2006

National Institute of Standards and Technology
Technology Administration • Department of Commerce
Baldrige National Quality Program

Arroyo Fresco Community Health Center Scorebook

Arroyo Fresco Community Health Center

Scorebook

This case study scorebook was developed as an instructional tool for the 2006 Examiner Preparation Course. A consensus team of experienced Baldrige Examiners evaluated the Arroyo Fresco Community Health Center (Arroyo Fresco) Case Study, using the Stage 2, Consensus Review Process. The Arroyo Fresco Case Study describes a fictitious nonprofit organization in the health care sector. There is no connection between the fictitious Arroyo Fresco and any other organization, either named Arroyo Fresco or otherwise. Other organizations cited in the case study also are fictitious, except for several national and government organizations. Because the case study is developed to train Baldrige Examiners and others and to provide an example of the possible content of a Baldrige application, there are areas in the case study where Criteria requirements are not addressed.

Arroyo Fresco scored in band 5, showing that the organization demonstrates effective, systematic, well-deployed approaches responsive to the overall requirements of the Items. The organization demonstrates a fact-based, systematic evaluation and improvement process and organizational learning that result in improving the effectiveness and efficiency of key processes. Results address most key customer/stakeholder, market, and process requirements, and they demonstrate areas of strength against relevant comparisons and/or benchmarks. Improvement trends and/or good performance are reported for most areas of importance to the organization's key requirements.

Recommended Scoring Ranges

Item	Scoring Range (%)
1.1	60 +/- 10%
1.2	55 +/- 10%
2.1	60 +/- 10%
2.2	55 +/- 10%
3.1	60 +/- 10%
3.2	60 +/- 10%
4.1	60 +/- 10%
4.2	70 +/- 10%
5.1	65 +/- 10%
5.2	60 +/- 10%
5.3	60 +/- 10%
6.1	65 +/- 10%
6.2	60 +/- 10%
7.1	50 +/- 10%
7.2	55 +/- 10%
7.3	55 +/- 10%
7.4	60 +/- 10%
7.5	55 +/- 10%
7.6	60 +/- 10%

Scoring Range (points): **586 +/- 10**

Scorebook

for Business, Education, and Health Care

Examiner's Name: TST

Number of Hours Worked: Many many many

Applicant Number: Case Study

Sent to Examiner: _____

Date

Return the scorebook via overnight mail before _____

Due date

Process Stage:

[ ]	Stage 1 Independent Review	[X]	Stage 2 Consensus Review	[ ]	Stage 3 Site Visit Review

Criteria, Score Summary Worksheet, and Scoring Guidelines Used:

[ ]	Business	[ ]	Education	[X]	Health Care

Upload Stage 1 scorebook to *examinerdepot*, and send one electronic copy on disk/CD and one paper copy to

Malcolm Baldrige National Quality Award
American Society for Quality
600 North Plankinton Avenue
Milwaukee, WI 53203
(800) 248-1946, ext. 7205

CONFLICT OF INTEREST DETERMINATION WORKSHEET

IMMEDIATELY UPON RECEIPT OF THIS APPLICATION, PLEASE CHECK FOR CONFLICTS OF INTEREST.

The purpose of this worksheet is to ensure that you do not have a real conflict of interest or what could be perceived as a conflict of interest with this applicant. The integrity of the Baldrige Program hinges in large part on the avoidance of conflicts of interest.

Conflict of Interest Determination Process

Step #1

Read the Eligibility Certification Form, the Additional Information Needed Form, the Organizational Profile, and the organization charts, and skim all figures in the application.

Step #2

Answer the following questions. If you answer "YES" or "DON'T KNOW" (DK) to one or more of the questions below, call BNQP (Mark Shapiro, 301-975-3621 or Bob Goehrig, 301-975-8756) immediately. Do not inquire within your own organization, as such inquiry could reveal the identity of the applicant.

1. Is the applicant your current employer, client, or parent organization? Yes___ No___ DK___

2. Is the applicant currently owned or controlled by your employer, client, or parent (e.g., another subunit of your parent)? Yes___ No___ DK___

3. Is the applicant your employer, your client, or your employer's or client's parent from more than five years ago? Yes___ No___ DK___

4. Have you recently (within five years) left or retired from the applicant, the applicant's parent, or another subunit of the parent? Yes___ No___ DK___

5. Is your employer or client listed as a key supplier, partner, customer, competitor, or benchmark of the applicant? Yes___ No___ DK___

6. Is the applicant or the applicant's parent a key partner, customer, or competitor of your employer, your parent, or a subdivision of your employer? ("Key" may be defined as constituting at least 5 percent.) Yes___ No___ DK___

7. Did you help prepare or review (paid or unpaid) all or part of the application or evaluate the applicant within the last five years? Yes___ No___ DK___

8. Is your employer, parent, or client an applicant in the same Baldrige Award category? Yes___ No___ DK___

9. Did you help prepare the Baldrige application of another current applicant in this same Award category? Yes___ No___ DK___

10. Do you or a family member have a financial interest in the applicant, the applicant's parent, or a key competitor of the applicant? (This includes financial interests such as stocks, bonds, and retirement funds. Mutual fund holdings are of concern only if the mutual fund family is the applicant.) Yes___ No___ DK___

11. Do you have considerable knowledge about an applicant through personal interactions (paid or unpaid), company relationships, family, or friends? Yes___ No___ DK___

12. Do you know of any reason why there might be a real or perceived conflict with this applicant? Yes___ No___ DK___

    Examples of such conflicts include the following:
    - Do you know anyone on the organization chart?
    - Does a close relative work for the applicant?
    - Have you made a personal visit to the applicant or vice versa?
    - Have you recently interviewed with the applicant?
    - Have you or your organization been involved in benchmarking studies with the applicant?

CONFLICT OF INTEREST STATEMENT

As a member of the Malcolm Baldrige National Quality Award Board of Examiners, I have voluntarily disclosed to the administrators of the Award Program the identity of my employers and clients—past, present, or potential—whose interest could be favorably or unfavorably affected by my actions while acting as a member of the board. This includes disclosure of

- organizations in which I have financial holdings, including stock ownership and pension interests
- affiliations that may present or seem to present a conflict of interest, including my current and recent employers' key customers, key suppliers, key competitors, and other key stakeholders, as well as the employers of my immediate family members and/or significant others

I confirm the accuracy of the submissions I have made, and I reaffirm my willingness to abide by the Code of Ethical Conduct.

I reaffirm that I am not aware of any personal conflict of interest with this applicant. I will not disclose any information gained through the evaluation of the applicant about the applicant; the applicant's clients, competitors, customers, or suppliers; or any other associated person or organization to anyone other than those in the Baldrige National Quality Program directly involved with the applicant review process.

Name of Award Applicant_____

Signature of Examiner_____ Date_____

For Site Visits Only

Program Concurrence_____ Date _____

Code of Ethical Conduct

Members of the Malcolm Baldrige National Quality Award Board of Examiners pledge to uphold their professional principles in the fulfillment of their responsibilities as defined in the administration of Public Law 100-107, the Malcolm Baldrige National Quality Improvement Act of 1987, which establishes the Malcolm Baldrige National Quality Award.

In promoting high standards of public service and ethical conduct, board members

- conduct themselves professionally, with truth, accuracy, fairness, respect, and responsibility to the public
- avoid representing conflicting or competing interests, or placing themselves in such a position where their interest may be in conflict—or appear to be in conflict—with the purposes and administration of the Award
- safeguard the confidences of all parties involved in the judging or examination of present or former applicants
- protect confidential information and avoid disclosures that may in any way influence the Award integrity or process, currently or in the future
- do not serve any private or special interest in their fulfillment of the duties of a Judge or Examiner, therefore excluding by definition the examination of any organization or subunit of an organization that employs them or has a consulting arrangement in effect or anticipated with them
- do not serve as Examiners of a primary competitor or customer or supplier of any organization (or subunit of an organization) that employs them, that they have a financial interest in, or with which they anticipate a consulting arrangement, or are otherwise involved
- do not intentionally communicate false or misleading information that may compromise the integrity of the Award process or decisions therein
- make it clear, when establishing links from their own Web sites to the NIST or BNQP Web sites, that users will be taken to the official NIST Web sites
- acknowledge the use of trademarks owned by NIST, including those for NIST, Quest for Excellence, and the Malcolm Baldrige National Quality Award, along with a statement indicating the trademark is registered by the National Institute of Standards and Technology
- never approach an organization they have evaluated for their personal gain, including the establishment of an employment or consulting relationship, and, if approached by an organization they have evaluated, do not accept employment from that organization for a period of five years after the evaluation
- maintain and safeguard fairness in the examination process, the confidentiality of all Award application information, including the identity of applicants
- treat as confidential all information about the applicant and the applicant's operation gained through the evaluation process, and take the following precautions:
    - Applicant information is not discussed with anyone, including other Examiners, with the exception of designated team members, Judges, the Award Administrator, and NIST representatives. This includes information contained in the written application, as well as any additional information obtained during a site visit.
    - Names of applicants are not disclosed during or after the application review process.
    - No copies of application information are made or retained. (ASQ will notify Examiners when to return materials.)
    - No notes, written or electronic, pertaining to the application are retained. (ASQ will notify Examiners when to destroy all notes.)

  - No discussions mentioning applicant identities are held on cellular or cordless phones or by voice mail. Electronic exchanges are only through *examinerdepot*, an encrypted, secure Web site designated by NIST.

  - No applicant information is adapted and/or used subsequent to the review process, unless the information is publicly released by the applicant (at the annual Quest for Excellence Conference, for example).

  - Do not reveal or discuss with other Examiners, either during training or during the application review phases, their participation with an organization in the preparation of an Award application

- personally and independently score all assigned applications

- during stages 1 and 2, do not communicate with applicant organization, or in any manner seek additional documentation, information, or clarification about the applicant's organization. This restriction includes Internet searches. At Stage 3, Site Visit Review, the site visit team leader will communicate with the applicant

- do not at anytime (during or after the evaluation cycle) independently give feedback to applicants regarding scoring or overall performance

- upon completion of the Examiner Preparation Course, may use the following designation: Examiner, Malcolm Baldrige National Quality Award (MBNQA), and year(s) served. However, board members may not use the MBNQA logo in advertising or promotion, nor not use business cards include the Examiner designation or the MBNQA logo

- during the consensus and site visit processes, encourage and maintain a professional working environment that promotes respect for the Award applicants, their employees, and all members of the Examiner Team

- when participating in a site visit, respect the climate, culture, and values of the organization being evaluated

Furthermore, board members enhance and advance the Malcolm Baldrige National Quality Award as it serves to stimulate American companies and organizations to improve quality, productivity, and overall performance. All board members pledge to abide by this Code of Ethical Conduct.

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Key Factors Worksheet

P.1a Organizational Environment

- Community health center (CHC) providing primary care and preventive services
- Serves three-county area covering 23,000 square miles with a population of fewer than 400,000 people
- Services to enable care and increase access include transportation, translation, case management, health education, and home visits
- Delivery mechanism for providing health care services is the Clinical Microsystem (CM)
- Organizational culture reflects a commitment to providing health care to the underserved
- Organization's vision is "the people of western Arizona will become the healthiest in the state"
- Mission is to provide residents easy and timely access to high-quality and safe health care services, responsive to diverse cultural and socioeconomic needs, regardless of their ability to pay
- Five core organizational values: respect, trust, relationship, performance, and accountability
- 379 full-time employees (FTEs) consisting of 62% clinical providers, 33% administrative/facility/patient support employees, and 5% senior leaders/managers
- 12% of staff are part-time; contract staff are used to fill critical vacancies; no collective bargaining units
- More than 200 current volunteers
- 58% of the staff are female, 78% white, 15% mixed race, 5.5% Native American, and 26% of Hispanic heritage
- Special health and safety requirements include exposure to communicable diseases, exposure to radiation and chemicals, and ergonomic injuries
- Major technologies, equipment, and facilities include 11 clinics and four mobile service vans
- One clinic specializes in women's health
- The mobile vans make regularly scheduled stops at churches, schools, and other community centers
- The electronic health record is integrated with the billing and scheduling system
- Care Connection Kiosks (CCKs) allow staff, patients, and community access to organizational information
- There are multiple legal and regulatory requirements at the federal, state, and local levels, including specific requirements to be designated a federally qualified health center (FQHC) and to be qualified for Section 330 grant funds and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation, a mandatory requirement for CHCs

P.1b Organizational Relationships

- Voluntary 15-member Board of Directors with non-voting senior leaders; more than 51% of the voting members of the board must be recipients of organizational services
- Key stakeholder groups are patients and their families, the community, physicians, staff, volunteers, partners, and payors; key requirements for each of these groups have been identified (Figure P.1-5) and vary among groups
- Key health care market segments for Yuma County include diabetic patients and young females
- Many patients have chronic health problems including asthma, cardiovascular disease, depression, obesity, and substance abuse/addiction behavior
- Role of suppliers and partners is to support the providing of care in more innovative ways
- Most important types of suppliers and partners are the following: advocacy providers (State Association of CHCs); group purchasing suppliers (MedProducts, Inc.); community health care providers (community hospitals and private physicians); education partners (Saguaro State University, Schools of Business, Medicine, Dentistry, Nursing, and Public Health); community partner groups (schools, county government,

churches); and industry/strategic/vendor partners (CactusCom, Winding River Casinos, Desert Data Solutions, Shiny Clean, Gil's Garage, and HR Leaders, Inc.)

- Important supply chain requirements are low cost/high value, on-time delivery of supplies and services, and continuity of operations for providing clinical care
- Key suppliers and partners receive annual training related to ethics, legal obligations, and the vision, mission, and values (VMV)
- The Partners Committee participates in strategic planning

P.2a Competitive Environment

- Organization has 17% of the market share in its three-county service area—with higher percentages in Yuma (21%) and LaPaz (19%) and a lower percentage in Mohave (12%)
- Primary competitive position is to operate in a high-need service area with guarantee of service regardless of ability to pay
- Communities in the Yuma County service area along the border of Mexico are among the state's fastest growing; LaPaz, one of the state's most rural counties, is home to the Colorado River Indian tribes, one of the largest Arizona Native American populations; Mohave and LaPaz counties are a destination for vacationers and retirees
- Competitors and key collaborators are CHCs in adjacent counties, community-based private medical/dental/behavioral health providers, Indian Health Services, Veterans Administration inpatient and outpatient care, and providers and facilities located in Mexico
- Competition for staff members with specific clinical/technical skills is intense
- Factors that determine organizational success are operational efficiency and productivity, decreased expenses, use of information technology (IT) to reduce waste and increase productivity, and the expansion and strengthening of access to capital
- Changes taking place affecting the competitive situation include opportunities for collaboration, funding challenges, staffing, and patient demand
- Key sources of comparative and competitive data within the health care industry are the following: data from CHCs, JCAHO, Agency for Healthcare Research and Quality (AHRQ), Bureau of Primary Health Care (BPHC)/Health Resources and Services Administration (HRSA), Centers for Disease Control and Prevention (CDC), Centers for Medicare/Medicaid Services (CMS), Health Plan Employer Data and Information Set (HEDIS); professional associations; Packer Patient Satisfaction data; Oates Staff Satisfaction data; Quality and Productivity Group (QPG) and Baldrige Award recipient data; Healthy Arizona 2010; State Association of CHCs; and Saguaro State Award Program
- Benchmarking consortium created as a forum for state and local level CHC data

P.2b Strategic Challenges

- Strategic challenges are aligned to the five key performance areas: F–Financial Performance, O-Organizational Learning, C-Clinical Excellence, U-Utilization, S-Satisfaction
- Six key health care service, operational, and human resource strategic challenges for the organization: an increase in uninsured patients and decreased federal and Medicaid funding; the need to address workforce gaps; low incidence of prevention and screening and high incidence of chronic and communicable diseases; the need to provide specialty and unmet service needs, particularly to uninsured patients; the need to meet staff recruitment and retention challenges; and the need to maintain/enhance relationships with patients, the community, and external partners
- Strategic challenge of sustainability is finding revenue sources, particularly since federal 330 grant funding has decreased over the last decade

- Current revenue sources are Medicaid (33%); grants, donations, annuity (49%); Medicare (6%); private insurance (6%); self-pay (6%)

P.2c Performance Improvement System

- Multiple strategies for performance improvement and organizational learning include the Plan-Do-Check-Act process, OASIS Improvement Model, Clinical Microsystems (CMs), Baldrige Criteria, and Saguaro State Award Program
- Systematic evaluation and improvement of key processes achieved through informal/formal performance reviews, electronic sharing of organizational knowledge, participation in the State Association of CHCs improvement activities, and participation in national learning collaboratives

(For Stage 3, Site Visit Use) Thinking about the questions in the Organizational Profile, did the team have any new insights about the applicant as a result of the site visit? If so, please describe.

