

Arroyo Fresco Community Health Center Case Study

health care

2017

Baldrige Performance Excellence Program

National Institute of Standards and Technology (NIST) • United States Department of Commerce

July 2017

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The Arroyo Fresco Community Health Center Case Study is a fictitious Baldrige Award application prepared for use in the 2017 Malcolm Baldrige National Quality Award Examiner Preparation Course. The fictitious case study organization is a nonprofit, community health center serving western Arizona from 11 clinics and 4 mobile service vans. The case study illustrates the format and general content of an award application. However, since the case study serves primarily as a tool for training examiners to evaluate organizations against the *2017–2018 Baldrige Excellence Framework* and its Criteria for Performance Excellence, it may not address all Criteria requirements or demonstrate role-model responses in all Criteria areas. Please refer to the Arroyo Fresco Community Health Center Feedback Report to learn how the organization scored and to see its strengths and opportunities for improvement.

This case study is a work of fiction, created and produced for the sole purpose of training regarding the use of the Baldrige Excellence Framework. There is no connection between the fictitious Arroyo Fresco Community Health Center and any other organization, named either Arroyo Fresco Community Health Center or otherwise. Any resemblance to any specific organization is purely coincidental. The names of several national and government organizations are included to promote the realism of the case study as a training tool, but all data and content about them have been fictionalized, as appropriate; all other organizations cited in the case study are fictitious or have been fictionalized.

The Baldrige Program welcomes your comments on this case study and other Baldrige products and services. Please direct your comments to the address above.

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CONTENTS

2017 Eligibility Certification Form **E1**
Organization Chart **O1**
2017 Award Application Form, page A-1 **A1**
Glossary of Terms and Abbreviations **G1**

Preface: Organizational Profile

P.1 Organizational Description **i**
P.2 Organizational Situation **iv**

Category 1: Leadership

1.1 Senior Leadership **1**
1.2 Governance and Societal Responsibilities **3**

Category 2: Strategy

2.1 Strategy Development **6**
2.2 Strategy Implementation **9**

Category 3: Customers

3.1 Voice of the Customer **12**
3.2 Customer Engagement **14**

Category 4: Measurement, Analysis, and Knowledge Management

4.1 Measurement, Analysis, and Improvement of
Organizational Performance **18**
4.2 Information and Knowledge Management **20**

Category 5: Workforce

5.1 Workforce Environment **23**
5.2 Workforce Engagement **26**

Category 6: Operations

6.1 Work Processes **29**
6.2 Operational Effectiveness **34**

Category 7: Results

7.1 Health Care and Process Results **37**
7.2 Customer-Focused Results **43**
7.3 Workforce-Focused Results **45**
7.4 Leadership and Governance Results **48**
7.5 Financial and Market Results **50**

2017 ELIGIBILITY
CERTIFICATION
FORM

2017 Eligibility Certification Form

Malcolm Baldrige National Quality Award

OMB Control No. 0693-0006

Expiration Date: 06/30/2019

Page E-1 of 12

1. Your Organization

Official name	Arroyo Fresco Community Health Center	Headquarters address	1345 Desert Bloom Ave. Yuma, AZ 85364
Other name	n/a		
Prior name	<i>(if changed within the past 5 years)</i> n/a		

2. Highest-Ranking Official

 Mr. Mrs. Ms. Dr.

Name	Ramon Gonzalez	Address	<input checked="" type="checkbox"/> Same as above
Job title	CEO		
E-mail	r_gonzalez@af.net		
Telephone	(555) ARROYOF (277-6963), ext. 12		
Fax	(555) 277-6967		

3. Eligibility Contact Point

Designate a person who can answer inquiries about your organization. Questions from your organization and requests from the Baldrige Program will be limited to this person and the alternate identified below.

 Mr. Mrs. Ms. Dr.

Name	Roger Sinclair	Address	<input type="checkbox"/> Same as above 2219 Lakeview Blvd San Luis, AZ 85349
Job title	Director of Performance Excellence		
E-mail	r_sinclair@af.net	Overnight mailing address	<input checked="" type="checkbox"/> Same as above <i>(Do not use a P.O. Box number.)</i>
Telephone	(555) 487-6235		
Fax	(555) 487-6277		

4. Alternate Eligibility Contact Point

 Mr. Mrs. Ms. Dr.

Name	Judy Jackson-Gomez	Telephone	(555) ARROYOF (277-6963), ext. 18
E-mail	j_gomez@af.net	Fax	(555) 277-6967

5. Application History

a. Has your organization previously submitted an eligibility certification package?

Yes. *Indicate the year(s). Also indicate the organization's name at that time, if different.*

Year(s)	2007, 2009, 2015, 2016
Name(s)	

No

Don't know

b. Has your organization ever received the Malcolm Baldrige National Quality Award®?

Yes. Did your organization receive the award in 2011 or earlier?

Yes. *Your organization is eligible to apply for the award.*

No. *If your organization received an award during 2011 and 2015, it is eligible to apply for feedback only. Contact the Baldrige Program at (877) 237-9064, option 3, if you have questions.*

No

c. Has your organization participated in a regional/state/local or sector-specific Baldrige-based award process?

Yes. Years: 1997, 1998, 1999, 2000, 2002, 2004

No

d. Is your organization submitting additional materials (i.e., a completed Organizational Profile and two results measures for each of the five Criteria results items) as a means of establishing eligibility?

No. *Proceed to question 6.*

Yes. *In the box below, briefly explain the reason your organization chose this eligibility option. (This information will be shared with the Alliance leadership, without revealing your organization's identity.)*

6. Eligibility Determination

See also Is Your Organization Eligible? (<http://www.nist.gov/baldrige/enter/eligible.cfm>).

a. Is your organization a distinct organization or business unit headquartered in the United States?

Yes No. *Briefly explain.*

b. Has your organization officially or legally existed for at least one year, or since April 1, 2016?

Yes No

- c. Can your organization respond to all seven Baldrige Criteria categories? Specifically, does your organization have processes and related results for its unique operations, products, and/or services? For example, does it have an independent leadership system to set and deploy its vision, values, strategy, and action plans? Does it have approaches for engaging customers and the workforce, as well as for tracking and using data on the effectiveness of these approaches?
- Yes No
- d. If some of your organization's activities are performed outside the United States or its territories and your organization receives a site visit, will you make available sufficient personnel, documentation, and facilities in the United States or its territories to allow a full examination of your worldwide organization?
- Yes No Not applicable
- e. If your organization receives an award, can it make sufficient personnel and documentation available to share its practices at the Quest for Excellence® Conference and at your organization's U.S. facilities?
- Yes No

If you checked "No" for 6a, 6b, 6c, 6d, or 6e, call the Baldrige Program at (877) 237-9064, option 3.

Questions for Subunits Only

- f. Is your organization a subunit in education or health care?
- Yes. *Check your eligibility by reading Is Your Organization Eligible? (<http://www.nist.gov/baldrige/enter/eligible.cfm>). **Then proceed to item 6k.***
- No. *Continue with 6g.*
- g. Does your subunit function independently and as a discrete entity, with substantial authority to make key administrative and operational decisions? (It may receive policy direction and oversight from the parent organization.)
- Yes. *Continue with 6h.*
- No. *Your subunit probably is not eligible to apply for the award. Call the Baldrige Program at (877) 237-9064, option 3.*
- h. Does your subunit have a clear definition of "organization" reflected in its literature? Does it function as a business or operational entity, not as activities assembled to write an award application?
- Yes. *Continue with 6i.*
- No. *Your subunit probably is not eligible to apply for the award. Call the Baldrige Program at (877) 237-9064, option 3.*
- i. Is your subunit in manufacturing or service?
- Yes. Does it have 500 or fewer employees? Is it separately incorporated and distinct from the parent organization's other subunits? Or was it independent before being acquired by the parent, and does it continue to operate independently under its own identity?
- Yes. *Your subunit is eligible in the small business category. Attach relevant portions of a supporting official document (e.g., articles of incorporation) to this form. **Proceed to item 6k.***
- No. *Continue with 6j.*

2017 Eligibility Certification Form

Malcolm Baldrige National Quality Award

OMB Control No. 0693-0006

Expiration Date: 06/30/2019

Page E-4 of 12

j. Is your subunit self-sufficient enough to be examined in all seven categories of the Criteria?

