Relative to comparisons, some health care and process performance results do not reflect Tillingate Living's top-decile vision. Specifically, results on pain relief and restraint use (Figures 7.1-4 and 7.1-6) lag the top-decile comparisons. AL application cycle time and SN/AL facility request turnaround time results lag the comparisons provided (Figures 7.1-10 and 7.1-12). And top-decile comparisons are not provided for many results related to key measures (e.g., Figures 7.1-5 and 7.1-8 through 7.1-11).
- c Results are missing for PDCA team participation levels and idea implementation rates and for completion of department- or facility-level action plans. As Tillingate Living relies heavily on these approaches to achieve its goals, results of this nature might help identify improvement trends and opportunities.

## 7.2 Customer-Focused Outcomes

Your score in this Criteria item for the Consensus Review is in the 50–65 percentage range. (Please refer to Figure 5b, Scoring Guidelines for Results Items.)

### STRENGTHS

- **a Resident satisfaction results support Tillingate Living’s vision to be in the top 10% of SN and AL facilities. For example, Tillingate Living has sustained top-decile resident satisfaction levels since 2008 in SN facilities, which constitute 85% of its business (Figure 7.2-1), and top-decile levels for AL residents since 2010. Also, AL resident/family satisfaction with the workforce and SN/AL resident satisfaction with external communication (Figures 7.2-3 and 7.2-4) reached the top decile in 2011.**
- **a Many satisfaction and engagement results trends support Tillingate Living's reputation for excellent service and its position in a competitive market. For instance, resident satisfaction by service offering, age, and gender (Figures 7.2-1 and 7.2-2) and resident/family willingness to recommend and select facility again (Figures 7.2-10 and 7.2-11) have improved each year since 2008.**

### OPPORTUNITIES FOR IMPROVEMENT

- **a Tillingate Living reports no results in many areas important to accomplishing its mission. For example, it does not present results on overall family and community satisfaction; resident satisfaction with respect and physician access; family satisfaction with visiting hours, online payment, and medical/executive director involvement; community satisfaction with employment opportunities; and dissatisfaction.**
- **a Most satisfaction and engagement results lack competitive data (Figures 7.2-1 through 7.2-4 and 7.2-10 through 7.2-11), and some lack comparative data (Figures 7.2-5, 7.2-9, and 7.2-12). This may limit Tillingate Living’s understanding of its performance and, in turn, its ability to strengthen its market position and achieve its vision of being a top choice for care.**
- **a Many satisfaction and engagement results lack segmentation. For example, Tillingate Living does not report results for the SN segments of chronic illness, dementia, traumatic brain injury, and postacute care (Figures 7.2-1 and 7.2-2) or segment family results apart from resident results (Figures 7.2-3 and 7.2-10). This may hinder Tillingate Living’s ability to maintain a reputation for excellent service, especially with the growing dementia population.**
- **a Tillingate Living’s variable results across service offerings, resident segments, and markets may adversely impact its position in the competitive market. For example, community perception results for KY and TN lag results for PA, VA, and other KY, PA, and TN facilities (Figure 7.2-15). SN results lag AL in measures of willingness to recommend (Figure**



7.2-11), satisfaction overall (Figures 7.2-1 through 7.2-2), workforce interactions (Figure 7.2-3), and family communication (Figure 7.2-7).

### 7.3 Workforce-Focused Outcomes

Your score in this Criteria item for the Consensus Review is in the 30–45 percentage range. (Please refer to Figure 5b, Scoring Guidelines for Results Items.)

#### STRENGTHS

- **a(3) Top-decile performance on employee satisfaction and engagement survey measures, as well as low vacancy and turnover rates (Figure 7.3-7), help the organization sustain its strategic advantage of high employee retention. Overall satisfaction has been at or better than the top-decile level since 2008 (Figure 7.3-4). Engagement results for "I am proud to work [here]" and "I would recommend [applicant] to family members" survey items were at top-decile levels in 2010 and 2011 (Figure 7.3-6).**
- a(2) Most of Tillingate Living's reported workforce climate results have improved over the past five or six years, which helps the organization support an engaged workforce. Employee back injury results (Figure 7.3-2), which approached top-decile levels in 2010 and 2011, reflect reductions in back injuries and workers' compensation costs over the past four years.

