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Copansburg Regional Health System Case Study Feedback Report

2022

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

The Copansburg Regional Health System Case Study is a fictitious Baldrige Award application prepared for use in the 2022 Malcolm Baldrige National Quality Award Examiner Preparation Course. The fictitious case study organization is a large, not-for-profit, integrated delivery health care provider that is headquartered in the greater Lexington, KY region and offers service lines for cardiology, oncology, orthopedics, women's and children's, behavioral health/substance abuse, and neurology (with programming varying depending on hospital size, complexity, and local population needs). 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 2021–2022 Baldrige Excellence Framework (Health Care) and its Criteria for Performance Excellence, it may not address all Criteria questions or demonstrate role-model responses in all Criteria areas. Please refer to the Copansburg Regional Health System Feedback Report to learn how the organization was scored by one team of examiners 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 Copansburg Regional Health System and any other organization, named either Copansburg Regional Health System or otherwise. The names of several national and government organizations are included to promote the realism of the case study as a training tool, but any data and content about them may have been fictionalized, as appropriate; all other organizations cited in the case study are fictitious or have been fictionalized.

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Copansburg
Regional Health System
Feedback Report

When we submitted our first application …, we discovered the richness of receiving and applying he feedback report in helping us improve as an organization. … This is an ongoing improvement journey that is helping us achieve our goals and objectives. The Baldrige framework has become a way of life for us.

Carolyn Candiello, Vice President, Quality and Patient Safety
GBMC HealthCare, Inc.
2020 Baldrige Award Recipient

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 key findings on your organization's strengths and opportunities for improvement relative to the Baldrige Criteria and the Scoring Guidelines. Examiners are instructed to give appropriate benefit of the doubt when evaluating an application; however, important information that is missing may result in feedback about an opportunity for improvement. 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 question in 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 previously applied to the national program, you will notice a change in the way feedback is structured in the report. Based on applicant feedback, the Baldrige Program now asks examiners to express the main points of their feedback in what we now call "Finding Statements." These are followed by relevant evidence. For key strengths and opportunities for improvement, examiners provide the potential impact on your organization for your consideration. In addition, the program has included Criteria item references with each finding to assist you in understanding the source of the feedback.

Applicant organizations understand and respond to feedback in different ways. To make the feedback most useful to you, we've gathered the following tips and practices from previous 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 finding, review the Criteria questions that correspond to each of the Criteria item references (which are included in the finding); doing this may help you understand the basis of the examiners' evaluation.

- Especially note finding statements in **boldface type**. These statements 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 findings, 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 findings 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, impactful, and actionable at this time.
- 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.

We are able to prove that you can serve a poor community like ours and still be the best at what you do. … All of this is a result of the journey that we've been on with Baldrige. ... Delivering quality care can be very rewarding financially to you, and you can build your financial strength as a result of that.

John Raffoul, President
Adventist Health White Memorial
2019 Baldrige Award Recipient

Key Themes—Process Items

Copansburg Regional Health System (CRHS) scored in band 5 for process items (1.1–6.2).

An organization in band 5 for process items typically demonstrates effective, systematic, well-deployed approaches responsive to the overall questions in most Criteria items. The organization demonstrates a fact-based, systematic evaluation and improvement process and organizational learning, including some innovation, that result in improving the effectiveness and efficiency of key processes.

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

Demonstrating a systems perspective in its interdependent operations, CRHS has multiple step-wise and improved approaches that are fully deployed and aligned to support key organizational strategic objectives and goals.

- Senior leaders demonstrate a commitment to legal and ethical behavior and promote an organizational environment that requires it. (1.1a[2])
- CRHS's systematic approach to societal well-being is integrated with its strategic planning process (SPP) and has undergone evaluation and improvement. (1.2c[1])
- CRHS has a systematic, well-deployed complaint management system that is integrated with organizational values and has experienced cycles of learning and improvement. (3.2a[3])
- Data and information are systematically selected, collected, aligned, and integrated to track daily operations and monitor progress toward achieving strategic objectives. (4.1a[1])
- CRHS determines which strategic opportunities to pursue in the SPP using return on investment (ROI) and alignment with its mission, vision, and values (MVV) as key considerations. (6.1d)

Using systematic processes for strategic planning, measurement and analysis, and process improvement, CRHS selects and uses measures that best reflect performance levels for improving its health care outcomes, as well as for achieving overall organizational effectiveness and efficiency.

- CRHS has a systematic approach to collect and analyze data and to develop information for use in its SPP, with cycles of refinement evident. (2.1a[3])
- The systematic approaches to action plan measurement reinforce organizational alignment. (2.2a[5])
- CRHS uses a systematic approach to review organizational performance and key comparative data in order to assess organizational success. (4.1b)

- Findings from performance reviews drive the development of priorities for continuous improvement. (4.1c[2])
- Processes for building and managing organizational knowledge benefit from systematic evaluation and improvement cycles. (4.2b[1])
- CRHS assesses its workforce for changing capacity and capability needs through predictive analytics, knowledge and certification assessments, and evaluation of the performance of measures such as workforce retention, average time to fill vacancies, percentage of employees cross-trained, and registered nurse (RN) education levels. (5.1a[1])
- CRHS uses Lean methodology to eliminate waste, prevent work process errors, and minimize the cost of rework. (6.2a)

CRHS's systematic approaches to patient-focused excellence address today's customer needs/expectations and anticipate future needs/expectations.

- CRHS has clearly defined strategic objectives, goals, and key performance indicators (KPIs); and these are aligned with the strategic advantages, challenges, and opportunities (SA/SC/SO). (2.1b[1])
- CRHS uses multiple methods to listen to patients and other customers to obtain actionable information across the stages of the customer relationship. (3.1a[1])
- CRHS has a systematic approach to listening to potential customers for actionable information, with evidence of learning. (3.1a[2])
- CRHS uses a variety of data inputs to determine health care service offerings, including consideration of customer needs, preferences, and expectations. (3.1b[2])
- CRHS utilizes multiple methods to determine patient satisfaction and engagement that vary by customer groups and market segments, and it obtains information relative to other organizations (competitors and those offering similar services). (3.2b)
- CRHS uses patient input gathered from all stages of the patient relationship to set realistic patient expectations. (6.1b[2])
- CRHS uses multiple approaches to improve work processes, health care services, and performance. (6.1b[4])

CRHS demonstrates a commitment to and valuing of the workforce through its leadership system and approaches to strategy development, workforce engagement, and a safe working environment.

- Senior leaders communicate with and engage the entire workforce, key partners, patients, and other key customers to motivate high performance and a patient focus. (1.1b)

- CRHS has clearly defined strategic objectives, goals, and KPIs; and these are aligned with the SA/SC/SO. (2.1b[1])
- CRHS utilizes multiple methods to prepare its workforce for changing capability and capacity needs and to prevent workforce reductions and minimize the impact of any necessary staffing reductions. (5.1a[3])
- CRHS utilizes multiple approaches to ensure workplace health and security. (5.1b[1])
- CRHS systematically supports high performance through its Integrated Talent Management Process. (5.2c[1])
- CRHS has deployed multiple processes to manage the career development of its workforce and its future leaders, including succession planning. (5.2c[4])

b. The most significant opportunities, concerns, or vulnerabilities identified in CRHS's response to results items are as follows:

In areas across categories, CRHS has not made evident systematic approaches related to work processes and effectiveness.

- It is not clear how the organization recognizes when internal or external circumstances require a shift in action plans. (2.2b)
- It is unclear if CRHS has a systematic process to determine its customer segments. (3.1b[1])
- It is not clear how CRHS uses knowledge and resources to embed learning in the way it operates. (4.2b[3])
- It is unclear how CRHS systematically ensures that the workplace is technologically and attitudinally accessible without bias for all members of its workforce. (5.1b[1])

CRHS appears to lack systematic approaches to creating an environment for success now and in the future with regard to its support of innovation and intelligent risk taking, balancing of resource needs, and equity and diversity.

- It is not apparent that CRHS has a systematic approach to create and reinforce a culture that fosters patient and other customer engagement, equity, and inclusion. (1.1c[1])
- It is not evident that CRHS has a systematic approach to create and balance value for all stakeholders. (1.1c[2])
- It is unclear how CRHS's strategy development process stimulates innovation. (2.1a[2])
- It is not clear how CRHS systematically considers and balances the needs of all key stakeholders in relation to its strategic objectives. (2.1b[2])

- Beyond the approach to access, it is unclear if CRHS has processes for ensuring fair treatment for different patients and patient and other customer groups/market segments. (3.2a[4])
- It is not evident how CRHS's performance management and learning and development systems support intelligent risk taking, ethical health care, and ethical business practices. (5.2c[1,2])
- It is not clear how the organization ensures that its performance and career development approaches promote equity and inclusion for a diverse workforce and different workforce groups and segments. (5.2c[5])

Key Themes—Results Items

Copansburg Regional Health System (CRHS) scored in band 5 for results items (7.1–7.5).

For an organization in band 5, typically results address most key customer/stakeholder, market, and process requirements, and they demonstrate areas of strength against relevant comparisons and/or benchmarks. Beneficial trends and/or good performance are reported for most areas of importance to the overall Criteria questions and the accomplishment of the organization's mission.

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

CRHS demonstrates beneficial trends and favorable comparisons for some results of health care outcomes, customer satisfaction, and workforce climate measures.

- Many results for health care outcomes and performance of services demonstrate beneficial trends and are favorable in comparison to relevant benchmarks. (7.1a)
- Some results for measures of customer satisfaction have achieved top-decile levels and demonstrate beneficial trends. (7.2a[1])
- CRHS reports some workplace climate results for health, security, and diversity measures that demonstrate favorable trends and performance levels relative to competitors or CRHS's goal. (7.3a[2])

Many of CRHS's results for process efficiency and effectiveness, leadership and governance, and financial and marketplace performance measures show beneficial trends and favorable comparisons.

- Some results for process efficiency and effectiveness compare favorably to relevant benchmarks by hospital location. (7.1b[1])
- CRHS's results for legal and ethical behavior approaches demonstrate beneficial performance trends and favorable levels in comparison to others. (7.4a[3,4])
- Most results for key financial performance measures demonstrate beneficial trends and show areas of leadership when evaluated against relevant benchmarks and comparisons. (7.5a[1])
- Results for marketplace performance demonstrate beneficial trends and show very good performance in comparison to others. (7.5a[2])

Beneficial trends across segments are evident for many patient, customer, and workforce results.

- Results for measures of patient satisfaction across multiple patient groups and service lines demonstrate beneficial trends. (7.2a[1])
- CRHS reports multiple results for measures of workforce satisfaction and engagement for its various workforce groups and segments that demonstrate favorable trends. (7.3a[3])
- CRHS's leadership and governance results demonstrate favorable levels and comparisons as well as beneficial trends in many areas of importance. (7.4a[1,2,4])

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

Key results and/or segmentation of results are missing across categories for measures of process effectiveness, work processes, customer dissatisfaction, and workforce.

- Some results for process efficiency and supply-network management measures are missing. (7.1b,c)
- CRHS has provided limited results for measures related to patient dissatisfaction. (7.2a[1])
- CRHS is missing patient satisfaction results for some key outpatient (OP) and post-acute care service offerings. (7.2a[1])
- CRHS is missing some results to demonstrate its senior leadership and governance performance. (7.4a[1,2,4,5])
- Some results are missing, and some measures presented are missing results for key segments. (7.5a,b)

Some of CRHS's results for its customers, workforce, leadership, and strategy implementation approaches demonstrate unfavorable performance relative to comparisons.

- Results for many measures of patient satisfaction and engagement compare unfavorably to top-decile benchmarks. (7.2a)
- CRHS reports multiple results for measures of workforce satisfaction and engagement for its various workforce groups and segments that do not achieve top-quartile or top-decile performance levels of comparisons. (7.3a[3])
- CRHS's societal well-being results show unfavorable trends in some areas and perform unfavorably compared to others. (7.4a[5])
- Only one of 17 key performance measures (Figure 2.2-2) for strategic goals/action plans demonstrates achievement of top-decile performance (that is, Operating Margin, Figure 7.5-2). (7.5b)
- Results for some key measures of marketplace performance do not compare favorably to competitors' results. (7.5a[2])

Category 1 Leadership

Item 1.1 Senior Leadership

Strengths

Finding: *Senior leaders communicate with and engage the entire workforce, key partners, patients, and other key customers to motivate high performance and a patient focus.*

Item Reference: 1.1b

Evidence:

- Communication System (Figure 1.1-2 identifies what, who, how, when, and messenger matters)
- Two-way communication methods (listed in Figure 1.1-3)
- Evaluates communication system using surveys/evaluations or other data (e.g., open rates/clicks/attendance/watch rates)
- Examples of learning: communicate through desktops rather than emails, change-of-shift huddles, use of stakeholder personas in 2019
- Round-the-Clock forums scheduled for each shift and live-streamed to reach all locations; base location rotates, forums recorded, and recordings placed on intranet

Finding: *Senior leaders demonstrate a commitment to legal and ethical behavior and promote an organizational environment that requires it.*

Item Reference: 1.1a(2)

Evidence:

Executive and senior leaders

- established Code of Ethical Standards of Behavior (CESB) for all members of the workforce, including leaders;
- incorporated CESB into contractual agreements with suppliers, partners, and collaborators;
- conduct open discussions of close calls to promote learning;
- call out behaviors that cross the line and ensure investigation and follow-up;
- developed Guiding Principles and the Community Excellence Group (CEG) demonstration of these principles in 2020;
- developed Medical Staff Code of Professional Behavior Policy, providing for the raising and investigation of complaints; and
- established the Bioethics Committee.

