2015

Casey Comprehensive Care Center for Veterans Feedback Report

BALDRIGE
Performance Excellence Program

Baldrige Performance Excellence Program

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

The *Casey Comprehensive Care Center for Veterans Feedback Report* is a fictional Baldrige Award feedback report developed by a team of experienced Baldrige examiners who evaluated the *Casey Comprehensive Care Center for Veterans Case Study* against the 2015–2016 Baldrige Criteria for Performance Excellence, conducting an Independent Review and a Consensus Review. The *Casey Comprehensive Care Center for Veterans Case Study* describes a fictional integrated-services organization providing comprehensive care to veterans from all three Administrations within the U.S. Department of Veterans Affairs. There is no connection between the fictitious Casey Comprehensive Care Center for Veterans and any other organization, named either Casey Comprehensive Care Center for Veterans or otherwise. Any resemblance to any specific facility within or external to the VA is purely coincidental. The names of several national and government organizations are included to promote realism, but all data and content about them have been fictionalized, as appropriate; all other organizations cited are fictitious or have been fictionalized.

Casey Comprehensive Care Center for Veterans scored in band 4 for both process items and results items. An organization in band 4 for process items typically demonstrates effective, systematic approaches generally responsive to the overall Criteria requirements. Deployment may vary in some areas or work units. Key processes benefit from fact-based evaluation and improvement, and approaches are being aligned with overall organizational needs. For an organization that scores in band 4 for results items, results typically address some key customer/stakeholder, market, and process requirements, and they demonstrate good relative performance against relevant comparisons. There are no patterns of adverse trends or poor performance in areas of importance to the overall Criteria requirements and the accomplishment of the organization's mission.

NIST, an agency of the U.S. Department of Commerce, manages the Baldrige Program. NIST has a 100-plus-year track record of serving U.S. industry, science, and the public with the mission to promote U.S. innovation and industrial competitiveness by advancing measurement science, standards, and technology in ways that enhance economic security and improve our quality of life. NIST carries out its mission in three cooperative programs, including the Baldrige Program. The other two are the NIST laboratories, conducting research that advances the nation's technology infrastructure and is needed by U.S. industry to continually improve products and services; and the Hollings Manufacturing Extension Partnership, a nationwide network of local centers offering technical and business assistance to small manufacturers.

November 1, 2015

Denise Johnson
Director and CMO
Casey Comprehensive Care Center for Veterans
100 Storetvaer Gade
Charlotte Amalie
St. Thomas, U.S. Virgin Islands 00802

Dear Dr. Johnson:

Congratulations for taking the Baldrige challenge this year! We commend you for your commitment to performance excellence.

The enclosed feedback report, which was prepared for your organization by members of the volunteer Board of Examiners in response to your application, describes areas identified as strengths and opportunities for possible improvement and shows your organization's scoring. The report contains the examiners' observations about your organization, but it is not intended to prescribe a specific course of action. In some cases, the comments do not cover all areas to address within a Criteria item; instead, the examiner team collectively identifies your most significant strengths and your most important opportunities for improvement. Please refer to the "Preparing to Read Your Feedback Report" introductory section for suggestions about how to use the information contained in your feedback report.

We are eager to ensure that the comments in the report are clear to you so that you can incorporate the feedback into your planning process to continue to improve your organization. As direct communication between examiners and applicants is not permitted, please contact me at (301) 975-2361 if you wish to clarify the meaning of any comment in your report. We will contact the examiners for clarification and convey their intentions to you.

The feedback report is not your only source of ideas about organizational improvement. Current and previous Baldrige Award recipients can be potential resources on your continuing journey to performance excellence. Information on contacting award recipients is enclosed. The 2015 award recipients and organizations that received recognition for category best practices will share their stories at our annual Quest for Excellence® Conference, April 3–6, 2016. Current and previous award recipients participate in our regional conferences, as well.

In addition to the Baldrige Award, we offer an evaluation/feedback service called the [Baldrige Collaborative Assessment](#) that allows organizations to work collaboratively with examiners and drill down on areas of their operations for which they would like focused feedback. The assessment includes immediate face-to-face feedback followed by a written report. This assessment and other Baldrige Program activities and offerings can be found on our website at www.nist.gov/baldrige.

In approximately 30 days, you will receive the customer satisfaction survey from the Panel of Judges. As an applicant, you are uniquely qualified to provide an effective evaluation of the materials and processes that we use in administering the Baldrige Program. Please help us continue to improve the program by completing this survey.

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

Sincerely,

Robert G. Fangmeyer, Director
Baldrige Performance Excellence Program

Enclosures

Casey Comprehensive Care Center for Veterans

Preparing to read your feedback report . . .

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

If your organization has not applied in the recent past, you may notice a change in the way feedback comments are now structured in the report. In response to applicant feedback, the Baldrige Program now asks examiners to express the main point of the comment in the first sentence, followed by relevant examples, in many cases resulting in more concise, focused comments. In addition, the program has included Criteria item references with each comment to assist you in understanding the source of the feedback. Each 2015 feedback report also includes a graph in Appendix A that shows your organization's scoring profile compared to the median scores for all 2015 applicants at Consensus Review.

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

- Take a deep breath and approach your Baldrige feedback with an open mind. You applied to get the feedback. Read it, take time to digest it, and read it again.

- Before reading each comment, review the Criteria requirements that correspond to each of the Criteria item references (which now precede each comment); doing this may help you understand the basis of the examiners' evaluation. The *2015–2016 Baldrige Excellence Framework* containing the Business/Nonprofit Criteria for Performance Excellence can be purchased at http://www.nist.gov/baldrige/publications/business_nonprofit_criteria.cfm.

- Especially note comments in **boldface type**. These comments indicate observations that the examiner team found particularly important—strengths or opportunities for improvement that the team felt had substantial impact on your organization's performance practices, capabilities, or results and, therefore, had more influence on the team's scoring of that particular item.

- You know your organization better than the examiners know it. If the examiners have misread your application or misunderstood information contained in it, don't discount the whole feedback report. Consider the other comments, and focus on the most important ones.

- Celebrate your strengths and build on them to achieve world-class performance and a competitive advantage. You've worked hard and should congratulate yourselves.

- Use your strength comments as a foundation to improve the things you do well. Sharing those things you do well with the rest of your organization can speed organizational learning.

- Prioritize your opportunities for improvement. You can't do everything at once. Think about what's most important for your organization at this time, and decide which things to work on first.

- Use the feedback as input to your strategic planning process. Focus on the strengths and opportunities for improvement that have an impact on your strategic goals and objectives.

The real value in applying for this award is in the rigorous evaluation process. The constructive feedback from Baldrige helps us improve the way we do business.

  Mike Levinson, City Manager
  City of Coral Springs
  2007 Baldrige Award Recipient

The Baldrige requirements … expose the gaps that you have within your operating structure, your governance, how you conduct business. So once you identify those gaps, you take the steps to resolve them. … There's no question that Baldrige has assisted and made MEDRAD a better company on all fronts.

  Samuel Liang, President and CEO
  MEDRAD (now Bayer HealthCare Radiology & Interventional)
  2003 and 2010 Baldrige Award Recipient

KEY THEMES

Key Themes—Process Items

Casey Comprehensive Care Center for Veterans (C^{4}V) scored in band 4 for process items (1.1–6.2) in the Consensus Review of written applications for the Malcolm Baldrige National Quality Award. For an explanation of the process scoring bands, please refer to Figure 6a, Process Scoring Band Descriptors.

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

a. **The most important strengths or outstanding practices (of potential value to other organizations) identified in C^{4}V's response to process items are as follows:**

- C^{4}V uses data and information as the basis for tracking daily and overall operational performance and as input to key analyses. The Performance Measurement, Analysis, and Review System (PMARS), a key component of the Integrated Leadership Management System (ILMS), converts Veterans Administration (VA) big data into useful information to guide decision making. Key data are regularly reviewed in different venues, including the Measures of Success Scorecard (MOSS) and the daily Senior Leadership Team (SLT) huddle. The organization also uses performance data for analyses, such as determining priorities for Performance Improvement Team (PIT) Crews and identifying the key drivers of workforce engagement through analyses of data from the All-Employee Survey (AES). Collectively, these efforts contribute to C^{4}V's core competency of Baldrige-based leadership and management systems and demonstrate the Baldrige core value of management by fact.