- Does it have its own senior leaders?
- Does it plan and implement its own strategy?
- Does it serve identifiable customers either inside or outside the organization?
- Is it responsible for measuring its performance and managing knowledge and information?
- Does it manage its own workforce?
- Does it manage its own work processes and other aspects of its operations?
- Can it report results related to these areas?

Yes. ***Proceed to 6k (table below).***

No. *Your organization probably is not eligible to apply for the award. Call the Baldrige Program at (877) 237-9064, option 3.*

k. Does your organization meet one of the following conditions?

1. My organization has won the Baldrige Award (prior to 2012).	Yes <input checked="" type="checkbox"/>	Your organization is eligible.	No	Continue with statement 2.
2. Between 2012 and 2016, my organization applied for the national Baldrige Award, and the total of the process and results band numbers assigned in the feedback report was 8 or higher.	Yes <input type="checkbox"/>	Your organization is eligible. Year: Total of band scores:	No	Continue with statement 4.
3. Between 2012 and 2016, my organization applied for the national Baldrige Award and received a site visit.	Yes <input type="checkbox"/>	Your organization is eligible. Year of site visit:	No	Continue with statement 5.
4. Between 2012 and 2016, my organization received the top award from an award program that is a member of the Alliance for Performance Excellence.	Yes <input type="checkbox"/>	Your organization is eligible. Award program: Year of top award:	No	Continue with statement 3.
5. More than 25% of my organization's workforce is located outside the organization's home state.	Yes <input type="checkbox"/>	Your organization is eligible.	No	Continue with statement 6.
6. There is no Alliance for Performance Excellence award program available for my organization.	Yes <input type="checkbox"/>	Your organization is eligible.	No	Continue with statement 7.
7. My organization will submit additional eligibility screening materials (i.e., a complete Organizational Profile and two results measures for each of the five Criteria results items). The Baldrige Program will use the materials to determine if my organization is eligible to apply for the award this year (as described in the fact sheet at www.nist.gov/baldrige/publications/upload/2015-Baldrige-Eligibility-FAQs.docx).	Yes <input type="checkbox"/>	The Baldrige Program will review the materials and contact your ECP after determining your eligibility.	No	Call 877-237-9064, option 3, if you have questions.

Eligibility package due February 22, 2017
Award package due May 2, 2017

7. Award Category

a. Award category (*Check one.*)

Your education or health care organization may use the Business/Nonprofit Criteria and apply in the service, small business, or nonprofit category. However, you probably will find the sector-specific (Education or Health Care) Criteria more appropriate.

- | For-Profit | Nonprofit |
|---|---|
| <input type="checkbox"/> Manufacturing | <input type="checkbox"/> Nonprofit |
| <input type="checkbox"/> Service | <input type="checkbox"/> Education |
| <input type="checkbox"/> Small business (≤ 500 employees) | <input checked="" type="checkbox"/> Health Care |
| <input type="checkbox"/> Education | |
| <input type="checkbox"/> Health Care | |

b. Industrial classifications. List up to three of the most descriptive NAICS codes for your organization (see NAICS list included at the end of this document). *These are used to identify your organizational functions and to assign applications to examiners.*

6214	6211	
------	------	--

8. Organizational Structure

a. For the preceding fiscal year, the organization had

- | | |
|--|--|
| <input type="checkbox"/> up to \$1 million | <input type="checkbox"/> \$1.1 million–\$10 million |
| <input checked="" type="checkbox"/> \$10.1 million–\$100 million | <input type="checkbox"/> \$100.1 million–\$500 million |
| <input type="checkbox"/> \$500.1 million–\$1 billion | <input type="checkbox"/> more than \$1 billion |



in
<input type="checkbox"/> sales
<input checked="" type="checkbox"/> revenue
<input type="checkbox"/> budget

b. Attach a line-and-box organization chart that includes divisions or unit levels. In each box, include the name of the unit or division and the name of its leader. Do not use shading or color in the boxes.

The chart is attached.

c. The organization is _____ a larger parent or system. (*Check all that apply.*)

not a subunit of (*See item 6 above.*)

<input type="checkbox"/> a subsidiary of	<input type="checkbox"/> controlled by	<input type="checkbox"/> administered by	<input type="checkbox"/> owned by
<input type="checkbox"/> a division of	<input type="checkbox"/> a unit of	<input type="checkbox"/> a school of	<input type="checkbox"/> other _____
Parent organization	<input type="text"/>	Address	<input type="text"/>
Total number of paid employees*	<input type="text"/>		
Highest-ranking official	<input type="text"/>	Job title	<input type="text"/>
Telephone	<input type="text"/>		

**Paid employees include permanent, part-time, temporary, and telecommuting employees, as well as contract employees supervised by the organization. Include employees of subunits but not those of joint ventures.*

Attach a line-and-box organization chart(s) showing your organization's relationship to the parent's highest management level, including all intervening levels. In each box, include the name of the unit or division and its leader. Do not use shading or color in the boxes.

The chart is attached.

- d. Considering the organization chart, briefly describe below how your organization relates to the parent and its other subunits in terms of products, services, and management structure.

- e. Provide the title and date of an official document (e.g., an annual report, organizational literature, a press release) that clearly defines your organization as a discrete entity.

Title

Date

Attach a copy of relevant portions of the document. If you name a website as documentation, print and attach the relevant pages, providing the name only (not the URL) of the website.

Relevant portions of the document are attached.

- f. Briefly describe the major functions your parent or its other subunits provide to your organization, if appropriate. *Examples are strategic planning, business acquisition, research and development, facilities management, data gathering and analysis, human resource services, legal services, finance or accounting, sales/marketing, supply chain management, global expansion, information and knowledge management, education/training programs, information systems and technology services, curriculum and instruction, and academic program coordination/development.*

9. Supplemental Sections

The organization has (a) a single performance system that supports all of its product and/or service lines and (b) products or services that are essentially similar in terms of customers/users, technology, workforce or employee types, and planning.

Yes. *Proceed to item 10.*

No. *Your organization may need to submit one or more supplemental sections with its application. Call the Baldrige Program at (877) 237-9064, option 3.*

10. Use of Cell Phones, Cordless Phones, and Voice-over-Internet Protocol (VoIP)

Do you authorize Baldrige examiners to use cell phones, cordless phones, and VoIP to discuss your application? *Your answer will not affect your organization's eligibility. Examiners will hold all your information in strict confidence and will discuss your application only with other assigned examiners and with Baldrige Program representatives as needed.*

Yes No

11. Site Listing

You may attach or continue your site listing on a separate page as long as you include all the information requested here. You may group sites by function or location (city, state), as appropriate. Please include the total for **each column** (sites, employees/faculty/staff, volunteers, and products/services). See the ABC HealthCare example below.

Please include a detailed listing showing all your sites. If your organization receives a site visit, an examiner team will use this information for planning and conducting its visit. Although site visits are not conducted at facilities outside the United States or its territories, these facilities may be contacted by teleconference or videoconference.

