

Arroyo Fresco Community Health Center Case Study Feedback Report

health care

2017

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The Arroyo Fresco Community Health Center Feedback Report is a fictional Baldrige Award feedback report developed by a team of experienced Baldrige examiners who evaluated the Arroyo Fresco Community Health Center Case Study against the 2017–2018 Baldrige Criteria for Performance Excellence, conducting an Independent Review and a Consensus Review. The Arroyo Fresco Community Health Center Case Study describes a nonprofit, community health center serving western Arizona from 11 clinics and 4 mobile service vans. There is no connection between the fictitious Arroyo Fresco Community Health Center and any other organization, named either Arroyo Fresco Community Health Center or otherwise. Any resemblance to any specific organization is purely coincidental. The names of several national and government organizations are included to promote the realism of the case study as a training tool, but all data and content about them have been fictionalized, as appropriate; all other organizations cited in the case study are fictitious or have been fictionalized.

Arroyo Fresco Community Health Center scored in band 4 for process items and band 3 for results items. An organization in band 4 for process items 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 3 for results items, 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 trends are beneficial.

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Baldrige Performance Excellence Program

July 1, 2017

Mr. Ramon Gonzales
Arroyo Fresco Community Health Center
1345 Desert Bloom Avenue
Yuma, AZ 85364

Dear Mr. Gonzalez:

Congratulations for taking the Baldrige challenge this year! We commend you for your commitment to performance excellence as demonstrated by your applying for the Malcolm Baldrige National Quality Award (MBNQA), the nation's highest award for organizational 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.

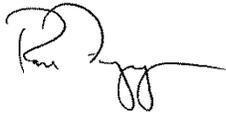
The feedback report is not your only source of ideas about organizational improvement and excellence. Current and previous Baldrige Award recipients can be potential resources for your organization's efforts in any performance dimension addressed by the Criteria. Information on contacting Baldrige Award recipients is enclosed. The 2017 award recipients and any organizations recognized for category best practices will share their stories at our annual Quest for Excellence® Conference, April 8–11, 2018. Current and previous award recipients also participate in the two Baldrige regional conferences held each year.

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. Information of 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 a survey from the Judges Panel of the MBNQA. 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. We value your feedback on this and other experiences, so please complete the judges' survey!

Thank you for participating in the Malcolm Baldrige National Quality Award process this year. Best wishes for continued progress in your organization's quest for excellence.

Sincerely,

A handwritten signature in black ink, appearing to read 'R. Fangmeyer', with a long horizontal flourish extending to the right.

Robert G. Fangmeyer, Director
Baldrige Performance Excellence Program

Enclosures

The hard work is worth it. Getting to preeminence ... is where we want to be, and we know that the Baldrige framework will help us get there.

*Greg Haralson, CEO
Memorial Hermann Sugar Land Hospital
2016 Baldrige Award Recipient*

Preparing to read your feedback report . . .

Your feedback report contains Baldrige examiners' observations based on their understanding of your organization. The examiner team has provided 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, 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 2017 feedback report also includes a graph in Appendix A that shows your organization's scoring profile compared to the median scores for all 2017 applicants at Consensus Review.

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

- Take a deep breath and approach your Baldrige feedback with an open mind. You applied to get the feedback. Read it, take time to digest it, and read it again.
- Before reading each comment, review the Criteria requirements that correspond to each of the Criteria item references (which now precede each comment); doing this may help you understand the basis of the examiners' evaluation. The *2017–2018 Baldrige Excellence Framework (Health Care)* containing the Health Care Criteria for Performance Excellence can be purchased at http://www.nist.gov/baldrige/publications/hc_criteria.cfm.

- Especially note comments in **boldface type**. These comments indicate observations that the examiner team found particularly important—strengths or opportunities for improvement that the team felt had substantial impact on your organization’s performance practices, capabilities, or results and, therefore, had more influence on the team’s scoring of that particular item.
- You know your organization better than the examiners know it. If the examiners have misread your application or misunderstood information contained in it, don’t discount the whole feedback report. Consider the other comments, and focus on the most important ones.
- Celebrate your strengths and build on them to achieve world-class performance and a competitive advantage. You’ve worked hard and should congratulate yourselves.
- Use your strength comments as a foundation to improve the things you do well. Sharing those things you do well with the rest of your organization can speed organizational learning.
- Prioritize your opportunities for improvement. You can’t do everything at once. Think about what’s most important for your organization at this time, and decide which things to work on first.
- Use the feedback as input to your strategic planning process. Focus on the strengths and opportunities for improvement that have an impact on your strategic goals and objectives.

It’s never been about the award, but ... maybe about being award-worthy. We embrace the Baldrige approach and we wrote the application and we experienced the very intensive examiner surveybecause we felt it would make us a better organization.

*David Fox, President
Advocate Good Samaritan Hospital
2010 Baldrige Award Recipient*

KEY THEMES

Key Themes—Process Items

Arroyo Fresco Community Health Center (AF) 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 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.

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

- Senior leaders' focus on AF's vision, mission, and values (VMV) promotes its core health care business, contributing to organizational, financial, and societal performance. The VMV create AF's culture and permeate strategic planning and daily operations. Identification of key communities and their needs embeds societal responsibilities into AF's strategies, strategy implementation, action plans, and daily operations. Examples include the Care Connection Kiosks (CCKs), the option of English or Spanish messaging for individuals without computer access, the provision of transportation and child care, and health education outreach. To meet the vision of a healthy population, AF organizes its workforce into Primary Care Teams (PCTs), creates personalized health plans, and sets goals for care. Efforts to engage the community include recruiting volunteers and members from the communities AF serves. Collectively, these approaches define AF's organizational culture and form the framework for activating patients in their own care. The organization's contribution to societal well-being focuses on improving community health, reducing disparities, and expanding access to care, with a focus on Support for the Body, Support for the Spirit, and Support for the Mind, and addressing its communities' health care needs, supported by activities that improve nutrition, housing, transportation, and education. These activities align with AF's core competencies of patient-centered care and expertise in treating diseases prevalent in its population.
- AF's use of the Financial Performance, Organizational Learning, Clinical Excellence, Utilization, and Satisfaction (FOCUS) framework (Figure P.2-3) allows the organization to address strategic challenges and align efforts in critical 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 AF's strategic objectives through the FOCUS framework. AF's Performance Measurement System (Figure 4.1-1) aggregates data from multiple listening and learning tools to capture the voice of the customer (VOC), and data on patient satisfaction and engagement through various methods feed into the FOCUS scorecard.

The FOCUS framework promotes alignment between strategic and operational considerations, and it integrates needs identified in the Strategic Planning Process (SPP) with AF's operational and performance measurement systems, contributing to an environment of organizational agility.

- AF's systematic, comprehensive approach to employee hiring, development, engagement, and support aligns with its values of respect and performance while supporting its communities. AF systematically identifies and defines workforce capacity and capability needs during the People Review in the SPP; collects and analyzes workforce engagement data to improve; deploys a variety of approaches to reward and recognize high performance; and employs multiple systematic approaches to build a culture of engagement, communication, and high performance, as well as a system of promoting ongoing workforce development. AF's workforce practices support its communities by recruiting their members. A variety of workplace health, security, and wellness approaches are offered to the workforce, and education benefits are available to employees and to the children of workforce members, including volunteers. These approaches contribute to engaged employees, accountability for performance, employee opportunities for learning, and career development and progress, which help AF address its strategic challenges around reducing workforce gaps and recruitment and retention.