Key Themes Worksheet

a. What are the most important strengths or outstanding practices (of potential value to other organizations) identified?

- The applicant's senior leaders create a focus on results and creating value through the development of the FOCUS (Financial Performance, Organizational Learning, Clinical Excellence, Utilization, and Satisfaction) framework (Figure 2.1-2), which allows the organization to address key strategic challenges and align its efforts on key areas to maximize the use of limited resources. Key health care processes, determined with input from community needs assessments, federal mandates, partners, and key stakeholders, are linked to the applicant's strategic objectives through the FOCUS framework. This linkage helps to ensure sustainability, creating an environment of process improvement, learning and innovation, and organizational agility. The automated FOCUS scorecard (Figure 2.2-1), which tracks overall organizational performance, reflects progress toward the applicant's strategic objectives and is reviewed by senior leadership, clinic leadership, Clinical Microsystems (CMs), functional groups, and staff members. Practice profiles and scorecards are used to monitor performance and continually improve services and outcomes. CMs and functional work groups provide the framework for promoting cooperation, initiative, empowerment, and culture. These teams share responsibility for goals that are aligned with the FOCUS areas of the strategic plan. This well-deployed approach provides organizational alignment and integrates needs identified in the Strategic Planning Process into the performance measurement system.

- The Chief Executive Officer (CEO) and the leadership team review and reaffirm the applicant's vision, mission, and values (VMV) as part of the annual Strategic Planning Process. The VMV are embedded in the Arroyo Fresco Leadership System (Figure 1.1-1) and deployed to all staff members, patients, partners, suppliers, board members, and communities served through the communication methods listed in Figure 1.1-2. The applicant's values are prominently displayed in all locations, on its Internet site, and on all printed materials provided to patients and their families. All displays are presented in English and Spanish. Each quarter, a senior leader champions one of the values, develops a plan for demonstrating that value in the organization's major activities, and discusses the value at the quarterly all-staff meetings. The applicant supports the VMV through the widespread use of the Baldrige framework, the OASIS Improvement Model, and the balanced measures in the FOCUS scorecard.

- The applicant demonstrates patient-focused excellence through its mature and well-deployed patient and other customer relationship approaches. These include the development of the CM health care delivery model and the use of multiple approaches to listen and learn from patients. The approaches include the Patient-Family Advisory Boards, the Elders Council, and the Care Connection Kiosk (CCK); the creation of patient-specific Personal Health Plans (PHPs), which are reviewed by caregivers prior to visits; automated prompts for screening and interventions designed into information technologies; and the use of volunteer educators and "health coaches" to support patients and build relationships. The Partners Committee meets with senior leaders four times per year to discuss current and future needs and opportunities for improving relationships, and CMs organize care around patient needs and promote active ongoing partnerships between patients and providers. This approach is effective in managing chronic disease and promoting health literacy and self-management skills. The depth and breadth of the applicant's activities is especially noteworthy given the strategic challenges associated with enhancing customer and community relations and providing preventive health services.

- The applicant creates an environment for organizational and staff learning through the creation of an annual workforce development plan that serves as a key input to the Strategic Planning Process and drives the development of the organization's annual training and education plan. Other means used to develop and maintain a learning environment include the use of the Plan, Do, Check, Act (PDCA) process and OASIS design and improvement models. The models include systematic benchmarking and

identification of best practices, the development of annual Individual Development Plans (IDPs) for all staff and volunteers, and the offer of multiple educational benefits, such as Work to Learn, tuition reimbursement, and scholarships for staff and their children. In addition, the applicant participates in multiple national, state, and local associations to gather and share best practices and learning.

- The applicant utilizes innovative approaches to the management of information and knowledge. These include its interactive CCKs, electronic health record (EHR) system, Web-based PHPs, the online *Staff and Volunteer Handbook*, and computer access for all staff members that includes staff PDAs (personal digital assistants) and the tablet computers used in mobile vans. Annually, the applicant's cross-location/organization Info Interns team conducts an annual survey as well as focus groups with users throughout the organization. The team also researches internal and external best practices to provide input into the Strategic Planning Process. System availability in the event of an emergency is ensured through multiple redundancies and mirror servers as well as backup power supplies. The applicant's emphasis on measurement, analysis, and knowledge management is aligned with and supports its key organizational processes.

b. What are the most significant opportunities, concerns, or vulnerabilities identified?

- While the applicant states that agility is achieved through senior leaders working other staff members' jobs once per quarter and that the Clinical Excellence section of the FOCUS framework addresses the organization's ability to adapt to rapid changes in the clinical environment, it is not evident how these actions create a systematic approach to ensure that the organization is capable of rapid change and flexibility. Further, it is not clear how the applicant's CM, PDCA, and OASIS models ensure the systematic integration of agility into the applicant's work systems or the design and improvement of its key processes. The applicant may find it difficult to determine how its business and support process designs incorporate new technology and other effectiveness and efficiency factors.

- Although the applicant focuses on several key strategic challenges through its Strategic Planning Process, action plan deployment, and performance reviews, there is little evidence of approaches to address other key challenges, success factors, changes, and customer/market segments. These include identifying additional sources of revenue, competing for key staff, and meeting the unique needs of certain populations (i.e., Native Americans, veterans, and patients from all income strata). Without systematic approaches to articulate and address all the important factors, challenges, and segments described in the Organizational Profile, it may be difficult for the applicant to ensure that it creates and balances value for all patients, customers, and stakeholders.

- Although the applicant identifies communication methods for its key supplier and partner groups, the approaches used to systematically listen and build relationships, create alignment, and facilitate involvement in innovation and improvement activities with others, such as community partners, strategic partners, and vendor partners, are not discussed. Without these approaches, it may be difficult for the applicant to determine how it will establish requirements for system availability, cost savings, and return on assets with the remainder of its partner groups. Overall, information on the involvement and incorporation of all key suppliers and partners into decision making, including strategic planning (other than the Partners Committee), is absent.

c. Considering the applicant's key business/organization factors, what are the most significant strengths, opportunities, vulnerabilities, and/or gaps (related to data, comparisons, linkages) found in its response to Results Items?

- The applicant presents favorable performance levels and trends against relevant comparisons in a number of key results areas. Some measures of clinical outcomes show favorable trends for the past four to five years, with levels that approach, are equal to, or surpass the state and/or national comparisons.

These outcomes include obesity (Figure 7.1-1a), screening for smoking (Figure 7.1-1b), screening for breast cancer (Figure 7.1-3a), screening for colon cancer (Figure 7.1-3c), and the provision of influenza and pneumococcal immunizations (Figures 7.1-4a and 7.14b). Key financial and market outcomes, such as growth in and total value of Foundation funding (Figure 7.3-6), demonstrate improving performance in donations, capital appreciation, and total value from 2002 to 2005. Total value has increased from approximately $2 million in 2002 to more than $4 million in 2005. This performance may be particularly noteworthy given the applicant's strategic funding challenge. Performance in market share by county (Figure 7.3-7) and market share by service (Figure 7.3-8) show improvements from 2002 to 2005 in all segments reported. The applicant's overall market share (Figure 7.3-7) increased from approximately 14% in 2002 to approximately 17% in 2005. Key human resource results (expressed in the staff turnover data presented in Figures 7.4-9a and 7.4-9b) and key organizational effectiveness results (Figures 7.5-8 and 7.5-9) illustrate strong performance in areas critical to the applicant. Performance levels from 2002 to 2005 are at or better than the state-best comparisons.

- Results in some areas of importance to the applicant's strategy and requirements that are identified in Figure P.1-5 are not provided. These include results associated with patient/customer-perceived value, such as loyalty and retention, and building relationships. Results also are lacking for work system performance and effectiveness, specifically budget, cost control, and productivity and efficiency measures for key health care, business, and support processes. Results for supplier and partner performance for key health care processes and other key processes are not given.

- Most results have comparisons to state best, top quartile, or top decile performance levels, providing the applicant with an understanding of its strengths and gaps/opportunities for improvement. This information helps the applicant determine its progress toward achieving its vision: "the people of western Arizona will become the healthiest in the state." However, while comparative data are provided, competitor data from community-based private medical/dental/behavioral health providers are not given. The lack of competitor data may limit the applicant's ability to assess its market performance and identify potential areas for growth and revenue capture.

- Results for some key measures are not segmented beyond county or job group levels. These include results segmented by key customer, partner, and stakeholder groups; CM teams; and diversity factors related to staff members and volunteers (Figures 7.6-3, 7.6-4, 7.6-6, and 7.6-7). Without these data, it may be difficult for the applicant to assess performance levels and trends across different patient, customer, and staff segments; this information may help to drive effective decision making toward strategic goals.

- The applicant has seven "employer of choice" dimensions (in particular, "positive team relationships") that form the basis of the Staff Satisfaction Survey (Figure 5.3-2). Trends are positive from 2000 to 2005 for staff satisfaction with key performance dimensions (Figures 7.4-2a and 7.4-2b) in both CM and non-CM work groups as well as for staff satisfaction by county and job group (Figures 7.4-6a and 7.4-6b). These results demonstrate positive trends since 2000, with performance levels meeting or exceeding 80% satisfied or very satisfied for all counties and job groups in 2005. Since 2002, the applicant also shows improving performance for its training completion rates for both staff and volunteers (Figures 7.4-3a and 7.4-3b), with several core training rates at 100% in 2005. Performance results for staff turnover by job group and by county (Figures 7.4-9a and 7.4-9b) demonstrate improvement trends in all groups and counties from 2000 to 2005, with all job groups meeting or exceeding the state-best CHC levels of approximately 8%.

Item Worksheet—Item 1.1

Indicate the 4–6 most important key business/organization factors relevant to this Item.

1. Organizational culture reflects a commitment to providing health care to the underserved
2. Five core organizational values: respect, trust, relationship, performance, and accountability
3. There are multiple legal and regulatory requirements at the federal, state, and local levels, including specific requirements to be designated a federally qualified health center (FQHC) and to be qualified for Section 330 grant funds and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation, a mandatory requirement for CHCs
4. Voluntary 15-member Board of Directors with non-voting senior leaders; more than 51% of the voting members of the board must be recipients of organizational services
5. Key stakeholder groups are patients and their families, the community, staff, volunteers, partners, and payors; key requirements for each of these groups have been identified (Figure P.1-5) and vary among groups
6. Most important types of suppliers and partners are advocacy providers, group purchasing suppliers, community health care providers, education partners, community partner groups, and industry/strategic/vendor partners.

Strengths and Opportunities for Improvement:

- Include an indication of the relative importance/strength of the comment by using ++ or **- -** as appropriate.
- Include a reference to the most relevant key factor(s).
- Include an indication of which process evaluation factors are addressed in this comment (refer to page 35 for definitions):

A=Approach D=Deployment L=Learning I=Integration

STRENGTHS

+/++	Item Ref.	KF Ref.	A/D/L/I	STRENGTHS
+	1.1a(1)	1,2,5	ADI	Senior leaders set organizational VMV as a component of the Strategic Planning Process and, using multiple communication methods, deploy them through the leadership system (Figures 1.1-1 and 1.1-2). Senior leaders' personal actions reflect their commitment to the organization's values by taking turns championing one of the organization's values each quarter.
+	1.1a(2)	1,2,4-6	ADI	Senior leaders promote an environment that fosters and requires legal and ethical behavior through a variety of mechanisms. These include an annual overview of legal and ethical obligations for all staff, board members, and volunteers; additional online training courses specifically tailored for certain work areas; and a Code of Ethical Conduct statement signed annually. Information also is made available to staff and volunteers through an online handbook. Questions are encouraged in general and are a component of the Daily Huddle. The commitment to legal and ethical behavior is deployed to partners and suppliers by incorporating a Commitment to Ethical Conduct into signed contracts.
+	1.1a(3)	1,2	ADLI	Senior leaders create a sustainable organization through incorporating a sustainability assessment as a component of the Strategic Planning Process. Sustainability, as well as performance improvement, accomplishment of strategic objectives, innovation, and organizational agility, is supported

+/++	Item Ref.	KF Ref.	A/D/L/I	STRENGTHS
				through the FOCUS framework. To help identify and remove organizational barriers to performance, senior leaders engage in quarterly "front-line rotations."
+	1.1b(1)	1,2	ADI	Senior leaders communicate with staff throughout the organization using multiple mechanisms, including the intranet, Daily Huddles, staff meetings, walk-arounds, newsletters, and bulletin boards. Staff members and volunteers are featured as STARs (Superior Teamwork Achieves Results), recognized by a letter of appreciation from the leadership, provided with a food gift for the person's work group or a small pin, and may receive small token rewards that are linked to specific behaviors in order to reinforce high performance.
+	1.1b(2)	1,3,5,6	ADLI	Senior leaders create a focus on action to accomplish the organization's objectives, improve performance, and attain their vision through a variety of performance metrics based on the FOCUS scorecard. These include trend charts, control charts, and the ability to drill down to a specific clinic, CM, group, payor, provider, and /or team. Metrics are communicated and deployed through cross-functional teams referred to as Data Docs. The senior leadership team reviews and approves all key organizational performance indicators that will be part of the scorecard. The OASIS Improvement Model is utilized to improve performance and accomplish the organization's objectives.

OPPORTUNITIES FOR IMPROVEMENT

-/- -	Item Ref.	KF Ref.	A/D/L/I	OPPORTUNITIES FOR IMPROVEMENT
-	1.1a(1)	2,5,6	AD	It is not clear how the approaches identified in Figure 1.1-2 ensure full deployment of the VMV through the leadership system to all stakeholders, particularly to patients, other customers, and suppliers.
-	1.1a(3)	1,2,5	ADI	Although there is a process to promote organizational sustainability, how senior leaders personally participate in succession planning and the development of future organizational leaders is not evident.
-	1.1b(1)	2,5,6	ADLI	Senior leaders do not appear to have systematic approaches to empower and motivate all staff and volunteers, or to encourage frank two-way communication (Figure 1.1-2). Beyond the STARs program and recognition letters, it is not clear how senior leaders take active roles in staff reward and recognition activities to reinforce high performance and a focus on the organization, as well as on patients and other customers.

Stage 2 Percent Score **65** **%**

Item Worksheet—Item 1.2

Indicate the 4–6 most important key business/organization factors relevant to this Item.