Example					
Sites (U.S. and Foreign) <i>List the city and the state or country.</i>	Workforce* <i>List the numbers at each site.</i>		List the % at each site, or use "N/A" (not applicable).		Relevant Products, Services, and/or Technologies
	Check one or more. <input checked="" type="checkbox"/> Employees <input type="checkbox"/> Faculty <input type="checkbox"/> Staff	Volunteers (no. or N/A)	Check one. % of	<input type="checkbox"/> Sales <input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Budget	
ABC Medical Center, Anytown, NY	1,232	147	77%		Admin. offices, inpatient care, ED, imaging services, lab
ABC Hospital West, West Anytown, NY	255	78	14%		Inpatient services, ED, lab
ABC Medical Group, Anytown, NY	236	N/A	6%		Primary & specialty physician care
ABC Imaging Center, West Anytown, NY	11	N/A	1%		Imaging services
ABC Hospice Services, West Anytown, NY	94	89	1%		On- and off-site hospice services
ABC Urgent Care, West Anytown, NY	8	N/A	1%		Outpatient emergency and urgent care services
Total	6	1,836	314	100%	

*"Workforce" refers to all people actively involved in accomplishing the work of your organization, including paid employees (e.g., permanent, part-time, temporary, and telecommuting employees, as well as contract employees supervised by the organization) and volunteers, as appropriate. The workforce includes team leaders, supervisors, and managers at all levels.

2017 Eligibility Certification Form

Malcolm Baldrige National Quality Award

OMB Control No. 0693-0006

Expiration Date: 06/30/2019

Page E-8 of 12

Your Organization					
Sites (U.S. and Foreign) <i>List the city and the state or country.</i>	Workforce* <i>List the numbers at each site.</i>		<i>List the % at each site, or use "N/A" (not applicable).</i>	Relevant Products, Services, and/or Technologies	
	<i>Check one or more.</i>	Volunteers (no. or N/A)	<i>Check one. % of</i>		
	<input type="checkbox"/> Employees <input type="checkbox"/> Faculty <input checked="" type="checkbox"/> Staff		<input type="checkbox"/> Sales <input checked="" type="checkbox"/> Revenue <input type="checkbox"/> Budget		
Arroyo Fresco Family Clinic—Somerton, 672 Calle Viejo, Somerton, AZ 85350 (Yuma County)	35	36	9	Medical services (and dental services by mobile van)	
Arroyo Fresco Family Clinic—San Luis, 2219 Plaza Del Oro, Yuma, AZ 85349 (Yuma County)	50	42	20	Medical and dental services	
Arroyo Fresco Community Health Center 1347 Desert Bloom Ave, Yuma, AZ 85364 (Yuma County)	40	0	0	Corporate services such a HR, Accounting, IT, etc.	
Arroyo Fresco Family Clinic—North Yuma, 1345 Desert Bloom Ave, Yuma, AZ 85364 (Yuma County)	32	30	8	Medical and dental services	
Arroyo Fresco Family Clinic—Parker, 4010 Colorado St., Parker, AZ 85344 (La Paz County)	31	26	5	Medical services (and dental services by mobile van)	
Arroyo Fresco Family Clinic—East Yuma, 18137 Fourth Ave, Yuma, AZ 85367 (Yuma County)	38	28	9	Medical services (and dental services by mobile van)	
Arroyo Fresco Family Clinic—Lake Havasu City, 2219 Lakeview Blvd., Lake Havasu City, AZ 85349 (Mohave County)	47	30	11	Medical and dental services	
Arroyo Fresco Family Clinic—Bullhead City, 39675 Fisherman's Way, Bullhead City, AZ 86429 (Mohave County)	41	22	10	Medical and dental services Mobile medical services through Medical Service Van 1, serving towns along Route 8 Mobile dental services through Dental Service Van 1, serving towns along Route 8 and school-based clinics	
Arroyo Fresco Family Clinic—Kingman, 6527 Old Mine Rd., Kingman, AZ 86401 (Mohave County)	36	15	9	Medical and dental services Mobile medical services through Medical Service Van 2, and mobile dental services through Dental Service Van 2—both serving the Parker and Kingman areas on alternate weeks	
Arroyo Fresco Women's Health Center—North Yuma, 3529 El Centro Ave, Yuma, AZ 85365	30	8	9	Obstetrics and gynecology	

Eligibility package due February 22, 2017
Award package due May 2, 2017

	San Juan Elementary School, 2058 Plaza del San Juan, Yuma, AZ 85364	19	5	5	Medical services (and dental services by mobile van)
	El Centro High School, 2590 El Centro Ave., Yuma, AZ 85364	20	8	5	Medical services (and dental services by mobile van)
Total		419	250	100%	

**The term workforce refers to all people actively involved in accomplishing the work of an organization. The workforce includes paid employees (e.g., permanent, part-time, temporary, telecommuting, and contract employees supervised by the organization) and volunteers, as appropriate; it also includes team leaders, supervisors, and managers at all levels.*

12. Key Business/Organization Factors

List or briefly describe where necessary the following key business/organization factors (we recommend using bullets). Please be concise, but be as specific as possible. Provide full names of organizations (i.e., do not use acronyms). *The Baldrige Program uses this information to avoid conflicts of interest when assigning examiners to your application. Examiners also use this information in their evaluations.*

- a. Main products and/or services and major markets served (local, regional, national, and international)

Ambulatory medical (i.e., obstetric/gynecologic, family medicine, pediatric) and dental services, supported by routine laboratory and X-ray services, vision and hearing screening, behavioral health and substance abuse screening, and pharmacy services. Segments include maternal, infant, and child health; chronic disease; senior care; and dental services. High-quality primary care and preventive services are offered regardless of patients' ability to pay. To increase access to care, Arroyo Fresco also provides "enabling services," such as transportation, translation, case management, health education, and home visitation.

Markets consist of a three-county service area in the state of Arizona: Yuma, La Paz, and Mohave. Services sites are 8 medical/dental clinics, 1 women's health center, 2 school-based clinics, 2 medical service vans, and 2 dental service vans.

- b. Key competitors (those that constitute 5 percent or more of your competitors)

- Other CHCs in adjacent counties and agencies, such as Pomegranate Health
- Community-based, private, medical, dental, and behavioral health providers in all three counties, but primarily in areas of denser populations
- Indian Health Service (IHS) facilities in all three counties
- Veterans Affairs hospitals
- Providers and facilities in Mexico

- c. Key customers/users (those that constitute 5 percent or more of your customers/users)

- Patients needing ambulatory medical and/or dental services, and their families
- Community members who use various screening services through mobile vans that stop at churches, schools, and community centers
- Elementary and high school students at two school-based clinics
- Payors

d. Key suppliers/partners (those that constitute 5 percent or more of your suppliers/partners)

- CactusCom: Telecommunications
- Community hospital in each county: Emergency and inpatient services, as well as some outpatient specialty care
- County governments and community-service organizations (e.g., school boards): Referrals, Services, and Outreach activities
- Desert Data Solutions (DDS): IT, including support for EHR
- Gil's Garage: Vehicle maintenance
- HR Leaders, Inc.: Temporary clinical and office staff
- La Sangre de Vida: Dialysis services
- MedProducts, Inc.: Group purchasing
- National Health Service Corps and other education partners: Recruitment of physicians, dentists, pharmacists, and midlevel providers
- Oates Group: Oates Staff Satisfaction Survey
- Pharmaceutical company: Prescription assistance program
- Saguaro State University (SSU) Schools of Business, Medicine, Dentistry, Nursing, and Public Health: Training and preceptorships
- Service Excellence: Diversity training
- Shiny Clean: Custodial services
- State Association of CHCs: Advocacy at state and national levels
- Talkeetna Medical School and local community colleges: Training
- The Joint Commission (TJC): Survey
- Winding River Casinos: Initiatives related to substance abuse and obesity

e. Financial auditor Fiscal year (e.g., October 1–September 30)

Johansen, Simon, and Clark	January 1–December 31
----------------------------	-----------------------

f. Parent organization (if your organization is a subunit).

N/A	
-----	--

13. Nomination to the Board of Examiners

If your organization is eligible to apply for the Baldrige Award in 2017, you may nominate one senior member from your organization to the 2017 Board of Examiners.

Nominees are appointed for one year only. Nominees

- **must not have served previously on the Board of Examiners** and
- must be citizens of the United States, be located in the United States or its territories, and be employees of the applicant organization.

The program limits the number of examiners from any one organization. If your organization already has representatives on the board, nominating an additional person may affect their reappointment.