Finding: *Senior leaders create a focus on action to achieve the organization's mission, and they set expectations for organizational performance*.

Item Reference: 1.1c(2)

Evidence:

- Focus on action: the leadership system includes cascading goals, with accountability at multiple levels
- Leadership system: cascading goals; deployed action plans; and measurements, evaluations, learning, and actions based on results
- Organizational goals are established during the SPP.
- Core competencies (CCs) of safe, high-quality clinical care and efficiency in operations give priority to processes and systems supporting the delivery of patient care.
- 2019 cycle of learning ensured that supplier, partner, and collaborator agreements reflect alignment with CRHS's strategic goals.

Opportunities for Improvement

Finding: *It is not apparent that the organization has a systematic approach to create and reinforce a culture that fosters patient and other customer engagement, equity, and inclusion.*

Item Reference: 1.1c(1)

Evidence:

- In reference to care model of inclusion, a systematic approach is not evident; for example, no steps of a process were described.
- In regard to health care team's seeking to engage and partner with family to make decisions, such as through rounding and in-person discussions, a stepwise process is not apparent.
- Despite leadership's creation of new position of vice president of diversity and inclusion, no systematic approach related to that position were described.
- A process is not evident in reference to the Performance Improvement Council (PIC) & Teams Realizing Awesome Care (TRAC) approach that the leadership encourages for proposing ideas that reflect intelligent risks.
- Despite the innovation process in category 6 (Figure 6.1-5), it is not evident how the leadership creates an environment for intelligent risk taking.

Potential Impact of Addressing:

- Without a systematic approach to a culture that fosters the engagement of patients and other customers, as well as fostering equity and inclusion, the

organization may hinder its ability to meet a customer requirement related to participation in care and may not align with its WE CARE value of Respect.

Finding: *It is not evident that CRHS has a systematic approach to create and balance value for all stakeholders.*

Item Reference: 1.1c(2)

Evidence:

- A process for systematically balancing value for patients, families, and stakeholders during step 2 of the SPP was not described.
- Beyond the selection of metrics and requirements that support each group, it is unclear how the leadership balances competing needs/priorities.
- In reference to communication that leads to information for the strategic planning process, how balancing is systematically achieved was not described.

Potential Impact of Addressing:

- A process for creating and balancing value for all stakeholders may enhance the organization's ability to address its strategic challenge related to the difficulty in reducing health disparities.

Finding*: A systematic approach to set the vision and values is not clear.*

Item Reference: 1.1a(1)

Evidence:

- CRHS's vision and values were initially established in 2000 by the leadership and boards of the two original hospitals; process used is not apparent.
- In regard to the vision and values being reviewed and affirmed annually during the SPP retreat, the process for updating or setting a new vision and values was not described.

Potential Impact of Addressing:

- Without a process to establish or reaffirm its vision and values, CRHS may inhibit its ability to achieve its strategic objectives of top-decile performance in customer, workforce, financial, and process excellence.

Scoring Range

50–65%

Rationale: Score should not be in 70-85 range in part because approaches are not evident in response to some Criteria questions at the multiple level. Score should not be in 30-45 range in part because the organization is responsive to overall Criteria questions and demonstrates good deployment of approaches in many areas**.**

Item 1.2 Governance and Societal Contributions

Strengths

Finding: *CRHS systematically anticipates public concerns with its future health care services and prepares for those impacts proactively.*

Item Reference: 1.2b(1)

Evidence:

- Includes key stakeholders in the planning and designs of new/expanded services.
- Uses Failure Mode and Effects Analysis (FMEA) to anticipate what could go wrong and to identify failure points, the likelihood of occurrence, and the significance of each.
- Incorporates inputs from customer, stakeholder, and objective outsiders during the FMEA process and allows them to help determine what design changes are needed to avert or mitigate potential risks.
- Leaders/senior leaders (L/SL) are actively involved in hospital associations, accountable care collaboratives, health plan associations, and advisory groups to anticipate future legal, regulatory, and community concerns with the organization's operations.
- Other information from the community comes through voice-of-the-customer (VOC) channels (Figures 3.1-1 and 3.1-2).

Finding: *The organization has a process to evaluate its senior leaders and governance board.*

Item Reference: 1.2a(2)

Evidence:

- BOT conducts an annual self-assessment of the board as a whole and of individual BOT member effectiveness.
- BOT Executive Committee evaluates CEO, CEO evaluates executive leaders (ELs), and ELs evaluate senior leaders (SLs).
- Incentive performance-based model rewards EL and SL performance.
- Cascading goals from SPP to Performance and Professional Development Plan (PPDP)
- The leadership system is evaluated annually for effectiveness.
- BOT reviews assessment results to identify OFIs leading to cycles of improvement, such as the creation of the Board Quality Committee in 2009 and a move to a consent agenda in 2018.

Finding: *The organization's systematic approach to societal well-being is integrated with its SPP and has undergone evaluation and improvement.*

Item Reference: 1.2c(1)

Evidence:

- CRHS has a systematic approach to select new services (listed in Figure 1.2-3), which is based on Plan, Do, Check, Act (PDCA).
- Cycle of learning: incorporated community priority of "Live Green Lexington" into next planning cycle
- Collaborates with city and community organizations to support and strengthen social and economic systems
- Community leaders serve on the CEG.
- Members of the community participate in the SPP, and information is used to select strategic goals and design services.
- In 2019, the organization expanded partner opportunities around education, economy, and quality of life.

Finding: *CRHS utilizes multiple methods to ensure responsible governance.*

Item Reference: 1.2a(1)

Evidence:

- Identifies approaches and frequencies for approaches (Figure 1.2-1), supporting responsible governance, including
    - accountability for senior leaders' actions,
    - accountability for strategy,
    - fiscal accountability,
    - accountability for patient safety and health care quality,
    - transparency of operations,
    - governance BOT,
    - community-based advisory board,
    - independence and effectiveness of internal and external audits,
    - protection of stakeholder interests, and
    - succession planning.

Opportunities for Improvement

Finding: *It is unclear how the organization's activities related to determining areas for organizational involvement in supporting and strengthening its communities form a well-ordered, repeatable approach.*

Item Reference: 1.2c(2)

Evidence:

- Despite key community examples provided by CRHS, a process for identifying key communities is not apparent.
- For key communities that CRHS describes as being 40 miles east to west and 50 miles north to south of Lexington, the organization does not make evident a process for determining these key communities within that geographic space.
- Not clear how CRHS's approach for selecting unmet health needs of relying on triage and community health needs assessment (CHNA) findings and executive leaders'/senior leaders' service on community groups is integrated into the organization's determinations.

Potential Impact of Addressing:

- Lack of a systematic approach to identify key communities and determine areas for organizational involvement may limit the organization's ability to maintain its strategic advantage of market share leadership.

Finding: *It is not clear that approaches to promote and ensure ethical behavior in the governance system are deployed beyond the workforce, such as in interactions with patients, other customers, and the community*.

Item Reference: 1.2b(2)

Evidence:

- CESB only applies to the workforce.
- Medical staff president and medical executive committee address only physician-related breaches.
- No deployment is evident to governance, patient/customer interactions, partners/suppliers, and community stakeholders.
- Deployment is unclear for CRHS's formal mechanisms for ensuring ethical behavior through specifications, criteria, and a scoring system that relates to suppliers and partners.

Potential Impact of Addressing:

- Full deployment of ethical behavior approaches may enhance the organization's ability to ensure that it meets expectations of patients, other customers, and the community, such as the expectation for high-quality and safe care.

Scoring Range

50–65%

Rationale: Score should not be in 70-85 range in part because the organization has OFIs related to some overall and multiple-level Criteria questions, as well as an important OFI for deployment. The score should not be in 30-45 range because the organization has approaches responsive to overall questions (beyond basic level), and there is evidence of deployment in some areas. Additionally, there is some evidence of learning and integration in the organization's evaluation of senior leaders and the BOD and in the approaches to societal well-being.

Category 2 Strategy

Item 2.1 Strategy Development

Strengths

Finding: *CRHS's well-deployed and systematic approach to strategic planning benefits from cycles of learning and improvement.*

Item Reference: 2.1a(1)

Evidence:

- CRHS has four-stage PDCA approach (illustrated in Figure 2.1-1).
- 16-step SPP: Planning involves the ELT, business-unit SLTs, and board members.
- Planning horizons are set for short term, long term, and ultra-long term.
- Cycle of learning and improvement caused move from three-year planning process to annual planning process.
- Capital budget process was integrated with the same three-year time frame of the SPP, with annual refresh.
- In steps 7 through 8, draft goals and objectives are provided to business-unit leaders, who have their own retreats and develop and refine plans that are aligned to the system plan.
- SPP is integrated with budgeting process, PDCA, communication methods/modes, and the CHNA.

Finding: *CRHS has a systematic approach to collect and analyze data and to develop information for use in its SPP, with cycles of refinement evident.*

Item Reference: 2.1a(3)

Evidence:

- First three steps of the SPP (Figure 2.1-1) involve data collection and analysis as well as an environmental scan.
- Since improvement in 2019, BOT and leaders reach out to area organizations to gain additional community data.
- Improvement in 2020 provided new segmentation methods to segment information and reduce bias.

Finding: *CRHS has clearly defined strategic objectives, goals, and KPIs; and these are aligned with the SA/SC/SO.*

Item Reference: 2.1b(1)

Evidence:

- CRHS presents strategic objectives, goals, and results that are aligned with SA/SC/SO (Figure 2.2-2).
- Objectives of top-decile performance in customer excellence, workforce excellence, process excellence, and financial excellence

Opportunities for Improvement

Finding: *It is unclear how the organization's strategy development process stimulates innovation.*

Item Reference: 2.1a(2)

Evidence:

- Unclear how Baldrige Award recipient (BAR) process that provides input to identify strategic opportunities stimulates innovation (unclear how discussion of processes of BARs and attendance at Quest for Excellence Conference stimulates innovation).
- Not clear how the Shark Tank program (in which people can present ideas vetted for cost/benefit) that the organization incorporated into the Action Planning Process (APP) is used in SPP to support intelligent risk taking and stimulate innovation.
- Not evident how strategic opportunities are identified or how CRHS systematically determines that strategic opportunities are intelligent risks to pursue.

Potential Impact of Addressing:

- A systematic approach to stimulate innovation as part of the strategy development process may facilitate CRHS's identification of strategies to address some strategic challenges and ways to capitalize on strategic advantages.

Finding: *It is not clear how the organization systematically considers and balances the needs of all key stakeholders in relation to its strategic objectives.*

Item Reference: 2.1b(2)

Evidence:

- Not clear how balancing occurs when key stakeholder needs are considered through the budgeting process inherent in the APP (Figure 2.2-1).
- Not clear how CRHS ensures balancing of needs through discussions by the BOT and the leadership.

Potential Impact of Addressing:

- An approach to ensure that the organization considers and balances the needs of all key stakeholders as part of determining strategic objectives may help the organization enhance the future engagement of some key stakeholders and thus may help it execute its strategies and action plans.

Scoring Range

70–85%

Rationale: Score should not be in 90-100 range because the organization is missing approaches in response to some multiple-level Criteria questions, and there is an OFI around innovation. Score should not be in 50-65 range because the organization addresses most multiple-level questions (beyond overall level); and systematic approaches, deployment, and learning are evident.

Item 2.2 Strategy Implementation

Strengths

Finding: *CRHS has a systematic approach to developing action plans, with evidence of learning.*

Item Reference: 2.2a(1)

Evidence:

- CRHS has 11-step, PDCA-based Action Planning Process (APP; Figure 2.2-1).
- Action plans (APs) are developed using an APP template.
- In 2018, SMART goals were converted into SMARTER (Specific, Measurable, Aligned, Realistic, Time-bound, Evaluated, Reviewed) goals, adding "evaluated" and "reviewed."

Finding: *CRHS has deployed a systematic approach to ensure that financial and other resources are available to support the achievement of action plans, and this includes the allocation of resources to support action plans.*

Item Reference: 2.2a(3)

Evidence:

- Ensures that financial and other resources are available to support the achievement of action plans through integration of the plans with the budgeting process.
- Action plan template includes requirements for all types of resources, including funds, staff time, space, and equipment. Action plan template includes analysis of the costs and benefits to calculate the overall financial impact.
- If insufficient resources are available, plans are negotiated. Plan of Actions and Milestones (POAM) also states when support department resources will be required to optimize and allocate those resources.