#### OPPORTUNITIES FOR IMPROVEMENT

- **a(3) Tillingate Living does not present workforce engagement results by service offering, facility, and state, and engagement results for volunteers, credentialed physicians, and students are missing. Without results for all segments of the workforce, the organization may be unable to improve engagement and achieve its vision to be among the top 10% of facilities.**
- **a(2) Tillingate Living does not report most workforce health, safety, and security results. For example, results are missing for tuberculosis screenings, injuries unrelated to resident care, and injuries from agitated residents (Figure 5.1-2). Without such results, Tillingate Living may limit its ability to ensure a safe and secure environment.**
- a(1) Tillingate Living has limited results for workforce capability and capacity. For example, results on competencies or skill levels are not reported. Also, results for capacity are limited to ratios of nursing care time to health care outcomes. Without measures in this area, Tillingate Living may be challenged in achieving its strategic objectives and goals.

## 7.4 Leadership and Governance Outcomes

Your score in this Criteria item for the Consensus Review is in the 30–45 percentage range. (Please refer to Figure 5b, Scoring Guidelines for Results Items.)

### STRENGTHS

- a(1-3) Several leadership outcomes reflect an effective approach to achieving specific leadership and accreditation goals. For instance, results on communication (Figure 7.4-1), action plans accomplished (Figure 7.4-2), compliance training (Figure 7.4-3), and quality ratings (Figure 7.4-5) indicate beneficial trends from at least 2008 to 2011. Current results for the survey item "leaders communicate well" are at top-decile levels, and all nursing home facilities achieved five-star quality ratings of "much above average" in 2011.
- a(4) Results in several measures demonstrate ethical behavior and trust in leadership. For example, the facility remained citation-free from the OIG, OCR, ADA, and IRS from 2005 to 2011 (Figure 7.4-4). Results for the survey question "I trust my organization to do the right thing" (Figure 7.4-7) demonstrate generally improving trends for all states in which Tillingate Living operates.
- a(5) Favorable results in some areas demonstrate Tillingate Living's benefits to society. For example, community support activities (Figure 7.4-9) have been maintained or increased in five of the six areas over the past six years, and results for three of the tutoring programs (Figure 7.4-10) indicate gains in GPAs from 2005 to 2011. In addition, average energy use per facility (Figure 7.4-8) has steadily improved since 2005, with current performance reflecting national best-practice levels.

### OPPORTUNITIES FOR IMPROVEMENT

- **a Many leadership and governance results are missing, such as those for the annual board self-evaluation, internal and external audits, charitable donations, and efforts to develop organizational leaders. Tracking such measures may support the APEX values and the vision to be a top choice for care.**
- a Leadership and governance results are not segmented. Examples include results on action plans accomplished (Figure 7.4-2), quality ratings (Figure 7.4-5), and community support activities (Figure 7.4-9). This may limit Tillingate Living's ability to evaluate the effectiveness of its efforts to become a "top choice for care."
- a Limited comparison data in leadership and governance metrics may hinder Tillingate Living in achieving top-decile results and becoming a top choice for care. For example, the organization provides no comparisons in most results (including those on quality ratings [Figure 7.4-5] and community support activities [Figure 7.4-9]), and only one metric (on leadership communication [Figure 7.4-1]) includes top-decile comparison data.

## 7.5 Financial and Market Outcomes

Your score in this Criteria item for the Consensus Review is in the 50–65 percentage range. (Please refer to Figure 5b, Scoring Guidelines for Results Items.)