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

- There are gaps in AF's approaches to providing the range of treatment services aligned to its mission and to its core competency of expertise in treating diseases prevalent in its patient population (e.g., mental health issues, alcohol and substance abuse, obesity, diabetes, and heart disease). For example, alignment between the processes and requirements in Figure 6.1-1 and health care offerings that meet identified community needs is not evident, and some FOCUS measures do not clearly align with objectives (e.g., how immunization rates and screenings will address major health challenges). In addition, measures for AF's key processes do not appear to reflect the quality of health care outcomes, as many relate to screening outcomes, volume, and capacity. Leveraging AF's core competency of expert treatment, as well as its core competency of collaborative relationships, to align services provided and measures tracked with its stated objectives may help AF move toward its vision of a healthier population.
- AF has opportunities to enhance its relationships with key partners, including inpatient hospitals and other health care providers, who are identified as important to AF's ability to provide comprehensive care. For example, it is unclear how AF communicates with key partners beyond their inclusion in strategic planning or how AF systematically determines which key processes will be accomplished internally and which by partners. Nor is it clear how action plans and improvement priorities are deployed to most key partners. In addition, an approach for establishing work process requirements for

partners or for using their input in work process management is not evident. Finally, AF's approach to business continuity does not appear to account for its reliance on partners. Deployment of key approaches to key partners may strengthen AF's core competency of collaborative relationships and better address patient and community needs for effective, high-quality care.

- It is not clear how AF improves its performance and manages innovation in a wide range of areas. For example, financial objectives do not appear to align with action plans to improve collection rates and relative value units. In addition, it is not clear how AF identifies strategic opportunities in its Strengths, Weaknesses, Opportunities, and Threats (SWOT) analysis; leverages the Innovation Management Process to pursue strategic opportunities determined to be intelligent risks; or discontinues pursuit of opportunities. For action plans, it is unclear how AF addresses gaps in performance against competitors and comparable organizations in these plans or implements modified plans when necessary in response to regulatory, legal, and customer changes. Furthermore, an approach for closing gaps between actual and projected performance is not evident; nor is an approach evident for assessing and then improving performance against local competitors. In AF's tight reimbursement environment and rapidly changing market, a focus on learning and innovation in these areas may help AF meet the health care needs of its patients and improve the health of its communities.

Key Themes—Results Items

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

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

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

- AF's results for screening and access to care, as well as its customer-focused and some financial results, contribute to fulfilling the mission of providing residents easy and timely access to high-quality and safe health care services. In particular, AF reports good levels, beneficial trends, and favorable comparisons for screening outcomes and measures for access to care, with some results exceeding the state average for community health centers (CHCs). In addition, results for aggregate patient satisfaction and satisfaction with medical and dental services meet or exceed the top-decile comparisons. Revenues, expenses, and collections, as well as accounts receivable, meet or exceed the state-best CHC benchmark. Collectively, these results underscore AF's core competencies of patient-centered care and expertise in treating diseases prevalent in its population.

- Good-to-excellent results for employee satisfaction, engagement, and retention; support of its workforce (including volunteers); and senior management communication with the workforce indicate the success of AF's focus on its values of respect, trust, and relationship. Results for staff engagement, satisfaction with key engagement drivers, physician and volunteer satisfaction, and recognition programs outperform the Oates top decile. Furthermore, retention-related results show improvement from 2012 to 2016, with all workforce groups meeting or exceeding the state-best CHC levels. These results provide evidence of AF's strategic advantage of a highly engaged workforce, which may help overcome AF's strategic challenge of staff recruitment and retention related to its remote location.

d. Considering AF'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:

- Results are missing for a range of outcomes critical for AF, including data on the effectiveness of error prevention and on key health care outcomes across the continuum of care. For example, results are lacking for health-care-related errors, unsafe events, and near misses, as well as for services provided by AF's key care partners. Results are also missing for the impact of many of AF's community support programs. Also not reported are results for some services associated with identified high-prevalence health issues, such as substance abuse, addictive behavior, mental health other than depression, and vision and hearing screening, as well as for the outcomes of many treatment services provided by AF. Results in these areas may help AF understand its progress in providing the full range of safe, effective, and timely health care services to meet its strategic challenges of addressing the higher incidence of chronic and communicable disease and establishing and managing mechanisms to provide specialty care and unmet service needs.
- AF does not provide some important business and financial results. Examples are missing or limited results for operating margin, fundraising revenues, cost control, and ACA impact; results for action plan outcomes; and results for the success of patient acquisition and retention mechanisms. In addition, AF does not report comparisons to local or regional competitors for many patient and other customer satisfaction results or for workforce results; nor are results provided related to AF's strategic challenge of staff recruitment. Tracking such business results may contribute to ensuring financial and organizational sustainability in a rapidly changing health care environment.
- AF has opportunities to gain additional insight into its performance and market position by segmenting results in several areas. For example, health care results are not segmented for the Hispanic and Native American populations, which are identified as important to AF. In addition, most workforce results are not segmented by AF's millennial and nonmillennial groups; nor are results provided for physicians, other than for physician engagement. Leadership and societal responsibility results are not

segmented by county, facility, community, or service; and several financial results lack segmentation by service areas and services provided. Reporting results by important patient, workforce, and service groups may help AF focus strategic responses on key areas and identify high-performing areas and best practices to help meet its strategic challenges.

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

- **b By using and improving a variety of mechanisms (Figure 1.1-2) to communicate with the workforce and community, senior leaders deliver on a key driver of workforce engagement. The mechanisms share and reinforce the AF’s vision, mission, and values (VMV). Several cycles of learning have resulted in the expanded use of social media, the addition of a county director to support communication flow from senior leaders and throughout the county, and revisions to the website to enhance transparency.**
- a(1) Senior leaders set, review, and validate AF’s VMV, which are embedded in the Leadership System (Figure 1.1-1). In 2010, respect was added as a value, reflecting the provision of culturally competent care. In recognition of the cultural diversity of the workforce and community, the VMV are displayed in English and Spanish to remind everyone about expectations; each senior leader champions a value to ensure broad understanding.
- a(2) Through policies that promote an environment requiring legal and ethical behavior among staff members, volunteers, board members, suppliers, and partners, senior leaders demonstrate the importance of such behavior to the workforce and community. Processes include an annual overview of legal and ethical obligations; role modeling of values; training on ethics, the Health Insurance Portability and Accountability Act (HIPAA), and medical ethics (Figure 5.2-3) for the staff, board, and volunteers; a “no-blame” environment and just culture; and the “two-challenge” rule.

OPPORTUNITIES FOR IMPROVEMENT

- **b It is unclear how AF communicates with key partners other than by including them in strategic planning. For example, leaders’ communication methods (Figure 1.1-2) do not appear to address key physician requirements (Figure P.1-7); and a systematic approach is not evident for communicating with other clinical partners, such as inpatient hospitals, or to encourage two-way communication (Figure 1.1-2)**

and engage patients in culturally competent care. Without such mechanisms, AF may miss partners' ideas to support improvement and innovation.

- a(1) It is not clear how and to what extent AF's communication approaches (Figure 1.1-2) and the Performance Improvement Framework (PIF; Figure P.2-5) deploy the VMV to some patient and customer groups, such as physicians, the Native American population, or the "snow birds." Systematic deployment of the VMV to all stakeholders may foster their engagement in clinical excellence.
- c(1) It is unclear how senior leaders create an environment for success now and in the future. For example, full deployment, as well as evaluation and improvement, of the Leadership System (Figure 1.1-1) is not evident. Nor is it evident that senior leaders participate in succession planning or new leader development, or that the Innovation Management Process (Figure 6.1-5) guides intelligent risk taking. Fully deploying these mechanisms may enable AF to address its strategic challenge of balancing its mission with fiscal constraints.