Board appointments provide a significant opportunity for your organization to learn about the Criteria and the evaluation process. The time commitment is also substantial: examiners may need to commit more than 200 hours from April through August, including 40–60 hours in April/May to complete self-study training prework, 2.5–3.5 business days in May to attend Examiner Preparation, and 95–120 hours from June through August to complete both Independent Review and Consensus Review. If requested by the program, examiners also participate in a Site Visit Review of approximately 9 days. The nominee or the organization must cover travel and housing expenses incurred for Examiner Preparation.

2017 Eligibility Certification Form

Malcolm Baldrige National Quality Award

OMB Control No. 0693-0006

Expiration Date: 06/30/2019

Page E-11 of 12

Mr. Mrs. Ms. Dr.

from our organization will serve on the 2017 Board of Examiners.


E-mail address

I understand that the nominee or the organization will cover travel and hotel costs associated with participation in Examiner Preparation. I also understand that if my organization is determined to be ineligible to apply for the Baldrige Award in 2017, this examiner nomination will not be considered for the 2017 Board of Examiners.

14. Self-Certification and Signature

I state and attest the following:

- (1) I have reviewed the information provided in this eligibility certification package.
- (2) To the best of my knowledge,
 - this package includes no untrue statement of a material fact, and
 - no material fact has been omitted.
- (3) Based on the information herein and the current eligibility requirements for the Malcolm Baldrige National Quality Award, my organization is eligible to apply.
- (4) I understand that if the information is found not to support eligibility at any time during the 2017 award process, my organization will no longer receive consideration for the award and will receive only a feedback report.

	Ramon Gonzalez	2/21/17
Signature of highest-ranking official	Printed name	Date

15. Submission

To be considered for the 2017 award, your complete eligibility certification package must be received no later than February 22, 2017, to

Malcolm Baldrige National Quality Award
c/o ASQ—Baldrige Award Administration
600 North Plankinton Avenue
Milwaukee, WI 53203
(414) 298-8789, ext. 7205

Include proof of the mailing date. Send the package via

- a delivery service (e.g., Airborne Express, Federal Express, United Parcel Service, or the United States Postal Service [USPS] Express Mail) that automatically records the mailing date or
- the USPS (other than Express Mail), with a dated receipt from the post office.

Eligibility package due February 22, 2017
Award package due May 2, 2017

2017 Eligibility Certification Form

Malcolm Baldrige National Quality Award

OMB Control No. 0693-0006

Expiration Date: 06/30/2019

Page E-12 of 12

16. Fee

Indicate your method of payment for the \$360 eligibility certification fee.

<input checked="" type="checkbox"/> Check (enclosed) <input type="checkbox"/> Money order (enclosed) <i>Make payable to the Malcolm Baldrige National Quality Award.</i>			
<input type="checkbox"/> ACH payment		<input type="checkbox"/> Wire transfer	Checking ABA routing number: 075-000-022 Checking account number: 182322730397
<i>Before sending an ACH payment or wire transfer, notify the American Society for Quality (ASQ; [414] 298-8789, ext. 7205, or mbnqa@asq.org). Reference the Baldrige Award with your payment.</i>			
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express			
Card number		Authorized signature	
Expiration date		Printed name	
Card billing address		Today's date	

W-9 Request: If you require an IRS Form W-9 (Request for Taxpayer Identification Number and Certification), contact ASQ at (414) 298-8789, ext. 7205.

2017 Eligibility Certification Form Checklist

Malcolm Baldrige National Quality Award

OMB Control No. 0693-0006

Expiration Date: 06/30/2019

1. Eligibility Certification Form*

- I have answered all questions completely.
- I have included a line-and-box organization chart showing all components of the organization and the name of each unit or division and its leader.
- The highest-ranking official has signed the form.

For Companies Submitting Additional Eligibility Screening Materials (to meet the new alternative eligibility condition no. 7 for question 6k; see the table on page E-4)

- I have enclosed a complete Organizational Profile.
- I have enclosed data for two results measures for each of the five Criteria results items.

For Subunits Only

- I have included a line-and-box organization chart(s) showing the subunit's relationship to the parent's highest management level, including all intervening levels.
- I have enclosed copies of relevant portions of an official document clearly defining the subunit as a discrete entity.

**Please do not staple the pages of this form.*

2. Fee

- I have indicated my method of payment for the nonrefundable \$360 eligibility certification fee.
- If paying by check or money order, I have made it payable to the **Malcolm Baldrige National Quality Award** and included it in the eligibility certification package.

3. Submission and Examiner Nomination

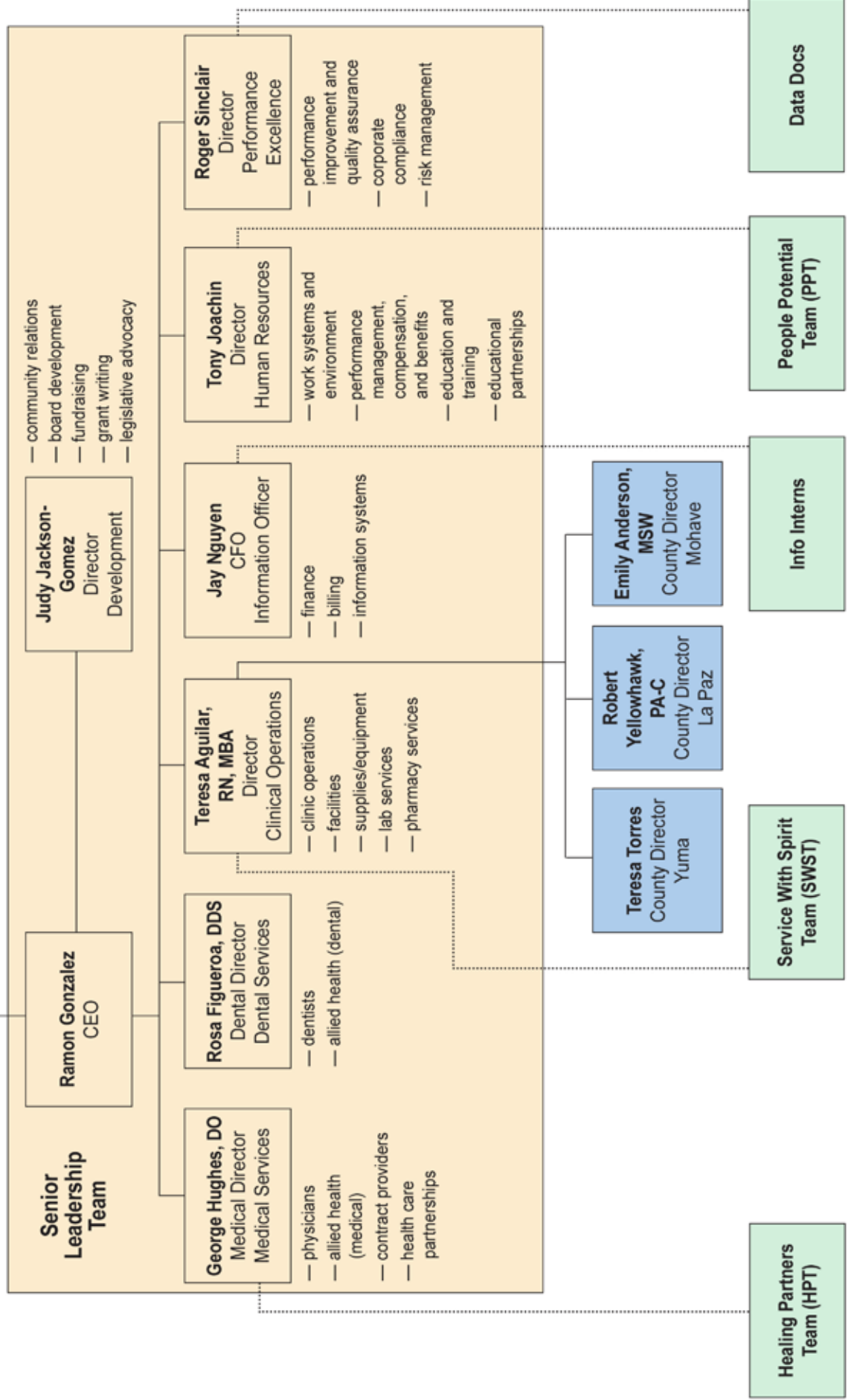
- I am nominating a senior member of my organization to the 2017 Board of Examiners.
- I am not nominating a senior member of my organization to the 2017 Board of Examiners.
- I am sending the complete eligibility certification package to
Malcolm Baldrige National Quality Award
c/o ASQ—Baldrige Award Administration
600 North Plankinton Avenue
Milwaukee, WI 53203
(414) 298-8789, ext. 7205
- I have included proof of the mailing date. (See Application Form and Content instructions at <http://www.nist.gov/baldrige/enter/format.cfm/>.)