### STRENGTHS

- a(1) Several beneficial financial results support the organization in the face of the competitive market and low reimbursement rates. For example, operating margin (Figures 7.5-1 and 7.5-2) shows an upward trend since 2008, with a 1.1% margin overall in 2011. Occupancy rate (Figures 7.5-4 and 7.5-5) shows steady increases, and the overall rate has consistently exceeded the U.S. benchmark since 2007.
- a(1) Steadily improving results for financial viability and management of financial resources may assist Tillingate Living in meeting its strategic challenge of low operating margins. Examples include Days in AR (Figure 7.5-7), Days Cash on Hand (Figure 7.5-8), and Overall Debt to Equity (Figure 7.5-12).
- a(2) Measures of market share growth demonstrate good to excellent results, promoting Tillingate Living's future financial success. For example, market share (Figure 7.5-13) has grown from 5% in 2005 to slightly more than 20% in 2011, more than twice that of the closest competitor. Also, the AL acquisition rate (Figure 7.5-15) shows an improvement trend since 2005, with current performance at the industry benchmark.

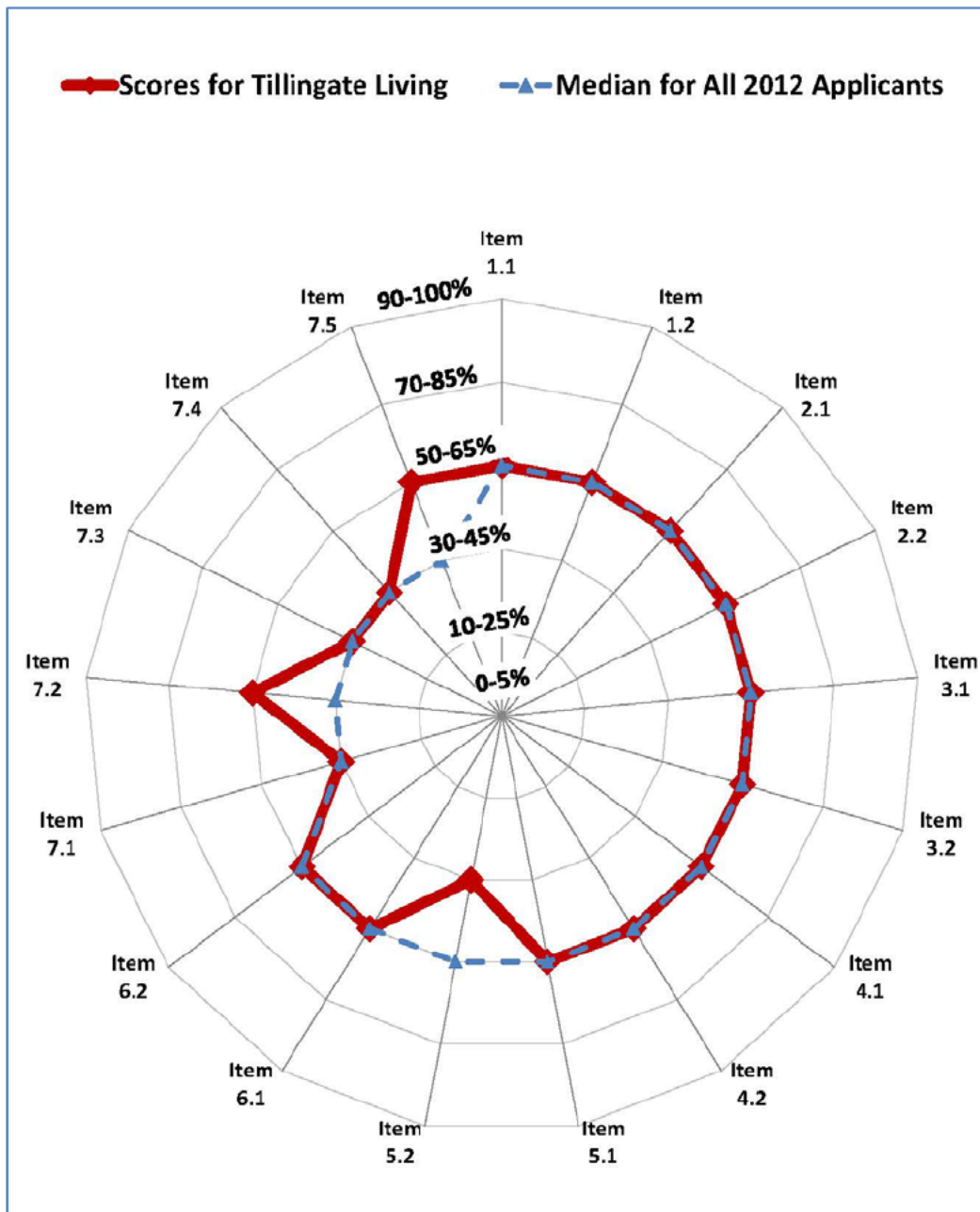
### OPPORTUNITIES FOR IMPROVEMENT

- a(1) The lack of segmented financial results (such as financial return, financial viability, and/or budget performance) by facility or by service line may indicate Tillingate Living is not monitoring key financial components that may help it improve its operating margins. For example, Tillingate Living is missing results on SNF segments such as chronic illness, dementia, traumatic brain injury, and postacute care, which are all important to the future sustainability of the organization.
- a(2) Results for market share (Figure 7.5-13) are not segmented by state or site, instead showing aggregate levels of performance relative to competitors. Understanding local trends and marketplace drivers in those segments may help Tillingate Living discover emerging strategic challenges and advantages.