- C^{4}V has a comprehensive approach to gaining insights from customers. Multiple methods of listening to current, former, and potential customers are integrated into the Customer Relationship Management System (CRMS), including social media outlets. The interdisciplinary Patient-Aligned Care Teams (PACTs) enable customers to seek information and support. These integrated PACTs also have access to information on Veterans who receive health services from non-VA facilities, allowing the teams to follow up and gain insights on competitor organizations. Senior leaders augment survey data about customer satisfaction by personally participating in focus groups with Veterans, their families, and the Veteran Service Organization (VSO). For example, monitoring these data resulted in expanded hours and standby appointments. These approaches demonstrate the core competency of a holistic, integrated systems approach to providing Veterans and their families and survivors with health care, benefits, and a final resting place. They exemplify the Baldrige core value of customer-focused excellence.

- C^{4}V relies on the workforce as a primary knowledge resource. The 6-E Leadership Tool is centered on the workforce, from education and empowerment to engagement and encouragement. For example, in addition to participating in formal training and mentoring processes, any worker can contribute to Caseypedia (the policy and procedure database). Also, to address the potential impacts of workforce plans that support strategic objectives, associated workforce plans are incorporated into the master staffing plan, which is developed in partnership with Associated Government Employees (AGE). These contribute to C^{4}V's core competency of engaged employees and volunteers and demonstrate the Baldrige core value of valuing people.

b. **The most significant opportunities, concerns, or vulnerabilities identified in the C^{4}V's response to process items are as follows:**

- It is not clear how C^{4}V routinely evaluates many key approaches for potential improvement. For example, cycles of learning are not evident for customer engagement approaches, such as customer segmentation and complaint management, or for workforce engagement approaches, such as those for fostering a high-performance organizational culture, for assessing workforce engagement, and for the learning and development system. Similarly, it is not clear how C^{4}V routinely evaluates various information technology processes, supply-chain management, and safety and emergency preparedness approaches for possible improvements. Systematically evaluating and improving such approaches may improve their efficiency and effectiveness over time and thus help C^{4}V achieve its strategic objective of world-class performance.

- The people, tools, and techniques used to carry out the various process-specific uses of the Identify, Design, Execute, Analyze, Learn, Sustain/Share (IDEALS) approach are not clear. The intent and general steps in the approach are evident, but defined series of specific steps are not provided. Examples are the approach for senior leaders to determine which initiatives have priority and the process for achieving appropriate balance among competing organizational needs for the three Administrations. In addition, the process steps and the individuals involved in projecting future performance and using projections to systematically develop priorities for innovation are not evident. It is also unclear how C^{4}V systematically tailors workforce needs, benefits, services, and other programs to various employee segments. Finally, the process steps used to determine whether a support process is key to enabling primary operations are unclear. Clearly defining the people, tools, and techniques for these processes may help C^{4}V ensure their effectiveness.

- Several approaches involving suppliers and partners do not appear to be fully deployed. For example, it is not clear how C^{4}V deploys its action plans to key suppliers and partners, beyond considering requirements and expectations in all action plans. Similarly, other than including information on emergencies in contracts, it is unclear how the organization integrates suppliers and partners into the execution of

emergency preparedness processes. Given the critical role of suppliers and partners in C^{4}V's work system and the strategic challenge of C^{4}V's remote location, full deployment to suppliers and partners may be important.

Key Themes—Results Items

C^{4}V scored in band 4 for results items (7.1–7.5). For an explanation of the results scoring bands, please refer to Figure 6b, Results Scoring Band Descriptors.

For an organization in band 4 for results items, results typically address some key customer/stakeholder, market, and process requirements, and they demonstrate good relative performance against relevant comparisons. There are no patterns of adverse trends or poor performance in areas of importance to the overall Criteria requirements and the accomplishment of the organization's mission.

c. **Considering C^{4}V's key business/organization factors, the most significant strengths found in response to results items are as follows:**

- Many key product and process, customer-focused, and leadership results show progress toward C^{4}V's strategic objective to provide world-class quality. Mortality ratios, hospital-acquired infection for critical care, and ambulatory care sensitive condition hospitalizations are all at or above the benchmarks, and severity-adjusted length of stay, key Shrine standards met, and benefit accuracy are at the top-decile level. Acute care for catheter-associated urinary tract infections (CAUTI) shows marked improvement, achieving the VA 90th percentile level. In addition, measures of Veterans invested and enrolled in PACTs, engagement for volunteering, and the meeting of next-of-kin desires all show improvement and are better than the comparison results given. Furthermore, results for leaders' communication of goals and priorities and for leadership motivation and commitment to the workforce have all improved over the periods shown. Collectively, these results demonstrate the core competency of a holistic, comprehensive, integrated system approach to provide Veterans, their families, and survivors with health care, benefits, and a final resting place.

- Workforce-focused results show beneficial trends. For example, workforce climate results, such as employee days away/restricted/transferred (DART) incidents, radiation badge monitoring, and security incident rates per 1,000 work days, reflect support of the workforce requirement of a safe and secure environment. Similarly, beneficial trends in results for having the talent necessary to meet goals and for workforce engagement index scores reflect the organization's commitment to the workforce. Results for ethical behavior show good levels and beneficial trends, indicating a workplace environment that supports ethical behavior. These favorable workforce trends may help C^{4}V address the strategic challenge of limited personnel availability due to its remote location and demonstrate the Baldrige core value of valuing people.

- In customer and leadership results, C⁴V demonstrates world-class performance in support of its strategic objective. The customer satisfaction index, satisfaction with Emergency Department (ED) wait time, and satisfaction with care elements have all improved over a four-year period and are better than the VA and other comparisons shown. In addition, C⁴V reports multiyear 100% regulatory compliance and full accreditation with zero violations. These levels of performance reflect C⁴V's value of excellence.

d. **Considering** C⁴V**'s key business/organization factors, the most significant opportunities, vulnerabilities, and/or gaps (related to data, comparisons, linkages) found in response to results items are as follows:**

- C⁴V does not report some key product and process, customer-focused, workforce-focused, leadership and governance, and financial and market results. For example, no results are provided for PACT satisfaction, the patient advocate tracking system, on-track status for personnel development plans, student grades, grievances, ethics results from nonemployee stakeholders, the value of health care services received from a non-VA provider via a Veteran's Choice Card, and cost savings from PIT Crews and other process improvements. Tracking results such as these may provide C⁴V with additional insights for achieving the vision to serve a changing population of Veterans with the highest quality of care and support services while controlling costs.

- Many of the comparisons offered represent the VA or national averages exclusively. Examples are results for leadership communication and engagement with the workforce, which are compared with VA or government levels; comparisons for some workforce climate, satisfaction, engagement, and development results, which do not reflect C⁴V's strategic objective of world-class workforce engagement; and some product and process results. Additional top-decile comparisons from outside the VA may help C⁴V gauge its progress toward its vision of providing world-class care and services, which C⁴V defines as top decile.

- Some results are not segmented by product offerings, customer groups, or key locations. For example, satisfaction results are not segmented by different benefits offerings, and some results for health care offerings are not segmented by inpatient, emergency, and outpatient offerings. In addition, C⁴V does not segment some marketplace results by customer groups or delivery mechanisms, and emergency preparedness results are not segmented by its various locations. Additional segmentation may increase C⁴V's understanding of its performance and identify location-, service-, or customer-group-specific opportunities for improvement.

DETAILS OF STRENGTHS AND OPPORTUNITIES FOR IMPROVEMENT

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

Category 1   Leadership

1.1   Senior Leadership

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

STRENGTHS

- a(1)   In support of C^{4}V's vision, the ILMS (Figure 1.1-1) is a systematic, effective process for deploying the vision and values throughout the organization and to partners and collaborators. Its 10 specific management systems include the PMARS. Additionally, thank-you notes to employees, the 6-Ps of Leadership, and the 6-E Leadership Tool assist the Leadership System. A recent improvement is the SLT's implementing "See it, Own it, Solve it (SOS)."