1. There are multiple legal and regulatory requirements at the federal, state, and local levels, including specific requirements to be designated a federally qualified health center (FQHC) and to be qualified for Section 330 grant funds and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation, a mandatory requirement for CHCs
2. Voluntary 15-member Board of Directors with non-voting senior leaders; more than 51% of the voting members of the board must be recipients of organizational services
3. Communities in the Yuma County service area along the border of Mexico are among the state's fastest growing; LaPaz, one of the state's most rural counties, is home to the Colorado River Indian tribes, one of the largest Arizona Native American populations; Mohave and LaPaz counties are a destination for vacationers and retirees
4. Strategic challenges are aligned to the five key performance areas: F–Financial Performance, O-Organizational Learning, C-Clinical Excellence, U-Utilization, S-Satisfaction
5. Multiple strategies for performance improvement and organizational learning including the PDCA process, OASIS Improvement Model, CMs, Baldrige Criteria, and Saguaro State Award Program

Strengths and Opportunities for Improvement:

- Include an indication of the relative importance/strength of the comment by using ++ or **- -** as appropriate.
- Include a reference to the most relevant key factor(s).
- Include an indication of which process evaluation factors are addressed in this comment (refer to page 35 for definitions):

A=Approach D=Deployment L=Learning I=Integration

STRENGTHS

+/++	Item Ref.	KF Ref.	A/D/L/I	STRENGTHS
+	1.2a(1)	2	ADL	The Board of Directors utilizes a six-committee structure to address key governance factors. Annual reviews of the CEO's performance, regularly scheduled reports of financial and quality performance, and other audits create board-level accountability for management's actions. The board regularly reviews budgets, financial reports, and capital expenditures on established time frames to ensure fiscal accountability. Results of independent external audits are presented to the board and published in the Annual Report. Although exempt from the Sarbanes-Oxley Act, board members and senior leaders participate in formal training, annually disclose conflicts of interest, and sign the Code of Ethical Conduct to promote transparency in operations and protect stakeholder interests.
+	1.2a(2)	5	ADLI	Board members perform annual self-assessments utilizing the Stewart-Hagen model. The individual performance of senior leaders is reviewed using a 360-degree review process. Annual survey results and performance indicators for the system are also used for assessment. Senior leaders and the board use the OASIS model to develop action plans based on these performance reviews to improve both their personal leadership effectiveness and the leadership system.
+	1.2b(1)	5	ADLI	The organization utilizes a Failure Modes and Effects Analysis

+/++	Item Ref.	KF Ref.	A/D/L/I	STRENGTHS
				(FMEA), facilitated by a subteam involved in the Strategic Planning Process, to identify and address any adverse impacts on society of health care services and operations. Examples are provided of needle-stick prevention, background screening, and additional lighting/escort service to promote safety.
+	1.2b(1)	1	ADL	The applicant identifies its key compliance processes, measures, and goals in Figure 1.2-2, including fiduciary responsibility, accreditation, Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliance, licensure, safety, and others. Key processes, measures, and goals for addressing risks associated with health care services and other organizational operations are listed in Figure 1.2-3 and include patient safety and waste management. Goals are set to achieve and surpass regulatory, legal, and accreditation requirements.
+	1.2c	3	ADI	The applicant identifies and validates the key communities it serves through the Strategic Planning Process; the key communities are currently identified based on geographic proximity and defined as the three counties the organization serves. Figure 1.2-5 lists the methods (grouped by support for the body, spirit, and mind) the organization utilizes to actively support and strengthen its key communities. Examples of these methods include assistance with food, housing, recreation, and service on boards. The multidisciplinary Caring Community subteam uses a Pugh matrix to evaluate and prioritize opportunities based on the VMV and strategic objectives. Employees are provided with three paid days to support identified initiatives.

OPPORTUNITIES FOR IMPROVEMENT

-/- -	Item Ref.	KF Ref.	A/D/L/I	OPPORTUNITIES FOR IMPROVEMENT
-	1.2a(1)	2	D	Although board members are representative of the organization's stakeholders, it is not clear that there is a systematic, transparent approach for board member identification and selection. Without a systematic, transparent approach, the organization may not be fully demonstrating its value of trust and building confidence in its integrity by everything it does.
-	1.2b(1)	1	AD	Although Figure 1.2-2 lists requirements for the applicant, along with key processes, measures, and goals, it is not clear that the specific federal requirements noted as key for the organization to qualify for Section 330 grant funds as a federally qualified health center (FQHC) are recognized and addressed.
-	1.2b(2)	1	D	Although Figure 1.2-4 notes training, monitoring, and investigation processes related to ethical behavior, and the "no blame" environment for identification of problems is coupled with "zero tolerance" for breaches of ethical behavior, it is not clear how these processes (including interactions with patients and other customers to promote and ensure ethical behavior in all interactions) are deployed throughout the organization.

-/- -	Item Ref.	KF Ref.	A/D/L/I	OPPORTUNITIES FOR IMPROVEMENT
-	1.2c	3,4	LI	Although participation and hours are tracked for the identified activities in Figure 1.2-5 that may support the key communities of the organization, it is not clear that the activities listed represent systematic approaches to building community health.

Stage 2 Percent Score **55** **%**

Item Worksheet—Item 2.1

Indicate the 4–6 most important key business/organization factors relevant to this Item.

1. Five core organizational values: respect, trust, relationship, performance, and accountability
2. There are multiple legal and regulatory requirements at the federal, state, and local levels, including specific requirements to be designated a federally qualified health center (FQHC) and to be qualified for Section 330 grant funds and Joint Commission on Accreditation of Healthcare Organizations (JCAHO) accreditation, a mandatory requirement for CHCs
3. Key stakeholder groups are patients and their families, the community, staff, volunteers, partners, and payors; key requirements for each of these groups have been identified (Figure P.1-5) and vary among groups
4. Most important types of suppliers and partners are advocacy providers, group purchasing suppliers, community health care providers, education partners, community partner groups, and industry/strategic/vendor partners
5. Factors that determine organizational success are operational efficiency and productivity, decreased expenses, use of IT to reduce waste and increase productivity, and the expansion and strengthening of access to capital
6. Strategic challenges are aligned to the five key performance areas: F–Financial Performance, O-Organizational Learning, C-Clinical Excellence, U-Utilization, S-Satisfaction

Strengths and Opportunities for Improvement:

- Include an indication of the relative importance/strength of the comment by using ++ or **- -** as appropriate.
- Include a reference to the most relevant key factor(s).
- Include an indication of which process evaluation factors are addressed in this comment (refer to page 35 for definitions):

A=Approach D=Deployment L=Learning I=Integration

STRENGTHS

+/++	Item Ref.	KF Ref.	A/D/L/I	STRENGTHS
+	2.1a(1)	1,3,5,6	ADI	Strategic planning is conducted by cross-location teams, members of the Board of Directors, various staff members, and senior leaders who utilize the approach and key steps outlined in Figure 2.1-1. Input from each of the applicant's key stakeholder groups, including patients and their families, physicians (both the applicant's and private-practice providers), volunteers, representatives from health care and education partners, business partners, and community representatives, is considered in the process. The applicant's short-term planning horizon is one year and its longer-term planning horizon is five years, which is aligned with the State Association of CHCs's strategic planning process. The applicant uses its OASIS Improvement Model to assess and improve its Strategic Planning Process and provides several examples of improvements based on the use of this model.
+	2.1a(1)	1,3,5,6	AI	The applicant uses its Partners Committee to help address blind spots in its Strategic Planning Process. The committee conducts scenario planning, provides an external view of the applicant's plans and strategies, and provides perspectives and concepts

+/++	Item Ref.	KF Ref.	A/D/L/I	STRENGTHS
				from outside of the health care industry in support of the applicant's Strategic Planning Process.
+	2.1a(2)	2,3,5,6	AD	The applicant uses a Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis, and the results of the analysis are included in the Strategic Planning Process. In addition, it uses a resource-based approach and a series of questions to determine its ability to execute its strategic plan.
+	2.1b(1,2)	3-6	AD	The applicant presents its key strategic objectives and the timetable for accomplishing them in Figure 2.1-2. It identifies the strategic challenges associated with its strategic objectives.
+	2.1b(2)	1,4-6	A	To ensure that its strategic objectives balance the needs of all patients, other key customers, and stakeholders, the applicant uses the Pugh matrix and the FOCUS framework to set priorities.

OPPORTUNITIES FOR IMPROVEMENT

-/- -	Item Ref.	KF Ref.	A/D/L/I	OPPORTUNITIES FOR IMPROVEMENT
-	2.1a(2)	2,3,5,6	AD	Although the applicant's leadership team members are responsible for specific areas of information for the Strategic Planning Process, apart from the Partners Committee and the Info Interns, it is not clear how the information is gathered and analyzed to ensure that it can be used effectively in the process.
-	2.1b(1)	3-6	AD	Although the applicant presents its key strategic objectives and the timetable for accomplishing them in Figure 2.1-2 and performance projections for its action plans in Figure 2.2-1, it is not clear which objectives or goals are most important to the accomplishment of the strategic objectives. Without prioritizing these goals, it may be difficult for the applicant to ensure that it applies its limited improvement resources to those that are most important.
-	2.1b(2)	3-6	AD	Although the applicant presents its key strategic objectives and their related strategic challenges in Figure 2.1-2, it is not clear how the objectives actually address the strategic challenges identified in its Organizational Profile. For example, it is not clear how the applicant's strategic objectives address the financial performance strategic challenge (Figure P.2-3) of finding new revenue sources.

Stage 2 Percent Score 60 %

Item Worksheet—Item 2.2

Indicate the 4–6 most important key business/organization factors relevant to this Item.

1. Factors that determine organizational success are operational efficiency and productivity, decreased expenses, use of IT to reduce waste and increase productivity, and the expansion and strengthening of access to capital
2. 379 FTEs consisting of 62% clinical providers, 33% administrative/facility/patient support employees, and 5% senior leaders/managers
3. Strategic challenges are aligned to the five key performance areas: F–Financial Performance, O-Organizational Learning, C-Clinical Excellence, U-Utilization, S-Satisfaction
4. Strategic challenge of sustainability is finding revenue sources, particularly since federal 330 grant funding has decreased more than the last decade
5. More than 200 current volunteers
6. Role of suppliers and partners is to support the providing of care in more innovative ways

Strengths and Opportunities for Improvement:

- Include an indication of the relative importance/strength of the comment by using ++ or - - as appropriate.
- Include a reference to the most relevant key factor(s).
- Include an indication of which process evaluation factors are addressed in this comment:
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STRENGTHS

+/++	Item Ref.	KF Ref.	A/D/L/I	STRENGTHS
+	2.2a(1)	1,2,5,6	ADI	The applicant's senior leadership team and local clinic managers develop detailed action plans at four levels of the organization: organization-wide, county, point of care, and individual staff member. Plans are deployed to each unit using a "catchball" approach, starting with the involvement of all senior managers in the Strategic Planning Process and cascading to the development of 90-day plans and Individual Development Plans (IDPs). Resources for the action plans are allocated through the budgeting process and validated through the Pugh matrix.
+	2.2a(2)	1,2,5,6	ADI	The applicant uses regular review meetings to monitor progress of its action plans and assigns a manager as the single point of responsibility if a plan requires modification. The manager makes the necessary modifications, and the new plan is implemented following senior manager/leadership team review and approval.
+	2.2a(5)	1-3,5,6	AD	The applicant identifies the key measures and indicators associated with the accomplishment of its action plans (Figure 2.2-1). For example, for the action plan "provide current staff the time and resources to expand their skills," the associated sample measure is the staff proficiency rate.

+	2.2b	1-3,5,6	AD	The applicant identifies performance projections for the key measures and indicators associated with the accomplishment of its action plans. Its short- and longer-term projections compare favorably with ten of twelve of its shorter-term "best" comparisons and all of its longer-term "best" comparisons (Figure 2.2-2).

OPPORTUNITIES FOR IMPROVEMENT

-/- -	Item Ref.	KF Ref.	A/D/L/I	OPPORTUNITIES FOR IMPROVEMENT
-	2.2a(1,2)	1,2,5,6	ADI	Although the applicant assigns a "single point of responsibility" for modifying action plans when required, it is not clear how it supports rapid execution of new plans, especially considering its semiannual review and various approval approaches. Further, it is not clear how the applicant ensures that any key changes resulting from its action plans can be sustained.
-	2.2a(3)	1-4	AD	Although the applicant presents "Representative Examples" of its FOCUS actions plans in Figure 2.2-1, it is not clear which of these action plans are its key short- and longer-term action plans. Without identifying its key action plans for both the short and longer term, the applicant may have difficulty ensuring that it applies its limited resources to its most important action plans.
-	2.2a(4)	1,2,4	AD	Although the applicant presents one example of a human resource plan derived from its action plans, it is not clear what are the key human resource plans that derive from its short- and longer-term strategic objectives and action plans.
-	2.2a(5)	1,2,5,6	AD	While a number of leaders and staff are involved in the strategic and action plan development process, it is not clear how their involvement ensures that the action plan measurement system reinforces organizational alignment or addresses all key stakeholders.

Stage 2 Percent Score 55 %

Item Worksheet—Item 3.1

Indicate the 4–6 most important key business/organization factors relevant to this Item.

1. Key stakeholder groups are patients and their families, the community, staff, volunteers, partners, and payors; key requirements for each of these groups have been identified (Figure P.1-5) and vary among groups
2. Many patients have chronic health problems including asthma, cardiovascular disease, depression, obesity, and substance abuse/addiction behavior
3. Mission is to provide residents easy and timely access to high-quality and safe health care services, responsive to diverse cultural and socioeconomic needs, regardless of their ability to pay
4. Organization has 17% of the market share in its three-county service area—with higher percentages in Yuma (21%) and LaPaz (19%) and a lower percentage in Mohave (12%)
5. Competitors and key collaborators are CHCs in adjacent counties, community-based private medical/dental/behavioral health providers, Indian Health Services, Veterans Administration inpatient and outpatient care, and providers and facilities located in Mexico
6. Services to enable care and increase access include transportation, translation, case management, health education, and home visits

Strengths and Opportunities for Improvement:

- Include an indication of the relative importance/strength of the comment by using ++ or - - as appropriate.
- Include a reference to the most relevant key factor(s).
- Include an indication of which process evaluation factors are addressed in this comment:
  A=Approach D=Deployment L=Learning I=Integration

STRENGTHS

+/++	Item Ref.	KF Ref.	A/D/L/I	STRENGTHS
+	3.1a(1)	1,2,4-6	ADLI	Customer groups are systematically identified annually as part of the Strategic Planning Process using the applicant's VMV as a focus. By analyzing demographic data from multiple sources, the cross-location Service With Spirit Team (SWST) is able to identify the gaps, look at disparities, and identify potential customers. Deployment of this process through multiple cycles has resulted in the development of several services designed to meet the unmet needs of customers in the applicant's service area.
+ +	3.1a(2)	1,2,4,5	ADLI	The applicant uses multiple methods to listen and learn about the requirements for multiple stakeholders (Figure 3.1-1). Representatives from each of the applicant's facilities meet quarterly with an eight-member Patient-Family Advisory Board in order to obtain feedback on services that are currently delivered, as well as to participate on the design and improvement teams to ensure that patient and family perspectives are incorporated. Feedback is captured using a consistent reporting template across all applicant facilities.

++	3.1a(2)	1,2,4,6	ADLI	The applicant uses portable, multi-use CCKs across the three-county area to identify community needs, disseminate health information, gather ideas and feedback, and provide enrolled patients with access to their own PHPs and other information. Realizing that CCK utilization among elderly clinic enrollees was low, the applicant began hosting a monthly evening social hour called Second Time Around, which serves a similar function to the CCKs but in a manner that is more comfortable and personable for elderly patients.
+	3.1a(2)	1,2,4,5	ADL	The applicant obtains information from key partners through senior leadership interaction with partner organizations, an annual telephone survey, and quarterly Partners Committee meetings to understand the needs and requirements of key partners, as well as areas where the partnerships can be strengthened. Information from these meetings is used as part of the Strategic Planning Process.
+	3.1a(3)	1,2,4,5	ADL	The methods for understanding key customer needs and requirements are kept current as part of the Strategic Planning Process through the work of the SWST, which aggregates, segments, and analyzes customer listening post data to determine key drivers in satisfaction loyalty and positive referrals. In addition, the SWST uses the Critical to Quality (CTQ) process to identify the factors critical to customer satisfaction. Customer requirements are then embedded into service design and delivery by CMs.

OPPORTUNITIES FOR IMPROVEMENT

-/- -	Item Ref.	KF Ref.	A/D/L/I	OPPORTUNITIES FOR IMPROVEMENT
-	3.1a(1)	1,2,4,5	AD	The process for including local competitor data in the identification of patients and other customers is unclear. Without a clear process, the applicant may have difficulty attracting patients from all income strata, and this may adversely affect its primary competitive position to guarantee service regardless of ability to pay.
-	3.1a(2)	1-3,5,6	ADL	While the applicant's SWST analyzes a variety of listening post data and information, it is not clear how the information from current and former patients and other customers is used for marketing, process improvements, and new business opportunities. It also is not clear how the applicant uses the information gathered from all customer groups to become more patient- and other customer-focused and to better satisfy patient and customer needs and desires.
-	3.1a(2)	1,3	D	It is unclear how the applicant's listening and learning methods vary for different customers and customer groups. For example, it is unclear whether the Partners Committee includes representation from all partners (e.g., physicians, education partners) and other community representatives noted in the Organizational Profile. This lack of clarity may affect the systematic evaluation and improvement of health care services.