Eligibility package due February 22, 2017
Award package due May 2, 2017

ORGANIZATION CHART

Arroyo Fresco Community Health Center Organization Chart

Board of Directors
Committees:
Quality—Ethics—Community
Partner Relations—Development—Audit



PAGE A-1
OF THE
2017 AWARD
APPLICATION FORM

2017 Award Application Form Checklist

Malcolm Baldrige National Quality Award

OMB Clearance #0693-0006

Expiration Date: 06/30/2019

Page A-1

1. Your Organization

Official name	Arroyo Fresco Community Health Center
Mailing address	1345 Desert Bloom Ave. Yuma, AZ 85364

2. Award Category and Criteria Used

- a. Award category (*Check one.*)
- Manufacturing
 Service
 Small business. The larger percentage of sales is in (*check one*) Manufacturing Service
 Education
 Health care
 Nonprofit
- b. Criteria used (*Check one.*)
- Business/Nonprofit
 Education
 Health Care

3. Official Contact Point

Designate a person with in-depth knowledge of the organization, a good understanding of the application, and the authority to answer inquiries and arrange a site visit, if necessary. *Contact between the Baldrige Program and your organization is limited to this individual and the alternate official contact point. If the official contact point changes during the application process, please inform the program.*

Mr. Mrs. Ms. Dr.

Name	Roger Sinclair
Title	Director of Performance Excellence
Mailing address	<input type="checkbox"/> Same as above 2219 Lakeview Blvd San Luis, AZ 85349
Overnight mailing address	<input checked="" type="checkbox"/> Same as above (Do not use a P.O. box number.)
Telephone	(555) 487-6235
Fax	(555) 487-6277
E-mail	r_sinclair@af.net

4. Alternate Official Contact Point

Mr. Mrs. Ms. Dr.

Name	Judy Jackson-Gomez
Telephone	(555) ARROYOF (277-6963), ext. 18
Fax	(555) 277-6967
E-mail	j_gomez@af.net

5. Release and Ethics Statements

Release Statement

I understand that this application will be reviewed by members of the Board of Examiners.

If my organization is selected for a site visit, I agree that the organization will

- host the site visit,
- facilitate an open and unbiased examination, and
- pay reasonable costs associated with the site visit (see *Baldrige Award Process Fees* on our website [<https://www.nist.gov/baldrige/baldrige-award/award-process-fees>]).

If selected to receive an award, my organization will share non-proprietary information on its successful performance excellence strategies with other U.S. organizations.

Ethics Statement and Signature of Highest-Ranking Official

I state and attest that

- (1) I have reviewed the information provided by my organization in this award application package.
- (2) To the best of my knowledge,
 - this package contains no untrue statement of a material fact and
 - omits no material fact that I am legally permitted to disclose and that affects my organization's ethical and legal practices. This includes but is not limited to sanctions and ethical breaches.

	5/1/17
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Signature Date

Mr. Mrs. Ms. Dr.

Printed name	Ramon Gonzalez
Job title	CEO
Applicant name	Arroyo Fresco Community Health Center
Mailing address	<input checked="" type="checkbox"/> Same as above
Telephone	(555) ARROYOF (277-6963), ext. 12
Email	r_gonzalez@af.net
Fax	(555) 277-6967

GLOSSARY OF TERMS AND ABBREVIATIONS

Glossary of Terms and Abbreviations

AAFPAmerican Academy of Family Physicians	HRhuman resources
AAPAmerican Academy of Pediatrics	HRSAHealth Resources and Services Administration
AARafter action review	IDPindividual development plan
ACAAffordable Care Act	IHSIndian Health Service
ACOGAmerican Congress of Obstetricians and Gynecologists	IOMInstitute of Medicine
ADAAmericans with Disabilities Act	ITinformation technology
AFArroyo Fresco	KICKnowledge and Innovation Center
AHRQAgency for Healthcare Research and Quality	KMPKnowledge Management Process
ANOVAanalysis of variance	KPIskey performance indicators
AOSavailable on-site	MAMMothers Aiding Mothers
AQAAmbulatory Care Quality Alliance	MSNmaster of nursing
BMIbody mass index	NACHCNational Association of CHCs
BPHCBureau of Primary Health Care	NCQANational Committee for Quality Assurance
BRFSSBehavioral Risk Factor Surveillance System	NHSCNational Health Service Corps
BSNbachelor of science in nursing degree	NISTNational Institute of Standards and Technology
CCcore competency	OASISOpportunity identification, Assess or analyze, Set targets and time lines, Improve, Share and sustain
CCKCare Connection Kiosk	OSHAOccupational Safety and Health Administration
CDCCenters for Disease Control and Prevention	PCMHpatient-centered medical home
CEUcontinuing education unit	PCTPrimary Care Team
CHCcommunity health center	PDCAplan-do-check-adjust
CKDchronic kidney disease	PFABspatient-family advisory boards
CMSCenters for Medicare/Medicaid Services	PHPpersonal health profile
CMsClinical Microsystems	PIFPerformance Improvement Framework
CoPscommunities of practice	PPTPeople Potential Team
CTQcritical to quality	Promotores/ promotorasvolunteers
DDDIData and Information for Health Care International	QPGQuality and Productivity Group
DDSDesert Data Solutions	RNregistered nurse
DEADrug Enforcement Administration	ROIreturn on investment
DMAICdefine-measure-analyze-improve-control	RVUsrelative value units
DOEDesign of Experiments	SAskey strategic advantages
EDEmergency Department	SCskey strategic challenges
EEOCEqual Employment and Opportunity Commission	SLTSenior Leadership Team
EHRelectronic health record	SPCstatistical process control
EOPEmergency Operations Plan	SSUSaguaro State University
EPAEnvironmental Protection Agency	STARsSuperior Teamwork Achieves Results
EPSDTearly and periodic screening, diagnostic, and treatment	SWOTstrengths, weaknesses, opportunities, threats
FMEAfailure modes and effects analysis	SWSTService With Spirit Team
FOCUSFinancial performance, Organizational learning, Clinical excellence, Utilization, and Satisfaction	TBtuberculosis
FQHCfederally qualified health center	TJCThe Joint Commission
H and Pcomprehensive history and physical examination	URIupper respiratory infection
HCAHPSHospital Consumer Assessment of Healthcare Providers and Systems	VAVeterans Affairs
HEDISHealthcare Effectiveness Data and Information Set	VMVvision, mission, and values
HIPAAHealth Insurance Portability and Accountability Act	VOCvoice of the customer
HP2020Healthy People 2020	VPNvirtual private network
HPTHealing Partners Team	YEyear end

ORGANIZATIONAL PROFILE

Organizational Profile

P.1 Organizational Description

P.1a Organizational Environment

Arroyo Fresco (AF) is a community health center (CHC) serving western Arizona from 11 clinics and 4 mobile service vans. CHCs, established over the past 50 years in underserved areas in all 50 states, are nonprofit, community-owned health care organizations that offer patients high-quality primary care and preventive services regardless of their ability to pay. They also provide “enabling services,” such as transportation, translation, health education, and home visitation, which increase access to care. More than 1,200 such centers serve more than 24 million Americans annually. The Health Resources and Services Administration (HRSA) administers the program. A snapshot of AF is shown in Figure P.1-1, and service-area demographics are shown in Figure P.1-2.