- b(1)   C^{4}V's approaches to encourage frank, two-way communication demonstrate its value of respect across the workforce, customers, community, and partners. These approaches include the Communication System (Figure 1.1-2) and tools such as SLT huddles, communication boards, and C^{4}V's annual report (Figure 1.1-3).

- a(2)   Senior leaders demonstrate their commitment to legal and ethical behavior, reinforcing C^{4}V's value of integrity. Personal actions include encouraging discussions of ethical concerns, participating in New Employee Orientation to discuss ethics, and explaining decisions and recommendations to model ethical decision making.

- a(3)   Senior leaders align resources to C^{4}V's mission and deploy the I-CARE values to create a Veteran-centric workforce culture. A metrics dashboard that compares C^{4}V's performance with that of other organizations sets expectations for high performance. Also, senior leaders create a culture of patient safety to encourage vigilance in addressing potentially harmful events.

OPPORTUNITIES FOR IMPROVEMENT

- a(3), b(2)   Beyond making data available and relying on culture, it is not clear how the organization systematically creates an environment for innovation and intelligent risk taking or a focus on action that will achieve C^{4}V's mission. Without systematic approaches in these areas, C^{4}V may jeopardize its long-term vision to adapt to new realities.

- a(2, 3), b   No cycles of learning are evident for senior leaders' approaches to creating a successful organization, for communication approaches, or for creating a focus on action. Learning in these areas may be critical as C^4V strives to achieve world-class access, quality, safety, customer experience, workforce engagement, and value.

- a(3)   Beyond leaders striving to develop each member of the workforce to his or her fullest potential, it is not clear how C^4V systematically achieves effective succession planning. A systematic approach in this area may leverage C^4V's core competency of Baldrige-based leadership and management systems.

1.2 Governance and Societal Responsibilities

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

STRENGTHS

- b(2) Several approaches support C^{4}V in promoting and ensuring ethical behavior in all interactions. Examples include the 6-E Leadership Tool, the Advocacy Award, and the Integrated Ethics Council (IEC), which integrates leadership, preventive ethics, and consultation into a comprehensive program to enable ethical behavior throughout C^{4}V. The IEC now uses new review methods to better protect identities, as well as using new guidance documents and education materials.

- b(1), c(1) C^{4}V addresses the environmental impact of its operations through approaches such as Leadership in Energy and Environmental Design (LEED)-verified facilities, solar power, wind turbines, recycling programs, and *GreenMachine* technology. Collectively, these actions support C^{4}V's two key communities, particularly the intersection of eligible Veterans who reside in or visit the islands, as well as the community initiative of preserving paradise.

- a(2) The evaluation of senior leaders' performance reinforces C^{4}V's core competency of Baldrige-based leadership and management systems. A formal annual evaluation includes a 360-degree evaluation. In addition, C^{4}V's performance is compared with that of Baldrige Award recipients, and various feedback surveys provide additional input.

OPPORTUNITIES FOR IMPROVEMENT

- a(1) It is not clear how C^{4}V deploys and integrates its governance processes (Figure 1.2-1) across the work processes, work systems, departments, or the workforce to address the needs of each of the three Administrations, especially if priorities conflict and given C^{4}V's diverse stakeholders. A systematic approach may help C^{4}V better fulfill its patient needs, organizational goals, and societal responsibilities across its three Administrations.

- c(2) It is not clear how C^{4}V determines areas for organizational involvement or how it leverages its assets to improve its key communities. Identifying areas for community involvement may help C^{4}V reach its vision of transforming and becoming an integrated VA facility that adapts to new realities.

- 1.2 It is not clear how C^{4}V deploys governance and societal responsibility approaches, particularly the 6-Ps, to remote locations; nor is it clear whether specific programs, such as carpooling and *GreenMachine*, are deployed to these locations. Such deployment may enhance C^{4}V's contribution to its key communities.

Category 2   Strategy

2.1   Strategy Development

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

STRENGTHS

- a(1)   The well-deployed Strategic Planning System (SPS; Figure 2.1-1) and Strategic Planning Process (SPP; Figure 2.1-2) are integrated with C^{4}V's needs and provide the agility and flexibility to address short- and long-term time horizons. Recently, the planning was aligned with the budget process to ensure that resources are available to execute the strategic plan. This may allow C^{4}V to continue to grow and address its strategic challenge related to the increased complexity of benefits and health care management.

- b(1)   Approaches related to strategic objectives (Figure 2.1-5) help C^{4}V prioritize strategy deployment and achieve world-class value. The objectives are linked to C^{4}V's strategic goals, strategic advantages, and strategic challenges and are addressed with key action plans. Specific, Measurable, Aligned, Realistic, Time-bound (SMART) goals were improved to be SMARTER goals by adding "Evaluated" and "Reviewed" elements.

- a(2)   C^{4}V is beginning to systematically stimulate innovation through its strategy development process. The use of stretch goals and the 6-E Leadership Tool in this area helps C^{4}V leverage the strategic advantage of engaged employees and volunteers in pursuit of the vision of a transformed and integrated VA.

OPPORTUNITIES FOR IMPROVEMENT

- a(1)   It is unclear how the SPS and SPP systematically address the prioritization of change initiatives. For example, the goal-setting step is now aligned with the budget process, but the people and steps involved in senior leaders' use of the matrix tool to determine which initiatives have priority are not evident. Considering C^{4}V's diverse service areas, a systematic approach to prioritization may assist in meeting the needs of all stakeholders.

- b(2)   Beyond the commitment to enrolling eligible Veterans for benefits and health care services, the approach for achieving appropriate balance among competing organizational needs for its three Administrations and its product and service offerings is not clear. For example, separate funding sources for the three areas limit C^{4}V in aligning budgets to overall organizational priorities. Systematic consideration of appropriate balance through the SPP may strengthen C^{4}V's core competency of

providing a holistic, comprehensive, integrated system for Veterans, their families, and survivors.

- a(3)   It is not evident how C^{4}V analyzes relevant data and develops information to address potential changes in regulatory environments with regard to benefits and cemetery use. An approach involving standards for these areas may assist C^{4}V in addressing its challenge of being an integrated system in a complex government agency.

2.2 Strategy Implementation

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

STRENGTHS

- a(1), a(2)   C^{4}V's systematic, refined approach to action plan development supports the strategic objective to provide world-class value. C^{4}V converts strategic objectives into action plans using the Action Planning System (Figure 2.2-1) and ensures that action plans are SMARTER. Deployment occurs through the Workforce Engagement, Development, and Management System (WEDMS; Figure 5.1-1) and is made sustainable through key outcomes with the SMARTER process and the integration of DataFACTS.

- a(3)   C^{4}V's systematic approach for determining resource needs during the planning process helps address the strategic challenge of being an integrated system in a complex government agency. Resource needs are identified and integrated with the budget process, which includes personnel, equipment, capital, and facilities. In 2014, a master facilities plan was incorporated to consider space needs.

- a(4)   Workforce plans incorporated into the master staffing plan address potential changes in workforce capacity needs. Workforce capability changes are addressed in educational needs assessments. These efforts may help C^{4}V address the strategic challenge of limited personnel availability due to the organization's remote location.

OPPORTUNITIES FOR IMPROVEMENT

- a(2)   It is not evident how C^{4}V deploys its action plans to key suppliers and partners, beyond considering requirements and expectations in all action plans, or how the plans are communicated (Figure 1.1-3). Given the critical role of suppliers and partners in C^{4}V's work system, effective, systematic action plan deployment may help C^{4}V achieve world-class care for Veterans.

- a(1)   The specific actions that C^{4}V will take to reach its strategic objectives are not evident, as the action plans detailed in Figure 2.1-5 appear to be goals (e.g., "Improve overall customer satisfaction").

- a(5)   It is not clear how C^{4}V's action plan measurement system reinforces organizational alignment. For example, most Measures of Success (MoS; Figure 2.1-5) appear to be end-of-process measures, and it is unclear how they are chosen. An effective, well-defined approach in this area may help C^{4}V address its strategic challenge related to the increasing complexity of benefits and health care management.