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

- **a(2) AF's evaluation of the board's and senior leaders' performance promotes accountability, one of AF's values. Methods include a 360-degree review process incorporating data from a staff satisfaction survey, a community climate survey, and Baldrige-based assessments. Board performance is evaluated using the Stewart-Hagen model. Leadership system results are inputs for the SPP; action plans are developed through the PIF to improve effectiveness, shared at staff meetings, and published in the monthly newsletter.**
- **c** Leveraging its core competency of patient-centered care, AF has embedded societal responsibilities into its strategies and daily operations, beginning with the identification and validation of the key communities it serves. Its contribution to societal well-being focuses on improving community health, reducing disparities, and expanding access to care. A variety of programs focus on Support for the Body, Support for the Spirit, and Support for the Mind.
- **a(1)** The Board of Directors' use of six committees to review and achieve aspects of responsible governance reinforces AF's values of trust and accountability. Regular reports of financial and quality performance and other audits ensure board-level accountability for the management's actions. Regular reviews of budgets, financial reports, capital expenditures, and external audit findings ensure fiscal accountability. Among other ethics practices, board members and senior leaders participate in scenario-based ethics training and annually disclose conflicts of interest.
- **b(1)** Systematic approaches ensure AF's legal, regulatory, and accreditation compliance (Figure 1.2-2) and address risks associated with health care delivery and other operations (Figure 1.2-3). For example, the use of Failure Modes and Effects Analysis (FMEA) to identify and address adverse impacts on society of health care services and operations has enabled AF to address needle-stick risk for diabetic patients' family members and ensure patients' safety through added lighting and an escort service.

OPPORTUNITIES FOR IMPROVEMENT

- **a(1)** A selection process and criteria for identifying and selecting board members are not evident beyond the requirement that 51% of voting members must be recipients of AF's services. Nor is it evident what stakeholder groups are represented, what disclosure policies in place, and how these relate to efforts to improve the governance

system. A systematic approach in this area may help AF build confidence in its integrity and transparency.

- b(2) A systematic process to promote and ensure ethical behavior in all interactions is not evident. For example, it is not clear how AF investigates and responds to potential breaches of ethical behavior or how it communicates the means of access to the board's Ethics Committee to the workforce across all locations, as well as to partners and stakeholders. A systematic approach may allow AF to better demonstrate its core values of respect, trust, and accountability.
- b(1) AF's key processes, measures, and goals for addressing risks (Figure 1.2-3) do not appear to align with the risks identified, which may increase AF's risk exposure. For example, processes for the identified health care risks of exposure to communicable diseases, exposure to radiation and chemicals, ergonomic injuries, and accidents are not identified. In addition, the measures provided do not relate to outcomes; for example, HIPAA measures include compliance with training but not HIPAA violations or penalties.

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, systematic SPP (Figure 2.1-1), used since 1996, evidences AF’s core competency of collaborative relationships. Key SPP elements are organized by calendar year. Senior leaders participate in all SPP activities; a cross-location team ensures that staff members in all services, functions, and locations provide input. Community members provide input, and key stakeholder groups provide input and review. In a 1998 improvement, external stakeholders, payors, volunteers, and patient-family advisory boards were added to the Partners Committee.**
- a(3) Multiple methods to collect and analyze relevant data for the SPP ensure that all key elements are covered. Data sources include board retreats, as well as regular meetings with the staff, volunteers, and other partners and stakeholders. Strategic advantages and challenges are evaluated in relation to AF’s competitive position and performance vs. benchmarks. Participation in State Association of CHCs ensures currency of results of benchmarking initiatives, business continuity, compliance with regulatory requirements, and community involvement opportunities.
- a(2) AF’s SPP systematically incorporates innovation. The organization engages a broad range of participants in scenario-based planning activities that promote innovative thinking and a focus on finding solutions and capitalizing on strategic opportunities.

OPPORTUNITIES FOR IMPROVEMENT

- **b(2) AF’s strategic objectives and action plans (Figure 2.1-2) do not appear to address all strategic challenges. For example, financial objectives (e.g., to decrease administrative/indirect patient costs) do not align with action plans to improve collection rates and relative value units, and no action plans align with the strategic challenges related to recruiting paid staff members. The lack of alignment between strategic objectives, action plans, and strategic objectives may limit AF’s ability to maintain its competitive position and fulfill its mission.**
- a(4) A systematic approach to determine which key processes will be accomplished by AF’s workforce and which by external partners is not evident. For example, the decision-making process does not appear to include data and information from the SPP People Review (Figure 2.1-1, May) or evidence to support decisions related to improving or augmenting work systems and core competencies to meet future needs. Without an

approach in this area, AF may be limited in leveraging its core competency of collaborative relationships to address patients' and community needs for effective, high-quality care.

- a(2) A systematic, aligned approach to identify strategic opportunities is not evident. For example, it is not clear how strategic opportunities are identified in the SWOT analysis (Figure 2.1-1, July), and the key strategic opportunity to partner with a dialysis service to provide a more comprehensive approach to the medical home model does not appear to be reflected in key areas for innovation (Figure P.2-1). This may limit leaders' ability to leverage its innovation approaches to fulfill AF's vision.

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(1,2) In support of its value of performance, AF uses the FOCUS balanced scorecard to identify and organize short- and longer-term action plans, strategic objectives, strategic advantages, and strategic challenges (Figure 2.1-2). Leaders develop plans at four levels, and the Senior Leadership Team and local clinic managers deploy them to work units after the strategic plan is validated and budgets are developed. The Pugh matrix is used to validate resource availability, and it subdivides annual plans at three levels into 90-day plans.
- a(5,6) In support of its vision, AF identifies key performance measures and indicators for the achievement of many strategic objectives and performance projections. Short- and long-term projections consider state and national comparisons. For example, targets for clinical results incorporate the Healthy People 2020 objectives, which reflects efforts to reduce gaps between projected performance and these goals and to exceed the state's long-term targets.
- a(3,4) AF ensures the availability of financial and other resources to support action plans from four perspectives: people, money, time, and data. The budgeting process is integrated with the SPP, and scheduled reviews facilitate senior leaders' monitoring of progress on achieving FOCUS goals (Figure 4.1-2). Senior leaders participate in the SPP People Review (Figure 2.1-1), which includes the assessment of workforce capability and capacity.

OPPORTUNITIES FOR IMPROVEMENT

- a(1) AF's action plans do not appear to align with its strategic objectives (Figure 2.1-2) and longer-term planning horizons. For example, the strategic objectives do not address leadership and governance, including key short- and longer-term action plans associated with achieving results, and only one of three longer-term action plans addresses expansion of services, which usually involves partnering. This lack of alignment may limit leaders' ability to demonstrate accountability and meet service needs.
- a(2) A systematic approach to deploy action plans to AF's partners is not evident. For example, key performance metrics for the achievement of strategic objectives and goals (Figure 2.1-2) do not appear to include measurements related to the performance of partners and suppliers. Because AF uses partners to provide inpatient care, advocacy, and education, deploying action plans to suppliers and partners may help improve patient outcomes.

- a(6) A systematic approach is not evident for addressing gaps in performance against competitors and comparable organizations in action plans. For example, clinical excellence action plans (Figure 2.1-2) do not appear to reflect priorities for closing gaps; nor do action plans appear to reflect patient and revenue changes related to the Affordable Care Act (ACA). Aligning action plans with priorities for improvement may help AF address the low incidence of prevention and screening and higher incidence of chronic and communicable diseases, as well as the ACA's impact on AF's market.