Finding: *The systematic approaches to action plan measurement reinforce organizational alignment.*

Item Reference: 2.2a(5)

Evidence:

- Action plan measurement system reinforces organizational alignment with two approaches.

- Each action plan includes determination of the key intended outcome prior to identification of the measures and metrics that will be tracked.
- Action plan numbering system underscores the alignment of the plan(s) that support strategic objectives and meeting of goals.
- If action plan timing goals and performance targets are being met but the progress toward accomplishing the strategic objective is not on a glide slope, this is regarded as a trigger to evaluate the need for analysis and adjustment or possibly the creation of new action plans.
- Subplans are considered leading indicators of plan performance and lack of progress may trigger changes in the plan.

Opportunities for Improvement

Finding: *It is not clear how the organization recognizes when internal or external circumstances require a shift in action plans.*

Item Reference: 2.2b

Evidence:

- Despite new plan development via a mid-cycle action plan using the same process, approval, and signature (difference is that it is "mid cycle") and despite contingency fund budgeting if resources exceed the approved budget, it is not clear how the organization might recognize the need for a shift in action plans other than through missing an existing target.
- Despite CRHS's monitoring of plan performance, it is not clear how the organization distinguishes between the need to modify a plan as opposed to the rapid execution of new plans.
- It is not apparent that CRHS monitors external changes.
- During virtual interview, CRHS provided example of responding to a target not being met as a need for modified action plans but did not describe a systematic approach to recognizing when action plan modifications and rapid execution was needed.

Potential Impact of Addressing:

- Beyond use of missed targets as an indicator, a systematic approach to enable the organization to recognize when circumstances require a shift in action plans and rapid execution of new plans could help it embed resiliency in its operations (a strategic objective) and could enhance its ability to respond to challenges and blind spots as well as take advantage of some unexpected opportunities.

Finding: *In the organization's use of Communication Methods/Modes (Figure 1.1-3) to deploy action plans, it is not clear that action plans are communicated to suppliers, partners, and volunteers.*

Item Reference: 2.2a(2)

Evidence:

- Action plan deployment occurs in step 10 of the SPP and is usually accomplished by groups.
- CRHS describes how action plans are implemented/deployed as "usually," "occasionally," and "more commonly," indicating irregular deployment.
- During virtual interviews, when CRHS referenced communication methods (Figure 1.1-3) as the deployment method for all action plans, it did not provide specific examples of communication to the segments of suppliers, partners, and volunteers.

Potential Impact of Addressing:

- Systematic deployment of action plans to suppliers, partners, and volunteers may enhance the organization's ability to execute some action plans.

Scoring Range

50–65%

Rationale: Score should not be in 70-85 range because only some approaches address Criteria questions at the multiple level (beyond the overall questions); and evidence is missing for how the organization manages for innovation. Score should not be in 30-45 range in part because the organization has demonstrated deployed approaches that address Criteria questions beyond the basic level.

Category 3 Customers

Item 3.1 Customer Expectations

Strengths

Finding: *CRHS uses multiple methods to listen to patients and other customers to obtain actionable information across the stages of the customer relationship.*

Item Reference: 3.1a(1)

Evidence:

- Develops customer listening posts based on PDCA by researching the characteristics of each group, followed by focus group interviews to understand communication and service preferences, testing the draft method, gathering feedback, refining the design, and checking to assess effectiveness (Figure 3.1-2).
- Sample of Key Patient, Family Member, and Other Customer Listening Methods (Figure 3.1-1)
- Immediate and actionable feedback varies by service area and benefits from automation, which enables moving from responding to needs to systemic improvements and comparisons across multiple facilities.

Potential Impact of Addressing:

- This enables the organization to learn from patients and meet key requirements as it is striving to perform at the top-decile level.

Finding: *CRHS has a systematic approach to listening to potential customers for actionable information, with evidence of learning.*

Item Reference: 3.1a(2)

Evidence:

- Multiple listening posts, partnerships (Figure P.1-4), and public data sources are used to gather actionable information from competitors and potential customers.
- Data are aggregated monthly and annually to detect trends and assess performance.
- Learning example: targeted advertising on social media increased unique visitors by 12%.
- Data are turned into actionable information through the Voice of the Customer System (Figure 3.1-2).

Potential Impact of Addressing:

- This enables CRHS to learn from potential customers and attract new patients, maintaining/improving its market leader position.

Finding: *CRHS uses a variety of data inputs to determine health care service offerings, including consideration of customer needs, preferences, and expectations*.

Item Reference: 3.1b(2)

Evidence:

- Use of preference data and dissatisfiers
- Assessment includes "gap versus enhance" and examines if opportunity aligns with CRHS's vision, values, and CCs.
- Sources of data: Press Ganey, CHNAs, and CAHPS
- Emerging preferences for technology and home services have been identified.
- New preferences are analyzed as either an enhancement to current offerings or as entirely new services. New services are further analyzed to determine if they can be offered in-house or through third parties.
- Employees travel to communities in service areas to help identify customer needs.

Opportunities for Improvement

Finding: *It is unclear if the organization has a systematic process to determine its customer segments.*

Item Reference: 3.1b(1)

Evidence:

- CRHS's explanation that customer satisfaction and Consumer Preference Survey data are evaluated to detect shifts in preferences, types of service, and service delivery methods seems to address service offerings rather than customer segments.
- Unclear if customer segmentation is based on service, preference, delivery, use of technology, etc.
- Figure P1.3 information does not align with segment/group narrative in item 3.1.
- Despite examples provided of new customer segment (or special population) based on preferences, no process is described/evident.

Potential Impact of Addressing:

- A systematic process to determine customer segmentation may enable more actionable information for planning and may increase CRHS's ability to mitigate its strategic challenge (competitive change) of increasing competition.

Finding: *It is unclear if the organization has a systematic process to listen to former patients.*

Item Reference: 3.1a(2)

Evidence:

- In regard to after-service surveys and telephone follow-ups, CRHS does not appear to address former patients (rather than current patients who have finished encounter).
- CRHS's examples of former customers were limited to members who leave health plan and patients who change physician group (join competitor).

Potential Impact of Addressing:

- Establishing a process to listen to former patients may enable the organization to identify sources of dissatisfaction and thus better meet customer/patient expectations.

Scoring Range

50–65%

Rationale: Score should not be in 70-85 range because of OFI finding for a Criteria question at the overall level, as well as limited evidence of learning. Score should not be in 30-45 range because the organization demonstrates systematic, well-deployed approaches for most overall and some multiple-level Criteria questions.

Item 3.2 Customer Engagement

Strengths

Finding: *CRHS has a systematic, well-deployed complaint management system that is integrated with organizational values and has experienced cycles of learning and improvement.*

Item Reference: 3.2a(3)

Evidence:

- Complaint/Grievance Management System (shown in Figure 3.2-2) follows PDCA methodology and is composed of 14 steps.
- Evidence of learning: Each year, the Complaint Management System is reviewed for potential improvements. Example of improvement (2018): tracked complaints resolved in real time.
- Frontline staff members are equipped to provide compliant resolution.
- Patient Experience Office (PEO) handles referrals from frontline staff members.
- Complaints are aggregated and analyzed monthly.
- Analyses are evaluated by the PIC and given to TRAC teams, as appropriate, to go through the PDCA process.

Potential Impact of Addressing:

- This demonstrates CRHS's values of accountability, respect, and excellence.

Finding: *CRHS utilizes multiple methods to determine patient satisfaction and engagement that vary by customer groups and market segments, and it obtains information relative to other organizations (competitors and those offering similar services).*

Item Reference: 3.2b

Evidence:

- Focus group interviews (face to face and virtual), COE partnership
- Focus groups identify unique quality features for senior leaders; surveys assess satisfaction with those features.
- Net Promoter Scores and event counts (website visits/hits) are used to assess engagement.
- Electronic surveys began in 2018 (for cost savings).
- Health plan data and satisfaction and complaint data are analyzed together.
- Surveys are tracked and aggregated for analysis by business units.
- Survey are administered on a continuous basis and updated annually.

- Responses are aggregated monthly for actionable process improvements and annually for more complex systemic improvements through PIC.
- Results are compared against competitor groups' performance using database of survey vendor.
- Seekers program allows CRHS to capture regional data through in-person interactions.
- Data exchange program allows sharing of certain types of data, such as wait times and data for overall satisfaction measures.
- Community Health Needs Assessments (CHNAs)

Finding: *The organization uses a systematic, three-phase approach to acquire, manage, and retain customers, which helps it maintain its strategic advantage related to its market share position.*

Item Reference: 3.2a(1)

Evidence:

- Three-phase approach to build CRHS's brand and to acquire and retain patients and other customers (create awareness, experience services, become a repeat customer/promoter)
- These phases also appear to align with the three stages of the patient/customer lifecycle.
- Approaches for creating awareness include mobile clinics, participation in community fairs, tour offerings, and senior center outreach.
- Relationship management software and patient portal affect the customer experience.
- Patient portal addresses post-service needs.
- Proactive approach to brand image and awareness via social media marketing

Finding: *CRHS systematically uses VOC data to create a patient-focused culture, with evidence of learning.*

Item Reference: 3.2c

Evidence:

- Data are categorized, aggregated, and used at multiple levels: front line for quick adjustments, middle management for functional changes, and senior leadership for new services/investments; data are aggregated quarterly.
- Listening posts and customer segments are evaluated annually.

- Customer access, satisfaction, and dissatisfaction are corporate measures, facility measures, and functional measures, which are aligned often with key drivers of satisfaction and loyalty. Senior leaders have performance targets (for the number of complaints and the percentage of satisfaction scores, by customer segments) embedded in their performance plans and included in individual performance standards.
- Staff members are incentivized to document and resolve complaints.
- Educating, measuring, recognizing, and rewarding individuals and groups at every level of the organization—in alignment with meeting or exceeding customer expectations—enable CRHS to foster and maintain a customer-focused culture.

Opportunities for Improvement

Finding: *A systematic process to determine customers' key support requirements is not evident.*

Item Reference: 3.2a(2)

Evidence:

- Beyond information provided about access (Seeker program) and information (Figure 3.2-1), CRHS does not make evident how it provides support services.
- For example, it is not clear how patients might get support for making appointments, billing, etc. (or if the services are available in other languages).
- CRHS "feels" that the basic driver is access.

Potential Impact of Addressing:

- Without a process, CRHS may miss an opportunity to identify a customer key requirement, may limit its ability to meet customer expectations, and may adversely impact its strategic advantage related to its market position.

Finding: *Beyond the approach to access, it is unclear if CRHS has processes for ensuring fair treatment for different patients and patient and other customer groups/market segments.*

Item Reference: 3.2a(4)

Evidence:

- Various examples are provided to illustrate CRHS's sensitivity to this issue, to include research, studies, and the identification of underserved people and communities, but a systematic approach to ensure fair treatment is not described.

- CRHS does not address fair treatment in managing patient and customer relationships, enabling patient and other customers to seek information and support, and managing complaints to promote equity and inclusion. There is no evidence of processes to ensure that the organization does not inadvertently discriminate unfairly or inappropriately against specific patients or patient groups.

Potential Impact of Addressing:

- With systematic approaches in place to fully ensure fair treatment of different patients and other customers and groups, CRHS may ensure that it does not inadvertently discriminate against any patient/customer or groups, may better meet patient expectations, and may enhance its ability to achieve its mission to provide outstanding health care services to improve the health of all citizens in the service area.

Scoring Range

50–65%

Rationale: Score should not be in 70-85 range because the organization has an OFI for a Criteria question at the overall level and is not yet managing for innovation and sharing refinements. Score should not be in 30-45 range because the organization is responsive not only to overall-level questions, but also has some approaches responsive to multiple-level questions, with good deployment and some learning evident.

Category 4 Measurement, Analysis, and Knowledge Management

Item 4.1 Measurement, Analysis, and Improvement of Organizational Performance

Strengths

Finding: *Data and information are systematically selected, collected, aligned, and integrated to track daily operations and monitor progress toward achieving strategic objectives.*

Item Reference: 4.1a(1)

Evidence:

- Selects, collects, aligns, and integrates data and information using eight-step Performance Management System (Figure 4.1-1)
- Tracks data and information on daily operations using an automated health informatics system (DDI).
- Alignment and integration are reinforced through a set of dashboards that are cascaded through system's strategic scorecard.
- Dashboards and SPC provide for visual management of results and operational measures.
- A 2019 cycle of evaluation and improvement resulted in the use of a statistical process control format.

Potential Impact of Addressing:

- Systematically gathering appropriate data and information supports daily operations and fact-based decision making and sets the conditions to establish priorities for continuous improvement and innovation.