Category 3   Customers

3.1   Voice of the Customer

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

STRENGTHS

- a(1)   By obtaining actionable information from customers through multiple methods, C^{4}V strengthens its core competency to provide Veteran-centric care. These methods, which are integrated into the CRMS (Figure 3.1-1), include social media outlets, such as AppearanceBook and PinBoard; VA website "contact us" links; and comment cards. Improvements include enhancing preference page information, the "art cart," and kiosks, as well as the use of SurveyGorilla and IMPress to enhance other survey methods.

- a(2)   Multiple methods to listen to former and potential customers help C^{4}V meet Veterans' requirements and provide a world-class customer experience. Through the benefits and cemetery operations, C^{4}V follows up with Veterans who receive services from non-VA providers and determine the reason. Other examples include proactive contact with Veterans claiming the Virgin Islands as their home of record, participation in Department of Defense (DoD) transition assistance programs, and Benefits Information Days.

- b(1)   C^{4}V's systematic approach to determining patient satisfaction by customer and market segments helps address the strategic challenge of the availability of more health care options for Veterans. Surveys, focus groups, and comment cards are the primary sources. A Data Warehouse captures all information for analysis via the PMARS. An improvement was to incorporate a thesaurus database so feedback can be aggregated by key words.

- b(2)   C^{4}V's assessment of customers' satisfaction relative to their satisfaction with competitors leverages the core competency of providing a holistic, integrated system approach to services. A primary way to obtain this information is to ask Veterans who obtain services elsewhere. Use of other providers is also identified via the Benefits Service and through analysis of publicly reported data.

OPPORTUNITIES FOR IMPROVEMENT

- b(1)   It is unclear how C^{4}V determines customer engagement; information on the measurement of engagement appears anecdotal. Actionable information on engagement may allow C^{4}V to better meet Veterans' requirements for care.

- a(1)   C^{4}V's communication mechanisms (Figure 3.1-1) do not appear to vary over the customer life cycle. For example, C^{4}V asks if the respondent is a new customer, is visiting, or has received care in the past, but does not appear to tailor approaches based on this information. Varying listening methods in these ways may support C^{4}V's core competency of delivering Veteran-centric care.

3.2 Customer Engagement

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

STRENGTHS

- a(2) **C^{4}V's approach for enabling customers to seek information and support demonstrates the core competency of a holistic, integrated system approach. Customers seek information via communication mechanisms (Figure 1.1-3) and the PACTs. The integrated PACT structure allows Veterans to seek information and support for benefit, health care, and memorial services. Process improvements include the development of We're Listening! and integration with Speak Up!, VETBase, and the VETBase app.**

- a(1) Improvements in determining product offerings, identifying customer and market needs, and adapting product offerings to meet customer and market requirements strengthen the strategic advantage of engaged employees and volunteers. Market requirements stem from Title 38 CFR. Environmental scans and monitoring of internal and external data identify changes needed, such as expanded hours and standby appointments. Customer requirements are determined through listening mechanisms (Figure 3.1-1), and new customers are identified through analysis of the Veteran population and DoD projections of personnel leaving active duty.

- b(1) C^{4}V's aligned process for managing customer relationships for benefits and health care services supports the core competencies of Veteran-centric care and a holistic, comprehensive system approach to Veteran care. For example, relationship management begins with the Transition Assistance Program. PACTs build the brand and help leverage relationships. In addition, C^{4}V is piloting integration between MyHealth*e*Vet and eBenefits.

- a(3) C^{4}V's systematic approach to determining customer groups and market segments leverages the strategic opportunity to identify and enroll all eligible Veterans. For example, C^{4}V uses data collected and analyzed during strategic planning, DataFACTS, and Title 38 CFR regulatory requirements to determine its customer groups and market segments. Senior leaders augment survey data on customer satisfaction by personally participating in focus groups with Veterans, their families, and the VSO.

OPPORTUNITIES FOR IMPROVEMENT

- a(3), b(2) It is unclear how C^{4}V evaluates customer segmentation and complaint management processes for potential improvements. A process in this area may support C^{4}V's core competency of providing Veteran-centric care.

- b(2)   C^{4}V's approach to complaint management—resolving individual issues, incorporating them into a database, and identifying trends—does not appear to recover customers' confidence and avoid similar complaints in the future. An effective, systematic process in this area may help C^{4}V achieve its goal of registering and serving all Veterans in the service area.

- b(1)   It is unclear how Memorial Services builds and manages customer relationships. This may limit C^{4}V's core competency of providing a holistic, comprehensive, integrated system approach to provide Veterans, their families, and survivors with health care, benefits, and a final resting place.

Category 4   Measurement, Analysis, and Knowledge Management

4.1   Measurement, Analysis, and Improvement of Organizational Performance

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

STRENGTHS

- **a(1)   C⁴V's approaches to using data and information to track operations and performance support its vision to become a transformed and integrated facility. The PMARS (Figure 4.1-1) converts VA "big data" into useful information to guide decision making. The SLT reviews the MOSS daily, weekly, monthly, and quarterly, including at the daily SLT huddles. Key data are regularly reviewed in different venues. MOSS data are integrated into management zones (Figure 1.1-5) to assist in resource and time allocation.**

- b   Supporting the core competency of Baldrige-based leadership and management, C⁴V's analysis and review of performance data are well integrated and deployed through the SLT into a review by governance leaders. Since 2012, the organization has revised the presentation to include Baldrige evaluation factors. DataFACTS performs several statistical analyses to help the SLT have confidence in conclusions based on the data.

- c(3)   C⁴V's approach to developing priorities for improvement reflects its value of excellence. Priorities are developed based on an analysis of the gap between trend projections and goals, with the highest priorities assigned to goals in areas of greatest strategic importance. Priorities are deployed mostly through PIT Crews. Suppliers, partners, and collaborators also contribute. Reward and recognition programs (Figure 1.1-4) are aligned with this approach.

OPPORTUNITIES FOR IMPROVEMENT

- **a(2)   A systematic approach to using comparative data that is aligned with the organization's top-decile objectives is not evident; C⁴V considers external and other sources of comparative data only after top-quartile performance is achieved within the VA. Systematic use of top-decile comparisons may help C⁴V see where it stands in relation to its strategic objective.**

- c(2, 3)   The process steps and the individuals involved in projecting future performance and using projections to systematically develop priorities for innovation are not evident. Without a systematic process in this area, C⁴V may have difficulty achieving the strategic objective of world-class performance.

- c(1)   Beyond identifying high-performing organizational units via DataFACTS, it is not clear how C^{4}V identifies best practices that lead to instances of high performance and shares them with the remainder of the organization. This may limit C^{4}V's ability to become a transformed and highly integrated organization.

4.2 Knowledge Management, Information, and Information Technology

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

STRENGTHS

- **a(1)   C⁴V's approach to knowledge management enables workers to make a difference, a key driver of workforce engagement. Multiple methods include collection and transfer of knowledge through written policies and procedures as well as formal training, mentor processes, and Caseypedia. DataFACTS, with input from workers, analyzes the various data repositories that feed the data warehouse to create new knowledge. Relevant knowledge is transferred to customers, suppliers, partners, and collaborators through the C⁴V's communication system.**

- b(1), b(3)   To support the strategic objective of world-class workforce engagement, C⁴V systematically ensures that organizational data and information are high quality and are available to the workforce, suppliers, partners, and collaborators. For example, quality is ensured through a data dictionary to define metrics, queries across multiple systems to validate results, and automated flow between IT systems to ensure currency.

- b(5)   Approaches to ensuring emergency availability of systems and data support C⁴V's strategic objective of world-class access. In the event of an emergency, C⁴V's "Code Z" systematically ensures that hardware, software, and data and information continue to be available through predefined processes established by the VA. In addition, the organization has full generator power as an emergency backup.

OPPORTUNITIES FOR IMPROVEMENT

- a(2), b   Beyond querying databases and knowledge repositories, it is not clear how C⁴V routinely evaluates the PMARS and various data, information, and information technology processes for possible improvements. Without systematic improvement, process efficiency or effectiveness may degrade over time.