- b AF's SPP (Figure 2.1-1) does not appear to incorporate the implementation of modified action plans in response to changes in the regulatory environment, federal law, and customer base, especially regarding leaders' semiannual review and approval processes. The lack of such an approach may limit leaders' ability to respond to key competitive changes in the ACA and to increasing demands for care in the tricounty service area.

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 Multiple listening and learning tools used to capture the voice of current, former, potential, and competitors' patients help AF identify their key requirements (Figure 3.1-1). Approaches include CCKs, an innovation that aids community outreach; Patient Family Advisory Boards; and personal health profiles (PHPs). To ensure that the information is actionable, the Service with Spirit Team (SWST), formed in a cycle of learning, aggregates and analyzes customer and market data.**
- b(1) Various methods of measuring patient and community satisfaction and engagement help AF gauge its response to their diverse needs. The Packer Patient Satisfaction Survey, covering all aspects of the intervention, is mailed after visits, with monthly reports used to identify improvements. A patient experience survey with questions that correlate to the Packer survey captures real-time feedback at the point of service, and a short version of the survey is used to measure community satisfaction.
- b(2) To obtain data on satisfaction with other organizations for use in the SPP, AF asks six questions that correlate with identified patient requirements, ensuring that requirements are addressed and performance against them is continually improved. These questions identify benchmark performance levels for health care providers nationally. The survey has been enhanced with two questions that measure cultural competence, corresponding to the requirement of culturally competent care. Comparisons to CHC peers are available through the Community Climate survey.

OPPORTUNITIES FOR IMPROVEMENT

- **a It is not clear how AF tailors listening and learning approaches to all identified patient segments (Figure 3.1-1), how it obtains feedback from patients' families, or how it reaches out to the Native American patient segment, which represents a major market segment in one county. The examples given appear to cover only the addressing of Spanish language barriers and the provision of alternative feedback venues for older patients. Obtaining information from patient segments may help AF meet patients' needs and therefore enhance market share.**
- a(1), b(2) It is unclear how AF obtains the VOC relative to partners and competitors that do not participate in the Packer survey or are not represented in the Community Climate Survey, such as partners providing ambulatory and specialty care and health

care providers in Mexico. Capturing such information may enhance AF's ability to improve outcomes and service, broadening AF's appeal to its communities.

- b(1) There is limited evidence of learning from and refinement of the tools used to capture data and information related to satisfaction, dissatisfaction and engagement. Evaluation and refinement of these mechanisms may help AF better leverage its core competency of culturally competent, patient-centered 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) Aligned with the core competency of patient-centered care, AF provides 19 access mechanisms (Figure 3.2-1) for patients and other customers. The mechanisms are determined by the SWST using data and information from the customer listening posts. Approaches include patient profiles, the establishment of goals with each visit, after-hours voicemail for patients without online access, an option of English or Spanish messaging on all phone systems, CCKs, and print materials.
- a(3) AF identifies current customer groups and market segments and anticipates future changes during the SPP using a cross-site analysis that considers projections of health care needs based on population growth and current trends. The evaluation focuses AF on gaps in services and health care disparities to determine which new market segments and opportunities to pursue. Determinations are based on the accomplishment of AF's VMV and support the vision of making the people of western Arizona the healthiest in the state.
- b(1) AF systematically builds engagement through the four phases of the Relationship-Building Methods (Figure 3.2-2), which begin with new patients establishing a PHP that supports the delivery of culturally sensitive care customized to patient requirements. Patient interactions with PCTs, volunteers, and partners use PHP information to support patient satisfaction and engagement. Engagement is evidenced by patient involvement on teams and councils, which may help AF retain patients.
- b(2) The Complaint Management and Service Recovery Process (Figure 3.2-3), used to capture and manage patient complaints, was developed in collaboration with Saguardo State University Graduate School of Business using benchmark data from Baldrige service-sector award recipients and practices of a partner. Benchmarking a defense contractor led to the ranking of complaints by severity. All complaints are recorded, aggregated, and analyzed by site and across all facilities. The data are used to support rapid-cycle improvements and as an input to the SPP.

OPPORTUNITIES FOR IMPROVEMENT

- b(1) Approaches to attract and retain patients, meet requirements, and exceed expectations are not deployed to all patient and stakeholder groups or all types of health care services and contexts in which they are provided. For example, post-discharge phone calls are the only mechanism presented to regain patients who received care from an inpatient facility. Although families are described as customers, there is no evidence of approaches to acquire them as patients; nor is it evident how AF

tailors its relationship approaches for different patient segments. Ensuring outreach to patients' families and all customer segments may help AF acquire and retain patients and build its brand.

- a(3) It is not evident how the SWST's analysis (used to determine segmentation and to identify potential segments to pursue) considers competitors' patients and other customers. An approach that considers such customers may help AF address the key competitiveness challenge to compete for and attract patients from all income strata.
- b(2) It is unclear how the Complaint Management and Service Recovery Process (Figure 3.2-3) ensures that complaints are addressed promptly and effectively. The timeline for complaint resolution is not included, and there is no evidence of that the effectiveness of complaint resolution is evaluated. Ensuring timely and effective resolution of complaints may help AF avoid similar complaints in the future and demonstrate the core value of relationship.
- a(1) A systematic approach to identify and adapt service offerings to meet the requirements and exceed the expectations of patient and other customer groups is not evident. For example, it is not evident that AF uses analyses and comparisons of data to develop and improve health care services in relation to the strategic challenge of the low incidence of prevention and higher incidence of chronic and communicable disease in the service area.

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 30–45 percentage range. (Please refer to Figure 5a, Process Scoring Guidelines.)

STRENGTHS

- a(1) Use of the Performance Measurement System (Figure 4.1-1) to evaluate daily operations and overall organizational performance helps AF leverage its strategic advantages and address strategic challenges. The customizable FOCUS scorecard (Figures P.2-3 and 2.1-2) aligns data and information pulled from the electronic health record (EHR) and other systems. Metrics are aligned with the SPP to track progress on achieving strategic objectives and action plans.
- a(4) Real-time integration of data into the FOCUS scorecard enables measurement agility, with the ability to update any FOCUS area quickly as needs are identified or circumstances change. The process is facilitated by the “Data Docs,” a cross-location team representing all the PCTs and functional groups, who can quickly add measures, such as tuberculosis (TB) testing compliance, as needs are identified. This agility may help AF provide efficient and effective care.

OPPORTUNITIES FOR IMPROVEMENT

- **a(1), c(1) It is not clear how AF systematically tracks progress on achieving action plans and strategic objectives and closes gaps between actual and projected performance, or how some measures align with objectives or the vision. For example, some FOCUS data and action plans (Figure 2.1-2) do not include measures or milestones, and projections are “+/=” competitors. In addition, some measures are annual and do not clearly align with objectives (e.g., how immunization rates and screenings will address major health challenges or how grant funding will be secured and used). Alignment and measurement of progress against stated objectives may help AF better allocate resources to close gaps and improve patients’ health.**
- c(2) It is not clear how AF deploys improvement priorities to partners and collaborators. For example, the use of the Innovation Council (P.1b[2]) is not evident, and it is not clear how the service provider for dialysis is included in the deployment of opportunities for innovation and improvement in the care of the diabetic/obese population. Deploying such priorities to partners and collaborators may help AF achieve its vision for the people of western Arizona.
- b How AF assesses its performance against that of local competitors is not evident. For example, it is not clear how the state CHC benchmarking consortium or other comparative data resources inform AF about local competitors’ performance; nor is it

clear how AF uses publicly reported data or social media reviews of local, private providers of similar health care services. Understanding its performance relative to local competitors may help AF maintain or increase market share and be successful in its tight fiscal environment.