AF serves three counties—Yuma, Mohave, and La Paz—with diverse populations and needs. The service area of over 23,000 square miles has fewer than 430,000 people—about 6 percent of the state’s overall population. Yuma County borders Mexico.

AF was founded in 1968 by Joe Garcia and Martin Rosales, two Yuma activists committed to providing health care to the underserved. With federal funding through the Migrant Worker Project, they opened their first clinic in a converted gas station in Yuma and called their fledgling operation “Arroyo Fresco,” or “cool, flowing stream,” to represent a place to be refreshed in a vast, harsh desert. AF grew under their leadership. Operations expanded to full-time, three more facilities opened, and the first mobile van was launched in 1988 with grant funds from the Bureau of Primary Health Care (BPHC). In 1990, AF merged with the Mohave CHC, extending AF’s reach along the western Arizona corridor. Ramon Gonzalez, who became the CEO in 1996, saw the importance of reaffirming the organization’s heritage and direction set by its founders and developed the vision, mission, and values (VMV). (See Figure P.1-4.)

Communities along the border are among the state’s fastest-growing. La Paz, one of the state’s most rural counties, is home to the Colorado River Indian tribes, the largest of western Arizona’s Native American populations. Mohave County, also sparsely populated, shares with La Paz 400 miles of Lake Havasu coastline and 300 days of sunshine each year, making these counties a destination for “snowbirds” and retirees from across the country.

Barriers to care—whether imposed by geography, culture, income, or other factors—are typically associated with (1) lower levels of prevention screening and (2) less efficient and effective detection and management of chronic disease, with the result that many AF patients—young and old—have poorer health than the general population. Diabetes is a major medical problem throughout the service area, with residents of southern Yuma County experiencing diabetes-related mortality at twice the national rate. Other chronic health problems include asthma, cardiovascular disease, depression, obesity, and substance abuse and other addictive behavior. Specific issues for Yuma County border communities include a higher incidence of communicable diseases (e.g., half of the tuberculosis [TB] cases for all Arizona border counties), including sexually transmitted diseases, and a higher mortality rate for accidents and

Figure P.1-1: 2016 Snapshot of Arroyo Fresco

Total revenue	\$29.7 million
Total visits	192,403 medical, 61,734 dental
Patients	59,425
Service sites	8 medical/dental clinics, 1 women’s health center, 2 school-based clinics, 2 medical service vans, 2 dental service vans
Staff	419 (62% direct patient care)
Volunteers	250

Figure P.1-2: AF’s Service-Area Population

Demographics	Yuma	La Paz	Mohave	AZ
Persons per square mile	35.5	4.6	15.0	56.3
Persons below poverty threshold	22.6%	22.8%	20.8%	18.2%
Under 5 years old	7.5%	4.6%	4.6%	6.4%
Under 18 years old	26.2%	17.4%	18.7%	24.1%
65 years old and over	17.4%	36.1%	26.9%	15.9%
White	91.3%	77.1%	92.1%	83.7%
African American	2.7%	1.2%	1.3%	4.7%
Native American	1.6%	12.5%	2.4%	5.0%
Asian/Pacific Islander	2.2%	0.9%	1.2%	3.3%
Two or more races	2.0%	2.9%	2.3%	2.7%
Hispanic heritage*	61.7%	25.7%	15.8%	30.5%
Home language other than English	52.1%	18.6%	11.6%	26.8%
Persons under 65 w/o health insurance	24.0%	27.4%	22.2%	16.0%

*Persons of Hispanic heritage can be of any race.

suicide. AF established a Women’s Health Center with obstetrical and gynecological services in North Yuma to address that area’s large proportion of younger females in the population and high birth rates, especially among teens.

P.1a(1) AF provides ambulatory medical (i.e., obstetric/gynecologic, family medicine, pediatric) and dental services, supported by routine laboratory and x-ray services, vision and hearing screening, behavioral health and substance abuse screening, and pharmacy services. Its service delivery network includes clinics and mobile service vans that make regularly scheduled stops six days a week at churches, schools, and community centers. AF ensures that patients can access all services required across the continuum of care through partnerships or contractual relationships with hospitals, physicians, and agencies throughout the tricounty area, and these arrangements are spelled out in the annual plan required by BPHC.

AF delivers care through the patient-centered Primary Care Teams (PCTs)—small interdisciplinary teams whose members form ongoing relationships with patients and families and manage the medical and dental care of these various groups, or “populations,” of patients. Essential elements of a PCT include the patients, clinicians, and support staff, information technology (IT); and the care processes. AF has 23 PCTs organized according to its key services. For example, each clinic has at least one family medicine PCT.

Figure P.1-3: Relative Importance of each Health Care Service

Patient Population	% of Patient Population	Typical Services
Primary care (not classified elsewhere)	40	Chronic disease management; behavioral health; substance abuse screening; dental, hearing and vision services
Pediatrics	25	Primary care
Women's Services	16	Obstetrics; gynecologic
Geriatrics	19	Medical, rehab, socialization

P.1a(2) The VMV are shown in Figure P.1-4. The core competencies follow:

- (CC1) Culturally competent, patient-centered care
- (CC2) Expertise in the treatment of diseases prevalent within our patient population
- (CC3) Collaborative relationships that increase access to specialty care and other services

The core competencies enable AF to execute its mission successfully.

Figure P.1-4: Vision, Mission, and Values

Vision
Through our leadership in health care design and delivery, education and training, and community involvement, the people of western Arizona will become the healthiest in the state.
Mission
Provide residents of Yuma, La Paz, and Mohave counties easy and timely access to high-quality and safe health care services, responsive to their diverse cultural, and socioeconomic needs, regardless of their ability to pay.
Values
Through our decisions and actions—with our patients and their families, key communities, partners, and each other—we show our commitment to five core values: <ul style="list-style-type: none"> • Respect: We recognize the worth and honor the dignity of every individual. • Trust: We build confidence in our integrity by everything we do. • Relationship: We believe strong relationships are key to good health and build long-term relationships by honoring patient and family values, preferences, and goals. • Performance: We embrace improvement and innovation; we search for and adopt best practices and continually improve our daily work. • Accountability: We demonstrate progress toward our vision by sharing our results.

Figure P.1-5: Staff Profile

Gender	Male	38.2%
	Female	62.8%
Race/Ethnicity	White	90.3%
	African American	1.2%
	Native American	5.5%
	Asian/Pacific Islander	0.8%
	Two or more races	2.2%
	Hispanic heritage*	36.1%
Education	Postgraduate	24.7%
	Two–four years of college	38.1%
	High school or equivalent	37.2%

*Persons of Hispanic heritage can be of any race.

P.1a(3) AF has 419 employees (12% of whom are part-time), and the workforce mirrors the race/ethnicity and culture of the population served (Figure P.1-2). Although AF is applying in the health care sector, because of its size, it could apply in the small business category. Clinical providers, who make up 62 percent of the staff, include 29 physicians, 53 medical assistants (who perform out-patient nursing tasks), 12 dentists, 18 dental hygienists/assistants, 4 nurse practitioners, 4 certified nurse midwives, and 15 physician assistants, as well as pharmacists, pharmacy technicians, community educators and social workers, dietitians, podiatrists, and radiology technicians. Administrative, facility, and patient support service staff make up 33 percent of the workforce, and 5 percent of staff members are senior leaders or managers. AF has no organized bargaining units. The key drivers of workforce engagement are shown in Figure P.1-6. The differences in these drivers for workforce groups relate to generational expectations.

Volunteers include patients and patients' family members. Volunteers perform a wide variety of tasks that build relationships with patients and their families and increase the efficiency and effectiveness of care delivery (e.g., providing child care during patient visits, assisting providers' education sessions, and supporting routine administrative tasks). Some have assignments that make use of their professional and technical skills (e.g., participating in grant development), and enabling AF to manage resource gaps.