- a(2) Baby-Boomer Volume Growth (Figure 7.5-14) does not show improvement toward the long-term objective (25% by 2016), and the lack of comparative data makes it unclear whether competitors are growing this volume more rapidly than Tillingate Living's growth from 6% to 8% from 2008 to 2011. Without a beneficial trend for this measure, Tillingate Living may be unable to meet its need to attract and meet the needs of baby boomers in order to remain competitive.

## APPENDIX A

The spider, or radar, chart that follows depicts your organization's performance as represented by scores for each item. This performance is presented in contrast to the median scores for all 2012 applicants. You will note that each ring of the chart corresponds to a scoring range.

Each point in blue represents the scoring range your organization achieved for the corresponding Item. The points in red represent the median scoring ranges for all 2012 applicants at consensus review. Seeing where your performance is similar or dissimilar to the median of all applicants may help you initially determine or prioritize areas for improvement efforts and strengths to leverage.



## **APPENDIX B**

By submitting a Baldrige application, you have differentiated yourself from most U.S. organizations. The Board of Examiners has evaluated your application for the Malcolm Baldrige National Quality Award. Strict confidentiality is observed at all times and in every aspect of the application review and feedback.

This feedback report contains the examiners' findings, including a summary of the key themes of the evaluation, a detailed listing of strengths and opportunities for improvement, and scoring information. Background information on the examination process is provided below.

### **APPLICATION REVIEW**

#### **Independent Review**

Following receipt of the award applications, the award process review cycle (shown in Figure 1) begins with Independent Review, in which members of the Board of Examiners are assigned to each of the applications. Examiners are assigned based on their areas of expertise and with attention to avoiding potential conflicts of interest. Each application is evaluated independently by the examiners, who write observations relating to the Scoring System described beginning on page 67 of the *2011–2012 Health Care Criteria for Performance Excellence*.