- a(2) It is not clear how AF selects comparative data and information—such as comparative data from non-CHC providers in the local area, including publicly reported metrics. An approach in this area may help AF provide residents with high-quality and safe health care services.

4.2 Information and Knowledge Management

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

STRENGTHS

- **b(1,3) Through the Knowledge Management Process (KMP) and associated approaches, both explicit and tacit, AF transfers knowledge among key stakeholders and embeds learning in the way it operates. With the KMP (Figure 4.2-3), AF builds knowledge assets and enhances management by fact and evidence-based decision making (Figure 4.2-4). Examples of improvements include engagement with a local university to create the Knowledge and Innovation Center, and increasing reliance on information technology (IT) systems.**
- a Mechanisms to ensure the quality and availability of electronic data and information to the workforce and customers (Figures 4.2-1 and 4.2-2) address requirements and expectations for access to care and information. Numerous management approaches are in place to promote the accuracy and validity, integrity and reliability, and currency of electronically stored data, and information is made available to stakeholders through a variety of mechanisms.
- b(2) AF identifies high-performing units and encourages them to share, supporting the workforce engagement drivers of use of skills and abilities and of personal relationships. Virtual sharing facilitates the implementation of best practices across the 15 locations. For example, an annual quality summit highlights top performers, and systematic approaches to sharing include communities of practice and the Knowledge and Innovation Center. The intranet promotes document sharing, which has quadrupled the number of collaborating cross-organizational teams.

OPPORTUNITIES FOR IMPROVEMENT

- a(2) It is unclear how AF ensures the availability of data and information to key partners (such as the dialysis partner) who need access to clinical information, and to the 22% of the population without access to computers. This lack of access may limit the provision of easy and timely access to care in AF's three-county, highly diverse service area.
- a(1) A mechanism to ensure the accuracy and validity, integrity and reliability, and currency of nonelectronic data and information is not evident—which may limit information and knowledge management for patients, other customers, and locations without electronic access. For example, many mechanisms presented in Figure 4.2-1 do not have clear applicability outside the electronic systems, and most of the systems for sharing best practices and transferring knowledge are IT-based.

- b(2) Once having identified the best practices of high-performing teams, it is unclear how AF selects which of these to disseminate and to which units and contexts to disseminate them, as well as to what extent these new practices are implemented. A systematic approach in this area may help AF effectively disseminate and implement best practices as appropriate to its highly diverse locations, personnel, cultures, and languages.

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(2) Multiple approaches to recruit and hire a workforce representative of the hiring and patient communities demonstrate AF’s core competency of culturally competent, patient-centered care. Staff recruiting is done locally first, supporting AF’s communities, through an employee referral program, scholarship programs, and the Internet. For clinical staff, AF collaborates with the National Health Service Corps to provide loan forgiveness and scholarships. Volunteer recruitment occurs through multiple methods, including a “Get Involved” link on the Internet, CCKs, and pamphlets.**
- a(4) AF’s care delivery structure enables all elements of the workforce (employees, providers, and volunteers) to deliver on the core competency of patient-centered care. Each of 23 PCTs is led by a family medicine physician and includes a physician assistant, a medical assistant, an administrative support staff member, a community educator, and one or more volunteers. This model organizes care around patients’ needs and promotes active, ongoing partnerships with patients.
- a(1) Capability and capacity approaches help AF mitigate its workforce-related strategic challenges. Capacity needs for staff and volunteers are systematically identified and defined during the SPP People Review, considering patient census and acuity trends as well as identified staffing needs. Competency is assessed around four areas. Strategic objectives aligned with capability and capacity needs are translated into short- and long-term action plans. Defined competencies are embedded in job descriptions, used in the Performance Planning and Evaluation process, and used to help manage career progression.
- b A variety of workforce security and wellness approaches, including a “Healthy Living” program and infection control, enable a favorable workforce climate. AF partners with the State Association of CHCs to provide a flexible benefit package that includes education benefits for children of staff members and volunteers, as well as self-insured medical, dental, and vision programs to all staff members working 30 hours or more per week. Policies include a fair living wage, flex time, and job sharing, all of which address the millennial driver of workforce engagement.

OPPORTUNITIES FOR IMPROVEMENT

- a(1) A systematic process is not evident for assessing the four competencies identified during the People Review for individuals, work units, or AF as a whole; nor is it evident how AF identifies competencies of volunteers and physicians. In addition, it is unclear how performance results are considered as part of this determination. Assessment of competencies and deployment of identification approaches to all workforce members who interact with patients may strengthen AF's core competencies of culturally competent, patient-centered care and collaborative relationships.
- b(1) It is unclear how AF systematically evaluates and ensures workforce security and accessibility. Measures for accessibility are not evident, and the measures given do not address possible areas of vulnerability, such as exposure to radiation and chemicals, ergonomic injuries, and accidents. By clearly articulating leading indicators of security and accessibility, AF may be able to proactively eliminate potential risks to its workforce.

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) Systematic identification of drivers of workforce engagement, as well as collection of workforce and volunteer engagement and satisfaction data, addresses the strategic challenge to hire and retain staff members. An external company researches and identifies engagement dimensions representative of an “employer of choice.” Factors are segmented for staff and volunteers by generational differences. Survey results are analyzed by workforce segment and location. Turnover, absenteeism, grievances, and safety data are combined with survey results, and findings are used to identify improvement opportunities.**
- a(4) A variety of approaches to reward and recognize high performance (Figure 5.2-2) support AF’s strategic advantage of a highly engaged workforce. These approaches include gainsharing and the STAR program, and are deployed to staff and volunteers. Senior leaders personally recognize employees who contribute to innovation and take intelligent risks to focus on patients and enhance AF’s operational performance.
- b(1) Multiple approaches to enable learning and development (Figure 5.2-3) support AF’s needs and the needs of staff, managers, and volunteers. The workforce development plan is reviewed and updated annually as part of the SPP using a variety of inputs, such as individual development plans, results of the Oates satisfaction survey, and regulatory changes.
- a(1) AF builds a culture of engagement, communication, and high performance through a variety of systematic approaches (Figure 5.2-1). Examples include methods to constantly review performance and expectations, such as huddles, town hall meetings, and collaborative IT tools. In support of the core values of performance and accountability, AF collaborates with area educational institutions to develop staff and add to community health care resources. The PCT model emphasizes team performance and empowerment.

OPPORTUNITIES FOR IMPROVEMENT

- b(1) It is not clear how AF’s learning and development approaches help develop managers and leaders to encourage innovation and change and enable staff at all levels to remain current with technological and health care system changes. Such a focus may help ensure AF’s ability to address its strategic challenge of reducing workforce gaps, including clinical providers and staff with specific technical skills to address the needs of patients and communities.

- a(4) It is unclear how AF's Performance Planning and Feedback Process reinforces intelligent risk taking and innovation and a focus on patients and other customers; nor is it clear how the process is integrated with the PIF and performance measures. By integrating these elements into performance management, AF may be able to meet the challenges of a rapidly changing industry.

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

- **b(2) AF factors patient preferences into the delivery of health care services through the PHP, supporting the organization’s core competency of culturally competent, patient-centered care. The PHP is used to account for patient preferences, set encounter goals, and evaluate how well goals were met. This PHP, which includes information on patients’ use of traditional healing practices, is integrated into the EHR and is available to patients through CCKs and the web.**
- b(4) The PIF helps AF fulfill patient requirements for effective, efficient, and equitable care. Integration with the OASIS improvement model and feedback from external and internal customers are used to consistently FOCUS AF on its major service areas. Recent improvements include enhancement of the Patient Portal, expanded use of Lean tools for process and cycle time, and a new server room.
- a AF annually and strategically plans and updates key work processes and requirements based on community needs, SWOT analyses, VOC listening posts, evidence-based practice, and monitoring of key process measures and regulatory requirements. A systematic process integrates information from these sources, providing the basis for real-time improvement opportunities and resulting in identification of the interdependent requirements that must be met to provide the Institute of Medicine’s (IOM) six aims of care.