Finding: *A systematic approach is used to review organizational performance and key comparative data in order to assess organizational success.*

Item Reference: 4.1b

Evidence:

- CRHS uses forums to review organizational performance and capabilities (Figure 4.1-2).
- Specified performance data are reviewed daily, weekly, monthly, quarterly, bi-annually, and annually.
- Comparative data are presented with metrics in a balanced scorecard.
- Analysis and decisions are also approaches used during scheduled reviews to ensure that strategic goals are achieved and that daily operations are monitored.

Potential Impact of Addressing:

- Reviewing organizational performance enables CRHS to assess success, determine its progress relative to objectives and goals, and address changing needs and requirements.

Finding: *Findings from performance reviews drive the development of priorities for continuous improvement.*

Item Reference: 4.1c(2)

Evidence:

- When the rate of change is not sufficient to achieve a strategic objective in the timetable identified, CRHS looks for innovation to provide a breakthrough change.
- Action plans and new targets are assigned to a responsible leader for further evaluation.
- Performance Review Process (depicted in Figure 4.1-2). Specified performance data are presented daily, weekly, monthly, quarterly, bi-annually, and annually for analysis and decisions.

Potential Impact of Addressing:

- Performance reviews enhance the organization's ability to set priorities, resolve problems, and evaluate and improve work processes.

Opportunities for Improvement

Finding: *CRHS's approach to selecting comparative data and information to support fact-based decision making is not consistently deployed.*

Item Reference: 4.1a(2)

Evidence:

- Beyond the characteristics of comparative data described, the process for determining those characteristics or selecting the comparative data is not described.
- Each KPI owner seeks comparative data: this is not a systematic process but, rather, an approach subject to variability.
- Not clear how organization selects comparative data that reveal how it is executing its mission and advancing its vision

- Not evident that KPI owners' responsibility for selecting data to support fact-based decision making constitutes a systematic process (rather than an approach subject to variability).

Potential Impact of Addressing:

- Deploying processes consistently across all parts of the organization may enable CRHS to effectively set the priorities and direction required to achieve its vision, mission, and strategic objectives.

Finding: *CRHS's approach to ensuring that its performance measurement system can respond to rapid or unexpected organizational or external changes is not consistently deployed.*

Item Reference: 4.2a(3)

Evidence:

- Unclear how KPI owners (responsible for agility) maintain constant awareness of changes in regulatory requirements.
- Reliance on individual KPI owners to respond to change means KPI owners are responsible for ensuring that CRHS's performance measurement system remains agile, which leads to process variability.
- Limited process evidence
- No process to ensure measurement agility
- No evidence of learning

Potential Impact of Addressing:

- Consistently applying approaches in relevant work units may allow CRHS to align operations, achieve efficiencies, systematically evaluate and improve relevant processes, and achieve top-decile performance.

Scoring Range

50–65%

Rationale: Score should not be in 70-85 range because approaches address overall-level questions and show gaps in deployment; OFIs (for multiple-level questions) indicate that deployment of approaches varies in some areas. Score should not be in 30-45 range because the organization's approaches are generally aligned to overall organizational needs, and there is strong evidence of fact-based, systematic evaluation and improvement, with instances of innovation.

Item 4.2 Information and Knowledge Management

Strengths

Finding: *Processes for building and managing organizational knowledge benefit from systematic evaluation and improvement cycles.*

Item Reference: 4.2b(1)

Evidence:

- Builds and manages organizational knowledge (Figure 4.2-1) using a Create, Collect, Curate, Disseminate (Transfer), and Implement Model (Figure 4.2-2)
- Transfers knowledge using Communities of Practice and Strategic Employee Engagement Groups
- PDCA is incorporated into the Knowledge Management System to refresh/update information.
- Blends and correlates data to build new knowledge through the use and analysis of health plan data, which enables organization to acquire insights into the unique requirements of health plan customers. For example, analyzing claim data led to the development of an alternative medicine program within the cancer center.
- Evidence of learning: improvement examples based on 2010, 2015, and 2019 evaluation cycles

Potential Impact of Addressing:

- Knowledge is an organization's accumulated intellectual resources and represents the expertise available to use, invest, and grow; systematic evaluation and improvement cycles allow the organization to continuously improve and acquire new knowledge.

Finding: *Systematic, tiered approach ensures the availability and user-friendliness of organizational data and information.*

Item Reference: 4.2a(2)

Evidence:

- Provides access based on staff position: availability of organizational data and information is ensured through identification of the data and information required for each position and granting of appropriate access
- Information technology plan includes cloud-based systems.
- Applies redundant connectivity pathways (fiber optics, microwave, Wi-Fi)

- Ensures user-friendliness by conducting focus groups and benchmarking with other organizations
- Ensures the availability of organizational data and information through a robust information technology plan that includes hosting the system in the cloud

Finding: *Data quality is ensured and verified using multiple methods, including training, prevention of entry error, and use of standardized data dictionaries.*

Item Reference: 4.2a(1)

Evidence:

- Ensures the quality of organizational data and information through data input and data inspection training
- DDI and EMR have embedded rules that check data accuracy against standardized data dictionaries and patient safety issues such as medication allergies.
- Ensures accuracy and integrity through training and system checks and balances
- Staff members are trained on how to input and inspect data; system checks ensure that taxonomy is followed for standardization.
- In 2018, CRHS developed standardized data dictionaries, which are managed by the Data and Governance Committee.

Opportunities for Improvement

Finding: *It is not clear how CRHS uses knowledge and resources to embed learning in the way it operates.*

Item Reference: 4.2b(3)

Evidence:

- Systematic process is not described
- Not clear how using the Baldrige framework is a systematic approach to embed learning
- Anecdotal: Learning is built into the MVV and Baldrige framework

Potential Impact of Addressing:

- Embedded learning may help CRHS enhance problem solving at the source, build and share knowledge throughout the organization, and identify improvement and innovation opportunities.

Finding: *Approaches to share best practices are not consistently deployed.*

Item Reference: 4.2b(2)

Evidence:

- Not evident: systematic approach to identify and share best practices across multiple support areas
- Beyond CRHS's identification of best practices internally and externally and piloting and implementation of them in some areas, it is unclear if best practices are shared if there is no planned implementation in other areas (sharing versus spread).
- Despite contest to submit administrative best practices, no approach is evident to share or implement them.
- Methods to share best practices, including communities of practice and strategic employee engagement groups, require employee opt-in, limiting participation.
- In identifying departments, units, and individual physicians who are achieving high-performing results, CRHS does not identify what constitutes high performance.
- Despite using tracking system to identify high performance, CRHS does not describe how high performance is determined.

Potential Impact of Addressing:

- Fully sharing best practices may help CRHS ensure effective organization-wide action planning, continuous improvement, and innovation.

Scoring Range

70–85%

Rationale: Score should not be in 90-100 range because CRHS's performance is not fully responsive to the multiple-level questions, and best practices are not consistently deployed. Score should not be in 50-65 range because evidence shows overall responsiveness to the multiple questions, as well as showing fact-based and systematic evaluation and improvement, adoption of some best practices, management of innovation, and integration of approaches with organizational needs, as data and information are used to measure, review, and analyze performance.

Category 5 Workforce

Item 5.1 Workforce Environment

Strengths

Finding: *CRHS assesses its workforce for changing capability and capacity needs through predictive analytics, knowledge and certification assessments, and evaluation of the performance using measures such as workforce retention, average time to fill vacancies, percentage of employees cross-trained, and RN education levels.*

Item Reference: 5.1a(1)

Evidence:

- Capability and Capacity Model (CCM; Figure 5.1-1) is used to assess capability and capacity needs and follows the PDCA methodology.
- Deployed to all hospitals and business units and predicts short- and long-term needs for the workforce
- Root cause analysis is conducted if capacity varies by more than 10% of the organization's predicted rate.
- Capabilities are assessed annually by people leaders during the Performance and Professional Development Plan (PPDP) review and when changes are expected in service lines.
- Other capability and capacity (C&C) metrics include physician C&C, employees cross-trained, workforce retention, average time to fill, volunteer presence, and nurses with bachelor's degrees in science of nursing (BSNs) or higher degrees.
- Reconciliation of capabilities between what leaders identify and what SPP has determined is needed is completed in the D step of the SPP, and the resulting workforce plan is deployed to HR personnel and hiring managers.

Potential Impact of Addressing:

- Systematically assessing its workforce capabilities and capacity needs may help CRHS achieve its mission to provide outstanding health care services to improve the health of all citizens in the service area.

Finding: *CRHS utilizes multiple methods to prepare its workforce for changing capability and capacity needs and to prevent workforce reductions and minimize the impact of any necessary staffing reductions.*

Item Reference: 5.1a(3)

Evidence:

- CRHS balances the needs of the workforce with its own and minimizes reductions through disciplined head-count management.
- Resulting from cycles of learning, the cross-training program, the Take a Break Program, and other processes enhance flexibility while CRHS retains a high-performing workforce.
- The cross-functional FTE Committee reviews, evaluates, and confirms growth requirements, as well as preparing a detailed implementation plan.
- The Cotter Model for Organizational change is used when major changes are anticipated.

Finding: *CRHS utilizes multiple approaches to ensure workplace health and security.*

Item Reference: 5.1b(1)

Evidence:

- Employees are automatically enrolled in the Wellness Program (Figure 5.1-3) after 90 days, which offers 13 programs to promote employee wellness and includes nutrition courses, fitness centers, coaching, subsidized child care, and workforce assistance.
- Through a cycle of improvement due to the covid pandemic, the Wellness Program was greatly enhanced to prevent employee burnout via meditation/rejuvenation space for caregivers, additional mental health support, and a subscription to a calming app.
- The Wellness Committee identifies, develops, and communicates offerings.
- Safe Environment-Related Measures and Goals (Figure 5.1-4)
- Security methods include badge access, volunteer greeters, panic buttons, and patrols.
- Safety and efficiency of operations are core competencies, which are discussed at daily huddles.
- The Wellness Pulse survey is administered quarterly.
- Survey of physicians resulted in creation of Physician Wellness Council (through a cycle of improvement) to address burnout.

Finding: *CRHS supports its workforce through multiple services and benefits that can be tailored to meet the needs of its different workforce groups.*

Item Reference: 5.1b(2)

Evidence:

- Benefits (Figure 5.1-6)
- Employees can take advantage of cafeteria-style benefit plans to choose benefits that best fit their needs.
- Basic plan provides access to health and dental care, health savings account, life and disability insurance, and tax-deferred retirement account.
- Enhanced plan, despite costing more for employees, offers access to more benefits that include vision care; legal services; and discounted home, auto, and long-term care insurance.
- Demonstrating cyclical learning and improvement, CRHS compares its benefits using a national survey of benefits conducted by the GWA every three years to offer benefits above the median.
- Apartment units near CRHS's main facility are offered at cost to students/residents.
- A new benefit is the "Home to Work" program, which provides forgivable loans to employees to buy homes in the neighborhood around the hospital in order to reclaim the area.

Opportunities for Improvement

Finding: *It is unclear how CRHS systematically organizes and manages its workforce to reinforce organizational resilience and agility.*

Item Reference: 5.1a(4)

Evidence:

- Beyond anecdotal examples of resilience and agility, CRHS has not made evident a systematic process to organize and manage its workforce to reinforce organizational resilience and agility.
- It is not evident how CRHS organizes and manages its workforce to reinforce a patient focus and exceed performance expectations.
- For mechanisms referenced by CRHS such as safety messages, unit improvement boards, communications, and participation on standard work teams, it is not evident how the organization ensures their systematic use.

Potential Impact of Addressing:

- Systematically organizing its workforce to reinforce organizational resilience and agility may help CRHS address its strategic opportunity of embedding resilience in its operations.

Finding: *It is unclear how CRHS systematically ensures that its workplace is technologically and attitudinally accessible without bias for all members of its workforce.*

Item Reference: 5.1b(1)

Evidence:

- Beyond stating that all buildings are handicapped-accessible due to compliance with ADA regulations, CRHS provides no evidence of a process for each facility and a work environment to ensure accessibility for all members of the workforce or evidence of ongoing accessibility evaluation of facilities and work environments.
- No evidence that accessibility is included in environmental risk assessments
- Regarding CRHS's indication that it makes reasonable accommodations for 90%-92% of requests, the organization has provided no evidence of a process for how this occurs.
- CRHS has not made evident that it has a proactive, systematic approach to ensure accessibility for staff members, apparently relying instead on compliance with regulatory requirements to be accessible.
- No evidence of how workplace is technologically and attitudinally accessible without bias

Potential Impact of Addressing:

- Ensuring physical, technological, and attitudinal accessibility in all of its facilities may help CRHS address its strategic challenge of staffing shortages by widening its pool of potential employees.

Scoring Range

70–85%

Rationale: Score should not be in 90-100 range because performance is not fully responsive to the multiple-level Criteria questions, and it is not evident that all approaches receive systematic evaluation and improvement. (There is evidence of evaluation and improvement for only 3 of the 4 strength findings; and there is an OFI for an overall-level question). Score should not be in 50-

65 range because CRHS is mostly responsive to multiple-level questions (beyond the overall level), approaches are well deployed, and there is evidence of cycles of improvement and learning.