- b(3, 4)   It is not clear how C⁴V ensures the user-friendliness of data and information. For instance, it is not clear how the organization draws on user feedback for improvement or addresses hardware and software reliability and security for the workforce, suppliers, partners, collaborators, and customers beyond complying with regulations. Without ensuring these aspects of information technology, C⁴V may limit its ability to meet its strategic objectives of world-class performance.

- b(2)   It is unclear how C⁴V systematically protects its highly sensitive information and data from cyberattacks. This may be a major vulnerability given C⁴V's status as a high-profile target and the confidential nature of the data in its systems.

Category 5   Workforce

5.1   Workforce Environment

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

STRENGTHS

- **a(1)   C⁴V's effective, well-deployed process to assess workforce capability and capacity supports the core competency of providing Veteran-centric care. A master staffing list, which includes volunteers, is created to assess workforce capacity as an element of the SPP and in partnership with AGE. Workforce capacity is evaluated during the SPP, through the WEDMS (Figure 5.1-1), and through Individual Development Plans (IDPs).**

- a(2)   Aligned approaches to acquiring and preparing new workforce members help address the strategic challenge of limited personnel availability. Approved open positions are communicated via multiple channels, including recruiters who seek qualified Veteran candidates. A PIT Crew improved the hiring and onboarding processes, and the hiring system redesign team integrated diversity considerations into the hiring process.

- a(4)   C⁴V's aligned approach to workforce capability and capacity addresses the strategic challenge of the increasing complexity of benefits and health care management. Changes in needs are first addressed in the master staffing plan. Any anticipated decreases are discussed with the AGE. Short-term capacity changes are addressed via cross-training opportunities and rewards to workforce members who fill in or float to other work areas. A cycle of improvement provided for rewards to supervisors who allow employees to float.

OPPORTUNITIES FOR IMPROVEMENT

- a(3)   It is not clear how C⁴V organizes the workforce in the Benefits Office or the Veterans' Cemetery operation. A systematic approach in this area may support the value of commitment to Veterans and help achieve the vision of a transformed VA facility.

- a(2)   Other than processes to increase the proportion of Veterans in the paid and volunteer workforce, it is unclear how C⁴V systematically ensures that the workforce represents the diverse ideas, cultures, and thinking of the Virgin Islands hiring community. An approach in this area may help C⁴V sustain the strategic advantage of community support.

- b(2)   It is unclear how C^{4}V systematically tailors workforce needs, benefits, services, and other programs to various employee segments. For example, how the telework option is administered is not evident. An approach in this area may improve C^{4}V's ability to meet key workforce requirements and build an effective and supportive workforce environment.

- a, b   The WEDMS and its processes do not appear to be systematically evaluated to foster cycles of learning and improvement. Systematic evaluation may help C^{4}V uncover role-model strengths to share with other VA organizations, as well as additional opportunities for improvement.

5.2 Workforce Engagement

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

STRENGTHS

- a(2, 3)   C^{4}V's systematic approach to assessing workforce engagement and satisfaction reinforces the strategic advantage of engaged employees. These elements are assessed through the AES, IDP accomplishment, and participation in improvement events. Key drivers of workforce engagement are identified through regression analysis of the AES data. Senior leaders also gather satisfaction and engagement information by talking to and observing the workforce.

- a(1, 4)   With the 6-E Leadership Tool, MoS, CREW (Civility, Respect, and Engagement in the Workplace), IDPs, and SMARTER action plans, C^{4}V fosters a culture and workforce performance management system that encourages high performance for the entire workforce. These approaches align with C^{4}V's value of excellence.

- b(2)   Supporting the development of its workforce, C^{4}V uses the Kirkpatrick model, as well as other methods (Figure 5.2-2), to evaluate the effectiveness of its learning and development system. DataFACTS links training to changes in organizational performance results, which also enables leaders to evaluate the return on investment in training.

OPPORTUNITIES FOR IMPROVEMENT

- a, b(1, 3)   It is not clear how workforce engagement approaches—such as those for fostering a high-performance organizational culture and for assessing workforce engagement, including the key drivers of engagement—are routinely evaluated for potential improvements. Systematic improvement in this area may strengthen the strategic advantage of engaged employees and volunteers.

- b(1)   It is not evident how C^{4}V systematically reinforces new knowledge and skills, supports ethics, improves customer focus, and supports leaders' personal development. For example, the WEDMS (Figure 5.1-1) does not appear to systematically address the reinforcement of new knowledge and skills, even though some examples are given. A systematic approach may support the vision to be a transformed and integrated VA facility that adapts to new realities.

- b(3)   The School at Work and Competency Development for Leaders do not appear to address succession planning for management and leadership positions. An approach in this area may support the key workforce engagement driver of professional growth opportunities.

Category 6   Operations

6.1   Work Processes

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

STRENGTHS

- a(1)   The integration of the Operations Management and Improvement System (OMIS; Figure 6.1-1), listening and learning mechanisms (Figure 1.1-3), and the CRMS (Figure 3.1-1) systematically helps C^{4}V understand customer requirements. In addition, needs are balanced through negotiation, keeping the Veteran at the center of decision making.

- b(3)   Supporting C^{4}V's value of excellence, PIT Crews use the OMIS and the IDEALS system, along with tools such as Lean and Six Sigma, to improve work processes. In a recent improvement, an AGE representative signs off on the action plan template.

- b(1)   Standard documentation, training, and in-process and leading performance indicators ensure that day-to-day operation of key processes meet requirements. Furthermore, through IDEALS and MOSS, C^{4}V monitors MoS for key work processes monthly for many measures and annually for AES measures. DataFACTS permits further analysis to evaluate progress. This process supports the ability to meet the customer requirements of timeliness, access, and coordination.

OPPORTUNITIES FOR IMPROVEMENT

- b(2)   It is unclear what specific process steps are used to determine whether a support process is key to enabling primary operations. A systematic approach in this area may be critical to ensuring that value-creation processes get the resources needed while ensuring achievement of the value of excellence, especially for an integrated VA facility.

- c   Beyond creating a safe environment for creative thinking, it is unclear how C^{4}V systematically ensures that appropriate strategic opportunities are pursued, resourced, and discontinued if appropriate. Implementing approaches in this area may help the organization address the strategic challenge of integrating systems in a complex governmental agency.

- a(2)   It is unclear how C^{4}V incorporates product excellence, customer value, and agility into product and work process design, as well as how it integrates the needs of the local enterprise with those set forth by the VA, especially given the organization's unique integrated approach to Veteran services. Approaches in these areas may help the organization maintain or capture additional market share at a time when Veterans have more options for health care providers.

6.2 Operational Effectiveness

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

STRENGTHS

- a   C⁴V's approach to cost control contributes to meeting its strategic objective of providing world-class value. Overall operational costs are controlled with several systematic methods, starting with the OMIS to incorporate cost control during process design or redesign. Furthermore, specific cost-control approaches during operations include proactive regulatory audits and engaging PIT Crews and the overall organization to reduce waste and improve efficiency. The value equation helps ensure that action plans consider return on investment and costs.

- c(1)   C⁴V's systematic approach for providing a safe work environment addresses the workforce expectation of a safe and secure work environment. The Safety System begins with addressing accident prevention in the design of all processes. During the execution of processes, audits, inspections, and observations ensure safety as designed. To prevent similar events, C⁴V performs root-cause analyses whenever there is an incident.

- b   C⁴V's well-deployed approach for vendor selection aligns with the vision of providing Veterans with the highest quality of care and support services while controlling costs. Supplier-input-process-output-customer (SIPOC) mapping, the government contracting system, and standardized products assist in this area.

- c(2)   C⁴V's Disaster and Emergency Preparedness System addresses the work environment and the ability to make a difference for Veterans, both key drivers of workforce engagement. For example, the system addresses prevention via a risk analysis.

OPPORTUNITIES FOR IMPROVEMENT

- a, b, c   It is not evident that processes for efficiency and effectiveness, supply-chain management, and safety and emergency preparedness (e.g., the Safe Operating Environment process; Figure 6.2-1) are routinely evaluated for improvement. Systematic cycles of learning for these processes may help address C⁴V's strategic objectives of world-class quality and safety.