Stage 2 Percent Score **60** **%**

Item Worksheet—Item 3.2

Indicate the 4–6 most important key business/organization factors relevant to this Item.

1. Key stakeholder groups are patients and their families, the community, staff, volunteers, partners, and payors; key requirements for each of these groups have been identified (Figure P.1-5) and vary among groups
2. Key sources of comparative and competitive data within the health care industry are the following: data from CHCs, JCAHO, AHRQ, BPHC/HRSA, CDC, CMS, HEDIS; professional associations; Packer Patient Satisfaction data; Oates Staff Satisfaction data; QPG and Baldrige Award recipient data; Healthy Arizona 2010; State Association of CHCs; and Saguaro State Award Program
3. Mission is to provide residents easy and timely access to high-quality and safe health care services, responsive to diverse cultural and socioeconomic needs, regardless of ability to pay.
4. Many patients have chronic health problems including asthma, cardiovascular disease, depression, obesity, and substance abuse/addiction behavior
5. Five core organizational values: respect, trust, relationship, performance, and accountability
6. Competitors and key collaborators are CHCs in adjacent counties, community-based private medical/dental/behavioral health providers, Indian Health Services, Veterans Administration inpatient and outpatient care, and providers and facilities located in Mexico

Strengths and Opportunities for Improvement:

- Include an indication of the relative importance/strength of the comment by using ++ or - - as appropriate.
- Include a reference to the most relevant key factor(s).
- Include an indication of which process evaluation factors are addressed in this comment:
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STRENGTHS

+/++	Item Ref.	KF Ref.	A/D/L/I	STRENGTHS
++	3.2a(1)	1,3-5	ADLI	The applicant builds relationships with customers and key stakeholders through a variety of methods including patient enrollment, which serves as an orientation to enabling services; Patient-Family Advisory Boards, which have recommended and implemented improvements to patient care; CCKs; and high-visibility community health activities. Senior leaders participate on the boards of key partner organizations, which has led to improved discharge planning from the hospital setting, community-wide disaster drills, and training opportunities in culturally competent care. In addition, senior leader participation has led to opportunities for the applicant to teach the OASIS methodology to community members.

+	3.2a(2)	1,3,4	ADI	The applicant uses multiple key access mechanisms (Figure 3.2-1) to enable patients and other customers to seek information and services and to make complaints. These mechanisms include CCKs, Web site access, telephone and after-hours voice mail messages, printed materials in English and Spanish, transportation, child care, and interpreter services. At the close of every patient intervention, staff members ask what else they can do for the patient and how they can improve the next intervention. Data obtained from this customer feedback led to the development of the CCK prototype, which has since been deployed throughout the community and has become a key information-gathering and relationship-building methodology.
+	3.2a(3)	1,3-5	ADLI	The applicant uses its seven-step Complaint Management and Service Recovery Process (Figure 3.2-2), developed in collaboration with the Saguaro State University (SSU) Graduate School of Business, to manage patient and other customer complaints. Starting at orientation, all staff are trained in the process, which includes resolving problems immediately, if possible, or following up within 24 hours. Complaints are recorded on a short electronic template by site, service, stakeholder, and cultural group, and results are used in rapid cycle improvement efforts and also serve as key inputs in the Strategic Planning Process. Data are reviewed by the executive team and communicated to staff. In addition, top prevention tips are published in the applicant's newsletter.
+	3.2b(1)	1-6	ADL	To determine customer satisfaction and dissatisfaction, the applicant uses multiple survey tools and methods, including the Packer Satisfaction Survey that is administered to all enrollees. The Service Experience Survey, which gathers real-time satisfaction data, allowing staff to take immediate action to address patient or family concerns, is tracked by CMs and is available on the applicant's intranet. To obtain satisfaction data from the community, the applicant developed and uses the Community Climate Survey, which identifies the community's unmet needs and prioritizes enabling services.

OPPORTUNITIES FOR IMPROVEMENT

-/- -	Item Ref.	KF Ref.	A/D/L/I	OPPORTUNITIES FOR IMPROVEMENT
-	3.2a(3)	1,3,4	AD	It is not clear how the applicant systematically minimizes patient and other customer dissatisfaction to ensure future interactions; nor is it clear how the complaint management process is deployed to suppliers and partners to further their improvement.

-	3.2b(1)	1,3,4	DLI	It is unclear how the applicant ensures that its measurements capture actionable information for use in securing patients' and other customers' future interactions and gaining positive referrals; nor is it clear how the information is used to drive improvements. It also is unclear how the applicant differentiates dissatisfaction and complaints among different patient and stakeholder groups, and how these different perspectives are integrated into making improvements.
-	3.2b(2)	1,3,4	AD	Although the applicant's Service Experience Survey and Service Recovery Process allow follow up with some of its patients to receive prompt and actionable feedback, it is not clear how the other survey approaches enable the applicant to receive prompt feedback from its other customer segments, such as the community, partners, and payors.
-	3.2b(3)	1-3,6	AD	It is not clear how the applicant obtains and uses information from its partners and payors relative to their satisfaction with its competitors and other organizations. In addition, it is unclear whether the applicant makes any comparisons with other local community providers, which may affect its ability to compare its performance relative to these competitors.

Stage 2 Percent Score **60** **%**

Item Worksheet—Item 4.1

Indicate the 4–6 most important key business/organization factors relevant to this Item.

1. Multiple strategies for performance improvement and organizational learning including the PDCA process, OASIS Improvement Model, Clinical Microsystems, Baldrige Criteria, and Saguaro State Award Program
2. Competitors and key collaborators are CHCs in adjacent counties, community-based private medical/dental/behavioral health providers, Indian Health Services, Veterans Administration inpatient and outpatient care, and providers and facilities located in Mexico
3. Role of suppliers and partners is to support the providing of care in more innovative ways
4. Strategic challenges are aligned to the five key performance areas: F–Financial Performance, O-Organizational Learning, C-Clinical Excellence, U-Utilization, S-Satisfaction
5. Key sources of comparative and competitive data within the health care industry are the following: data from CHCs, JCAHO, AHRQ, BPHC/HRSA, CDC, CMS, HEDIS; professional associations; Packer Patient Satisfaction data; Oates Staff Satisfaction data; QPG and Baldrige Award recipient data; Healthy Arizona 2010; State Association of CHCs; and Saguaro State Award Program
6. Factors that determine organizational success are operational efficiency and productivity, decreased expenses, use of IT to reduce waste and increase productivity, and the expansion and strengthening of access to capital

Strengths and Opportunities for Improvement:

- Include an indication of the relative importance/strength of the comment by using ++ or - - as appropriate.
- Include a reference to the most relevant key factor(s).
- Include an indication of which process evaluation factors are addressed in this comment (refer to page 35 for definitions):

A=Approach D=Deployment L=Learning I=Integration

STRENGTHS

+/++	Item Ref.	KF Ref.	A/D/L/I	STRENGTHS
+	4.1a(1)	1,4	ADLI	The applicant utilizes a cross-location team, the Data Docs, to review measures; this helps to ensure that selected measures are aligned and integrated. Data from this team are then used during the annual Strategic Planning Process. In addition, measures are used for tracking daily operations, and the automated FOCUS scorecard tracks overall organizational performance.
+	4.1a(2)	5	AL	The applicant uses multiple sources of comparative data, including state CHC benchmarking consortium comparisons that are included on the FOCUS scorecard and reviewed quarterly by senior leaders. These data are utilized to identify performance gaps and define targets for improvement.
+	4.1a(3)	5	L	The organization works with the State Association of CHCs to re-evaluate measures each year to ensure that operational definitions are current. The Data Docs team routinely evaluates and assesses measures. This systematic evaluation process allows senior leaders to keep current with emerging trends.

+	4.1b(1)	1,4	ADLI	Senior leaders, clinic leadership, CMs and functional groups, and staff members review and analyze the FOCUS scorecard. Progress toward goals is quickly assessed through coded stoplight colors and the use of control charts for some measures to provide early indication of adverse trends. The OASIS Improvement Model is used to address statistically significant performance issues.
+	4.1b(2)	1,6	ADL	The three "highs" (high cost, high risk, and high volume) are used to prioritize opportunities for continuous improvement, with deployment initiated by a CM, functional group, or senior leaders.

OPPORTUNITIES FOR IMPROVEMENT

-/- -	Item Ref.	KF Ref.	A/D/L/I	OPPORTUNITIES FOR IMPROVEMENT
-	4.1a(2)	2	DL	The applicant utilizes multiple sources of comparative data to challenge its performance in setting targets for improvement; however, comparative data from community-based private medical/dental/behavioral health providers are not evident. The lack of local community-level data may affect the applicant's ability to assess relative performance and provide input into strategic decisions.
-	4.1a(3)	1,4	AL	While the Data Docs team evaluates performance in multiple dimensions to keep the applicant's performance measurement systems current, it is not evident how the performance measurement system is sensitive to rapid or unexpected organizational or external changes.
-	4.1b(2)	3	AD	While the organization deploys improvement priorities to staff, it is not clear how initiatives are deployed to suppliers, partners, and collaborators. This may affect the applicant's ability to provide innovative care given its reliance on key suppliers and partners to deliver health care services.

Stage 2 Percent Score 60 %

Item Worksheet—Item 4.2

Indicate the 4–6 most important key business/organization factors relevant to this Item.

1. Organization's vision is "the people of western Arizona will become the healthiest in the state"
2. Role of suppliers and partners is to support the providing of care in more innovative ways
3. The electronic health record is integrated with the billing and scheduling system
4. CCKs allow staff, patients, and community access to organizational information
5. Multiple strategies for performance improvement and organizational learning include the PDCA process, OASIS Improvement Model, Clinical Microsystems, Baldrige Criteria, and Saguaro State Award Program
6. 379 FTEs consisting of 62% clinical providers, 33% administrative/facility/patient support employees, and 5% senior leaders/managers

Strengths and Opportunities for Improvement:

- Include an indication of the relative importance/strength of the comment by using ++ or - - as appropriate.
- Include a reference to the most relevant key factor(s).
- Include an indication of which process evaluation factors are addressed in this comment (refer to page 35 for definitions):

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STRENGTHS

+/++	Item Ref.	KF Ref.	A/D/L/I	STRENGTHS
+	4.2a(1)	1,2	AD	The applicant collaborates with its key information technology (IT) supplier to provide an intranet site and 30 portable CCKs that provide needed information to staff, suppliers, partners, patients, and other customers. In addition, the intranet site also uses telemedicine that allows staff to obtain medical consultations remotely and to connect with the SSU Medical Center for complex subspecialty cases. Providing these subspecialty services promotes the organization's efforts in accomplishing its vision: "the people of western Arizona will become the healthiest in the state."
+	4.2a(2)	2,3	ADLI	The applicant's key IT supplier ensures that industry standard hardware and software are deployed throughout the system with an operating system uptime at 99.9% and help desk support during all hours of operations. To obtain customer feedback, an annual survey related to reliability and user-friendliness is conducted, with results integrated into the Strategic Planning Process.
+	4.2a(3)	2,3	A	The Disaster Plan provides for backup and off-site storage of server data files, uninterruptible power supplies connected to all servers both centrally and remotely, and a mirror system to immediately assume control if a server fails. Mock restoration drills are conducted quarterly to test backups and ensure system recovery within two hours in the event of an emergency.

+	4.2a(4)	4	ADLI	The Info Interns team, a cross-location team, conducts focus groups with CMs, functional groups, volunteers, patients, providers, partners, and suppliers for feedback, and then, at least annually, reviews information system needs with its IT partner. Senior leaders decide which requests are urgent and which can wait for the next planning cycle.
+	4.2b	5,6	ADLI	The applicant transfers knowledge to and from staff members and volunteers through multiple communication methods that include meetings, the intranet, staff rotations, and mentoring. In addition, a search engine scans daily logs for trends that indicate a need for local improvement and/or that identify organizational issues. This automated systematic approach to data abstraction and aggregation enables staff, CMs, and senior leaders to continually improve their daily work.
+	4.2b	5	ADL	Innovations are shared through the intranet via real-time, collaborative tools that enable document exchange and create reminders for specific performance goals. Implementing these tools has quadrupled the number of collaborating cross-organizational teams, with best practices shared through the OASIS Improvement Model, which promotes a focus on performance improvement and organizational learning.
+	4.2c	2-4,6	AD	The applicant uses a variety of approaches to ensure data, information, and knowledge quality. These approaches include data input control features, firewalls, passwords, automated data checks, and staff training (Figure 4.2-1).

OPPORTUNITIES FOR IMPROVEMENT

-/- -	Item Ref.	KF Ref.	A/D/L/I	OPPORTUNITIES FOR IMPROVEMENT
-	4.2a(1),b	1,6	AD	While the Partners Committee meets routinely and participates in two-way communication with the organization, it is not clear how the applicant systematically transfers relevant knowledge from all of its key suppliers, partners, and collaborators.
-	4.2a(4)	2,6	ADL	While the Info Interns team conducts focus groups to address health care needs, it is unclear how the organization keeps abreast of technological changes, which may affect its ability to ensure that its approaches remain current.
-	4.2b,c	3	A	While the electronic health record is the primary source of patient information, the approach for ensuring the accuracy, integrity, reliability, and security of paper records is unclear. In addition, it is not evident how the transfer of information to patients without an Internet connection or CCK access occurs.

Stage 2 Percent Score 70 %

Item Worksheet—Item 5.1

Indicate the 4–6 most important key business/organization factors relevant to this Item.

1. 379 FTEs consisting of 62% clinical providers, 33% administrative/facility/patient support employees, and 5% senior leaders/managers
2. 12% of staff are part-time; contract staff are used to fill critical vacancies; no collective bargaining units; 58% of the staff are female, 78% white, 15% mixed race, 5.5% Native American, and 26% of Hispanic heritage
3. Six key health care service, operational, and human resource strategic challenges for the organization: an increase in uninsured patients and decreased federal and Medicaid funding; the need to address workforce gaps; low incidence of prevention and screening and high incidence of chronic and communicable diseases; the need to provide specialty and unmet service needs, particularly to uninsured patients; the need to meet staff recruitment and retention challenges; and the need to maintain/enhance relationships with patients, the community, and external partners
4. Delivery mechanism for providing health care services is the CM
5. Organizational culture reflects a commitment to providing health care to the underserved; organization's vision is "the people of western Arizona will become the healthiest in the state"; mission is to provide residents easy and timely access to high-quality and safe health care services, responsive to diverse cultural and socioeconomic needs, regardless of their ability to pay; five core organizational values: respect, trust, relationship, performance, and accountability
6. More than 200 current volunteers

Strengths and Opportunities for Improvement:

- Include an indication of the relative importance/strength of the comment by using ++ or - - as appropriate.
- Include a reference to the most relevant key factor(s).
- Include an indication of which process evaluation factors are addressed in this comment:
  A=Approach D=Deployment L=Learning I=Integration

STRENGTHS

+/++	Item Ref.	KF Ref.	A/D/L/I	STRENGTHS
++	5.1a(1)	1,4-6	ADLI	The applicant has 25 CMs, each of which is led by a physician or dentist, and functional work groups to promote cooperation, initiative, and its culture. CMs develop practice profiles and monitor performance, sharing responsibility for team goals aligned to the FOCUS areas of the strategic plan. Collaboration and communication among CMs occur through real-time collaborative tools, the intranet, scorecards with common performance metrics, and online communities of practice.
+	5.1a(2)	1-6	ADI	The applicant uses cross-functional teams, its volunteer workforce, active engagement in the community, and the CM delivery structure to capitalize on the diverse ideas, thinking, and cultures of its staff and community.
+	5.1a(3)	1,4-6	AD	The applicant utilizes multiple methods to achieve communication and skill-sharing methods across health care professions, departments, and work units. These methods include Daily Huddles, CMs, committees and work groups, online learning modules, communities of practice, staff rotations, and liaisons.