Item 5.2 Workforce Engagement

Strengths

Finding: *CRHS utilizes multiple systematic processes to determine, assess, and improve workforce engagement.*

Item Reference: 5.2a

Evidence:

- For the Upwood Survey, administered annually and reassessed every three years, CRHS has added a set of questions on satisfaction and engagement.
- In the Workforce Engagement System (Figure 5.2-1), CRHS evaluates surveys and administrative processes during the "Check" phase; during the "Act" phase, it updates LDS offerings based on reviews to demonstrate learning and improvement.
- Workforce engagement drivers are re-validated through focus groups every three years.
- Other indicators used by CRHS to assess workforce engagement include rounding, survey participation, volunteerism at events, first-year retention rate, and grievances.
- People leaders are expected to develop action plans in response to workforce satisfaction and engagement; a coach is assigned if improvements are not seen in two years.
- Key drivers of engagement (Figure P.1-2) have been determined for all major workforce classifications, including students and volunteers.

Finding: *CRHS systematically supports high performance through its Integrated Talent Management Process (ITM).*

Item Reference: 5.2c(1)

Evidence:

- Integrated Talent Management Process (Figure 5.2-2)
- Goals are set at each level, with organizational goals cascaded down to every employee. Every employee has a clear line of sight to strategic objectives and action plans.
- Process incentivizes goal achievement.
- Leaders are evaluated on how they develop or contribute to intelligent risks.
- Employees are evaluated on the number of PDCA/Lean activities and safety initiatives to which they have contributed, and how they contribute ideas in daily huddles.

- CRHS benchmarks practices with the Human Resource Society (HRS); for compensation studies, conducted every three years, targets are set at 5% above the median in the service area.
- The PPDP was developed to integrate with the ITM in order to align performance and development.

Finding: *CRHS has deployed multiple processes, including for succession planning, to manage the career development of its workforce and its future leaders.*

Item Reference: 5.2c(4)

Evidence:

- Aspire Leadership Development System (Figure 5.2-4)
- Competency-based career ladders for all positions
- Professional development program (PPDP) discussion used by people leaders
- Managers and above are required to identify three potential successors.
- Potential successors are enrolled in the Leadership Development Program (LDP).
- Directors and above may also receive executive coaching.
- Demonstrating learning, CRHS reviews and enhances the LDP every year.
- Physician Academy for physicians

Opportunities for Improvement

Finding: *It is not evident how CRHS's performance management and learning and development systems support intelligent risk taking, ethical health care, and ethical business practices.*

Item Reference: 5.2c(1,2)

Evidence:

- No indication of how the performance management and learning and development systems support or reinforce intelligent risk taking or ethical health care and ethical business practices
- Required annual courses in ethical behavior do not necessarily address ethical health care or ethical business practices.
- WE CARE values' emphasis on ethical health care and business practices is not specifically related to performance management or learning and development system.
- Incentive programs to inspire the workforce to be motivated to take intelligent risks do not appear to be deployed or implemented systematically.

- Daily huddles, with discussion of issues that could spark staff members to take an intelligent risk, do not appear to be deployed or implemented systematically.

Potential Impact of Addressing:

- Systematically ensuring support for intelligent risk taking, ethical health care practices, and ethical business practices may help CRHS achieve its vision to be among America's best health systems.

Finding: *It is not clear how the organization ensures that its performance and career development approaches promote equity and inclusion for a diverse workforce and different workforce groups and segments.*

Item Reference: 5.2c(5)

Evidence:

- It is not clear how data from performance reviews (particularly unusual patterns) promote equity and inclusion.
- CRHS's use of reviews/comparisons to the diversity report to identify adverse patterns and coach leaders appears to be a one-off approach and not comprehensive for the entire organization.
- In regard to CRHS's reference to recommendations of the Diversity, Equity, and Inclusion Committee (DEIC), it is unclear what process is used and to whom recommendations are made.
- Tracking of demographics of career ladder and LDP participants to monitor alignment with the diversity goal (+/- 5%) is limited to CRHS-defined diversity variables.
- It is not clear how the DEIC and Strategic Employee Engagement Groups (SEEGs) systematically promote diversity, equity, and inclusion (DEI); it also is not clear if this approach is integrated with CRHS's performance management and development approaches.
- Beyond having diverse staff members on PDCA teams and using the A3E3 approach, CRHS has not made evident a process for promoting equity and inclusion in its performance development and career development approaches.

Potential Impact of Addressing:

- Systematically promoting equity and inclusion for its diverse workforce groups and segments may help CRHS demonstrate its values of accountability and respect.

Finding: *It is not evident that CRHS systematically utilizes informal assessment methods and measures to determine workforce satisfaction and engagement; nor is it evident how its methods differ across workforce groups and segments.*

Item Reference: **5**.2a(2)

Evidence:

- In CRHS's use of non-survey indicators (including leader rounding, level of participation in surveys, level of volunteerism at community events, first-year retention, and number of grievances among collective-bargaining-agreement employees), it is not evident how these data are collected, aggregated, or analyzed. For example, it is not apparent how data are reviewed or used as inputs to determining engagement and satisfaction levels.
- In regard to the Satisfaction and Engagement Survey being "sent" to the entire workforce, it is not apparent that the delivery method varies based on work location, service line, or work group segment.
- It is not clear how employees with no computer access respond to the survey
- During virtual interviews, CRHS indicated that there is no process to collect, measure, or analyze informal assessment methods of workforce satisfaction and engagement.
- Beyond one informal method that could vary by work group, CRHS evidently does not use variable methods for different groups or segments.

Potential Impact of Addressing:

- Systematically utilizing informal methods to determine workforce satisfaction and engagement for the organization's various workforce groups and segments may help it address its strategic challenge of workforce burnout.

Scoring Range

70–85%

Rationale: Score should not be in 90-100 range because there is a strength finding and an OFI finding at the overall level, and there is a lack of evidence of consistent learning and improvement for most processes in this item. Score should not be in 50-65 range because most findings (2 of 3 strengths and 2 of 3 OFIs) are at the multiple level (beyond overall level); some learning is apparent; and approaches are well deployed, without apparent variation or significant gaps.

Category 6 Operations

Item 6.1 Work Processes

Strengths

Finding: *CRHS determines which strategic opportunities to pursue in the SPP using ROI and alignment with its MVV as key considerations.*

Item Reference: 6.1d

Evidence:

- Strategy/Innovation (S/I) Committee evaluates ideas using defined assessment factors such as risk, ROI, and alignment with the MVV.
- Intelligent Risk and Innovation process (illustrated in Figure 6.1-5)
- CRHS's criteria for innovation: Does the idea take the organization to the next level?
- Department stoplight report displays progress through implementation of plans.
- Objectives not meeting goals are reevaluated for discontinuation.
- CRHS created its "Shark Tank" program in 2019 after benchmarking a partner.

Potential Impact of Addressing:

- This may help the organization achieve its strategic opportunity of increasing health care access in its service area and may help it meet its strategic objective of top-decile performance.

Finding: *CRHS uses patient input gathered from all stages of the patient relationship to set realistic patient expectations.*

Item Reference: 6.1b(2)

Evidence:

- Patient expectations are gathered during the admissions, scheduling, intake, and referral stages.
- A Multidisciplinary Care Plan (MCP) resides in the EMR to be available to all caregivers.
- Communication happens during rounds, via white board in the patient's room.
- Cycle of learning resulted in a "preference" component being added to the patient portal in 2020 in order to indicate preferences prior to a scheduled appointment.

Potential Impact of Addressing:

- This assists the organization in meeting its patient expectations of high-quality and safe care and service excellence.

Finding: *CRHS's approach to design service and work processes to meet requirements has gone through cycles of evaluation and improvement.*

Item Reference: 6.1a(3)

Evidence:

- Service and Work Process Design (SWPD; Figure 6.1-1) is built on the PDCA framework.
- The process was updated in 2018 to include FMEA for design of complex processes and to identify risks and failures.
- In 2020, CRHS added impact on society with a reflection on DEI as criteria in step 3.
- Figure 6.1-2: CRHS's three work systems, key work processes, and their requirements.
- Process map of key service and work processes is reviewed for improvement.

Potential Impact of Addressing:

- This may help the organization demonstrate its values of efficiency and excellence and may help it improve in relation to the customer expectation of access to care.

Finding: CRHS uses multiple approaches to improve work processes, health care services, and performance.

Item Reference: 6.1b(4)

Evidence:

- Improvement Model (Figure 6.1-3) is aligned with PDCA.
- In-process measures are developed during step 3 of the SWPD (Figure 6.1-1), then tracked through the performance system.
- Process maps have been developed for all processes and are evaluated using PDCA.
- Processes not meeting performance targets are reviewed for further action.
- Complex processes may be referred to the TRAC team.

- PIC holds Convergence of Excellence event to disseminate best practices and highlight improvement.

Potential Impact of Addressing:

- This supports the organization's commitment to process improvement and PDCA and supports its core competency of efficiency of operations.

Opportunities for Improvement

Finding: *A systematic approach to determining work process requirements is not apparent.*

Item Reference: 6.1a(1)

Evidence:

- Figure 6.1-1 shows inputs but not how requirements are determined.
- It is not evident how requirements are determined in the Service and Work Process Design (SWPD).
- A process is not apparent for how caregiver work system processes have been aligned with customer requirements.

Potential Impact of Addressing:

- Without a systematic approach to determining work process requirements, the organization may not be able to support its customer expectation of value for service provided.

Finding: *It is not evident that the organization has a systematic approach to ensuring agility and resilience in responding to changes in patient and market needs.*

Item Reference: 6.1c

Evidence:

- Despite stating anecdotally how it responded to COVID, CRHS does not make evident a systematic approach.
- In regard to CRHS's supply-chain management (Figure 6.1-4), it is not clear how agility is built into the approach.
- It is unclear if CRHS has a systematic approach for identifying changing patient needs

Potential Impact of Addressing:

- CRHS's strategic advantage of resilience may be adversely impacted.

Scoring Range

70–85%

Rationale: Score should not be in 90-100 range because approaches are not fully responsive to multiple-level questions, and development of best practices is not evident or integrated with organization's future needs. Score should not be in 50-65 range because approaches are responsive to the multiple-level questions (beyond overall level); fact-based evaluation (via PDCA) and improvement is evident, including in the innovation process; and approaches are integrated with the SPP and VOC processes.

Item 6.2 Operational Effectiveness

Strengths

Finding: *The Office of Safety and Business Continuity (OSBC) has defined and tested processes to ensure that the organization is prepared for and can recover from emergencies and business disruptions.*

Item Reference: 6.2c(3)

Evidence:

- Using the Risk Assessment Process (Figure 6.2-1), CRHS identifies potential disasters (natural or human) and builds plans to mitigate them.
- CRHS participates with state and regional agencies in disaster drills and simulations that may reveal gaps in actions plans, which are then used to improve the approaches.
- CRHS was able to continue offering quality care throughout the pandemic and had a special COVID task force.
- CRHS takes action to support employees and their families.
- The system was tested and improved due to tornados in the area.

Potential Impact of Addressing:

- This may help the organization maintain uninterrupted access to health care services in the area.

Finding: *CRHS systematically provides a safe operating environment for its workforce and others in the workplace environment through screening, training, and compliance processes.*

Item Reference: 6.2c(1)

Evidence:

- The OSBC conducts audits, root cause analysis (RCA), and PDCA of processes for corrective action.
- The Employee Safety Council meets quarterly.
- The OSBC oversees biological/chemical/hazardous waste safety, fire safety, occupational safety, and environmental compliance.
- Other safety procedures: badges for access, on-demand escort services, “Save Your Back” training, and ergonomics

Potential Impact of Addressing:

- This aligns with the workforce requirement of a safe work environment.

Finding: *CRHS uses Lean methodology to eliminate waste, prevent work process errors, and minimize the cost of rework.*

Item Reference: 6.2a

Evidence:

- Process measures are tracked and reviewed for performance improvement.
- Use of FMEA during design helps error-proof the process.
- Lean methods are incorporated into the SWPD (Figure 6.1-1).
- RCA is performed if errors occur.
- Electronic checklists reduce audit costs.

Potential Impact of Addressing:

- This may help the organization achieve its strategic objective of top-decile performance.

Finding: *CRHS has a systematic approach to ensure security and cybersecurity for sensitive and privileged data and key assets.*

Item Reference: 6.2b

Evidence:

- CRHS uses the NIST Cybersecurity Framework.
- Methods for security of data: access to data limited by job description, Health Insurance Portability and Accountability Act (HIPAA) training, and workstations that require antivirus and encryption as well as two-factor authentication
- Audits are conducted to identify unauthorized access to patient records.
- Passwords must be changed every six months.
- Information Management (IM) Security Committee

Potential Impact of Addressing:

- This may help the organization meet and exceed federal regulations.