- b, c(2)   It is unclear how C⁴V ensures that suppliers, partners, and collaborators are positioned to meet operational needs and enhance performance or how emergency preparedness processes are deployed to them. For example, suppliers have information in their contracts for emergencies, but it is unclear how these groups are integrated into

the execution of the processes. Consideration of reliance on suppliers, partners, and collaborators may be important given the strategic challenge of C^{4}V's remote location, which makes procurement difficult.

Category 7   Results

7.1   Product and Process Results

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

STRENGTHS

- **a   For most health care and customer-focused service results, C⁴V reports good levels that show leadership relative to comparisons in areas of importance. Examples include mortality ratios (Figures 7.1-1 and 7.1-2), Hospital-Acquired Infection Critical Care (Figure 7.1-6), and patient safety index (Figure 7.1-7). In addition, Hospital Acquired Infection Acute Care shows marked improvement relative to the VA 90th percentile level for CAUTI (Figure 7.1-5).**

- b(1)   Many key work process effectiveness and efficiency results show excellent levels and beneficial trends. Results for Severity Adjusted Length of Stay (LOS; Figure 7.1-8), Key Shrine Standards Met (Figure 7.1-13), and Benefit Accuracy (Figure 7.1-12) are at the top decile. These key process-effectiveness results point to the organization's values of commitment and excellence.

- b(1)   Several process effectiveness and efficiency results reflect C⁴V's progress in achieving its purpose as a pilot initiative: to demonstrate efficient services. Examples that show improvement or exceed the VA or another national average include Emergency Room LOS (Figure 7.1-10), Use of Electronic Access (Figure 7.1-11), and Key Shrine Standards Met (Figure 7.1-13).

OPPORTUNITIES FOR IMPROVEMENT

- a, b   Many of the comparisons offered are exclusively within the VA or against national averages. Top-decile, external comparisons may help C⁴V see where it stands in relation to its vision of providing world-class care and services, defined as top decile by C⁴V.

- a   Results are missing for some customer-focused products and services, such as Insurance and Career Services (Figure P.1-1). Without tracking key results for all services, C⁴V may have difficulty attaining its vision of being a transformational and integrated facility.

- c   C⁴V includes limited comparisons in its results for supply-chain management and their contribution to enhancing performance (e.g., Figures 7.1-34 through 7.1-36). Without such results, C⁴V may have difficulty assessing and improving this important component of its work system.

- b(2) Results related to emergency preparedness (Figures 7.1-30 and 7.1-32) are not segmented by C^{4}V's various locations. Segmentation—for example, in Figure 7.1-32, which compares the number of HICS commanders with those in other hospitals within the VA—may provide insights into location-specific opportunities for improvement.

7.2   Customer-Focused Results

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

STRENGTHS

- a   In support of its strategic objective to provide world-class quality (Figure 2.1-5), C[4]V reports customer satisfaction and engagement results at or above benchmarks or the 90th percentile. Examples are results for satisfaction with ED wait time, with information, and with getting help when needed (Figures 7.2-4, 7.2-6, and 7.2-8); Memorials Satisfaction Rating by Next of Kin (Figure 7.2-10); and willingness to recommend the clinics and memorial services (Figure 7.2-17).

- a(2)   Beneficial trends in customer engagement results for key service areas demonstrate the core competency of a holistic, comprehensive, integrated system approach to provide Veterans, their families, and survivors with health care, benefits, and a final resting place. These results include Veterans Vested and Enrolled in PACT (Figure 7.2-19), Engagement for Volunteering (Figure 7.2-21), and Next of Kin Desires Met (Figure 7.2-22).

- a(1)   Many customer satisfaction results support C[4]V's strategic objective to provide world-class customer experience and value. For example, the satisfaction index (Figure 7.2-2), as well as satisfaction with ED wait time and with getting help when needed (Figures 7.2-4 and 7.2-8), all show good levels, beneficial trends, and favorable comparisons.

OPPORTUNITIES FOR IMPROVEMENT

- a   C[4]V does not report results for several key customer-focused measures, such as PACT satisfaction and the patient advocate tracking system, and customer dissatisfaction results are limited to those for benefits enrollment and the emergency department. In addition, no results are reported for mental health, career services, home loans, pension services, or rehabilitation. Monitoring such results may help C[4]V sustain its core competency of a holistic, comprehensive, integrated system.

- a   Some customer results are not segmented by the product offerings identified in Figure P.1-1, such as satisfaction results for different benefit offerings (e.g., Figures 7.2-2, 7.2-3, and 7.2-9) and results for inpatient, emergency, and outpatient health care offerings (e.g., Figures 7.2-2, 7.2-5, and 7.2-6). Tracking results by these segments may increase C[4]V's understanding of its performance.

7.3   Workforce-Focused Results

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

STRENGTHS

- a   Beneficial trends or excellent sustained levels for many workforce capability, capacity, climate, engagement, and development results show progress toward C^4V's strategic objectives of providing world-class access, quality, safety, customer experience, workforce engagement, and value. Examples include Time "In-Quality" Staffing (Figure 7.3-5), Security Incidence Rates/1,000 Work Days (Figure 7.3-14), Engagement Index Score (Figure 7.3-22), and Talent Necessary to Meet Goals (Figure 7.3-23).

- a(2)   In support of the workforce requirement of working in a safe and secure environment, C^4V's results for Radiation Badge Monitoring (Figure 7.3-13) and Security Incidence Rates/1,000 Work Days (Figure 7.3-14) show sustained excellent levels. The continuation of this performance supports the achievement of key workforce requirements for health, safety, and a secure environment.

- a(3) C^4V reports growth in a key workforce population, adult volunteers, whose number increased more than 120% between 2012 and 2014 (Figure 7.3-21).This result reflects C^4V's key strategic advantage of engaged volunteers.

OPPORTUNITIES FOR IMPROVEMENT

- a(1, 3)   Results are missing for some workforce capability and capacity and workforce engagement measures. Examples include results for personal development plans being on track (Figure 4.1-3) student grades, retention for the overall workforce, absenteeism, and grievances other than those relating to ethics. Without results for these measures, C^4V may have difficulty identifying early indicators of decreases in workforce engagement.

- a(1, 3, 4)   Some workforce-focused results (e.g., Figure 7.3-4, Percentage of Budget in Fee-Basis Care; Figure 7.3-6, Workforce Vacancy Percentage [health]; and Figure 7.3-24, Promotion Opportunity) show adverse trends. Collectively, these may limit C^4V's strategic advantage of engaged employees and volunteers.

- a(1, 2, 3)   Comparisons presented for some workforce climate (Figures 7.3-7, 7.3-8, 7.3-12, and 7.3-16), satisfaction (Figure 7.3-18), engagement (Figure 7.3-22), and development (Figures 7.3-24 and 7.3-27) results do not reflect C^4V's strategic objective of world-class workforce engagement. Comparisons from outside the VA, such as non-VA comparatives from the AES, may reveal C^4V's progress in achieving this objective.

7.4 Leadership and Governance Results

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

STRENGTHS

- a(1, 2)   Many key results for senior leaders' communication and engagement with the workforce and governance accountability show sustained excellent levels or improvement, as well as good performance relative to comparisons. One example is Leaders Communicate Goals and Priorities (Figure 7.4-1), which C^{4}V uses as a key indicator of the effectiveness of leaders' communication. Other examples are Leadership Motivation and Commitment to Workforce (Figure 7.4-3) and Internal and External Audit Findings (Figures 7.4-8 and 7.4-9).

- a(4)   Results for ethical behavior show good-to-excellent levels and beneficial trends, which demonstrate a workplace environment supportive of ethical behavior. For example, measures of HIPAA violations and EEOC filings (Figure 7.4-13) show zero findings, and Integrated Ethics Survey (Figure 7.4-14) and Can Disclose a Suspected Violation (Figure 7.4-16) show good levels and are improving.

- a(3)   C^{4}V's regulatory results demonstrate consistent multiyear 100% compliance (Figure 7.4-13), full accreditation (Figure P.1-4), and zero violations (Figure 7.4-12). These results—which include those for hospital, laboratory, and rehabilitation accreditation or certification; workplace safety; and radiation safety—reflect C^{4}V's value of excellence.