+	5.1b	1,5,6	ADI	The applicant's performance management system supports the achievement of its key action plans by linking staff performance planning to the annual Strategic Planning Process and FOCUS framework. Staff meet semiannually with their supervisor to set priorities, review progress on goals, make any necessary adjustments, and focus on career development. Volunteers also meet biannually with their assigned community educators to exchange feedback on the volunteers' current activities and to develop plans for future ones. In addition, the applicant's STAR recognition program supports its VMV.
+	5.1c(1)	1,3,5	AI	The applicant identifies characteristics and skills needed by potential staff by working with hiring managers to identify and embed in job descriptions the required characteristics and skills in four competency areas: (1) clinical or technical, (2) team, (3) cultural, and (4) service. These competency areas are a key input on workforce capabilities, as are gaps and anticipated changes in the environment. All are addressed as part of long-term workforce planning.
+	5.1c(2)	2,3	AD	Recruitment priorities start with internal staff members, then focus on local community, state, and national recruitment pools, to help ensure that staff members reflect the local communities' diverse thinking, ideas, and culture. During the hiring process, a panel of volunteers and staff members representing the communities where the new staff will serve conducts behavior-based interviews addressing key characteristics and skills. Volunteers also go through a matching process. To enhance staff retention, approaches such as the "Rising Stars" and job buddy programs take place during the first 90 days of employment.
+	5.1c(3)	1,6	AD	The career progression of all staff occurs through the performance management process, which includes the development of an IDP and a midyear career development review. Each job description has a promotional checklist that outlines requirements for a higher-level assignment and supports staff decision making regarding opportunities for education and training, tuition reimbursement, flexible work arrangements, scholarships, and the Work to Learn program. Volunteers also have development paths that are designed to increase their skills and impact on the community.

OPPORTUNITIES FOR IMPROVEMENT

-/- -	Item Ref.	KF Ref.	A/D/L/I	OPPORTUNITIES FOR IMPROVEMENT
-	5.1b	1,3,6	AD	While the applicant utilizes both formal and informal recognition methods, such as its STAR program, senior leader thank you notes, and a formal gain-sharing plan, it is not clear how these actions contribute to the achievement of action plans and support a patient, other customer, and health care service focus.
-	5.1c(1,2)	5,6	A	While the applicant identifies skills and characteristics for its staff in four competency areas, it is not evident how skills and characteristics are identified for its volunteer workforce, who are closely integrated members of the CM delivery model and whose actions contribute to the applicant's performance and achievement of its VMV.
-	5.1c(3)	1,3,5	AD	While the board and CEO share responsibility for succession planning, and succession plans are developed and revised annually with two qualified individuals identified for each senior leader position, it is unclear (beyond board member selection) how individuals are identified for succession to senior administrative/operational and health care leadership positions, including the position of CM leader.

Stage 2 Percent Score 65 %

Item Worksheet—Item 5.2

Indicate the 4–6 most important key business/organization factors relevant to this Item.

1. 379 FTEs consisting of 62% clinical providers, 33% administrative/facility/patient support employees, and 5% senior leaders/managers
2. More than 200 current volunteers
3. Multiple strategies for performance improvement and organizational learning include the PDCA process, OASIS Improvement Model, Clinical Microsystems, Baldrige Criteria, and Saguaro State Award Program
4. Six key health care service, operational, and human resource strategic challenges for the organization: an increase in uninsured patients and decreased federal and Medicaid funding; the need to address workforce gaps; low incidence of prevention and screening and high incidence of chronic and communicable diseases; the need to provide specialty and unmet service needs, particularly to uninsured patients; the need to meet staff recruitment and retention challenges; and the need to maintain/enhance relationships with patients, the community, and external partners
5. Strategic challenges are aligned to the five key performance areas: F–Financial Performance, O-Organizational Learning, C-Clinical Excellence, U-Utilization, S-Satisfaction
6. Special health and safety requirements include exposure to communicable diseases, exposure to radiation and chemicals, and ergonomic injuries

Strengths and Opportunities for Improvement:

- Include an indication of the relative importance/strength of the comment by using ++ or - - as appropriate.
- Include a reference to the most relevant key factor(s).
- Include an indication of which process evaluation factors are addressed in this comment:
  A=Approach D=Deployment L=Learning I=Integration

STRENGTHS

+/++	Item Ref.	KF Ref.	A/D/L/I	STRENGTHS
+	5.2a(1)	1,4,6	ALI	The applicant's workforce development plan is reviewed and updated annually. Key inputs include performance evaluations, education and training results, and satisfaction data. Also input are organizational needs related to strategic objectives, regulatory and technical requirements, anticipated changes in the work environment, and new opportunities through partnerships. In addition, an education and training plan, which is reviewed quarterly and addresses additional training requests, is developed by the Human Resource (HR) Director and the People Potential Team (PPT).
+	5.2a(2)	1,2,5,6	AD	Key organizational needs associated with new staff orientation, diversity, ethical health care and business practices, and safety are handled through a variety of group and individual training and education activities, such as New Staff and Volunteer Orientation and annual refreshers on HIPAA. Also, specific training is provided for certain roles. This training includes additional safety training for clinical staff, defensive driving for volunteers responsible for transportation, and child and family development for all volunteers.

+	5.2a(3)	1-3	AL	On a quarterly basis, the applicant's PPT aggregates and analyzes input from staff on education and training. Key sources of data and information include the annual Staff Satisfaction Survey, post-training feedback, post-training knowledge and skills test results, and a volunteer survey that provides input on perceptions of education and training needs, as well as preferred delivery approaches. The results of these analyses are used to adjust the annual education and training plan.
+	5.2a(4)	1-3	ADL	Primarily, online training programs that include pre- and post-testing and a post-training feedback survey are used to deliver training due to the long distances among facilities, limited coverage for direct patient care staff, and few resources for large group meetings. "Train-the-trainer" programs, mentoring, and live group sessions also are used to deliver training and education. For example, a live group forum is used for new staff and volunteers to allow them the opportunity to hear directly from senior leadership about the applicant's VMV and culture, its key communities, and its responsibilities.
+	5.2a(5)	1,4	A	The applicant reinforces the use of new knowledge on the job through peer mentoring and the "train-the-trainer" approach. In order to demonstrate proficiency with new competencies, high-proficiency staff members are paired with newer staff members, so the newer staff members can learn from the best. In addition, online tests are conducted following training or at 30, 60, or 90 days after the training, as appropriate.

OPPORTUNITIES FOR IMPROVEMENT

-/- -	Item Ref.	KF Ref.	A/D/L/I	OPPORTUNITIES FOR IMPROVEMENT
-	5.2a(1)	1,3,4	AI	While workforce development plans are updated as part of the Strategic Planning Process, and education and training plans are formulated annually, it is not clear how key needs associated with technological changes are addressed. Also unclear is how the education/training approaches balance short- and longer-term organizational objectives with the needs for development, ongoing learning, and career progression. This lack of clarity may affect the applicant's ability to address challenges associated with staff recruitment and retention, as well as its ability to use technology to reduce waste and increase productivity.
-	5.2a(3)	1-3	AI	While the applicant states that certain staff members are developed to train volunteers in the areas of prevention and chronic disease management, it may be difficult for the applicant to determine how organizational learning and knowledge assets are systematically incorporated into education and training approaches.
-	5.2a(4)	1-3	AD	Although the applicant responds to its geographically dispersed facilities by delivering most training online, it is not clear how or if it systematically seeks input from staff, supervisors, and managers in determining delivery approaches.

-	5.2a(5)	2	ADL	While the applicant requires two-to-four weeks notice for voluntary terminations and uses annual supervisor evaluations of employees' likelihood to depart in the next six months, it is not evident how the applicant systematically retains this knowledge for long-term organizational use. Also unclear is how knowledge from departing or retiring volunteers is systematically captured and transferred.
-	5.2b	1,2	AD	While the applicant has implemented the CM delivery model and provides staff opportunities for professional development, it is not evident how these actions create a systematic approach to motivating all staff members, including the more than 200 volunteers, to develop and utilize their full potential. In addition, beyond a midyear review, it is not clear how managers and supervisors help staff and volunteers to attain job- and career-related development and learning objectives.

Stage 2 Percent Score **60** **%**

Item Worksheet—Item 5.3

Indicate the 4–6 most important key business/organization factors relevant to this Item.

1. 379 FTEs consisting of 62% clinical providers, 33% administrative/facility/patient support employees, and 5% senior leaders/managers
2. 12% of staff are part-time; contract staff are used to fill critical vacancies; no collective bargaining units; 58% of the staff are female, 78% white, 15% mixed race, 5.5% Native American, and 26% of Hispanic heritage
3. More than 200 current volunteers
4. Special health and safety requirements include exposure to communicable diseases, exposure to radiation and chemicals, and ergonomic injuries
5. Key sources of comparative and competitive data within the health care industry are the following: data from CHCs, JCAHO, AHRQ, BPHC/HRSA, CDC, CMS, HEDIS; professional associations; Packer Patient Satisfaction data; Oates Staff Satisfaction data; QPG and Baldrige Award recipient data; Healthy Arizona 2010; State Association of CHCs; and Saguaro State Award Program
6. There are multiple legal and regulatory requirements at the federal, state, and local levels, including specific requirements to be designated a federally qualified health center (FQHC) and to be qualified for Section 330 grant funds and JCAHO accreditation, a mandatory requirement for CHCs

Strengths and Opportunities for Improvement:

- Include an indication of the relative importance/strength of the comment by using ++ or - - as appropriate.
- Include a reference to the most relevant key factor(s).
- Include an indication of which process evaluation factors are addressed in this comment:
  A=Approach D=Deployment L=Learning I=Integration

STRENGTHS

+/++	Item Ref.	KF Ref.	A/D/L/I	STRENGTHS
+	5.3a(2)	1,3,4,6	ADL	The applicant ensures workplace preparedness for disasters or emergencies through the development of a facility-specific safety plan, periodic announced and unannounced drills, competency tests, certification of all direct patient care staff in Basic Cardiac Life Support, defibrillators at each clinic, and participation with local counties' emergency response agencies' disaster scenario drills.
+	5.3b(1)	1,2,3,5	AD	The applicant utilizes research conducted by an external, national company, with review and approval by its staff members and volunteers, to determine seven out of 12 dimensions that are representative of an "employer of choice." These dimensions form the basis for the applicant's annual Staff Satisfaction Survey that is given to both staff and volunteers.

+	5.3b(2)	1-3	AL	The applicant supports its staff via multiple services and benefits that include a family benefit package to staff working 30 hours or more per week, a 403b retirement plan with employer matching, tuition reimbursement, educational leave, flex time, job-sharing, and scholarships. Further, based on feedback, scholarship benefits are extended to children of staff and volunteers for training in a health care profession. Along with paid holidays and vacation time, staff is given three discretionary days off for community service.
+	5.3b(3)	1-3	A	The applicant utilizes multiple formal and informal assessment methods to determine staff well-being and satisfaction. These include the annual Staff and Volunteer Satisfaction Survey, monthly breakfast meetings with senior administrators, and quarterly reviews of rates and trends in staff turnover, absenteeism, grievances, safety, and productivity.
+	5.3b(4)	1	ADI	The PPT, led by a member of the senior leadership team, reviews satisfaction assessment findings segmented by functional groups and counties to identify opportunities for improvement. The findings are compared to key organizational performance measures such as productivity, patient satisfaction, and clinical outcomes to identify and set priorities. Results and action plans are shared with staff and serve as a key input into the Strategic Planning Process.

OPPORTUNITIES FOR IMPROVEMENT

-/- -	Item Ref.	KF Ref.	A/D/L/I	OPPORTUNITIES FOR IMPROVEMENT
- -	5.3a(1)	1,3,4,6	AD	Although staff and volunteers receive safety training; clinics have safety officers, champions, and committees; and clinics conduct biweekly safety and infection control rounds; it is unclear how staff and volunteers systematically take part in ensuring and improving workplace health, safety, security, and ergonomics. In addition, while performance measures have been identified in Figure 5.3-1, it is unclear how significant differences in workplace factors have been addressed for different staff groups and volunteers or for different work environments.
-	5.3b(1)	1-3	A	While the applicant utilizes seven dimensions on its annual Staff and Volunteer Satisfaction Survey, it is unclear how factors have been segmented to address its diverse workforce or its different categories and types of staff and volunteers.
-	5.3b(2)	1-3	AD	It is not clear how the applicant tailors its services, benefits, and policies to meet the needs of its diverse workforce and particularly different categories and types of staff. Also unclear is how services and policies are tailored to support the needs of the more than 200 volunteers participating in its work systems.

-	5.3b(3)	1,3	A/L	Although multiple formal and informal assessments are used to determine the well-being, satisfaction, and motivation of staff and volunteers, it is not apparent how methods differ across the diverse workforce and different categories and types of staff and volunteers. Without this information, it may be difficult for the applicant to address the strategic challenge of retaining staff.

Stage 2 Percent Score **60** **%**

Item Worksheet—Item 6.1

Indicate the 4–6 most important key business/organization factors relevant to this Item.

1. Community health center (CHC) providing primary care and preventive services
2. Delivery mechanism for providing health care services is the CM
3. Organization's vision is "the people of western Arizona will become the healthiest in the state"
4. Mission is to provide residents easy and timely access to high-quality and safe health care services, responsive to diverse cultural and socioeconomic needs, regardless of their ability to pay
5. Key stakeholder groups are patients and their families, the community, staff, volunteers, partners, and payors; key requirements for each of these groups have been identified (Figure P.1-5) and vary among groups
6. Important supply chain requirements are low cost/high value, on-time delivery of supplies and services, and continuity of operations for providing clinical care

Strengths and Opportunities for Improvement:

- Include an indication of the relative importance/strength of the comment by using ++ or - - as appropriate.
- Include a reference to the most relevant key factor(s).
- Include an indication of which process evaluation factors are addressed in this comment:
  A=Approach D=Deployment L=Learning I=Integration

STRENGTHS

+/++	Item Ref.	KF Ref.	A/D/L/I	STRENGTHS
+	6.1a(1)	1-6	ADLI	Key health care processes, focus areas, and measures (Figure 6.1-1) are determined during the Strategic Planning Process. Inputs include a community needs assessment, federal mandates for funded community health centers, and input from partners and other key stakeholders. CMs establish continuous and coordinated healing relationships with care teams and a practice system, which contribute to improved health care outcomes. All of these key health care processes include follow-up procedures.
+	6.1a(2,5)	1-6	ADLI	The applicant's key health care process requirements (Figure 6.1-2, step 2) are based on a set of requirements defined by the Institute of Medicine (IOM). The Medical Director leads the Healing Partners Team (HPT), which keeps abreast of emerging clinical practices and their implications for key health care process requirements. The applicant's key customer listening and learning methods (Figure 3.1-1) and its review of the Culturally and Linguistically Appropriate Service Standards during quarterly meetings demonstrate an effort to support its mission.

++	6.1a(3,6, 7)	1-6	ADLI	The HPT uses an expanded PDCA model to design its heath care processes. The team views the process and desired outcomes from the patients' perspective and identifies critical inputs for new or improved process designs. Implementation occurs through documenting and sharing the processes in the *Staff and Volunteer Handbook*, adding appropriate measures to the FOCUS scorecard, and providing appropriate training. An integrated improvement methodology is used to improve health care processes. Standardization, automation, and small tests of change prevent errors and reduce rework.
+	6.1a(4)	1-6	ADLI	Patients' expectations and preferences are addressed through the PHP. Enrolled patients and their primary care providers incorporate evidence-based recommendations for care along with individual preferences. The PHP creates the motivation, knowledge base, and skills and confidence for patients to make decisions about and manage their health. Self-management capability is correlated with better health outcomes, higher satisfaction, and more efficient use of services, which are at the core of the applicant's VMV.

OPPORTUNITIES FOR IMPROVEMENT

-/- -	Item Ref.	KF Ref.	A/D/L/I	OPPORTUNITIES FOR IMPROVEMENT
-	6.1a(4,5)	1-6	L	The applicant states that the HPT designs its key heath care processes and meets key requirements; however, although the HPT considers patient feedback at quarterly reviews, it is unclear how input from customers, suppliers, and other stakeholders is used in managing the key processes, as appropriate. Not including supplier, partner, and collaborator input on key processes may affect the applicant's ability to improve the efficiency and effectiveness of key health care processes.
- -	6.1a(3)	1-6	ADLI	It is not clear how the applicant's model for process design (Figure 6.1-2) incorporates new technology, agility, cycle time, and other effectiveness and efficiency factors. This may be noteworthy given the applicant's principal factors of operational efficiency and the use of IT to reduce waste and increase productivity.