Health and safety risks in the ambulatory patient care setting include exposure to communicable diseases, exposure to radiation and chemicals, needle sticks, ergonomic injuries, and accidents. Safe driving is a primary requirement for mobile van drivers.

P.1a(4) Clinical facilities include reception areas; examination/treatment rooms equipped for medical or dental services; space for consultation and education; printed materials in English, Spanish, and large print format; and shared provider offices. All facilities are wheelchair-accessible. Medical clinics have machines for audiometric and tympanometric screening and for electronic vision screening, as well as obstetrical ultrasound equipment and dental x-ray machines that reduce radiation exposure. Clinic-based laboratories are equipped with microscopes, blood analyzers, and kits for rapid bacteriologic screening for respiratory and genitourinary

Figure P.1-6: Drivers of Workforce Engagement

Nonmillennials	
(1) Senior management communication	Figure 7.4-1
(2) Job makes good use of my skills and abilities	Figure 7.3-15
(3) Comfortable in reporting errors or unsafe acts without fear of retaliation or disciplinary action	Figure 7.3-15
(4) People on my team are protected from health and safety hazards	Figure 7.3-14
(5) I have a clear idea of what is expected of me	Figure 7.3-15
Millennials	
(1) I have growth opportunities	Figure 7.3-14
(2) I have flexibility in my work schedule	Figure 7.3-15
(3) Fair pay and good benefits	Figure 7.3-14
(4) Personal relationships and partnerships	Figure 7.3-14
(5) I believe strongly in the mission	Figure 7.3-15

diseases. Most clinics are open from 8:00 a.m. to 5:00 p.m. Monday through Friday and on Saturday morning.

School-based clinics are open daily when school is in session and provide basic medical services and behavioral health screening, as well as health education. Laboratory tests and x-rays are performed at the closest AF facility. The Women’s Health Center in Yuma has examination rooms equipped for outpatient obstetrics and gynecology services, as well as four labor and delivery suites for routine deliveries. High-risk pregnancies and complicated deliveries are referred to the tertiary care hospital in Yuma, which has specialists on call and a neonatal intensive care unit. AF physicians and midwives also manage routine deliveries at the community hospital in La Paz.

Four mobile service vans provide care to outlying communities and to those unable to access care at clinic sites. Equipped with lifts to accommodate patients in wheelchairs, each van has two examination/treatment rooms outfitted for medical or dental services; x-ray, basic lab, and sterilization equipment; and areas for behavioral health screening, health education, and reception.

AF’s IT is managed by Desert Data Solutions (DDS). It includes support for an electronic health record (EHR) integrated with the billing and scheduling system. All staff members have access to computers and the wide array of data and information on the AF intranet. The innovative Care Connection Kiosk (CCK) is a portable, multi-use unit developed in collaboration with CactusCom.

P.1a(5) AF must meet specific federal requirements related to population needs, services provided, fee scale, and governance structure to receive grant funds as a federally qualified health center (FQHC) under section 330 of the Public Health Service Act. AF also received National Committee for Quality Assurance (NCQA) recognition as a patient-centered medical home (PCMH) in 2013. To maintain their federal funding, PCMHs are required by HRSA to be accredited by The Joint Commission (TJC). AF sought accreditation for the first time (then voluntary) in 1996 and has been re-accredited regularly since then, receiving full accreditation and no recommendations for improvement in 2016. AF is required to comply with multiple legal and regulatory requirements at the federal, state, and local levels (Figure 1.2-2).

P.1b Organizational Relationships

P.1b(1) AF is governed by a voluntary 15-member Board of Directors chaired by the founder Joe Garcia (see 1.2a[1]). By-laws and federal program regulations require that at least 51% of voting members be recipients of AF services. The Senior Leadership Team (SLT) members are nonvoting on the board. The board has six standing committees: Quality, Ethics, Community, Partner Relations, Development, and Audit. Five cross-location teams systematically support senior leaders in planning and decision making (see the Organization Chart). They share and integrate data and information across AF and link the SLT and the front line.

Figure P.1-7: Key Requirements of Key Customers and Stakeholders

Requirement	PF	C	PH	S	V	PT	PY
Safety	X	X	X	X	X		X
Effective (high-quality) care	X					X	X
Efficient (cost-effective) care	X	X				X	X
Timely and convenient access (to care and information)	X	X	X	X	X		X
Information/training on current medical technology and procedures			X				
Patient-centered service	X		X	X	X	X	
Equitable (including culturally sensitive) care	X	X	X	X	X		
Reputation as a high-quality health center	X	X	X	X	X	X	X
Knowledge, skills, and tools to do the job			X	X	X		
Personal relationships and partnerships	X		X	X	X	X	
Fair pay and benefits			X	X			
Recognition			X	X	X		
Opportunity to serve and develop job skills					X		

PF = Patients and their Families, C = Community, PH = Physicians, S = Staff, V = Volunteers, PT = Partners, PY = Payors

P.1b(2) AF’s key customer groups are patients and their families. AF considers the community, physicians, staff, volunteers, partners, and payors to be stakeholders, and their key requirements are shown in Figure P.1-7. As appropriate, AF segments its key market segments by demographics, health status, location, and other relevant factors. AF acknowledges the many contributions made by its volunteers and considers them a key stakeholder group.

P.1b(3) A diverse set of key partnerships (listed below) enables AF to provide comprehensive care in more innovative ways than it could on its own. The most important supply chain requirements are low cost/high value, on-time delivery, and continuity of operations for providing clinical care. The contributions of suppliers, partners, and collaborators enhance competitiveness.

- **The State Association of CHCs** provides advocacy at state and national levels; group purchasing arrangements for medical and dental supplies and pharmacy and lab services (through MedProducts, Inc.); assistance with grant writing and recruitment/retention initiatives; and educational programs for clinicians, administrators, and board members.
- **Health Care Partners:** AF partners with a community hospital in each county to provide emergency and inpatient services, as well as some outpatient specialty care. AF provides hospital staff members continuing education about high-risk populations and offers learning opportunities for hospital trainees through brief rotational assignments in AF clinics and vans. Also, AF partners with community-based private physicians, who provide most inpatient and specialty care.
- **Education Partners:** AF partners with the Saguaro State University (SSU) Schools of Business, Medicine, Dentistry, Nursing, and Public Health; the Talkeetna Medical School; and local community colleges.
- **Community Partners:** AF partners with a broad array of community groups, including school boards, other leaders, and parents in the two Yuma schools with school-based AF clinics. Other partners include county governments and

community-service organizations that make referrals, promote and participate in services, and contribute to effective outreach activities.

- **Industry Partners:** AF partners with a regional pharmaceutical company on a prescription assistance program. AF has partnered with CactusCom since 1999 for leadership and technology development and training resources. In 2004, AF began a partnership with Winding River Casinos on initiatives related to substance abuse and obesity, as well as Service Excellence training for diverse customers.
- **Strategic Partners and Vendor Partners:** DDS provides IT expertise and support to small, nonprofit organizations. Vendor partners are Packer, for patient satisfaction surveys; Oates, for employee satisfaction surveys; HR Leaders, Inc., for temporary clinical and office staff; Shiny Clean custodial service, for indoor and outdoor maintenance and housekeeping services; and Gil’s Garage, for mobile van maintenance services.

The Partners Committee, with representatives from all of AF’s key stakeholders, participates actively in the Strategic Planning Process. Members serve as liaisons among the stakeholder groups they represent. AF regularly meets with all suppliers to establish performance expectations and to review performance.

Suppliers, partners, and collaborators play a role in innovation in the organization through their contribution of ideas; replication of best practices; and identification of new products, tools, and technology. They are represented on the Innovation Council.