OPPORTUNITIES FOR IMPROVEMENT

- a(1, 2, 4, 5)   C^{4}V does not provide results for some processes identified in item 1.1. Examples include results for senior leader communication with all workforce groups and for activities such as rounding (Figure 1.1-3); governance results, such as protection of stakeholder interests; ethics results from nonemployees; and results for key communities, including Veterans who reside in or visit the islands. Monitoring such results may help C^{4}V address its strategic challenges of being an integrated system and of local economic conditions.

- a(1)   Results for leadership communication and engagement with the workforce (Figures 7.4-1 through 7.4-5) do not include comparisons other than those from the VA or the government overall. Top-decile comparisons and additional benchmarks from outside the government may help C^{4}V gauge its progress toward the strategic objective of world-class workforce engagement.

- a(2, 5)   Trends are mixed for overall and outpatient records coding accuracy (Figure 7.4-10), and less than 50% of administrative employees and employees overall participated in volunteer activities (Figure 7.4-19). Improving these results may help C^{4}V ensure accurate risk adjustment and disability ratings, as well as strengthen its strategic advantage of community support.

7.5   Financial and Market Results

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

STRENGTHS

- a(2)   Market share results show excellent levels and beneficial trends across the three work systems, which demonstrates the leveraging of the strategic opportunity to care for all eligible customers. For example, health, benefit, and cemetery use by eligible Veterans has increased from less than 20% to more than 60% for health and benefits and to more than 30% by cemetery users (Figure 7.5-7).

- a(1)   C^{4}V reports good levels and beneficial trends for Actual Expense Percentage of Budget Expense for the memorials and health work systems (Figure 7.5-1) and Cost as a Percentage of Benefits Claims (Figure 7.5-5), as well as other results. These results support the vision of providing the highest-quality care and support services while controlling costs.

- a   Financial and market results with good relative performance against comparisons support fulfillment of C^{4}V's requirement for financial viability. Examples include UCR-5: Adjusted FTEE per Adjusted FacWork (Figure 7.5-4; compared with the complexity 2 average); Cost as a Percentage of Benefits Claims (Figure 7.5-5; compared with CMS); Eligible Veterans Using C^{4}V (Figure 7.5-7); and UCR-1: Adjusted Cost per Adjusted FacWork (Figure 7.5-3), which has reached the 5 Star benchmark.

OPPORTUNITIES FOR IMPROVEMENT

- a(1)   C^{4}V reports limited measures of financial performance. Without monitoring additional performance measures, such as cost savings or administrative expenditures as a percentage of budget, C^{4}V may have difficulty sustaining its financial viability.

- a(2)   C^{4}V does not segment some marketplace results by customer groups (e.g., Figures 7.5-7 and Figure 7.5-8) or by delivery mechanisms. By segmenting these results, C^{4}V may increase its ability to compete in the local marketplace and continue to be the resource for Veteran care.

- a   Results for some key measures of financial and marketplace performance do not include comparisons or are unfavorable against comparisons. For example, results for Actual Expense Percentage of Budgeted Expense (Figure 7.5-1) and Actual FTEE Percentage of Budget FTEE (Figure 7.5-2) do not include comparisons, and Cost as a Percentage of Benefits Claims (7.5-5) is unfavorable against the CMS comparison.

APPENDIX A

The spider, or radar, chart that follows depicts your organization's performance as represented by scores for each item. This performance is presented in contrast to the median scores for all 2015 applicants at Consensus Review. You will note that each ring of the chart corresponds to a scoring range.

Each point in red represents the scoring range your organization achieved for the corresponding item. The points in blue represent the median scoring ranges for all 2015 applicants at Consensus Review. Seeing where your performance is similar or dissimilar to the median of all applicants may help you initially determine or prioritize areas for improvement efforts and strengths to leverage.

[Graph will be added when 2015 applicant data are available.]

APPENDIX B

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

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

APPLICATION REVIEW

Independent Review

Following receipt of the award applications, the award process review cycle (shown in Figure 1) begins with Independent Review, in which members of the Board of Examiners are assigned to each of the applications. Examiners are assigned based on their areas of expertise and with attention to avoiding potential conflicts of interest. Each application is evaluated independently by the examiners, who write observations relating to the scoring system described beginning on page 30 of the *2015–2016 Baldrige Excellence Framework*.
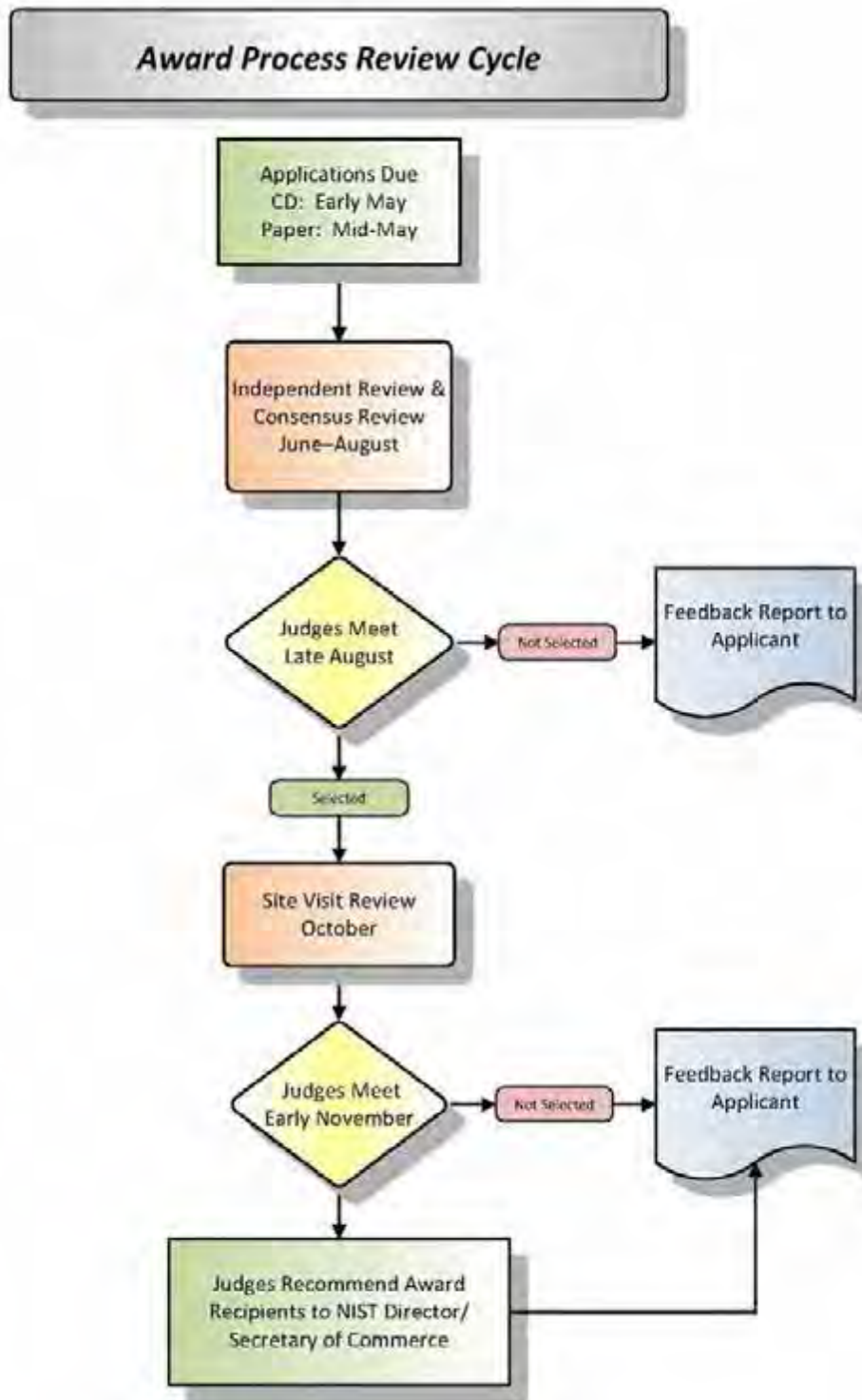
Figure 1—Award Process Review Cycle

Consensus Review

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

Step 1 Consensus Planning	Step 2 Consensus Review in BOSS	Step 3 Consensus Call	Step 4 Post–Consensus–Call Activities
• Clarify the timeline for the team to complete its work. • Assign category/item discussion leaders. • Discuss key business/ organization factors.	• Review all Independent Review evaluations— draft consensus comments and propose scores. • Develop comments and scores for the team to review. • Address feedback, incorporate inputs, and propose a resolution of differences on each worksheet. • Review updated comments and scores.	• Discuss comments, scores, and all key themes. • Achieve consensus on comments and scores.	• Revise comments and scores to reflect consensus decisions. • Prepare final Consensus Scorebook. • Prepare feedback report.