Stage 2 Percent Score **65** **%**

Item Worksheet—Item 6.2

Indicate the 4–6 most important key business/organization factors relevant to this Item.

1. Role of suppliers and partners is to support the providing of care in more innovative ways
2. Most important types of suppliers and partners are advocacy providers, group purchasing suppliers, community health care providers, education partners, community partner groups, and industry/strategic/vendor partners
3. Key suppliers and partners receive annual training related to ethics, legal obligations, and the VMV
4. Factors that determine organizational success are operational efficiency and productivity, decreased expenses, use of IT to reduce waste and increase productivity, and the expansion and strengthening of access to capital
5. Key stakeholder groups are patients and their families, the community, staff, volunteers, partners, and payors; key requirements for each of these groups have been identified (Figure P.1-5) and vary among groups
6. There are multiple legal and regulatory requirements at the federal, state, and local levels, including specific requirements to be designated a federally qualified health center (FQHC) and to be qualified for Section 330 grant funds and JCAHO accreditation, a mandatory requirement for CHCs

Strengths and Opportunities for Improvement:

- Include an indication of the relative importance/strength of the comment by using ++ or - - as appropriate.
- Include a reference to the most relevant key factor(s).
- Include an indication of which process evaluation factors are addressed in this comment:
  A=Approach D=Deployment L=Learning I=Integration

STRENGTHS

+/++	Item Ref.	KF Ref.	A/D/L/I	STRENGTHS
+	6.2a(1,2)	1,4,5	A	The applicant identifies its key business and support processes during the SWOT analysis step of its annual Strategic Planning Process. Key support and business processes and their requirements and measures are given in Figure 6.2-1.
+	6.2a(4)	1-5	ADLI	Also shown in Figure 6.2-1 are the applicant's key business and support process outcome measures. Process owners and team members monitor processes in Daily Huddles, exchange information about process performance, and communicate issues and ideas. Performance tracking is usually managed with simple checklists and check sheets that are recorded in spreadsheets and posted on the intranet. Statistical process control is in place for key process metrics, and staff are trained to intervene when a process signals an out-of-control condition. Results are rolled up to the process owner for reporting overall performance for those measures on the FOCUS scorecard.
+	6.2a(5)	1,4,5	ADLI	The applicant minimizes the cost of audits and inspections by training staff to perform work as documented in the online *Staff and Volunteer Handbook* and by maintaining "audit-ready" status at all times. Teams perform their own quality checks, and checking for accuracy is an embedded step in the work of every staff member in a business or support process. The applicant has created a "no-blame" environment where staff are recognized for identifying errors that could create significant downstream problems. Any systemic issues identified are addressed with training and counseling.

+	6.2a(6)	4,5	ADLI	The applicant utilizes the Baldrige framework; its OASIS Improvement Model, which includes Six Sigma and Lean methodologies; and feedback from external and internal customers to improve business and support processes. If process performance, stakeholder feedback, or a strategic priority indicates a need for improvement, a team is formed from the staff and volunteers in impacted areas. The team works to identify opportunities, assess and analyze outcomes, set targets and timelines, and share results.
+	6.2b(1)	1-6	ADI	The applicant ensures that adequate resources are available to support operations through a zero-based budgeting process that is linked to the five-year capital and funding plans developed during the Strategic Planning Process. After the strategic plan and associated goals for the upcoming fiscal year are developed, each group prepares a budget to provide planned services.
+	6.2b(2)	1,4,5	ADLI	The applicant ensures continuity of operations through an Emergency Management Plan that focuses on preparedness for power outages, desert sand storms, or an influx of illnesses or injuries caused by contagious disease or disasters. Mock evacuation drills are conducted, and emergency preparations are reviewed monthly. The plan includes the use of alternate sites and transportation. Full mock disaster response drills are conducted unannounced at least annually in conjunction with local partners.

OPPORTUNITIES FOR IMPROVEMENT

-/- -	Item Ref.	KF Ref.	A/D/L/I	OPPORTUNITIES FOR IMPROVEMENT
-	6.2a(3)	1,4,5	LI	Although the PDCA model is used to design business and support processes, and the model incorporates organizational knowledge, the potential need for agility, cycle time, productivity, cost control, and other efficiency and effectiveness factors, it is unclear how this occurs. It also is unclear how other customer, supplier, partner, and collaborator input is incorporated. Without a systematic approach to address these factors, it may be difficult for the applicant to achieve its success factors related to efficiency and the challenges of shrinking reimbursement and revenue.
-	6.2a(2,4)	1-5	LI	Although frequent monitoring of both in-process and outcome measures, Daily Huddles, checklists, and check sheets are used to manage the day-to-day operations of key business and support processes, it is not clear how the requirements presented in Figure 6.2-1 were defined. This may affect the applicant's ability to improve the efficiency and effectiveness of key support processes.
-	6.2b(1)	1,4-6	ALI	Although the applicant uses a zero-based budgeting process and develops contingency plans that include actions to temporarily reduce non-mission critical expenditures as needed to support operations, it is not clear how it ensures that adequate resources are available to support major new business investments. Given the applicant's intent to use IT to reduce waste and increase productivity, this may be significant.
- -	6.2a(3)	1-6	ADLI	It is not clear how the applicant's business and support process design incorporates new technology. This may impact the applicant's principal factor of operational efficiency, as well as its use of IT to reduce waste and increase productivity.

Stage 2 Percent Score **55** **%**

Item Worksheet—Item 7.1

Indicate the 4–6 most important key business/organization factors relevant to this Item.

1. Organization's vision is "the people of western Arizona will become the healthiest in the state"
2. Key health care market segments for Yuma county include diabetic patients and young females
3. Key sources of comparative and competitive data within the health care industry are the following: data from CHCs, JCAHO, AHRQ, BPHC/ HRSA, CDC, CMS, HEDIS; professional associations; Packer Patient Satisfaction data; Oates Staff Satisfaction data; QPG and Baldrige Award recipient data; Healthy Arizona 2010; State Association of CHCs; and Saguaro State Award Program
4. Six key health care service, operational, and human resource strategic challenges for the organization: an increase in uninsured patients and decreased federal and Medicaid funding; the need to address workforce gaps; low incidence of prevention and screening and high incidence of chronic and communicable diseases; the need to provide specialty and unmet service needs, particularly to uninsured patients; the need to meet staff recruitment and retention challenges; and the need to maintain/enhance relationships with patients, the community, and external partners
5. Key stakeholder groups are patients and their families, the community, staff, volunteers, partners, and payors; key requirements for each of these groups have been identified (Figure P.1-5) and vary among groups
6. Competitors and key collaborators are CHCs in adjacent counties, community-based private medical/dental/behavioral health providers, Indian Health Services, Veterans Administration inpatient and outpatient care, and providers and facilities located in Mexico

Strengths and Opportunities for Improvement:

- Include an indication of the relative importance/strength of the comment by using ++ or - - as appropriate.
- Include a reference to the most relevant key factor(s).
- Include an indication of which process evaluation factors are addressed in this comment:
  Le = Performance Levels T = Trends C= Comparisons Li = Linkages G = Gaps

STRENGTHS

+/++	Item Ref.	KF Ref.	Le/T/C/Li	STRENGTHS
++	7.1a	1-4	LeTCLi	Favorable trends on a number of screening and prevention measures for lifestyle risk factors, behavioral health, and cancer are demonstrated. These include the following measures: Body Mass Index (BMI) showing improvement from 1999 to 2005, with performance better than that of the state-average CHC from 2003 to 2005 (Figure 7.1-1a); screening for smoking measures improving from 45% in 1999 to more than 80% in 2005, with better than the 90th percentile comparison in 2004 and 2005 (Figure 7.1-1b); and screening for depression and for domestic violence demonstrating improved performance from 2002 to 2005, with both areas demonstrating nearly 60% improvement and recent levels at or near the state-best comparison CHCs (Figures 7.1-2a and 7.1-2b). Screening for colon cancer and for breast and cervical cancers also demonstrate improvement (Figures 7.1-3a, 7.1-3b, and 7.1-3c).
+	7.1a	2-4	LeTLi	Outcomes related to selected acute and chronic conditions (diabetes, asthma, and heart care) show steady improvement over the years reported (Figures 7.1-5, 7.1-6, and 7.1-7).

+	7.1a	1,2-4	LeTCLi	In 2005, performance results for communicable diseases—influenza and pneumococcus immunizations (Figures 7.1-4a and 7.1-4b, respectively)—met Arizona's Healthy People 2010 goals in all three counties. These results link to the applicant's efforts to provide preventive services and address challenges related to low incidences in prevention and screening and high incidences of chronic and communicable disease.
+	7.1a	1,2-4	LeTCLi	Outcomes related to maternal and child care show improvement over time. Data show decreased numbers of newborns with low birth weight in all three counties, with a favorable trend over the past four years and levels that approach or are equal to the state-best comparison in 2004 and 2005 and approach the Arizona's Healthy People 2010 goal (Figure 7.1-8a). Other measures related to pregnancy, childbirth, and pediatric care show consistent improvements and, in several cases, are at or near the Health Care Data and Information (HCDI) 90th percentile for the most recent year. These include early prenatal care (Figure 7.1-8b), well-child care (Figures 7.1-9a and 7.1-9b), and appropriate immunizations (Figures 7.1-9c and 7.1-9d). Performance for acute pediatric care (Figure 7.1-9e) and testing for pharyngitis (Figure 7.1-9f) also show favorable trends since 2002.
+	7.1a	1,2-4	LeTC	The applicant's performance for key dental service metrics—dental exam in past year (adults) (Figure 7.1-10a) and 8-year-olds with sealant present (Figure 7.1-10b)—shows favorable trends for all three counties from 2002 through 2005, with performance levels reaching state-best CHC levels in 2005.

OPPORTUNITIES FOR IMPROVEMENT

-/- -	Item Ref.	KF Ref.	Le/T/C/Li/ G	OPPORTUNITIES FOR IMPROVEMENT
- -	7.1a	2,4,5	G	There is an absence of measures related to some of the requirements identified as patient and other customer requirements in Figure P.1-5. For example, although many measures for participation in screening and health care delivery processes are presented with favorable results, no results are presented related to patient safety or functional status.

- -	7.1a	1,5,6	C	There is a lack of segmentation by customer group for several of the lifestyle risk factors and behavioral health indicators (Figures 7.1-1a, 7.1-1b, 7.1-2a, and 7.1-3c). While the applicant shows positive results for screening for depression (Figure 7.1.-2a), it indicates that persons of Hispanic background are at a higher risk of depression; yet the data are not segmented by Hispanic or non-Hispanic background. There also is a lack of segmentation by county for key measures such as heart care (Figure 7.1-7), asthma care (Figure 7.1-6), diabetes screenings (Figure 7.1-5), patients with self-management goals (Figure 7.1-11), and post-acute myocardial infarction (AMI) beta blocker therapy (Figure 7.1-12). This lack of segmentation may make it difficult for the applicant to determine opportunities for improvement among county locations.
-	7.1.a	3,6	G	Comparisons with relevant state or national standards are lacking for some key measures of health care outcomes: diabetes care (Figure 7.1-5), asthma care (Figure 7.1-6), and heart care (Figure 7.1-7). In addition, there are no comparisons with competitors. It also is unclear which of the applicant's health care and service delivery outcome measures presented in Item 7.1 are mandated by regulatory, accreditor, or payor requirements.

Stage 2 Percent Score **50** **%**

Item Worksheet—Item 7.2

Indicate the 4–6 most important key business/organization factors relevant to this Item.

1. Communities in the Yuma County service area along the border of Mexico are among the state's fastest growing
2. Five core organizational values: respect, trust, relationship, performance, and accountability
3. Mission is to provide residents easy and timely access to high-quality and safe health care services, responsive to diverse cultural and socioeconomic needs, regardless of their ability to pay
4. Multiple strategies for performance improvement and organizational learning include the PDCA process, OASIS Improvement Model, CMs, Baldrige Criteria, and Saguaro State Award Program
5. Key stakeholder groups are patients and their families, the community, staff, volunteers, partners, and payors; key requirements for each of these groups have been identified (Figure P.1-5) and vary among group
6. Competitors and key collaborators are CHCs in adjacent counties, community-based private medical/dental/behavioral health providers, Indian Health Services, Veterans Administration inpatient and outpatient care, and providers and facilities located in Mexico

Strengths and Opportunities for Improvement:

- Include an indication of the relative importance/strength of the comment by using ++ or - - as appropriate.
- Include a reference to the most relevant key factor(s).
- Include an indication of which process evaluation factors are addressed in this comment:

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STRENGTHS

+/++	Item Ref.	KF Ref.	Le/T/C/Li	STRENGTHS
+	7.2a(1,2)	4,6	LeTCLi	Coordination of care, reflected by the percentage of patients who do not feel that their medications are adequately explained, demonstrates a favorable trend for the last three years (Figure 7.2-2). In addition, the applicant's levels have surpassed the national norm for the last two years and approach or are equal to state-best CHC performance in 2005.
+	7.2a(1,2)	5,6	LeTC	Emotional support, measured by family/living situation and questions not addressed (Figures 7.2-3a and 7.2-3b), shows favorable trends for the last four years in all three counties. The 2005 levels surpass or are equal to the national norm and one clinic's level is equal to state-best CHC performance for family/living situation and questions not addressed.
+	7.2a(1)	1,5,6	LeTC	From 2002 to 2005, the applicant demonstrates improvement trends for its key information and education measures of patients with "language problems" (Figure 7.2-4a) and patients who "did not receive enough information" (Figure 7.2-4b). In the "language problems" measure, results show that since 2002 the applicant's performance has surpassed the national norm level in all three counties; in 2005, the applicant's performance for the "did not receive enough information" measure surpassed the national norm level in all three counties. In addition, for both measures, the 2004 and 2005 performance in two of the sites compares favorably to state-best CHC comparative levels.

+	7.2a(1,2)	2,6	LeTC	The percentage of patients who perceive a lack of respect for their cultures demonstrates a favorable trend over the last four years, with a 2005 overall performance level approaching 2%, which is best in the state (Figure 7.2-6).
+	7.2a(2)	5,6	LeTC	The applicant demonstrates improvement trends from 2002 to 2005 in all three counties for its "would-recommend-to-a-family-member-or-friend" patient measure (Figure 7.2-7), with results well above the national norm in 2004 and 2005. In addition, two of the counties have performance levels (approaching 80%) that compare favorably to the state-best CHC comparisons.
+	7.2a(1,2)	5,6	LeTC	Results for community confidence (Figures 7.2-8a through 7.2-8c) show improving results over the last three years among users and nonusers in all counties, with overall, pediatric, and senior care performance that is the best in the state for 2005. These results demonstrate the applicant's progress toward the key customer and stakeholder requirement that the applicant have a "reputation as a high-quality health center."

OPPORTUNITIES FOR IMPROVEMENT

-/- -	Item Ref.	KF Ref.	Le/T/C/Li/ G	OPPORTUNITIES FOR IMPROVEMENT
-	7.2a(1,2)	3	C	Access to care, measured by the patients' ability to schedule appointments when wanted and "waited too long after arrival" at the health care facility (Figures 7.2-1a and 7.2-1b), show favorable trends over the past four years, with levels that exceed the national comparison. However, these levels do not approach the state-best CHC comparison, which may impede the applicant's accomplishment of its mission to provide residents with easy and timely access to health care services.
-	7.2a(1)	3	T	The applicant demonstrates inconsistent performance trends from 2002 to 2005 in all three counties for its respect-for-patient-preferences measure (not involved in care decisions) (Figure 7.2-5), with declining performance in 2004. Further, a decline in the emotional support measure (questions not addressed) (Figure 7.2-3b) performance level of approximately 40% in 2005 for the La Paz clinic is noted. This performance may affect the organization's responsiveness to meeting the needs of its patients.
-	7.2a(1)	6	CG	Although the applicant utilizes statewide and national benchmark comparisons for its health care results, use of local competitor data is not evident. Lack of this competitive data may affect the applicant's ability to identify gaps and evaluate its performance against competing organizations.