# Award Process Review Cycle

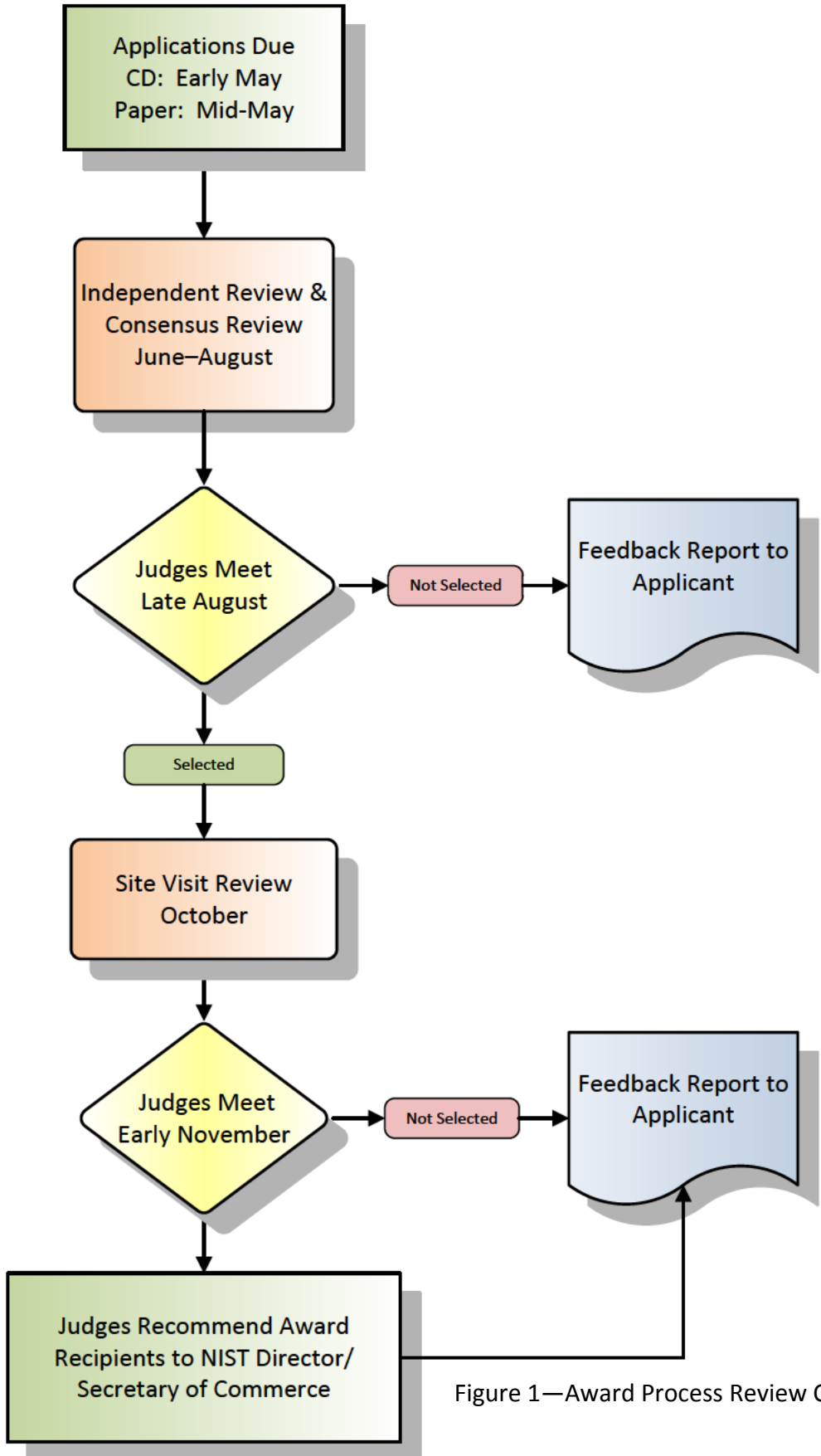


Figure 1—Award Process Review Cycle

## Consensus Review

In Consensus Review (see Figure 2), a team of examiners, led by a senior examiner or alumnus, conducts a series of reviews, first managed virtually through a secure database called BOSS and eventually concluded through a focused conference call. The purpose of this series of reviews is for the team to reach consensus on comments and scores that capture the team’s collective view of the applicant’s strengths and opportunities for improvement. The team documents its comments and scores in a Consensus Scorebook.

Step 1 Consensus Planning	Step 2 Consensus Review in BOSS	Step 3 Consensus Call	Step 4 Post–Consensus Call Activities
<ul style="list-style-type: none"> <li>• Clarify the timeline for the team to complete its work.</li> <li>• Assign category/item discussion leaders.</li> <li>• Discuss key business/organization factors.</li> </ul>	<ul style="list-style-type: none"> <li>• Review all Independent Review evaluations— draft consensus comments and propose scores.</li> <li>• Develop comments and scores for the team to review.</li> <li>• Address feedback, incorporate inputs, and propose a resolution of differences on each worksheet.</li> <li>• Review updated comments and scores.</li> </ul>	<ul style="list-style-type: none"> <li>• Discuss comments, scores, and all key themes.</li> <li>• Achieve consensus on comments and scores.</li> </ul>	<ul style="list-style-type: none"> <li>• Revise comments and scores to reflect consensus decisions.</li> <li>• Prepare final Consensus Scorebook.</li> <li>• Prepare feedback report.</li> </ul>

**Figure 2—Consensus Review**

## Site Visit Review

After Consensus Review, the Panel of Judges selects applicants to receive site visits based on the scoring profiles. If an applicant is not selected for Site Visit Review, the final Consensus Scorebook receives editing by an examiner and becomes the feedback report.