OPPORTUNITIES FOR IMPROVEMENT

- **a(1), b(1,4), c It is not clear how AF establishes work process requirements for its numerous health care partners or how it uses input from these partners and from collaborators in designing, implementing, and improving work processes. Given AF’s reliance on partners to provide the full range of health services, an approach in this area—including the use of information on support processes and partner/collaborator relationships gained through the SPP—may strengthen AF’s core competency of collaborative relationships.**
- d It is not clear how AF has leveraged the Innovation Management Process (Figure 6.1-5) to pursue strategic opportunities determined to be intelligent risks, other than dialysis partnerships, or how pursuit of opportunities is discontinued. In AF’s tight reimbursement environment, an approach in this area may help manage scarce resources toward the effective and efficient delivery of patient-centered care.

- a, b(3) Alignment between the processes and requirements in Figure 6.1-1 and health care offerings that meet identified community needs (e.g., geriatric services, substance abuse treatment, and pharmacy services) is not evident; and it is not clear how AF aligns support processes with key operational requirements (e.g., EHR/IT, medical records completion, coding accuracy, billing cycle time, missed appointments/transportation services, and use of the mobile service fleet). Without such alignment, decisions related to the process design and to monitoring and improvement of organizational performance may be difficult.
- b(1) Measures for AF's key processes (Figure 6.1-1) do not appear to reflect the quality of health care outcomes, as many relate to screening outcomes, volume, and capacity. Measures of the performance of health care services, including those provided by partners, may help AF align its implementation of health care processes with the six IOM aims on which AF bases its key health care requirements and thus improve those processes.

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

- b Leveraging AF's core competency of collaborative relationships, AF and its partner, Desert Data Solutions, review, standardize, and integrate hardware, software, and clinical devices across a single enterprise-wide system architecture to ensure the reliability and security of information systems.
- c(1, 2) AF ensures a workforce focus on safety and business continuity through site Safety Committees, with champions in each PCT responsible for safety and infection control rounds and workforce safety training. Each clinic undergoes audits, tests, inspections, and mock drills related to safety rounds, accidents, and near misses. In AF's "just" culture, staff members are recognized for catching errors that may cause safety or process issues. The Emergency Operations Plan ensures the continuous availability and security of systems and data during an emergency, and AF participates in countywide disaster drills.
- a The standardization and automation of processes and documentation helps AF continuously comply with the requirements of its stringent regulatory environment. To avoid errors and rework, PCTs are trained to perform their own quality checks, and accuracy checking is an embedded step in the work of every staff member. Role clarification enables staff members to work to their full potential and eliminate redundancy.

OPPORTUNITIES FOR IMPROVEMENT

- c(1) It is not clear how AF systematically improves the numerous safety drills and safety plans included in its approach to providing a safe operating environment. Additionally, how safety is evaluated other than by assessing actual safety events is unclear. Systematic evaluation and improvement in this area may help AF meet workforce health and safety requirements.
- c(2) AF's approach to business continuity does not appear to account for its reliance on partners, who are identified as key to AF's ability to provide comprehensive care. Including partners in prevention, continuity, and recovery plans beyond basic contract information may help ensure that AF is prepared to provide the full continuum of care needed in the event of disasters and emergencies.
- b(2) Cycles of learning and improvement are not evident in AF's security and cybersecurity approaches, including those related to patient portals, the CCKs used across AF's wide geographical coverage area, and the security of data for patients

without Internet or CCK access. Ongoing refinement of these approaches may enhance AF's ability to ensure security while providing high-quality, patient-centered services.

Category 7 Results

7.1 Health Care 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 Improving results for health care screenings and vaccinations, with some exceeding the benchmark, reflect success in these key functions. Examples are screening results for smoking, depression, and domestic violence (Figures 7.1-3 through 7.1-5), which show consistent improvement since 2012, as well as diabetes and heart care (Figures 7.1-12 and 7.1-14), which have met or exceeded benchmark since 2012. Other areas of improvement or benchmark performance are cancer screening (Figures 7.1-6 through 7.1-8) and vaccination rates (Figures 7.1-9 through 7.1-10B, 7.1-19, and 7.1-20).
- b(1) Results for timely access to care, a key customer requirement, show sustained performance close to the 25% goal from 2012 to 2016, with one county meeting the goal for open appointment slots in 2016 (Figure 7.1-25). In addition, results for the number of days to the third-next-available appointment and wait time to be seen after the scheduled appointment time (Figures 7.1-26 and 7.1-27) show improvement for all counties.
- c Results for the effectiveness of AF's supply-chain management show good levels and beneficial trends. For example, supply order accuracy (Figure 7.1-34) has been close to a national benchmark since 2012. In addition, cost savings achieved by AF as a member of a purchasing consortium increased from close to \$1 million in 2012 to nearly \$1.2 million in 2016 (Figure 7.1-35). These results are indicators of the efficiency of AF's operations and its ability to compensate for unreimbursed care.
- b(2) Safety and emergency preparedness results show sustained good levels or improvement from 2012 to 2016, supporting a key workforce requirement as well as continued access to care. Examples are performance at or better than the benchmark for lost-time injuries, sharps injuries, and TB test compliance (Figure 7.1-31), as well as 100% compliance across nine proactive health, safety, and security measures (Figure 7.1-32). Emergency preparedness results (Figures 7.1-31 through 7.1-33) show reductions in security events and 100% compliance in the conduct of tests and drills since 2012.

OPPORTUNITIES FOR IMPROVEMENT

- a Results are not segmented for the Hispanic and Native American populations, which are identified as important to AF. Tracking results for these populations may help AF deliver patient-centered, culturally competent care across the different groups served

by AF and contribute to meeting the vision of “making the people of western Arizona the healthiest in the state.”

- b AF does not report results for health-care-related errors, unsafe events, and near misses related to health care and customer-focused work processes, such as alerts for critical lab value; for measures of process effectiveness and efficiency related to payors’ requirements; or for the effectiveness of collaborative initiatives and standardization of materials, procedures, and requirements across CHCs. With AF’s emphasis on error reduction and prevention, such results may help its leaders demonstrate the organization’s value of accountability.
- c No results are provided for AF’s numerous key partners and the services they provide, such as transportation, translation, and health education; nor are results provided for the supply-chain requirements of continuity of operations for providing clinical care, low-cost/high-value, or on-time delivery. Such results may help AF judge the effectiveness of its partners in helping it ensure that patients can access all services across the continuum of care.
- a Results are not presented for some services associated with identified high-prevalence health issues (Figure 6.1-1), such as substance abuse, addictive behavior, mental health other than depression, and vision and hearing screening; and other than those for maternal and child health, few results are presented for outcomes for treatment services provided by AF.