-	7.2a(1,2)	5	G	While results from various patient and other customer surveys relative to satisfaction are described, results related to patient- and other customer-perceived value, such as patient dissatisfaction and retention, are absent. Also lacking are results stemming from the service experience survey or complaints from patients and other stakeholders. Without this information, it may be difficult for the applicant to determine the effectiveness of its patient complaint and relationship-building processes.

Stage 2 Percent Score **55** **%**

Item Worksheet—Item 7.3

Indicate the 4–6 most important key business/organization factors relevant to this Item.

1. Strategic challenges are aligned to the five key performance areas: F–Financial Performance, O-Organizational Learning, C-Clinical Excellence, U-Utilization, S-Satisfaction
2. Five core organizational values: respect, trust, relationship, performance, and accountability
3. Many patients have chronic health problems including asthma, cardiovascular disease, depression, obesity, and substance abuse/addiction behavior
4. Organization has 17% of the market share in its three-county service area—with higher percentages in Yuma (21%) and LaPaz (19%) and a lower percentage in Mohave (12%)
5. Competitors and key collaborators are CHCs in adjacent counties, community-based private medical/dental/behavioral health providers, Indian Health Services, Veterans Administration inpatient and outpatient care, and providers and facilities located in Mexico
6. Key sources of comparative and competitive data within the health care industry are the following: data from CHCs, JCAHO, AHRQ, BPHC/HRSA, CDC, CMS, HEDIS; professional associations; Packer Patient Satisfaction data; Oates Staff Satisfaction data; QPG and Baldrige Award recipient data; Healthy Arizona 2010; State Association of CHCs; and Saguaro State Award Program

Strengths and Opportunities for Improvement:

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- Include a reference to the most relevant key factor(s).
- Include an indication of which process evaluation factors are addressed in this comment:
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STRENGTHS

+/++	Item Ref.	KF Ref.	Le/T/C/Li	STRENGTHS
+	7.3a(1)	1-3,6	LeTC	The applicant's performance in revenues, expenses, and collections (Figure 7.3-1), a key measure of its financial solvency, demonstrates improving performance from 2002 to 2005. Collections improved from approximately $20 million in 2002 to $25 million in 2005, and total revenue improved from approximately $25 million in 2002 to nearly $30 million in 2005. The applicant's performance in total revenue is at or better than its state-best CHC comparison in 2004 and 2005. Performance in cost savings from purchasing consortium (Figure 7.3-5) demonstrates improving performance from 2000 to 2005, with total savings increasing from more than $800,000 in 2000 to more than $1 million dollars in 2005.
+	7.3a(1)	1-3,6	LeTCLi	The applicant's performance in accounts receivable by payor type (Figure 7.3-2) demonstrates improving performance in the Medicare, private, and self-pay segments from 2001 to 2005. Also, in 2003, 2004, and 2005, performance in the private segment was equal to the state-best CHC comparison. Performance in these areas may demonstrate the effectiveness of the applicant's "Improve Collection Rates" action plan.

+	7.3a(1)	1-3,6	LeTCLi	The applicant's performance in collection rates (Figure 7.3-3) demonstrates improving performance from 2002 to 2005 in the private, Medicaid, and applicant overall segments. The applicant's overall performance equaled its state-best CHC comparison for 2004 and 2005. Performance in these areas may demonstrate the effectiveness of the applicant's "Improve Collection Rates" action plan.
+	7.3a(1)	1-3,6	LeTCLi	The applicant's performance in return on assets in clinical units (Figure 7.3-4) improved from 2002 to 2004 and, while declining slightly in 2005, has been at or very near its state-best CHC comparison since 2001. Performance in this area may demonstrate the effectiveness of the applicant's "Improve Collection Rates" action plan.
++	7.3a(1)	1-3,6	LeTCLi	The applicant's performance in growth in and total value of Foundation funding (Figure 7.3-6) demonstrates improving performance in donations, capital appreciation, and total value from 2002 to 2005. Total value has increased from approximately $2 million in 2002 to more than $4 million in 2005. This performance may be particularly noteworthy given the applicant's strategic challenge associated with funding.
+	7.3a(2)	1-3,6	LeTCLi	The applicant's performance in market share by county (Figure 7.3-7) and market share by service (Figure 7.3-8) demonstrates improvement from 2002 to 2005 in all segments reported. The applicant's overall market share increased from approximately 14% in 2002 to approximately 17% in 2005 (Figure 7.3-7).

OPPORTUNITIES FOR IMPROVEMENT

-/- -	Item Ref.	KF Ref.	Le/T/C/Li/ G	OPPORTUNITIES FOR IMPROVEMENT
-	7.3a(1,2)	3-6	C	Although the applicant provides comparisons for results in some areas, it does not provide relative comparisons for four of the results areas it reports in Item 7.3 and provides no comparisons for key measures or indicators of health care market performance. In Figures 7.3-1 and 7.3-2, it presents results information for three (expenses, collections, and total revenues) and four (Medicare, Medicaid, private, and self-pay) results areas, respectively; yet comparisons are provided for only one results area in each. The lack of relative comparisons in these key areas may make it difficult for the applicant to ascertain the relative effectiveness of its improvement strategies and action plans.
-	7.3a(1)	1-3,6	LeTLi	In 2005, the Medicaid segment of the applicant's performance in accounts receivable by payor type (Figure 7.3-2) declined from its levels in 2003 and 2004. Also, its 2005 performance in collection rates (Figure 7.3-3) declined in its self-pay and Medicare segments from 2004. Declining performance in these areas may call into question the effectiveness of the applicant's "Improve Collection Rates" action plan.

-	7.3a(1,2)	1-3,6	LeTLi	Although the applicant presents some segmented financial and market outcome results, it does not provide segmentation by market, patient, or other customer segments in five of the eight results areas presented. This may make it difficult for the applicant to understand its performance relative to these key segments.
-	7.3a(1,2)	1-3,6	G	The applicant does not present financial and market outcome results in a number of areas—such as asset utilization, value-added per staff member, performance to budget, and reserve funds—that may be key given its strategic challenge of financial performance.

Stage 2 Percent Score 55%

Item Worksheet—Item 7.4

Indicate the 4–6 most important key business/organization factors relevant to this Item.

1. Organizational culture reflects a commitment to providing health care to the underserved; organization's vision is "the people of western Arizona will become the healthiest in the state"; mission is to provide residents with easy and timely access to high-quality and safe health care services, responsive to diverse cultural and socioeconomic needs, regardless of their ability to pay; five core organizational values: respect, trust, relationship, performance, and accountability
2. 379 FTEs consisting of 62% clinical providers, 33% administrative/facility/patient support employees, and 5% senior leaders/managers; 12% of staff are part-time; contract staff are used to fill critical vacancies; no collective bargaining units; 58% of the staff are female, 78% white, 15% mixed race, 5.5% Native American, and 26% of Hispanic heritage
3. More than 200 current volunteers
4. Special health and safety requirements include exposure to communicable diseases, exposure to radiation and chemicals, and ergonomic injuries
5. Key sources of comparative and competitive data within the health care industry are the following: data from CHCs, JCAHO, AHRQ, BPHC/HRSA, CDC, CMS, HEDIS; professional associations; Packer Patient Satisfaction data; Oates Staff Satisfaction data; QPG and Baldrige Award recipient data; Healthy Arizona 2010; State Association of CHCs; and Saguaro State Award Program
6. Key human resource strategic challenges: the need to address workforce gaps and the need to meet staff recruitment and retention challenges

Strengths and Opportunities for Improvement:

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STRENGTHS

+/++	Item Ref.	KF Ref.	Le/T/C/Li	STRENGTHS
+	7.4a(1)	2	T	The applicant's cost savings related to CMs (Figure 7.4-1) demonstrate improvement trends from approximately 2% savings in 2002 to near 12% in 2005.
+	7.4a(2)	2,3,5	LeTC	The applicant shows improving performance for its training completion rates for both staff and volunteers (Figures 7.4-3a and 7.4-3b) since 2002, with several core training rates at 100% in 2005. Further, improvement trends are demonstrated since 2001 for staff and volunteers enrolled in degree/certification programs (Figure 7.4-5), with performance levels in 2005 exceeding state-best CHC data for nonlicensed staff.

+	7.4a(3)	2,3,5	LeTC	The applicant shows improvement trends from 2002 to 2005 for staff satisfaction with key performance dimensions (Figures 7.4-2a and 7.4-2b) in both its CM and non-CM work groups, as well as staff satisfaction by county and job group (Figures 7.4-6a and 7.4-6b). These county and job group results demonstrate performance levels meeting or exceeding 80% of staff being very satisfied in 2005. In addition, the applicant's volunteer satisfaction results have improved from just over 60% in 2002 to over 80% in 2005 (Figure 7.4-7). The applicant's overall 2005 performance exceeds the Oates Group 75th percentile for North American companies.
+	7.4a(3)	1-5	LeTC	The applicant demonstrates improvement trends for key safety and security measures, with performance levels in 2005 comparing favorably to Baldrige recipient performance levels (Figure 7.4-8).
++	7.4a(3)	1-3,5,6	LeTC	Performance results for staff turnover by job group and by county demonstrate improvement trends in all groups and counties from 2000 to 2005, with all job groups meeting or exceeding the state-best CHC levels of approximately 8% (Figures 7.4-9a and 7.4-9b).
+	7.4a(3)	1-3,5	LeTC	From 2002 to 2005, the applicant demonstrates improvement trends for its STAR Recognition Program, with over 50% of volunteers and staff receiving recognition in 2005 (Figure 7.4-10). In addition, staff gainsharing payouts have improved from $20,000 in 2002 to approximately $90,000 in 2005 (Figure 7.4-11).

OPPORTUNITIES FOR IMPROVEMENT

-/- -	Item Ref.	KF Ref.	Le/T/C/Li/ G	OPPORTUNITIES FOR IMPROVEMENT
- -	7.4a(1,2)	1-3,6	CG	Although the applicant has provided results relating to staff and volunteer proficiency rates that result from orientation and training, other measures of staff learning and development are not provided. These might include innovation and suggestion rates, courses completed, learning, on-the-job performance improvements, credentialing, and cross-training rates. In addition, except for the Oates data for the key performance dimensions (Figures 7.4-2a and 7.4-2b), comparative data are not provided for other key measures and indicators of work system, learning, and development performance.

-	7.4a(1-3)	1-3	LiG	While the applicant provides staff results segmented by county and job group (Figures 7.4-6a, 7.4-6b, 7.4-9a, and 7.4-9b), it is unclear what other types of segmentation are used to capture and understand the diversity of the applicant's workforce across the different types and categories of staff and volunteers. For example, other types of segmentation might include segmentation based on specialties, skills, needs, or work assignments. Such information may help the applicant to determine the effectiveness of its work system performance and education and development efforts, as well as its staff and volunteer well-being, satisfaction, and dissatisfaction.
-	7.4a(1-3)	1,5	CG	Although the applicant utilizes the Oates 75th percentile and state-best comparisons for its staff and work system results, the use of local competitor data such as community-based private medical/dental/behavioral health providers is not evident. This may affect the applicant's ability to evaluate its performance against local competitors and to meet its strategic challenge of addressing workforce gaps.

Stage 2 Percent Score **60** **%**

Item Worksheet—Item 7.5

Indicate the 4–6 most important key business/organization factors relevant to this Item

1. Community health center (CHC) providing primary care and preventive services.
2. Multiple strategies for performance improvement and organizational learning include the PDCA process, OASIS Improvement Model, Clinical Microsystems, Baldrige Criteria, and Saguaro State Award Program
3. Organization's vision is "the people of western Arizona will become the healthiest in the state"
4. Mission is to provide residents easy and timely access to high-quality and safe health care services, responsive to diverse cultural and socioeconomic needs, regardless of their ability to pay
5. Key stakeholder groups are patients and their families, the community, staff, volunteers, partners, and payors; key requirements for each of these groups have been identified (Figure P.1-5) and vary among groups
6. There are multiple legal and regulatory requirements at the federal, state, and local levels, including specific requirements to be designated a federally qualified health center (FQHC) and to be qualified for Section 330 grant funds and JCAHO accreditation, a mandatory requirement for CHCs

Strengths and Opportunities for Improvement:

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STRENGTHS

+/++	Item Ref.	KF Ref.	Le/T/C/Li	STRENGTHS
+	7.5a(1)	1-5	LeTCLi	The applicant identifies an important goal as improving access to care, and it uses the OASIS Improvement Model to share best practices across all clinics. The data shown in Figures 7.5-1 through 7.5-4 indicate improvement in patient access and new patient visits. Yuma and La Paz counties are at or very near the goal and the state-best CHC performance levels for open appointment slots (Figure 7.5-1), and all counties' performance is meeting the goal and equal to the state-best CHC performance levels for office visit cycle time (Figure 7.5-3).
+	7.5a(1, 2)	1-5	LeTCLi	The applicant has made significant improvements in patient access over the past four years. For example, its innovative measure, the "Third Next Available" appointment (Figure 7.5-2), eliminates chance occurrences such as appointments that are available because of last-minute cancellations. In 2005 the applicant's overall performance was the state-best CHC performance on this measure. Also, the number of the applicant's volunteers and the number of hours per volunteer per year have increased over the four years reported. These hours are equivalent to those of the state best CHC (Figure 7.5-10).

+	7.5a(2)	1-5	LeTC	The applicant's medical records accuracy rates indicate steady improvement trends since 2003, with overall performance near the state-best CHC performance in 2005 (Figure 7.5-5). Yuma has steadily performed above the state-best CHC level since 2003 and has been near that of a Baldrige Award recipient benchmark for the same period.
+	7.5a(2)	1-5	LeTCLi	The systems availability of Desert Data Solutions (DDS) indicates a high level of performance provided by this strategic partner with responsibility for the information technology management process (Figure 7.5-7). Performance levels are equivalent to or above the available Baldrige Award recipient comparisons and equal to the Quality and Productivity Group (QPG) best performer's results in 2004 and 2005.
++	7.5a(2)	6	LeTCLi	The applicant demonstrates strong performance in two areas that it identifies as critical: grant success rate (Figure 7.5-8) and development funds (Figure 7.5-9). Performance in these areas has improved steadily and is equivalent to or better than the state-best CHC comparisons.

OPPORTUNITIES FOR IMPROVEMENT

-/- -	**Item Ref.**	**KF Ref.**	**Le/T/C/Li/ G**	**OPPORTUNITIES FOR IMPROVEMENT**
-	7.5a(2)	1-5	CLi	Although the applicant states that it is a member of the QPG and that the QPG provides a process framework with access to a benchmarking database and the ability to compare data and best practices from other organizations that perform similar processes, QPG performance measures are not provided for any of the other partner or supplier groups. Without comparative data for other business and support processes, it is unclear how the applicant evaluates and improves performance and shares information with other organizational units to drive learning and innovation.
-	7.5a(1)	1-5	C	Although the applicant utilizes statewide benchmark comparisons for its operational performance of key health care process results, use of local competitor data such as community-based private medical/dental/behavioral health providers is not evident. This may affect the applicant's ability to identify gaps, to evaluate its performance against local competitors within the community, and to meet the key requirement of having a "reputation as a high-quality health center."
-	7.5a(2)	1-5	LeCLi	Although the applicant provides data (Figures 7.5-1, 7.5-2, 7.5-3, and 7.5-4) that indicate improvement in patient access, it is unclear (other than by county) how the data are segmented by health care service types (i.e., transportation, translation, and groups such as home visits and medical and dental care).

Stage 2 Percent Score **55** **%**

Item Worksheet—Item 7.6

Indicate the 4–6 most important key business/organization factors relevant to this Item.