Opportunities for Improvement

Finding: *A systematic approach to reducing medical errors is not apparent.*

Item Reference: 6.2c(2)

Evidence:

- CRHS does not identify a systematic process to reduce medical errors. Most efforts for error reduction relate to environmental safety efforts and waste.
- The Good Catch Program does not proactively prevent errors.

Potential Impact of Addressing:

- This may adversely impact the organization's core competency of high-quality clinical care.

Finding: *A process is not evident for systematically maintaining an awareness of emerging security and cybersecurity threats.*

Item Reference: 6.2b

Evidence:

- Beyond describing mitigation strategies to use as threats occur, CRHS does not address proactive awareness of emerging threats.

Potential Impact of Addressing:

- Lack of a process in this area may negatively impact the organization's strategic advantage of an integrated EMR and limit its ability to offer telehealth services.

Finding: *An approach to balancing the need for cost control and efficiency with the needs of patients and other customers is not apparent.*

Item Reference: 6.2a

Evidence:

- In regard to CRHS's use of Lean tools for customer focus, it is not apparent how the organization balances patient and other customer needs.
- For example, extending care to rural areas and providing telehealth service to meet patient needs will add costs; how CRHS evaluates cost vs. need for balance is not clear.

Potential Impact of Addressing:

- This may limit the organization's strategic advantage of having a cost advantage due to the scale of its operations.

Scoring Range

50–65%

Rationale: Score should not be in 70-85 range because approaches do not appear to address future needs of the organization, and sharing of refinements is not evident as a key tool of learning. Score should not be in 30-45 range because the organization is responsive to some multiple-level (beyond overall-level) questions, and approaches are deployed to other campuses and evaluated for improvement.

Category 7 Results

Item 7.1 Patient and Health Care Process Results

Strengths

Finding: *Many results for health care outcomes and performance of services demonstrate beneficial trends and are favorable in comparison to relevant benchmarks.*

Item Reference: 7.1a

Evidence:

- Centers for Medicare and Medicaid Services (CMS) 5-Star Rating (Figure 7.1-1),
- Patient Safety Indicator (PSI) 90 (Figure 7.1-2),
- Handwashing (Figure 7.1-3),
- Hospital-Acquired Pressure Ulcer (HAPU; Figure 7.1-6),
- Heart Failure Mortality (Figure 7.1-8),
- Documentation of Meds (Figure 7.1-11),
- Obstetrics (OB) Mortality (Figure 7.1-14),
- Elective Delivery (Figure 7.1-15),
- Stroke Mortality (Figure 7.1-16),
- Pneumonia Vaccine (Figure 7.1-17),
- Home Health Pain (Figure 7.1-21),
- Hospice Care (Figure 7.1-22),
- Primary Care Physician (PCP) Appointment at Discharge (Figure 7.1-23),
- Med Reconciliation (Figure 7.1-25), and
- MYPHI (patient EMR) Activation (Figure 7.1-27).

Potential Impact of Addressing:

- These results may help the organization maintain its current market share position and continue to meet and exceed federal and state regulations.

Finding: *Some results for process efficiency and effectiveness compare favorably to relevant benchmarks by hospital location.*

Item Reference: 7.1b(1)

Evidence:

- Lab Emergency Department (ED) Turnaround Time (TAT; Figure 7.1-28): results since 2018 for all locations

- Imaging ED TAT (Figure 7.1-29): results since 2018 (discounting 2020) for all locations
- Bed TAT (Figure 7.1-30)

Potential Impact of Addressing:

- These results may help the organization achieve its vision of being among America's best health care systems.

Finding: *Measures of process efficiency and safety show good-to-excellent performance levels.*

Item Reference: 7.1b

Evidence:

- Information Management Services (Figure 7.1-32): uptime, antivirus, and contact resolution results are near 100%.
- Work Order Completion (Figure 7.1-33): results are at 94%.
- Emergency Preparedness (Figure 7.1-34): results for all measures are at 100%.

Potential Impact of Addressing:

- These results may help the organization maintain its core competency of efficiency in operations.

Opportunities for Improvement

Finding: *Some results reported for measures of health care outcomes demonstrate adverse trends in performance and failure to achieve top decile.*

Item Reference: 7.1a

Evidence:

- Preventable Harm Index (Figure 7.1-4): results adversely increased for CMCL from 22 to 32, for CF from 19 to 30, for CB from 16 to 28, for CS from 6 to 8, and for Rehab from 7 to 15 from 2017 to 2021.
- Surgical Site Infections (Figure 7.1-5): results adversely increased for CMCL from 0.92 to 0.96, for CF from 0.94 to 0.97, and for CB from 0.89 to 0.96 from 2017 to 2021.
- PHQ-9 (Patient health questionnaire for depression screening) Completion Rate (Figure 7.1-26): results adversely decreased from 77% to 65% from 2019 to 2021 and failed to reach the CMS top-decile level of 100%.

Potential Impact of Addressing:

- Improving adverse trends for these results may help the organization achieve its strategic objective of top-decile performance.

Finding: *Some results for process efficiency and supply-network management measures are missing.*

Item Reference: 7.1b,c

Evidence:

Missing results include those for

- effectiveness of caregiver support work processes,
- service recovery related to customer complaints,
- effectiveness of the communication system,
- effectiveness of the workforce training system,
- supplier scoreboard and quality outcome measures, and
- effectiveness measures for joint venture (JV) locations.

Potential Impact of Addressing:

- The organization may be better able to sustain its core competency of efficiency in operations by tracking and analyzing results for these measures.

Scoring Range

50–65%

Rationale: Score should not be in 70-85 range because beneficial trends are not sustained in all areas of importance, and some results are not reported for key performance areas. Score should not be in 30-45 range because performance levels reported are responsive beyond the basic level of Criteria questions, and some results measures show good performance relative to comparisons.

Item 7.2 Customer Results

Strengths

Finding: *Results for measures of patient satisfaction across multiple patient groups and service lines demonstrate beneficial trends.*

Item Reference: 7.2a(1)

Evidence:

- Inpatient (IP) Overall (Figure 7.2-1),
- IP Registered Nurse (RN) Communication (Figure 7.2-2),
- IP Medical Doctor (MD) Communication (Figure 7.2-3),
- IP Discharge Information by Service Line (Figure 7.2-4),
- Emergency Department (ED) Consumer Assessment of Healthcare Providers and Systems (EDCAHPS; Figure 7.2-5),
- Clinician and Groups Consumer Assessment of Healthcare Providers and Systems (CGCAHPS) Overall (Figure 7.2-6),
- IP Rehab (Figure 7.2-7),
- Behavioral Health (7.2-8),
- Outpatient (OP) Satisfaction (Figure 7.2-9), and
- Home Health Consumer Assessment of Healthcare Providers and Systems (HHCAHPS; Figure 7.2-10).

Finding: *Some results for measures of customer satisfaction have achieved top-decile levels and demonstrate beneficial trends.*

Item Reference: 7.2a(1)

Evidence:

- Health Plan (HP) Member Satisfaction (Figure 7.2-12): results are at or above the top decile in 2019-2021, with beneficial trends.
- HP Provider Satisfaction (Figure 7.2-13): results are at or above the top decile in 2020-2021, with beneficial trends.
- Net Promoter Score (Figure 7.2-16): results are at or above the top decile from 2018 to 2021, with beneficial trends.

Potential Impact of Addressing:

- These results may help the organization meet its strategic objective of achieving top-decile performance in customer excellence.

Finding: *Results for many measures of patient and customer engagement demonstrate favorable trends.*

Item Reference: 7.2a(2)

Evidence:

- Social Media Growth Website Unique Visitors (Figure 7.2-17) increased from 999,762 to 1,287,325; Lookbook Reach increased from 1,798,402 to 2,765,348; Silver Followers increased from 1,450 to 5,892 from 2015 to 2021; Chatgram followers increased from 690 in 2017 to 1,211 in 2021; and Vidtime subscribers increased from 3,214 in 2015 to 4,211 in 2021.
- Reputation Score (Figure 7.2-18) increased from 3.8 in 2015 to 4.2 in 2021, outperforming competitors.
- Complaints per 1,000 (1K) Patients per Day (Figure 7.2-19) decreased from 1.7 to 1.5 from 2015 to 2021 for CMCL, from 2.6 to 2.1 for CB, from 2.4 to 1.9 for CF, and from 1.7 to 1.2 for CRH.
- Overall Satisfaction–Family (Figure 7.2-25) increased from 78% to 85% for CRHS overall, from 76% to 82% for IP, and from 81% to 87% for OP from 2017 to 2021.
- Home Health–Patient Satisfaction (Figure 7.2-27) increased from 85% to 91% for CRHS overall from 2018 to 2021.
- Satisfaction of Family with Hospice Care (Figure 7.2-28) increased from 88% to 93% from 2016 to 2021.

Opportunities for Improvement

Finding: *Results for many measures of patient satisfaction and engagement compare unfavorably to top-decile benchmarks.*

Item Reference: 7.2a

Evidence:

- Note: 2020 results included in comparison analysis.
- IP Overall (Figure 7.2-1): 0 of 4 facilities are at the top decile.
- IP RN Communication (Figure 7.2-2): 1 of 4 facilities is at the top decile.
- IP MD Communication (Figure 7.2-3): 0 of 3 facilities are at the top decile.
- IP Discharge Information by Service Line (Figure 7.2-4): 2 (Cardiology and Oncology) of 5 service lines have reached the top decile for 2 years or more.
- EDCAHPS (Figure 7.2-5): 0 of 3 facilities have reached the top decile.
- CGCAHPS Overall (Figure 7.2-6): 1 (Oncology) of 8 service lines has reached the top decile for 2 years or more.

- IP Behavioral Health (Figure 7.2-8) is not at the top decile in any of the 5 years measured.
- OP by Service Line (Figure 7.2-9): only 1 of 7 service lines (Radiation Therapy) is at the top decile for 2 years or more.
- HHCAHPS (Figure 7.2-10): CRHS did not reach the top quartile for all years measured.
  HCAHPS Recommendations (Figure 7.2-14): 0 of 3 facilities are at the top decile.
- EDCAHPS Recommendations (Figure 7.2-15): 0 of 3 facilities are at the top decile.
- Reputation Score (Figure 7.2-18): CRHS is not at the top decile (performance has been at the top quartile for the last 3 years).
- Complaints per 1K Patient Day (Figure 7.2-19): only 1 of 4 facilities has been at the top decile for 2 years or more.
- Overall Satisfaction–Family Overall and IP results (Figure 7.2-25): CRHS is not at the top quartile.
- Home Health (Figure 7.2-27) and Hospice (Figure 7.2-28): satisfaction results lag benchmarks.

Potential Impact of Addressing:

- These results highlight areas where CRHS is not meeting its strategic objective of top-decile performance and may hinder its ability to achieve its vision to be among America's best health systems.

Finding: *CRHS has provided limited results for measures related to patient dissatisfaction.*

Item Reference: 7.2a(1)

Evidence:

- No results or measures of dissatisfaction beyond complaints/grievances
- Results lack segmentation: not presented for CS, medical offices, surgery centers, and urgent care facilities
- Despite tracking complaints that could be resolved immediately in addition to those traditionally tracked under the complaint management system, CRHS did not present these segmented data in related results.

Potential Impact of Addressing:

- Without these results, the organization may miss opportunities to identify and correct dissatisfiers, highlight the success of its complaint management system, and accurately evaluate its effectiveness.

Finding: *CRHS is missing patient satisfaction results for some key OP and post-acute care service offerings.*

Item Reference: 7.2a(1)

Evidence:

Missing results include those for

- DME;
- outpatient diagnostic and treatment facilities, including JV surgery centers, JV imaging centers, and urgent care;
- sounding boards in the emergency room; and
- daily four-question surveys from the meal service.

Potential Impact of Addressing:

- Tracking customer satisfaction and engagement data for all services and across the continuum of care may enable the organization to identify opportunities to better meet customer expectations.

Scoring Range

50–65%

Rationale: Score should not be in 70-85 range because some significant results are missing and many compare unfavorably to the top decile. Score should not be in 30-45 range because results show good levels, beneficial trends, and some favorable results compared to the top decile (a strategic objective).

Item 7.3 Workforce Results

Strengths

Finding: *CRHS reports multiple results for workforce capacity for its various workforce groups and segments that demonstrate favorable trends.*

Item Reference: 7.3a(1)

Evidence:

- Capability and Capacity Model (CCM) Variance (Figure 7.3-1): CMCL decreased from 13% to 11% from 2013 to 2021, CB decreased from 12% to 10% from 2015 to 2021, CF decreased from 14% to 7% from 2015 to 2021, CS decreased from 10% to 8% from 2015 to 2021, and CRH decreased from 9% to 6% from 2015 to 2021.
- Physician Capability and Capacity (CC; Figure 7.3-2): the number of physicians with admitting privileges increased from 874 in 2017 to 1018 in 2021, the number of new practitioners increased from 126 to 232, and resident retention increased from 49% to 64% in the same time frame.
- Cross-Trained Workforce (Figure 7.3-3): rates increased for all business units and locations from 2018 to 2021.
- Workforce Retention Overall (Figure 7.3-4): rates increased for all classifications and locations from 2015 to 2021.
- Average Time to Fill (Figure 7.3-5): days decreased for all classifications except caregiving support and for all locations from 2015 to 2021.
- Volunteer Presence (Figure 7.3-6): total number increased from 2017 to 2021.
- Nurse Managers with BSN (Figure 7.3-7): numbers increased from 2017 to 2021 for all hospitals reported.