Site visits are conducted for the highest-scoring applicants to clarify any uncertainty or confusion the examiners may have regarding the written application and to verify that the information in the application is correct (see Figure 3 for the Site Visit Review process). After the site visit, the team of examiners prepares a final Site Visit Scorebook.

<b>Step 1 Team Preparation</b>	<b>Step 2 Site Visit</b>	<b>Step 3 Post-Site Visit Activities</b>
<ul style="list-style-type: none"> <li>• Review consensus findings.</li> <li>• Develop site visit issues.</li> <li>• Plan site visit.</li> </ul>	<ul style="list-style-type: none"> <li>• Make/receive presentations.</li> <li>• Conduct interviews.</li> <li>• Record observations.</li> <li>• Review documents.</li> </ul>	<ul style="list-style-type: none"> <li>• Resolve issues.</li> <li>• Summarize findings.</li> <li>• Finalize comments.</li> <li>• Prepare final Site Visit Scorebook.</li> <li>• Prepare feedback report.</li> </ul>

**Figure 3—Site Visit Review**

Applications, Consensus Scorebooks, and Site Visit Scorebooks for all applicants receiving site visits are forwarded to the Panel of Judges for review (see Figure 4). The Judges recommend which applicants should receive the award. The Judges discuss applications in each of the six award categories separately, and then they vote to keep or eliminate each applicant. Next, the Judges decide whether each of the top applicants should be recommended as an award recipient based on an “absolute” standard: the overall excellence of the applicant and the appropriateness of the applicant as a national role model. The process is repeated for each award category.

<b>Step 1 Panel of Judges’ Review</b>	<b>Step 2 Evaluation by Category</b>	<b>Step 3 Assessment of Top Organizations</b>
<ul style="list-style-type: none"> <li>• Applications</li> <li>• Consensus Scorebooks</li> <li>• Site Visit Scorebooks</li> </ul>	<ul style="list-style-type: none"> <li>• Manufacturing</li> <li>• Service</li> <li>• Small business</li> <li>• Education</li> <li>• Health care</li> <li>• Nonprofit</li> </ul>	<ul style="list-style-type: none"> <li>• Overall strengths/opportunities for improvement</li> <li>• Appropriateness as national model of performance excellence</li> </ul>

**Figure 4—Judges’ Review**

Judges do not participate in discussions or vote on applications from organizations in which they have a competing or conflicting interest or in which they have a private or special interest, such as an employment or a client relationship, a financial interest, or a personal or family relationship. All conflicts are reviewed and discussed so that Judges are aware of their own and others’ limitations on access to information and participation in discussions and voting.

Following the Judges' review and recommendation of award recipients, the Site Visit Team Leader edits the final Site Visit Scorebook, which becomes the feedback report.

## **SCORING**

The scoring system used to score each item is designed to differentiate the applicants in the various stages of review and to facilitate feedback. As seen in the Scoring Guidelines (Figures 5a and 5b), the scoring of responses to Criteria items is based on two evaluation dimensions: Process and Results. The four factors used to evaluate process (categories 1–6) are Approach (A), Deployment (D), Learning (L), and Integration (I), and the four factors used to evaluate results (Items 7.1–7.5) are Levels (Le), Trends (T), Comparisons (C), and Integration (I).

In the feedback report, the applicant receives a percentage range score for each item. The range is based on the Scoring Guidelines, which describe the characteristics typically associated with specific percentage ranges.

As shown in Figures 6a and 6b, the applicant's overall scores for process items and results items each fall into one of eight scoring bands. Each band score has a corresponding descriptor of attributes associated with that band. Figures 6a and 6b provide information on the percentage of applicants scoring in each band at Consensus Review.