1. Serves three county area covering 23,000 square miles with a population of fewer than 400,000 people
2. There are multiple legal and regulatory requirements at the federal, state, and local levels, including specific requirements to be designated a federally qualified health center (FQHC) and to be qualified for Section 330 grant funds and JCAHO accreditation, a mandatory requirement for CHCs
3. Voluntary 15-member Board of Directors with non-voting senior leaders; more than 51% of the voting members of the board must be recipients of organizational services
4. Key stakeholder groups are patients and their families, the community, staff, volunteers, partners, and payors; key requirements for each of these groups have been identified (Figure P.1-5) and vary among groups
5. Key sources of comparative and competitive data within the health care industry are the following: data from CHCs, JCAHO, AHRQ, BPHC/HRSA, CDC, CMS, HEDIS; professional associations; Packer Patient Satisfaction data; Oates Staff Satisfaction data; QPG and Baldrige Award recipient data; Healthy Arizona 2010; State Association of CHCs; and Saguaro State Award Program
6. Six key health care service, operational, and human resource strategic challenges for the organization: an increase in uninsured patients and decreased federal and Medicaid funding; the need to address workforce gaps; low incidence of prevention and screening and high incidence of chronic and communicable diseases; the need to provide specialty and unmet service needs, particularly to uninsured patients; the need to meet staff recruitment and retention challenges; and the need to maintain/enhance relationships with patients, the community, and external partners

Strengths and Opportunities for Improvement:

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STRENGTHS

+/++	Item Ref.	KF Ref.	Le/T/C/Li	STRENGTHS
+	7.6a(1)	4-6	LeTCLi	The cumulative percentage of action plans implemented during 2005, a measure of accomplishment of organizational strategy, reached 100% by year-end 2005 (Figure 7.6-1). This shows a trend toward improvement over the accomplishments of 2004 (92% implemented by year end) and 2003 (81% implemented by year end). In addition, various awards and accomplishments are listed in Figure 7.6-2, including that of the applicant being the recipient of the Baldrige-based state level award for performance excellence in 2005.

+	7.6a(2)	2,4,5	LeTCLi	Results for key measures or indicators of ethical behavior and of employee and volunteer trust in the leadership of the organization are improving (Figure 7.6-3). For example, the staff survey finding related to ethical expectations and motivation to do what is right has improved from 96% in 2002 to 98% in 2005, and it exceeds the 2005 comparison of 67%. Similarly, the volunteer survey responses related to the ethical standards of the organization have improved from 87% in 2002 to 93% in 2005, compared with a 2005 level of 71% in the comparison group, which is identified as the "state-best community health clinic." Positive responses concerning the timeliness and accuracy of the applicant's communications have improved from 89% in 2002 to 95% in 2005, and they are near the benchmark level of 96%.
+	7.6a(3)	2	LT	External audit firms and third-party payors have had no major findings for the past 10 years, and the internal audit team has not identified any major findings during that same time frame.
+	7.6a(4)	2,5	LeTCLi	Key measures for organizational accreditation, assessment, and regulatory and legal compliance include JCAHO accreditation, licensure of staff, and Occupational Safety and Health Administration (OSHA) and Environmental Protection Agency (EPA) violations. There were no recommendations during the previous JCAHO accreditation, and the organization maintains continuous survey readiness. One hundred percent of the staff licenses are current, and there have been no OSHA or EPA violations for the past ten years. All waste volume management trends have improved consistently from 2002 to 2005 (Figure 7.6-5), and the applicant achieved recognition as the "state best community health clinic" for regulated medical waste and solid waste. Recycling levels also are approaching the state-best level, having improved from 34.8% in 2002 to 53.1% in 2005, with the state best level consistently in the 54–58% range.
+	7.6a(5)	4	LeTCLi	The applicant demonstrates favorable trends in the number of volunteer hours and donations over the past four years (Figures 7.6-6 and 7.6-7). In addition, the applicant's three-year improvement trend for volunteer hours has now reached 3,000 hours, surpassing the national comparison (Figure 7.6-6). Examples of contributions for community support shown in Figure 7.6-7 demonstrate the emphasis on "Support for the Body," "Support for the Spirit," and "Support for the Mind," a noted priority in the applicant's strategic planning that reflects the applicant's vision that "the people of western Arizona will become the healthiest in the state."

OPPORTUNITIES FOR IMPROVEMENT

-/- -	Item Ref.	KF Ref.	Le/T/C/Li/ G	OPPORTUNITIES FOR IMPROVEMENT
-	7.6a(1)	6	G	Although Figure 7.6-1 notes that 100% of the applicant's action plans were implemented in 2005 (thus meeting the goal), no information is provided on the results of these plans in terms of the accomplishment of organizational strategy.
-	7.6a(2)	4, 5	CG	Although Figure 7.6-3 shows that results from the community survey related to questions of trust indicate that the applicant's response to the needs of patients has improved steadily from 88% in 2002 to 94% in 2005, and the community perception of timeliness/accuracy of communications improved from 89% in 2002 to 95% in 2005, the results are lagging the 2005 comparison presented of 97% and 96%, respectively.
-	7.6a(2)	4	C	Although Figure 7.6-4 illustrates a trend toward improvement in four questions on the board self-assessment results related to ethical behavior from 2002 through 2005, two of the four questions are below the comparison level, and one is equal. While the applicant indicates that the ethics committee reviews all potential breaches of ethical conduct, no results of these reviews or other results of key measures/indicators of ethical breaches are presented.
-	7.6a(5)	1	LiG	No data are provided related to nine of the 14 programs to support the key communities identified in Figure 1.2-5. Without such results, it is not clear how the applicant determines the success of its organizational citizenship efforts and ensures that its resources are being used effectively.
-	7.6a	1,6	LeTG	The results related to leadership and social responsibility presented in Figures 7.6-1, 7.6-3, 7.6-4, 7.6-6, and 7.6-7 lack segmentation by facility, community, or service category. The absence of segmentation may hinder the ability of the organization to identify specific gaps in performance or opportunities for improvement. For example, without segmentation of staff survey results on ethical questions by facility, the applicant may not be able to identify specific trouble spots.

Stage 2 Percent Score 60 %

2006 SCORING GUIDELINES—HEALTH CARE CRITERIA

SCORE	PROCESS (For Use With Categories 1 – 6)	RESULTS (For Use With Category 7)
0% or 5%	▪ No systematic approach is evident; information is anecdotal. (A) ▪ Little or no deployment of an approach is evident. (D) ▪ An improvement orientation is not evident; improvement is achieved through reacting to problems. (L) ▪ No organizational alignment is evident; individual areas or work units operate independently. (I)	▪ There are no organizational performance results or poor results in areas reported. ▪ Trend data are either not reported or show mainly adverse trends. ▪ Comparative information is not reported. ▪ Results are not reported for any areas of importance to your key mission or organizational requirements.
10%, 15%, 20%, or 25%	▪ The beginning of a systematic approach to the basic requirements of the Item is evident. (A) ▪ The approach is in the early stages of deployment in most areas or work units, inhibiting progress in achieving the basic requirements of the Item. (D) ▪ Early stages of a transition from reacting to problems to a general improvement orientation are evident. (L) ▪ The approach is aligned with other areas or work units largely through joint problem solving. (I)	▪ A few organizational performance results are reported; there are some improvements and/or early good performance levels in a few areas. ▪ Little or no trend data are reported. ▪ Little or no comparative information is reported. ▪ Results are reported for a few areas of importance to your key mission or organizational requirements.
30%, 35%, 40%, or 45%	▪ An effective, systematic approach, responsive to the basic requirements of the Item, is evident. (A) ▪ The approach is deployed, although some areas or work units are in early stages of deployment. (D) ▪ The beginning of a systematic approach to evaluation and improvement of key processes is evident. (L) ▪ The approach is in early stages of alignment with your basic organizational needs identified in response to the other Criteria Categories. (I)	▪ Improvements and/or good performance levels are reported in many areas addressed in the Item requirements. ▪ Early stages of developing trends are evident. ▪ Early stages of obtaining comparative information are evident. ▪ Results are reported for many areas of importance to your key mission or organizational requirements.
50%, 55%, 60%, or 65%	▪ An effective, systematic approach, responsive to the overall requirements of the Item, is evident. (A) ▪ The approach is well deployed, although deployment may vary in some areas or work units. (D) ▪ A fact-based, systematic evaluation and improvement process and some organizational learning are in place for improving the efficiency and effectiveness of key processes. (L) ▪ The approach is aligned with your organizational needs identified in response to the other Criteria Categories. (I)	▪ Improvement trends and/or good performance levels are reported for most areas addressed in the Item requirements. ▪ No pattern of adverse trends and no poor performance levels are evident in areas of importance to your key mission or organizational requirements. ▪ Some trends and/or current performance levels—evaluated against relevant comparisons and/or benchmarks—show areas of good to very good relative performance. ▪ Organizational performance results address most key patient and other customer, market, and process requirements.
70%, 75%, 80%, or 85%	▪ An effective, systematic approach, responsive to the multiple requirements of the Item, is evident. (A) ▪ The approach is well deployed, with no significant gaps. (D) ▪ Fact-based, systematic evaluation and improvement and organizational learning are key management tools; there is clear evidence of refinement and innovation as a result of organizational-level analysis and sharing. (L) ▪ The approach is integrated with your organizational needs identified in response to the other Criteria Items. (I)	▪ Current performance is good to excellent in most areas of importance to the Item requirements. ▪ Most improvement trends and/or current performance levels are sustained. ▪ Many to most reported trends and/or current performance levels—evaluated against relevant comparisons and/or benchmarks—show areas of leadership and very good relative performance. ▪ Organizational performance results address most key patient and other customer, market, process, and action plan requirements.
90%, 95%, or 100%	▪ An effective, systematic approach, fully responsive to the multiple requirements of the Item, is evident. (A) ▪ The approach is fully deployed without significant weaknesses or gaps in any areas or work units. (D) ▪ Fact-based, systematic evaluation and improvement and organizational learning are key organization-wide tools; refinement and innovation, backed by analysis and sharing, are evident throughout the organization. (L) ▪ The approach is well integrated with your organizational needs identified in response to the other Criteria Items. (I)	▪ Current performance is excellent in most areas of importance to the Item requirements. ▪ Excellent improvement trends and/or sustained excellent performance levels are reported in most areas. ▪ Evidence of health care sector and benchmark leadership is demonstrated in many areas. ▪ Organizational performance results fully address key patient and other customer, market, process, and action plan requirements.

SCORING BAND DESCRIPTORS

Band Score	*Band Number*	*Descriptors*
0–275	1	The organization demonstrates the early stages of developing and implementing approaches to Category requirements, with deployment lagging and inhibiting progress. Improvement efforts focus on problem solving. A few important results are reported, but they generally lack trend and comparative data.
276–375	2	The organization demonstrates effective, systematic approaches responsive to the basic requirements of the Items, 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. The organization obtains results stemming from its approaches, with some improvements and good performance. The use of comparative and trend data is in the early stages.
376–475	3	The organization demonstrates effective, systematic approaches responsive to the basic requirements of most Items, although there are still areas or work units in the early stages of deployment. Key processes are beginning to be systematically evaluated and improved. Results address many areas of importance to the organization's key requirements, with improvements and/or good performance being achieved. Comparative and trend data are available for some of these important results areas.
476–575	4	The organization demonstrates effective, systematic approaches responsive to the overall requirements of the Items, but deployment may vary in some areas or work units. Key processes benefit from fact-based evaluation and improvement, and approaches are being aligned with organizational needs. Results address key customer/stakeholder, market, and process requirements, and they demonstrate some areas of strength and/or good performance against relevant comparisons. There are no patterns of adverse trends or poor performance in areas of importance to the organization's key requirements.
576–675	5	The organization demonstrates effective, systematic, well-deployed approaches responsive to the overall requirements of the Items. The organization demonstrates a fact-based, systematic evaluation and improvement process and organizational learning that result in improving the effectiveness and efficiency of key processes. Results address most key customer/stakeholder, market, and process requirements, and they demonstrate areas of strength against relevant comparisons and/or benchmarks. Improvement trends and/or good performance are reported for most areas of importance to the organization's key requirements.
676–775	6	The organization demonstrates refined approaches responsive to the multiple requirements of the Items. These approaches are characterized by the use of key measures, good deployment, evidence of innovation, and very good results in most areas. Organizational integration, learning, and sharing are key management tools. Results address many customer/stakeholder, market, process, and action plan requirements. The organization is an industry* leader in some results areas.
776–875	7	The organization demonstrates refined approaches responsive to the multiple requirements of the Items. It also demonstrates innovation, excellent deployment, and good-to-excellent performance levels in most areas. Good-to-excellent integration is evident, with organizational analysis, learning, and sharing of best practices as key management strategies. Industry* leadership and some benchmark leadership are demonstrated in results that address most key customer/stakeholder, market, process, and action plan requirements.
876–1000	8	The organization demonstrates outstanding approaches focused on innovation, full deployment, and excellent, sustained performance results. There is excellent integration of approaches with organizational needs. Organizational analysis, learning, and sharing of best practices are pervasive. National and world leadership is demonstrated in results that fully address key customer/stakeholder, market, process, and action plan requirements.

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

A, D, L, I DEFINITIONS

"Approach" refers to the methods used by an organization to address the Baldrige Criteria Item requirements. Approach includes the appropriateness of the methods to the Item requirements and the effectiveness of their use.

- What approach or collection of approaches is discussed?
- What areas of the Criteria Item does the approach address (e.g., 1.1a, 1.1b)?
- Is the approach systematic (with repeatable steps, inputs, outputs, and time frames and designed to allow evaluation, improvement, and sharing)?
- Is there evidence that the approach is effective?
- Is this approach (or collection of approaches) a key organizational process? Is the approach important to the applicant's overall performance? (If yes, clearly state why it is important and cite the key factors used to support your position.)
- Are any of the multiple requirements of the Item that are not addressed (gaps) important to the applicant?

"Deployment" refers to the extent to which an approach is applied in addressing the requirements of a Baldrige Criteria Item. Deployment is evaluated on the basis of the breadth and depth of application of the approach to relevant work units throughout the organization.

- What information is provided to show what is done in different parts of the organization to confirm the approach is deployed (shared or spread) throughout the organization? Does this information indicate the approach is in the early stages of deployment, well deployed but with some variation among areas/work units, well deployed with no significant gaps, or fully deployed?

"Learning" refers to new knowledge or skills acquired through evaluation, study, experience, and innovation. Organizational learning is achieved through research and development; evaluation and improvement cycles; ideas and input from faculty, staff, students, and other stakeholders; best practice sharing; and benchmarking. Personal learning (for faculty and staff) is achieved through education, training, and developmental opportunities. To be effective, these types of learning should be embedded in the way an organization operates.

- Has the approach been evaluated and improved? If yes, are the evaluation and improvement conducted in a fact-based, systematic manner (e.g., regular, recurring, data driven)?
- Is there evidence of organizational learning (i.e., evidence that the learning from this approach is shared with other organizational units/other work processes)? Is there evidence of innovation and refinement from organizational analysis and sharing (i.e., evidence the learning actually is used to drive innovation and refinement)?

"Integration" refers to the harmonization of plans, processes, information, resource decisions, actions, results, and analyses to support key organization-wide goals. Effective integration goes beyond alignment and is achieved when the individual components of a performance management system operate as a fully interconnected unit.

- How well is the approach aligned with the applicant's organizational needs identified in the other Criteria Items and the Organizational Profile? How well is the approach integrated with these needs? (Examples of needs are strategic challenges, objectives, and related action plans; organizational mission, vision, and values; key processes and measures; key customer/market segments and requirements; and employee groups and requirements.)

Le, T, C, Li, G DEFINITIONS

Le = Performance Levels

"Performance levels" refer to numerical information that places or positions an organization's results and performance on a meaningful measurement scale. Performance levels permit evaluation relative to past performance, projection goals, and appropriate comparisons.

T = Trends

"Trends" refer to numerical information that shows the direction and rate (slope of trend data) and breadth (how widely deployed and shared) of performance improvements. A minimum of three data points generally is needed to begin to ascertain a trend. More data points are needed to define a statistically valid trend.

C = Comparisons

"Comparisons" refer to establishing the value of results by their relationship to similar or equivalent measures. Comparisons can be made to results of competitors, industry averages, or best-in-class organizations. The maturity of the organization should help determine what comparisons are most relevant.

Li = Linkages

"Linkages" refer to a connection to important customer, product and service, market, process, and action plan performance requirements identified in the Organizational Profile and in Process Items.

G = Gaps

"Gaps" refer to the absence of results addressing specific areas of Category 7 Items, including the absence of results on key measures discussed in Categories 1–6 (e.g., measures of key approaches and key processes and progress relative to strategic objectives, challenges, and action plans).

Baldrige National Quality Program

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