Figure 2—Consensus Review

Site Visit Review

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

Site visits are conducted for the highest-scoring applicants to clarify any uncertainty or

confusion the examiners may have regarding the written application and to verify that the information in the application is correct (see Figure 3 for the Site Visit Review process). After the site visit, the team of examiners prepares a final Site Visit Scorebook.

Step 1 Team Preparation	Step 2 Site Visit	Step 3 Post–Site–Visit Activities
• Review consensus findings. • Develop site visit issues. • Plan site visit.	• Make/receive presentations. • Conduct interviews. • Record observations. • Review documents.	• Resolve issues. • Summarize findings. • Finalize comments. • Prepare final Site Visit Scorebook. • Prepare feedback report.

Figure 3—Site Visit Review

Applications, Consensus Scorebooks, and Site Visit Scorebooks for all applicants receiving site visits are forwarded to the Panel of Judges for review (see Figure 4). The judges recommend which applicants should receive the Baldrige Award and identify any non-award recipient organizations demonstrating one or more Category Best Practices. The judges discuss applications in each of the six award sectors separately, and then they vote to keep or eliminate each applicant. Next, the judges decide whether each of the top applicants should be recommended as an award recipient based on an "absolute" standard: the overall excellence of the applicant and the appropriateness of the applicant as a national role model. For each organization not recommended to receive the Baldrige Award, the judges have further discussion to determine if the organization demonstrates any Category Best Practices. The process is repeated for each award sector.

Step 1 Panel of Judges' Review	Step 2 Evaluation by Category	Step 3 Assessment of Top Organizations
• Applications • Consensus Scorebooks • Site Visit Scorebooks	• Manufacturing • Service • Small business • Education • Health care • Nonprofit	• Overall strengths/ opportunities for improvement • Appropriateness as national model of performance excellence

Figure 4—Judges' Review

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

Following the judges' review and recommendation of award recipients, the Site Visit Review team leader edits the final Site Visit Scorebook, which becomes the feedback report.

SCORING

The scoring system used to score each item is designed to differentiate the applicants in the various stages of review and to facilitate feedback. As seen in the Process Scoring Guidelines and Results Scoring Guidelines (Figures 5a and 5b, respectively), the scoring of responses to Criteria items is based on two evaluation dimensions: process and results. The four factors used to evaluate process (categories 1–6) are approach (A), deployment (D), learning (L), and integration (I), and the four factors used to evaluate results (items 7.1–7.5) are levels (Le), trends (T), comparisons (C), and integration (I).

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

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

SCORE	DESCRIPTION
0% or 5%	• No SYSTEMATIC APPROACH to item requirements is evident; information is ANECDOTAL. (A) • Little or no DEPLOYMENT of any SYSTEMATIC APPROACH is evident. (D) • An improvement orientation is not evident; improvement is achieved by reacting to problems. (L) • No organizational ALIGNMENT is evident; individual areas or work units operate independently. (I)
10%, 15%, 20%, or 25%	• The beginning of a SYSTEMATIC APPROACH to the BASIC 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)
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 the early stages of alignment with the basic organizational needs identified in response to the Organizational Profile and other process items. (I)
50%, 55%, 60%, or 65%	• An EFFECTIVE, SYSTEMATIC APPROACH, responsive to the OVERALL 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, including INNOVATION, are in place for improving the efficiency and effectiveness of KEY PROCESSES. (L) • The APPROACH is ALIGNED with your overall organizational needs as identified in response to the Organizational Profile and other process items. (I)
70%, 75%, 80%, or 85%	• An EFFECTIVE, SYSTEMATIC APPROACH, responsive to 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, including INNOVATION, are KEY management tools; there is clear evidence of refinement as a result of organizational-level ANALYSIS and sharing. (L) • The APPROACH is INTEGRATED with your current and future organizational needs as identified in response to the Organizational Profile and other process items. (I)
90%, 95%, or 100%	• An EFFECTIVE, SYSTEMATIC APPROACH, fully responsive to the MULTIPLE 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 through INNOVATION 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 current and future organizational needs as identified in response to the Organizational Profile and other process items. (I)

Figure 5a—Process Scoring Guidelines (For Use with Categories 1–6)

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

Figure 5b—Results Scoring Guidelines (For Use with Category 7)

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

[1] Percentages are based on scores from the Consensus Review.

Figure 6a—Process Scoring Band Descriptors

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

[1] Percentages are based on scores from the Consensus Review.
[2] "Industry" refers to other organizations performing substantially the same functions, thereby facilitating direct comparisons.

Figure 6b—Results Scoring Band Descriptors

2015 Baldrige Award Applicants

Sector	Total Number of Award Applications	Number of Award Applicants Recommended for Site Visit
Health Care	16	
Nonprofit	4	
Education	4	
Business–Small Business	2	
Business–Service	0	
Business–Manufacturing	0	
Total	**26**	

Baldrige Award Recipient Contact Information 1988–2014

Baldrige Award winners generously share information with numerous organizations from all sectors. To contact an award winner, please see http://patapsco.nist.gov/Award_Recipients/index.cfm, which includes links to contact information as well as profiles of the winners.
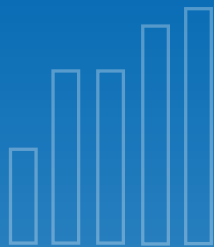
The ratio of the Baldrige Program's benefits for the U.S. economy to its costs is estimated at **820 to 1**.

99 **Baldrige Award winners** serve as national role models.

2010–2014 award applicants represent **537,871 jobs**, 2,520 work sites, over $80 billion in revenue/budgets, and more than 436 million customers served.

364 Baldrige examiners volunteered roughly **$5.5 million** in services in 2014.

State Baldrige-based examiners volunteered around **$30 million** in services in 2014.

Baldrige Performance Excellence Program

Created by Congress in 1987, the Baldrige Program (http://www.nist.gov/baldrige) is managed by the National Institute of Standards and Technology (NIST), an agency of the U.S. Department of Commerce. The program helps organizations improve their performance and succeed in the competitive global marketplace. It is the only public-private partnership and Presidential award program dedicated to improving U.S. organizations. The program administers the Presidential Malcolm Baldrige National Quality Award.

In collaboration with the greater Baldrige community, we provide organizations with

- a systems approach to achieving organizational excellence;
- organizational self-assessment tools;
- analysis of organizational strengths and opportunities for improvement by a team of trained experts; and
- educational presentations, conferences, and workshops on proven best management practices and on using the Baldrige Excellence Framework to improve.

Foundation for the Malcolm Baldrige National Quality Award

The mission of the Baldrige Foundation is to ensure the long-term financial growth and viability of the Baldrige Performance Excellence Program and to support organizational performance excellence in the United States and throughout the world. To learn more about the Baldrige Foundation, see http://www.baldrigepe.org/foundation.

Alliance for Performance Excellence

The Alliance (http://www.baldrigepe.org/alliance) is a national network of Baldrige-based organizations with a mission to grow performance excellence in support of a thriving Baldrige community. Alliance members contribute more than $30 million per year in tools, resources, and expertise to assist organizations on their journey to excellence. Alliance member programs also serve as a feeder system for the national Baldrige Award.

American Society for Quality

The American Society for Quality (ASQ; http://www.asq.org/) assists in administering the award program under contract to NIST. ASQ's vision is to make quality a global priority, an organizational imperative, and a personal ethic and, in the process, to become the community for all who seek quality concepts, technology, or tools to improve themselves and their world.

For more information:
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NIST
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