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

**Figure 5a—Scoring Guidelines for Process Items in the Health Care Criteria**

SCORE	RESULTS (For Use with Category 7)
0% or 5%	<ul style="list-style-type: none"> <li>• There are no organizational PERFORMANCE RESULTS and/or poor RESULTS in areas reported. (Le)</li> <li>• TREND data either are not reported or show mainly adverse TRENDS. (T)</li> <li>• Comparative information is not reported. (C)</li> <li>• RESULTS are not reported for any areas of importance to the accomplishment of your organization's MISSION. (I)</li> </ul>
10%, 15%, 20%, or 25%	<ul style="list-style-type: none"> <li>• A few organizational PERFORMANCE RESULTS are reported, responsive to the BASIC REQUIREMENTS of the item, and early good PERFORMANCE LEVELS are evident. (Le)</li> <li>• Some TREND data are reported, with some adverse TRENDS evident. (T)</li> <li>• Little or no comparative information is reported. (C)</li> <li>• RESULTS are reported for a few areas of importance to the accomplishment of your organization's MISSION. (I)</li> </ul>
30%, 35%, 40%, or 45%	<ul style="list-style-type: none"> <li>• Good organizational PERFORMANCE LEVELS are reported, responsive to the BASIC REQUIREMENTS of the item. (Le)</li> <li>• Some TREND data are reported, and a majority of the TRENDS presented are beneficial. (T)</li> <li>• Early stages of obtaining comparative information are evident. (C)</li> <li>• RESULTS are reported for many areas of importance to the accomplishment of your organization's MISSION. (I)</li> </ul>
50%, 55%, 60%, or 65%	<ul style="list-style-type: none"> <li>• Good organizational PERFORMANCE LEVELS are reported, responsive to the OVERALL REQUIREMENTS of the item. (Le)</li> <li>• Beneficial TRENDS are evident in areas of importance to the accomplishment of your organization's MISSION. (T)</li> <li>• Some current PERFORMANCE LEVELS have been evaluated against relevant comparisons and/or BENCHMARKS and show areas of good relative PERFORMANCE. (C)</li> <li>• Organizational PERFORMANCE RESULTS are reported for most KEY PATIENT and STAKEHOLDER, market, and PROCESS requirements. (I)</li> </ul>
70%, 75%, 80%, or 85%	<ul style="list-style-type: none"> <li>• Good to excellent organizational PERFORMANCE LEVELS are reported, responsive to the MULTIPLE REQUIREMENTS of the item. (Le)</li> <li>• Beneficial TRENDS have been sustained over time in most areas of importance to the accomplishment of your organization's MISSION. (T)</li> <li>• 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)</li> <li>• Organizational PERFORMANCE RESULTS are reported for most KEY PATIENT and STAKEHOLDER, market, PROCESS, and ACTION PLAN requirements. (I)</li> </ul>
90%, 95%, or 100%	<ul style="list-style-type: none"> <li>• Excellent organizational PERFORMANCE LEVELS are reported that are fully responsive to the MULTIPLE REQUIREMENTS of the item. (Le)</li> <li>• Beneficial TRENDS have been sustained over time in all areas of importance to the accomplishment of your organization's MISSION. (T)</li> <li>• Evidence of industry and BENCHMARK leadership is demonstrated in many areas. (C)</li> <li>• Organizational PERFORMANCE RESULTS and PROJECTIONS are reported for most KEY PATIENT and STAKEHOLDER, market, PROCESS, and ACTION PLAN requirements. (I)</li> </ul>