Finding: *CRHS reports some workplace climate results for health, security, and diversity measures that demonstrate favorable trends and performance levels relative to competitors or the organization's goal*.

. **Item Reference:** 7.3a(2)

Evidence:

- Workforce Environment (Figure 7.3-8): CDC Wellness Score increased from 188 to 195 from 2018 to 2021, Physician Burnout rate decreased from 34% to 31% from 2019 to 2021, Wellness Program Participation rate increased from 75% to 91% from 2017 to 2021, Influenza Vaccine rate increased from 90% to 100% from 2017 to 2021, Tuberculosis (TB) Test Compliance rate increased from 92% to 100% from 2017 to 2021, Emergency Responders Incidents decreased from 31

to 14, and Accommodation Requests Met rate increased from 87% to 90% from 2018 to 2021.
- Workforce Safety Overall (Figure 7.3-9): incidents decreased from 7 to 3 from 2017 to 2021.
- Diversity Report Variances (Figure 7.3-10): CMCL, CB, CF, CS, Rehab, and all other business units favorably decreased variances from 2017 to 2021.
- Nurse Managers with BSN (Figure 7.3-7): results increased for all locations since 2017 (though not to the level of comparison or goal).

Finding: *CRHS reports multiple results for measurements of workforce satisfaction and engagement for its various workforce groups and segments that demonstrate favorable trends.*

Item Reference: 7.3a(3)

Evidence:

- Workforce Satisfaction (Figure 7.3-11): results increased for all settings and work groups, and overall satisfaction increased from 75% to 82% from 2018 to 2021.
- Overall Workforce Engagement (Figure 7.3-12): rates for all units and workforce groups increased, and overall engagement increased from 79% to 82% from 2018 to 2021.
- Student Engagement (Figure 7.3-16): results for all key drivers increased, and the overall rate increased from 81% to 85% from 2018 to 2021.
- Volunteer Engagement (Figure 7.3-17): results for all key drivers increased, and the overall rate increased from 82% to 84% from 2018 to 2021.
- First-Year Retention (Figure 7.3-18): rates increased for all business units and caregivers, and the overall rate increased from 75% to 89% from 2017 to 2021.
- Employed Physician and Resident Engagement (Figure 7.3-13)
- Retention (Figure 7.3-4): results by class show good levels and trends and are better than competitor 2's results.
- Volunteer Count and Hours (Figure 7.3-6): trend data show consistent performance, and results are better than competitor's.

Opportunities for Improvement

Finding: *CRHS reports multiple results for measures of workforce satisfaction and engagement for its various workforce groups and segments that do not achieve the top-quartile or top-decile performance levels of comparisons.*

Item Reference: 7.3a(3)

Evidence:

- Overall Workforce Engagement (Figure 7.3-12): no results meet or exceed top-decile performance levels.
- Employed Physician and Resident Engagement (Figure 7.3-13): competitive compensation and wellness results do not reach the top quartile.
- Nonemployed Physician and Caregiver Engagement (Figure 7.3-14): results for measures of physicians, staff competency, and support for service growth fail to reach the top quartile; and results for caregiver engagement in relation to all key drivers fail to reach the top decile.
- Student Engagement (Figure 7.3-16): all key drivers fail to reach top-decile performance levels.
- Volunteer Engagement (Figure 7.3-17): all key drivers fail to reach top-decile performance levels.
- First-Year Retention (Figure 7.3-18): results compare unfavorably to the SHRM median across all business units.

Potential Impact of Addressing:

- Ensuring that results achieve top-decile performance against comparators may help the organization achieve its strategic objective of top-decile performance in workforce excellence.

Finding: *CRHS lacks results segmented by workforce type/group for many workforce measures.*

Item Reference: 7.3a

Evidence:

- No leadership development results segmented by workforce group
- Figure 7.3-16 shows nursing programs as the comparator for student engagement, and the results are not segmented by nursing vs. other students.
- Figure 7.3-17 results for volunteer engagement are not segmented by adult vs. teen volunteers.
- Overall Workforce Engagement (Figure 7.3-12): results are not segmented by workforce groups in the Workforce Profile (Figure P.1-2).

Potential Impact of Addressing:

- Having workforce results for all its workforce groups may help the organization ensure that it meets the workforce engagement requirements of all of its workforce groups and segments.

Finding: *CRHS does not report results for measures of workforce capability, satisfaction results for the volunteer workforce group, or results related to differences in workforce and leader development by diversity-related segments of the workforce.*

Item Reference: 7.3(1,3,4)

Evidence:

- Results for knowledge, skills, and abilities identified by position in the SPP are not reported.
- Results related to employees exhibiting new skills after training are not reported.
- Workforce satisfaction results for the organization's 500 volunteers are not reported (for example, in Figure 7.3-11).
- Diversity-related results in the context of workforce and leader development are not provided.

Potential Impact of Addressing:

- Systematic review of results for workforce capability, satisfaction results for all work groups, and results related to differences in workforce and leader development may help the organization address its strategic challenges of staff burnout and staffing shortages.

Scoring Range

70–85%

Rationale: Score should not be in 90-100 range because the organization is not fully responsive to the multiple-level questions, and some results to provide evidence of industry and benchmark leadership are missing. Score should not be in 50-65 range because most findings (4 of 6) are at the multiple level, as opposed to overall level (3 strength findings, plus 1 OFI changed to a strength finding), there are many beneficial trends, and relevant comparisons demonstrate good relative performance.

Item 7.4 Leadership and Governance Results

Strengths

Finding: *CRHS's leadership and governance results demonstrate favorable levels and comparisons as well as beneficial trends in many areas of importance.*

Item Reference: 7.4(1,2,4)

Evidence:

- Results for senior leaders' communication and engagement with the workforce show excellent performance levels (Figure 7.4-1).
- Opinion Counts measure in Figure 7.4-1: 9 of 10 results exceed or meet Upwood Top Decile comparison.
- Mission Makes Me Feel Important measure in Figure 7.4-1: 10 of 10 results exceed or meet Upwood Top Decile comparison.
- Sample of Senior Leader-Workforce Communication and Engagement (Figure 7.4-1): 10 of 10 results exceed or meet Upwood Top Decile comparison.
- Cares about Me measure in Figure 7.4-1: 8 of 10 results exceed or meet Upwood Top Decile comparison.
- Knows What Is Expected measure in Figure 7.4-1: 10 of 10 results exceed or meet Upwood Top Decline comparison, and results show beneficial trends in all measured areas.
- Governance Effectiveness, Self-Evaluation (Figure 7.4-6): results show favorable levels and beneficial trends in most areas.
- Fiscal Accountability (Figure 7.4-7): areas show favorable levels and beneficial performance sustained for all five years presented.
- Ethics Compliance Training measures in Figure 7.4-10: results show favorable levels and beneficial performance sustained for all five years presented.

Finding: *CRHS's results for legal and ethical behavior approaches demonstrate beneficial performance trends and favorable levels in comparison to others.*

Item Reference: 7.4a(3,4)

Evidence:

Surpassing Regulatory and Accreditation Results (Figure 7.4-9) Achievements:

- "A" rating for LeapCore Hospital Safety Grade
- Designation as "Best Place to Work" in Kentucky
- LEED/Practice Bluefit Excellence Award

- Seven service lines reported results that surpass regulations and achieve accreditation.
- Results for Ethical Behavior (Figure 7.4-10): achievements reported include
- sustained, excellent performance levels for conflict-of-interest violations, with 0 since 2017.
- Code of Ethical Standards of Behavior Training results: 100% completion since 2017
- Code of Ethical Standards of Behavior Signed results: 100% since 2017
- Workforce complaints decreased from 8 to 2, behavioral standards violations by medical staff (MS) decreased from 6 to 3, and patient rights complaints decreased from 2 to 1.

Opportunities for Improvement

Finding: *CRHS is missing some results to demonstrate its senior leadership and governance performance.*

Item Reference: 7.4a(1,2,4,5)

Evidence:

- Despite the fact that the organization has 100% operational and managerial responsibility for the surgical centers and imaging centers, fiscal responsibility results for these entities are missing.
- Two-way communication results are missing.
- Innovation and risk-taking cultivation results are missing.
- Results for how senior leaders create a focus on action are missing.

Potential Impact of Addressing:

- These missing results may adversely affect the organization's ability to achieve its strategic objectives related to top-decile performance.

Finding: *CRHS societal well-being results show unfavorable trends in some areas and perform unfavorably compared to others.*

Item Reference: 7.4a(5)

Evidence:

- Societal Well-Being (Figure 7.4-13): Community Health Fairs and Impact results show unfavorable trends for stages II-IV.

- Societal Well-Being (Figure 7.4-13): Environmental results for fuel oil consumption, solid waste, infectious waste, and chemo waste reductions have not reached the ASHE top quartile performance level.
- Societal Well-Being (Figure 7.4-12): Community Support and Strength results show some unfavorable trends for Charity Care, Opioid-Containing Tablets Prescribed, and Community Benefit (Total $) measures.
- Societal Well Being (Figure 7.4-11): Environmental results for Solid Waste Infectious Waste and Chemo Waste measures fall short of the top-quartile comparison (despite improvement).

Potential Impact of Addressing:

- Improving performance related to societal well-being may help the organization assure the communities it serves that their expectation of societal responsibility is being met.

Scoring Range

50–65%

Rationale: Score should not be in 70-85 range because the organization is missing results in many areas, and only some, not most, results have comparisons. Score should not be in 30-45 range because results do respond to the Criteria beyond the basic question level, and comparative data provided show good relative performance. However, significant results are missing, so score is at low end of this range.

Item 7.5 Financial, Market, and Strategy Results

Strengths

Finding: *Most results for key financial performance measures demonstrate beneficial trends and show areas of leadership when evaluated against relevant benchmarks and comparisons.*

Item Reference: 7.5a(1)

Evidence:

- Net Patient Revenue (Figure 7.5-1): results increased from $2,878.20 in 2015 to $3,578 in 2021, outperforming all competitors and Zandi's A1 rating.
- Operating Margin (Figure 7.5-2): results increased from 2.4% in 2015 to 4.4% in 2021 and outperformed Zandi's A1 rating.
- Operating Earnings Before Interest, Depreciation, and Amortization (EBIDA) Margin (Figure 7.5-3): results increased from 8.9% in 2015 to 10.2% in 2021.
- Days Cash on Hands (Figure 7.5-4): results show a beneficial trend, with levels approaching Zandi's A1 in each year, and comparing favorably to Zandi's A2 each year.
- Cash to Direct Debt (Figure 7.5-5)
- Maximal Annual Debt Service (Figure 7.5-6)
- Debt to Capitalization (Figure 7.5-7): results show beneficial trend, approaching Zandi's A1 in each year, and comparing favorably to Zandi's A2 each year.
- Medicare Spend per Beneficiary (Figure 7.5-8): the overall trend since 2015 is beneficial, and levels outperform the median and meet the quartile in 2021, with performance expected to be at the top decile in 2022.

Potential Impact of Addressing:

- Sustaining financial performance results that show areas of leadership supports the organization's vision to be among America's best health systems; and strong financial performance may help the organization address its strategic challenges of national and state health care payment changes and increasing drug costs.

Finding: *Results for marketplace performance demonstrate beneficial trends and show very good performance in comparison to others.*

Item Reference: 7.5a(2)

Evidence:

- Cardiology Market Share (Figure 7.5-11): CRHS's share increased from 50.5% to 51.5% from 2015 to 2021 and outperforms all competitors' results.

- Oncology Market Share (Figure 7.5-12): CRHS's share increased from 48.5% to 49.1% from 2015 to 2021 and outperforms all competitors' results.
- Medicare Advantage (MA) Plan Market Share (Figure 7.5-14): CRHS's share increased from 15.1% in 2018 to 21.6% in 2021 and outperforms 4 of 5 competitors' results.
- Commercial Plan Market Share (Figure 7.5-15): CRS's share increased from 4.1% in 2019 to 9.2% in 2021.
- Consumer Preference (Figure 7.5-17): CRHS's rate increased from 42.1% in 2016 to 44.3% in 2021 and outperforms all competitors' rates.
- Inpatient Market Share (Figure 7.5-10): CRHS is the leader.
- OB Market Share (Figure 7.5-13): CRHS is the leader.