7.2 Customer 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) Patient and family satisfaction results—such as aggregate patient satisfaction, satisfaction with medical services, and satisfaction with dental services (Figures 7.2-1 through 7.2-3)—have equaled or exceeded the top-decile level since 2013. These results reflect AF’s positive competitive position and support its mission to provide easy, timely access to high-quality, safe health care services responsive to diverse cultural and socioeconomic needs, regardless of ability to pay.**
- a(1) Good-to-excellent levels and beneficial trends for most results for patient and other customer satisfaction with services may enable AF to maintain and grow its market share. Patient and family satisfaction with dental services, school services, mobile van, and support services (Figures 7.2-3, 7.2-5, and 7.2-7), as well as patient and community satisfaction related to key requirements (Figures 7.2-6 and 7.2-8), has improved over the periods shown. Payor satisfaction results (Figure 7.2-10) exceeded those of the state-best CHC from 2012 to 2016.
- a(2) Measures of customer engagement all show beneficial trends and favorable comparisons. For example, patients who indicated they would recommend AF, those who did recommend it, and Facebook likes (Figures 7.2-15, 7.2-16, and 7.2-18) show beneficial trends, with the two former levels outperforming available benchmarks. In the community’s perception of which CHC provides the best care, AF has been named by more than 90% of respondents over four years, better than the state-best CHC (Figure 7.2-17).
- a(1) Dissatisfaction results support AF’s performance value to embrace improvement. Increasingly lower percentages of patients/family members indicate that they strongly disagree about the quality of AF’s services (Figure 7.2-11), with levels well below the Packer lowest decile. In addition, results for aggregate complaint severity (Figure 7.2-12) show good levels and a beneficial trend from 2014 to 2016, and results on AF’s complaints versus compliments (Figure 7.2-14) show a beneficial trend from 2012 to 2016.

OPPORTUNITIES FOR IMPROVEMENT

- **a(1) AF does not report comparisons to local or regional competitors for many patient and other customer satisfaction results (e.g., aggregate patient satisfaction, satisfaction with medical services, dental services, school services, and support services and key requirements; Figures 7.2-1 through 7.2-7). Comparing these results**

with those of competitors may enable AF to identify areas in which it might more effectively compete for patients.

- a(2) Results are missing for the success of the patient acquisition and retention mechanisms presented in Figure 3.2-2. Given the challenges associated with the recent and anticipated changes in the ACA and Medicaid expansion enabling CHC patients to obtain care elsewhere, specifically measuring and monitoring such results may help AF enhance utilization.
- a(1) Results for patient/family satisfaction with services such as pharmacy, laboratory, and behavioral health, as well as for satisfaction with partners, are not segmented by product offerings, customer groups, or market segments. Analysis by segment may uncover strengths and opportunities for improvement that remain hidden in aggregate results.

7.3 Workforce 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(3) Engagement and satisfaction results that outperform the Oates top decile support AF’s strategic advantage of a highly engaged workforce. Examples are millennial and nonmillennial staff engagement results (Figure 7.3-13), with both groups around 95% in 2016; satisfaction with key engagement drivers and the meeting of key requirements (Figures 7.3-14 and 7.3-15); physician satisfaction (Figure 7.3-16); and volunteer satisfaction (Figure 7.3-17), with the latter approaching 100% from 2012 to 2016.**
- a(1) Turnover results (Figures 7.3-1 through 7.3-3) demonstrate beneficial trends from 2012 to 2016, with levels for all groups at or better than the state-best CHC levels. These results demonstrate the success of AF’s approaches to reduce employee turnover.
- a(2) Some workforce climate results show beneficial trends and favorable performance against benchmarks. For example, Gainsharing Payout (Figure 7.3-9) has increased each year since 2012, and use of thank-you notes (Figure 7.3-12) increased from approximately 600 in 2012 to about 800 in 2016. STAR Recognition (Figure 7.3-11) results significantly outperform the state-best CHC benchmark. These results support AF’s value to respect every individual.

OPPORTUNITIES FOR IMPROVEMENT

- **a(1,2,4) Results are missing for areas related to AF’s strategic challenge of staff recruitment and retention. For example, results are not provided for recruitment of health care professions and physicians; for some drivers of workforce engagement, including comfort with reporting errors or unsafe acts, protection from health and safety hazards, and a flexible work schedule; and for measures of workforce safety. In addition, beyond proficiency results and satisfaction with training, results for training effectiveness are not provided.**
- **a Most workforce results are not segmented by groups indicated as important to AF. For example, other than Staff Engagement (Figure 7.3-13), results are not segmented by millennial and nonmillennial employees, and other than Physician Satisfaction (Figure 7.3-16), results are not provided for physicians. Without segmentation of workforce results, such as those for capability and capacity, AF may be unable to identify areas for improvement.**
- a For workforce results, AF does not provide comparisons to direct competitors, such as community-based private medical, dental, and behavior health providers. Capturing

such comparisons may help AF identify opportunities to better leverage its strategic advantages of utilization and strategic partnerships to increase its competitiveness.

7.4 Leadership and Governance 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(3) Excellent performance on results for legal, regulatory, and licensure requirements indicate the effectiveness of AF's approaches to addressing these requirements as they relate to operations. The best performance possible is reported for HIPAA measures and licensures since 2012 (Figures 7.4-3 through 7.4-5) and for Percent Staff and Volunteers Trained in Proper Disposal of Medical Waste (Figure 7.4-6).
- a(1,2) Results reported indicate trust in AF's governance and high performance in a complex, highly regulated environment. From 2012 to 2016, results for clinical and administrative employees' satisfaction with senior leader communication (Figure 7.4-1) show beneficial trends and levels beyond the top decile; in addition, board members' compliance with requirements increased from 89% to the 98% benchmark (Figure 7.4-2).
- a(4,5) Results for perceptions of ethical behavior and community support—including Staff, Volunteer, and Community Response to Ethics-Related Questions (Figure 7.4-7), Support of Key Communities: Staff Members' Volunteer Hours (Figure 7.4-8), and AF's Community Support of Key Programs—Annually (Figure 7.4-9)—show beneficial trends since 2012. These results show adherence to the core values of trust, relationship, and accountability.

OPPORTUNITIES FOR IMPROVEMENT

- **a(1,2,5) Results are missing for several identified leadership and governance approaches. Examples are results for the effectiveness of approaches to ensure responsible governance (Figure 1.2-1) and for senior leaders' communication with customers, board members, volunteers, strategic partners, payors, and the community. In addition, there are no results for 9 of 14 community support programs (Figure 1.2-5), the extent of workforce participation in them, or their impact on community health. Without such results, AF may be limited in demonstrating its commitment to accountability or the success of its community support efforts.**
- b Results are missing for outcomes of action plans in alignment with strategic objectives (Figure 2.1-2), such as efforts to secure funding from public and private grants and major gifts, building and strengthening core competencies, and managing risk and taking intelligent risks. Tracking such results may help AF demonstrate accountability in a highly regulated environment.

- a(1,4,5) AF's leadership, ethical behavior, societal responsibility, and community support results (Figures 7.4-1 and 7.4-7 through 7.4-9) lack segmentation by facility, community, service category, or workforce segment. Segmented results may help AF identify specific gaps in performance or opportunities for improvement.

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(1) In support of its mission to provide health care services to its tricounty community, AF's financial results show beneficial trends for actual expenses, revenues, and net collections from 2012 to 2016 (Figure 7.5-1). Total revenues consistently meet the level of the state-best CHC. In addition, expenses and collections (51% of total revenue) increased from \$20 million in 2012 to \$25 million in 2016. Furthermore, results for accounts receivable (Figure 7.5-2) improved from 2014 to 2016, with levels for Medicare and self-pay meeting the benchmark.
- a(2) AF's market share (Figure 7.5-5) increased from 2012 to 2016: in Yuma county, from 21% to 23%; in Mohave county, from 11% to 12%; and in La Paz county, from 19% to 22%. These results support AF's mission to provide access to health care services to the populations of its tricounty service area regardless of residents' ability to pay.