**Figure 5b—Scoring Guidelines for Results Items in the Health Care Criteria**

Band Score	Band Number	% Applicants in Band <sup>1</sup>	PROCESS Scoring Band Descriptors
0–150	1	0	The organization demonstrates early stages of developing and implementing approaches to the basic Criteria requirements, with deployment lagging and inhibiting progress. Improvement efforts are a combination of problem solving and an early general improvement orientation.
151–200	2	0	The organization demonstrates effective, systematic approaches responsive to the basic requirements of the Criteria, but some areas or work units are in the early stages of deployment. The organization has developed a general improvement orientation that is forward-looking.
201–260	3	16	The organization demonstrates effective, systematic approaches responsive to the basic requirements of most Criteria items, although there are still areas or work units in the early stages of deployment. Key processes are beginning to be systematically evaluated and improved.
261–320	4	45	The organization demonstrates effective, systematic approaches responsive to the overall requirements of the Criteria, but deployment may vary in some areas or work units. Key processes benefit from fact-based evaluation and improvement, and approaches are being aligned with overall organizational needs.
321–370	5	39	The organization demonstrates effective, systematic, well-deployed approaches responsive to the overall requirements of most Criteria items. The organization demonstrates a fact-based, systematic evaluation and improvement process and organizational learning, including innovation, that result in improving the effectiveness and efficiency of key processes.
371–430	6	0	The organization demonstrates refined approaches responsive to the multiple requirements of the Criteria. These approaches are characterized by the use of key measures, good deployment, and evidence of innovation in most areas. Organizational learning, including innovation and sharing of best practices, is a key management tool, and integration of approaches with current and future organizational needs is evident.
431–480	7	0	The organization demonstrates refined approaches responsive to the multiple requirements of the Criteria items. It also demonstrates innovation, excellent deployment, and good-to-excellent use of measures in most areas. Good-to-excellent integration is evident, with organizational analysis, learning through innovation, and sharing of best practices as key management strategies.
481–550	8	0	The organization demonstrates outstanding approaches focused on innovation. Approaches are fully deployed and demonstrate excellent, sustained use of measures. There is excellent integration of approaches with organizational needs. Organizational analysis, learning through innovation, and sharing of best practices are pervasive.

<sup>1</sup> Percentages are based on scores from the Consensus Review.

**Figure 6a—Process Scoring Band Descriptors**

Band Score	Band Number	% Applicants in Band <sup>1</sup>	RESULTS Scoring Band Descriptors
0–125	1	8	A few results are reported responsive to the basic Criteria requirements, but they generally lack trend and comparative data.
126–170	2	8	Results are reported for several areas responsive to the basic Criteria requirements and the accomplishment of the organization’s mission. Some of these results demonstrate good performance levels. The use of comparative and trend data is in the early stages.
171–210	3	37	Results address areas of importance to the basic Criteria requirements and accomplishment of the organization’s mission, with good performance being achieved. Comparative and trend data are available for some of these important results areas, and some beneficial trends are evident.
211–255	4	29	Results address some key customer/stakeholder, market, and process requirements, and they demonstrate good relative performance against relevant comparisons. There are no patterns of adverse trends or poor performance in areas of importance to the overall Criteria requirements and the accomplishment of the organization’s mission.
256–300	5	18	Results address most key customer/stakeholder, market, and process requirements, and they demonstrate areas of strength against relevant comparisons and/or benchmarks. Improvement trends and/or good performance are reported for most areas of importance to the overall Criteria requirements and the accomplishment of the organization’s mission.
301–345	6	0	Results address most key customer/stakeholder, market, and process requirements, as well as many action plan requirements. Results demonstrate beneficial trends in most areas of importance to the Criteria requirements and the accomplishment of the organization’s mission, and the organization is an industry <sup>2</sup> leader in some results areas.
346–390	7	0	Results address most key customer/stakeholder, market, process, and action plan requirements. Results demonstrate excellent organizational performance levels and some industry <sup>2</sup> leadership. Results demonstrate sustained beneficial trends in most areas of importance to the multiple Criteria requirements and the accomplishment of the organization’s mission.
391–450	8	0	Results fully address key customer/stakeholder, market, process, and action plan requirements and include projections of future performance. Results demonstrate excellent organizational performance levels, as well as national and world leadership. Results demonstrate sustained beneficial trends in all areas of importance to the multiple Criteria requirements and the accomplishment of the organization’s mission.

<sup>1</sup> Percentages are based on scores from the Consensus Review.

<sup>2</sup> “Industry” refers to other organizations performing substantially the same functions, thereby facilitating direct comparisons.

**Figure 6b—Results Scoring Band Descriptors**

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