Opportunities for Improvement

Finding: *Only 1 of 17 key performance measures (Figure 2.2-2) for strategic goals/action plans demonstrates achievement of top-decile performance (that is, Operating Margin, Figure 7.5-2).*

Item Reference: 7.5b

Evidence:

- CRHS set strategic objectives to achieve top decile in customer excellence, workforce excellence, financial excellence, and process excellence and lists strategic goals/action plans and key performance measures for each of the four objectives (Figure 2.2-2).
- Enhance Culturally Competent Care—Reputation Score (Figure 7.5-18): CRHS's performance has not achieved goal.
- Improve Community Health—Follow-Up Rate after Screening (Figure 7.4-13): only 23 of 6 measures reach goal, and Cancer Stage I at diagnosis does not meet goal.
- Top-Decile Satisfaction—Willingness to Recommend (Figure 7.2-14): CRHS's performance does not meet goal.
- Achieve Top Decile Workforce Engagement—Engagement Score (Figure 7.3-12): performance does not meet goal.
- Balance Workforce Profile with that of the Community (Figure 7.3-10): only 1 hospital has met goal.
- Increase Community Support (Figure 7.4-14): results do not meet goal.

Potential Impact of Addressing:

- Raising performance levels for most key performance measures could facilitate the achievement of the organization's strategic objective to reach top-decile performance in customer excellence, workforce excellence, financial excellence, and process excellence (Figure 2.2-2).

Finding: *Results for some key measures of marketplace performance do not compare favorably to competitors' results.*

Item Reference: 7.5a(2)

Evidence:

- Commercial Plan Market Share (Figure 7.5-15): results show performance level 20% below market share leader between 2019 and 2022 (projected). (CRHS's commercial plan has been steadily gaining market share since its inception but remains in the pack with competitors.)
- ED Visits (Figure 7.5-16): 2019 total ED visits for CRHA were 134,567 compared to competitor total of 146,922, a difference of 12,355.
- MA Plan Market Share (Figure 7.5-14): CRHS performs below Haferty.

Potential Impact of Addressing:

- Improving commercial and Medicare Advantage plan market share to reach a level better than competitors' may help the organization support its strategic opportunity of increasing access to health care throughout the service area.

Finding: *A few key results for cost measures fall short of benchmark comparisons; and one key cost measure, Inpatient Expense per Discharge (Figure 7.5-9), has an adverse trend.*

Item Reference: 7.5a(1)

Evidence:

- Results for Inpatient Expense per Discharge (Figure 7.5-9) show an adverse trend between 2015 and 2022 (projected) and performance levels consistently lagging national top-quartile comparison.
- Days Cash on Hand (Figure 7.5-4): CRHS's performance does not meet Zandi's A1 comparison.
- Cash to Direct Debt (Figure 7.5-5): CRHS's performance does not meet Zandi's A1 comparison.
- Maximum Annual Debt Service (Figure 7.5-6): CRHS's performance does not meet Zandi's A1 comparison.
- Debt to Capitalization (Figure 7.5-7): CRHS's performance does not meet Zandi's A1 comparison.
- Medicare Spend per Beneficiary (Figure 7.5-8): CRHS's performance does not meet national top decile.

- Inpatient Expense per Discharge (Figure 7.5-9): results since 2015 are worse than top decile.

Potential Impact of Addressing:

- Improving performance for these measures may help the organization reach its objective of top-decile financial excellence; improving results for Expense per Discharge (Figure 7.5-9) could support the organization's value of efficiency.

Finding: *Some results are missing, and some measures presented are missing results for key segments.*

Item Reference: 7.5a,b

Evidence:

- Market share results for Behavioral Health are missing.
- Results are lacking to show achievement of strategic objective of top-decile performance.
- Results for intelligent risks are missing.
- Financial performance results for these segments are missing: OP, UC/ED, insurance plan, and all locations.

Potential Impact of Addressing:

- Monitoring these results may help the organization identify areas of strength or opportunities for improvement that could support its achievement of top-decile performance.

Scoring Range

50–65%

Rationale: Score should not be in 70-85 range because some results do not compare favorably to competitors' or benchmarks. Score should not be in 30-45 range because beneficial trends are evident in key areas of importance to the accomplishment of the organization's mission, and results show many areas of leadership, particularly in financial measures.

APPENDIX

By submitting an application for Baldrige Criteria-based feedback, you have differentiated yourself from most U.S. organizations. A team of members of the 2022 Board of Examiners has evaluated your application against the 2021-2022 Health Care Criteria for Performance Excellence. 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 Analysis

Following receipt of applications, the evaluation cycle begins with Independent Analysis, 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 29 of the *2021–2022 Baldrige Excellence Framework (Health Care)*.

Virtual Evaluation by Team

A team of examiners, led by a senior or master examiner, conducts a series of reviews, first managed virtually through a secure database called Bridge and eventually concluded through a focused conference call. The purpose of this series of reviews is for the team to reach consensus on findings and scores that capture the team's collective view of the applicant's strengths and opportunities for improvement. The team documents its findings and scores in a Virtual Evaluation Scorebook, which is eventually converted into the format of a feedback report and edited for grammar and style by a Baldrige Program staff member.

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 Process Scoring Guidelines and Results Scoring Guidelines (Figures 1a and 1b, respectively), 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 2a and 2b, 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.

SCORE	DESCRIPTION
0% or 5%	• No systematic approach to item questions is evident; information is anecdotal. (A) • Little or no deployment of any systematic approach is evident. (D) • An improvement orientation is not evident; improvement is achieved by reacting to problems. (L) • No organizational alignment is evident; individual areas or work units operate independently. (I)
10%, 15%, 20%, or 25%	• The beginning of a systematic approach to the basic question in the item is evident. (A) • The approach is in the early stages of deployment in most areas or work units, inhibiting progress in achieving the basic question in the item. (D) • Early stages of a transition from reacting to problems to a general improvement orientation are evident. (L) • The approach is aligned with other areas or work units largely through joint problem solving. (I)
30%, 35%, 40%, or 45%	• An effective, systematic approach, responsive to the basic question in the item, is evident. (A) • The approach is deployed, although some areas or work units are in early stages of deployment. (D) • The beginning of a systematic approach to evaluation and improvement of key processes is evident. (L) • The approach is in the early stages of alignment with the basic organizational needs identified in response to the Organizational Profile and other process items. (I)
50%, 55%, 60%, or 65%	• An effective, systematic approach, responsive to the overall questions in the item, is evident. (A) • The approach is well deployed, although deployment may vary in some areas or work units. (D) • Fact-based, systematic evaluation and improvement, and some examples of use of best practices, instances of innovation, or sharing of refinements, are in place for improving the efficiency and effectiveness of key processes. (L) • The approach is aligned with your overall organizational needs as identified in response to the Organizational Profile and other process items. (I)
70%, 75%, 80%, or 85%	• An effective, systematic approach, responsive to multiple questions in the item, is evident. (A) • The approach is well deployed, with no significant gaps. (D) • Fact-based, systematic evaluation and improvement, adoption of best practices, managing for innovation, and sharing of refinements are key tools for improving organizational efficiency and effectiveness. (L) • The approach is integrated with your current and future organizational needs as identified in response to the Organizational Profile and other process items. (I)
90%, 95%, or 100%	• An effective, systematic approach, fully responsive to the multiple questions in the item, is evident. (A) • The approach is fully deployed without significant weaknesses or gaps in any areas or work units. (D) • Fact-based, systematic evaluation and improvement, development of best practices, achievement of innovation, and sharing of refinements are key organization-wide tools for improving efficiency and effectiveness. (L) • The approach is well integrated with your current and future organizational needs as identified in response to the Organizational Profile and other process items. (I)

Figure 1a—Process Scoring Guidelines (For Use with Categories 1–6)

SCORE	DESCRIPTION
0% or 5%	• There are no organizational performance results, or the results reported are poor. (Le) • Trend data either are not reported or show mainly adverse trends. (T) • Comparative information is not reported. (C) • Results are not reported for any areas of importance to the accomplishment of your organization's mission. (I)
10%, 15%, 20%, or 25%	• A few organizational performance results are reported, responsive to the basic question in the item, and early good performance levels are evident. (Le) • Some trend data are reported, with some adverse trends evident. (T) • Little or no comparative information is reported. (C) • Results are reported for a few areas of importance to the accomplishment of your organization's mission. (I)
30%, 35%, 40%, or 45%	• Good organizational performance levels are reported, responsive to the basic question in the item. (Le) • Some trend data are reported, and most of the trends presented are beneficial. (T) • Early stages of obtaining comparative information are evident. (C) • Results are reported for many areas of importance to the accomplishment of your organization's mission. (I)
50%, 55%, 60%, or 65%	• Good organizational performance levels are reported, responsive to the overall questions in the item. (Le) • Beneficial trends are evident in areas of importance to the accomplishment of your organization's mission. (T) • Some current performance levels have been evaluated against relevant comparisons and/or benchmarks and show areas of good relative performance. (C) • Organizational PERFORMANCE RESULTS are reported for most KEY patient and other CUSTOMER, market, and PROCESS requirements. (I)
70%, 75%, 80%, or 85%	• Good-to-excellent organizational performance levels are reported, responsive to multiple questions in the item. (Le) • Beneficial trends have been sustained over time in most areas of importance to the accomplishment of your organization's mission. (T) • Many to most trends and current performance levels have been evaluated against relevant comparisons and/or benchmarks and show areas of leadership and very good relative performance. (C) • Organizational PERFORMANCE RESULTS are reported for most KEY patient and other CUSTOMER, market, PROCESS, and ACTION PLAN requirements. (I)
90%, 95%, or 100%	• Excellent organizational performance levels are reported that are fully responsive to the multiple questions in the item. (Le) • Beneficial trends have been sustained over time in all areas of importance to the accomplishment of your organization's mission. (T) • Industry and benchmark leadership is demonstrated in many areas. (C) • Organizational PERFORMANCE RESULTS and PROJECTIONS are reported for most KEY patient and other CUSTOMER, market, PROCESS, and ACTION PLAN requirements. (I)

Figure 1b—Results Scoring Guidelines (For Use with Category 7)

Band Score	Band Number	Process Scoring Band Descriptors
0–150	1	The organization demonstrates early stages of developing and implementing approaches to the basic Criteria questions, with deployment lagging and inhibiting progress. Improvement efforts are a combination of problem solving and an early general improvement orientation.
151–200	2	The organization demonstrates effective, systematic approaches responsive to the basic questions in 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	The organization demonstrates effective, systematic approaches responsive to the basic questions in most Criteria items, although there are still some areas or work units in the early stages of deployment. Key processes are beginning to be systematically evaluated and improved.
261–320	4	The organization demonstrates effective, systematic approaches responsive to the overall questions in 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	The organization demonstrates effective, systematic, well-deployed approaches responsive to the overall questions in most Criteria items. The organization demonstrates a fact-based, systematic evaluation and improvement process and organizational learning, including some innovation, that result in improving the effectiveness and efficiency of key processes.
371–430	6	The organization demonstrates refined approaches responsive to the multiple questions in the Criteria. These approaches are characterized by the use of key measures and good deployment 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	The organization demonstrates refined approaches responsive to the multiple questions in most 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	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.

Figure 2a–Process Scoring Band Descriptors

Band Score	Band Number	Results Scoring Band Descriptors
0–125	1	A few results are reported responsive to the basic Criteria questions, but they generally lack trend and comparative data.
126–170	2	Results are reported for several areas responsive to the basic Criteria questions 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	Results address areas of importance to the basic Criteria questions 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	Results address some key customer/stakeholder, market, and process requirements, and they demonstrate good relative performance against relevant comparisons. Beneficial trends and/or good performance are reported for many areas of importance to the overall Criteria questions and the accomplishment of the organization's mission.
256–300	5	Results address most key customer/stakeholder, market, and process requirements, and they demonstrate areas of strength against relevant comparisons and/or benchmarks. Beneficial trends and/or good performance are reported for most areas of importance to the overall Criteria questions and the accomplishment of the organization's mission.
301–345	6	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 questions and the accomplishment of the organization's mission, and the organization is an industry* leader in some results areas.
346–390	7	Results address most key customer/stakeholder, market, process, and action plan requirements. Results demonstrate excellent organizational performance levels and some industry* leadership. Results demonstrate sustained beneficial trends in most areas of importance to the multiple Criteria questions and the accomplishment of the organization's mission.
391–450	8	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 questions and the accomplishment of the organization's mission.

*"Industry" refers to other organizations performing substantially the same functions, thereby facilitating direct comparisons.

Figure 2b—Results Scoring Band Descriptors

2022 BALDRIGE FEEDBACK APPLICANTS

Sector	Total Number of Feedback Applications
Health Care	6
Nonprofit	4
Education	
Business–Small Business	
Business–Service	
Business–Manufacturing	
Total	10

BALDRIGE AWARD RECIPIENT CONTACT INFORMATION 1988–2021

Baldrige Award winners generously share information with numerous organizations from all sectors. To contact an award winner, please see https://www.nist.gov/baldrige/award-recipients, which includes links to contact information as well as profiles of the winners.