P.2 Organizational Situation

P.2a Competitive Environment

P.2a(1) As described in P.1a(2), AF has expanded significantly from its humble beginnings. In 2016, AF provided 192,403 medical and 61,734 dental visits to 59,425 patients, accounting for 17% of the market share in the three-county service area, with higher percentages in Yuma (24%) and La Paz (23%) than Mohave (14%). Although AF operates in a high-need service area and guarantees service regardless of patients’ ability to pay, it competes for patients and seeks to attract patients from all income strata.

P.2a(2) One of the most significant changes that has occurred in the past two years is the enactment of the Affordable Care Act (ACA). Prior to its enactment, CHCs nationwide had witnessed flat federal grant funding for uninsured patients and reductions in state Medicaid spending and other state funds, while the number of uninsured patients seeking service continued to grow. With ACA and an increasing aging population eligible for Medicare and an increasing percentage of patients below the poverty level who are eligible for Medicaid, AF has begun to be on more stable financial footing. However, increasing demands for care due to increased access and chronic disease conditions continue to place stress on the organization. Figure P.2-1 outlines areas for competition/collaboration in AF’s service area. AF also competes for highly qualified staff members across its entire service area (see Figure P.2-3).

P.2a(3) Although AF can access national databases that permit comparison with other health care organizations, including CHC peers, it had difficulty making peer comparisons at the state or local level. In 1999, Ramon Gonzalez led the formation of a Benchmarking Consortium within the State Association of CHCs to create a forum for sharing results, starting with results CHCs already were

Figure P.2-1: Key Areas for Innovation/Collaboration

Area	Innovation/Collaboration
All patients	Other CHCs in adjacent counties and agencies offering access to quality services regardless of patients’ ability to pay
Insured patients	Community-based private medical, dental, and behavioral health providers in all three counties but primarily in areas of denser population
Native Americans	Indian Health Service (IHS) facilities in all three counties provide care for those patients living on a reservation. The IHS clinic serving Colorado River Indian Tribes offers an array of Native American rituals and practices as part of its Traditional Healing Center.
Veterans	AF provides outpatient care under contractual arrangements with the Veterans Health Administration, while Veterans Affairs (VA) hospitals provide inpatient care.
Border residents	Providers and facilities in Mexico, where families may have received care previously or may travel for services, depending on cost, accessibility, perceived quality and value, and cultural competence

Figure P.2-2: Key Comparative Data Sources

Comparison Group	Data Sources
National	<ul style="list-style-type: none"> • Agency for Healthcare Research and Quality (AHRQ) • BPHC/HRSA • Centers for Disease Control and Prevention (CDC) • Centers for Medicare/Medicaid Services (CMS) • Healthy People 2020 • TJC • Health Care Data and Information (HC DI) • Professional Associations (American Academy of Family Physicians [AAFP], American Academy of Pediatrics [AAP], American Congress of Obstetricians and Gynecologists [ACOG]) • Packer Patient Satisfaction Survey • Oates Staff Satisfaction Survey • Quality and Productivity Group (QPG)* • Baldrige Award for Performance Excellence*
State and Local	<ul style="list-style-type: none"> • Healthy Arizona 2020 • State Association of CHCs • State CHC Benchmarking Consortium • Saguaro State Award for Performance Excellence*

*Indicates sources outside of the health care sector

sharing in a national learning collaborative. Participation is voluntary, and CHCs may protect their identity. With the consortium, AF now can compare its performance on key clinical and patient satisfaction indicators with 25 CHCs across the state.

Limitations on some of the comparative data include the lag in the data, which can be up to 18 months; the reluctance of other local health care providers to share information; and the time and expense involved in obtaining comparisons outside of the health care industry. However, comparisons from outside of the industry are often found by benchmarking with recipients of the Saguaro State Award for Performance Excellence and the Malcolm Baldrige National Quality Award for Performance Excellence.

P.2b Strategic Context

AF identifies its strategic challenges and strategic advantages during its annual Strategic Planning Process and aligns them with five key performance areas (Figure P.2-3). The FOCUS framework establishes performance measures and reports in a series of linked

Figure P.2-3: Key Strategic Challenges and Advantages

Area	Key Strategic Challenges (SCs)
Financial performance (i.e., Operations)	(SC1) Balance AF’s mission to serve all patients—regardless of their ability to pay—against tight fiscal environments at federal, state, and local level, including <ul style="list-style-type: none"> • an increasing percentage of uninsured patients (one of the highest in the United States), • no growth in federal grant payments for uninsured patients.
Organizational learning (i.e., Workforce)	(SC2) Address workforce gaps, in particular, clinical providers and staff with specific technical skills (e.g., physicians, nurses, pharmacists, pharmacy and radiology technicians).
Clinical excellence (i.e., Health care services)	(SC3) Address the low incidence of prevention and screening and the higher incidence of chronic and communicable disease in the service area.
Utilization (i.e., Societal responsibilities)	(SC4) Establish and manage mechanisms to provide specialty care and unmet service needs, in particular, to uninsured patients.
Satisfaction (i.e., Workforce)	(SC5) Meet staff recruitment and retention challenges related to remote locations; a needy, vulnerable patient population; and a total compensation package.
Area	Key Strategic Advantages (SAs)
Financial performance (i.e., Operations)	(SA1) Enhanced funding through ACA
Organizational learning (i.e., Workforce)	(SA2) Knowledge Management System
Clinical excellence (i.e., Health care services)	(SA3) Expertise in treating clinically complex conditions
Utilization (i.e., Societal responsibilities)	(SA4) Highly engaged workforce; suppliers, partners, and collaborators; and volunteers in addressing needs beyond patient care in our communities
Satisfaction (i.e., Workforce)	(SA5) Flexible approaches to benefits and scheduling that meet the needs of our diverse workforce

and aligned scorecards for the whole organization, its care delivery sites, PCT-based primary care units, and functions (see 4.1a[1]).

Although AF receives federal section 330 grants from the Public Health Service of the U.S. Department of Health and Human Services, these funds have not kept pace with growing needs or economic changes within the health care industry. In 1995, section 330 grant funds represented approximately 46 percent of total operating revenue but two decades later represent just 22 percent of total revenue. Revenue sources are shown in Figure P.2-4. AF accepts most private insurance and many managed care plans in addition to Medicaid and Medicare and offers a sliding fee scale. AF relies heavily on donations to fund special and capital-intensive projects, such as an upgrade and expansion of its fleet of service vans in 2009 and 2015.

P.2c Performance Improvement System

On becoming CEO in 1996, Ramon Gonzales sought to expand the organization’s focus on improving access and outreach to achieve organization-wide, patient-centered performance excellence and the highest standard of culturally competent care. After completing the organization’s first application for the Saguaro State Award in

Figure P.2-4: Revenue Sources (2016)

Revenue Source	Percentage of Total Revenue
Medicaid	33%
Grants, donations, annuity	49%
Medicare	6%
Private insurance	6%
Self-pay	6%

1997, the leaders adopted the Baldrige Criteria as their business framework. Since adopting the Baldrige framework, AF’s leaders have sharpened their focus on improving efficiency and providing better care for patients. The Performance Improvement Framework (PIF; Figure P.2-5) aligns and integrates all aspects of performance management throughout the organization, starting with leaders setting directions and focusing on action through clearly defined strategies and objectives, followed by regular performance reviews, the sharing and spreading of best practices, and the use of various performance tools. Some of the tools AF uses for performance improvement are plan-do-check-adjust (PDCA), define-measure-analyze-improve-control (DMAIC), and some tools from Lean. This comprehensive and systematic approach drives innovation and improvement in all aspects of the organization. **Some of the results emanating from the PIF are shown at the beginning of each of the Baldrige process categories.**

In 2009, AF was proud to receive the Malcolm Baldrige National Quality Award. Because leaders had integrated the use of the Baldrige framework into the way AF runs its organization, it was natural for AF to follow along with the changes in the Criteria over time and to ensure that any changes in its processes and systems remained current. Senior leaders decided it would be valuable in AF’s continued pursuit of excellence to get objective feedback on progress by submitting a Baldrige application in 2017.

Figure P.2-5: AF’s Performance Improvement Framework (PIF)