OPPORTUNITIES FOR IMPROVEMENT

- a **Results are missing or limited for operating margin, fundraising revenues, cost control, and ACA impact. Such financial and market performance measures may help leaders address changes in the financial environment, including the strategic challenge of balancing the mission to serve all patients regardless of ability to pay against a tight fiscal environment.**
- a(2) **Results for market share by service (Figure 7.5-6) show low market share for dental services (15%) and chronic disease (10%) from 2012 to 2016. Such results may indicate a missed opportunity to establish and manage mechanisms to provide specialty care and meet service needs in the tricounty area.**
- a Results are missing for measures and indicators of the effectiveness of AF's key partnerships. For example, no results are provided to show the financial and marketplace performance of a strategic partnership with a local dialysis provider. The lack of such results may limit AF in making evidence-based decisions about partnerships that enhance its ability to care for individuals with chronic diseases.
- a(1) Several financial results lack segmentation by service areas and services provided. For example, results for return on assets in clinical units (Figure 7.5-4) are not segmented by county, services offered, or type of clinic. In addition, results for dental, medical, and behavioral health services are not segmented by market, patient group, or other customer group. Without such segmentation, AF may be limited in its ability to

assess the return on assets per county/community served and relative value units provided by each clinical facility.

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 2017 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 2017 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.

(Insert Spider Chart Here)

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 31 of the *2017–2018 Baldrige Excellence Framework (Health Care)*.

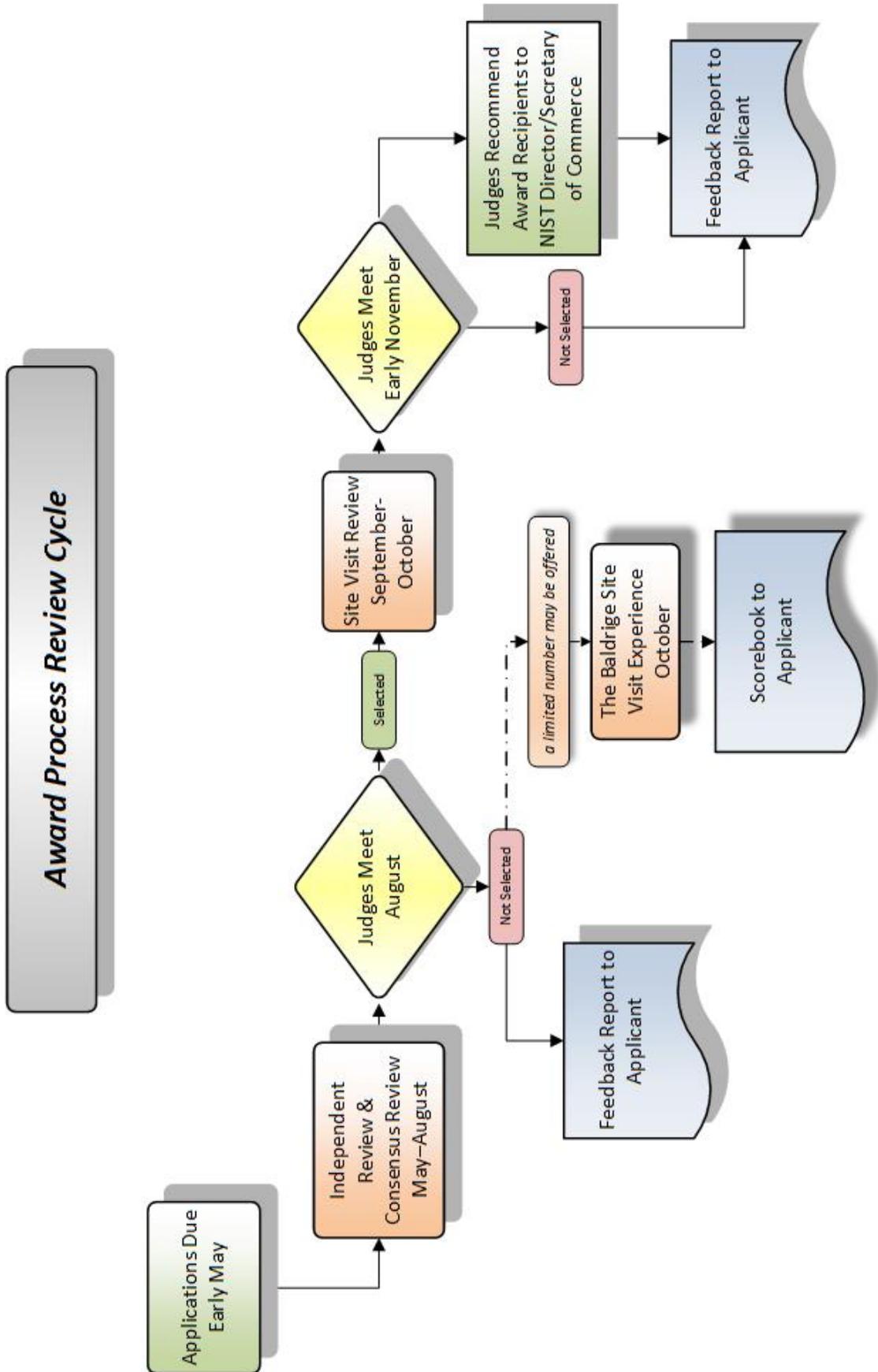


Figure 1—Award Process Review Cycle

Consensus Review

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

Step 1 Consensus Planning	Step 2 Consensus Review in BOSS	Step 3 Consensus Call	Step 4 Post–Consensus Call Activities
<ul style="list-style-type: none"> • Clarify the timeline for the team to complete its work. • Assign category/item discussion leaders. • Discuss key business/organization factors. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • Discuss comments, scores, and all key themes. • Achieve consensus on comments and scores. 	<ul style="list-style-type: none"> • 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 Judges Panel of the Malcolm Baldrige National Quality Award 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, or the applicant may have the option to choose to receive a Baldrige Site Visit Experience.

The Baldrige Site Visit Experience is a new offering in which a team of examiners conducts a site visit and, while still on-site and face-to-face, can share with the organization’s leaders evidence collected on-site and its impact on scoring, high-level takeaways, and other insights gleaned. Organizations that receive the Baldrige Site Visit Experience are no longer in contention for that year’s Baldrige Award.

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
<ul style="list-style-type: none"> • Review consensus findings. • Develop site visit issues. • Plan site visit. 	<ul style="list-style-type: none"> • Make/receive presentations. • Conduct interviews. • Record observations. • Review documents. 	<ul style="list-style-type: none"> • 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 Judges Panel 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 Judges Panel Review	Step 2 Evaluation by Sector	Step 3 Assessment of Top Organizations
<ul style="list-style-type: none"> • Applications • Consensus Scorebooks • Site Visit Scorebooks 	<ul style="list-style-type: none"> • Manufacturing • Service • Small business • Education • Health care • Nonprofit 	<ul style="list-style-type: none"> • Overall strengths/ opportunities for improvement • Appropriateness as national model of performance excellence • Determination of organizations demonstrating one or more Category Best Practices

Figure 4—Judges’ Review

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

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

SCORING

The scoring system used to score each item is designed to differentiate the applicants in the various stages of review and to facilitate feedback. As seen in the 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 provide information on the percentage of applicants scoring in each band at Consensus Review.

Score	Description
0% or 5%	<ul style="list-style-type: none"> 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%	<ul style="list-style-type: none"> 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%	<ul style="list-style-type: none"> 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%	<ul style="list-style-type: none"> 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%	<ul style="list-style-type: none"> An EFFECTIVE, SYSTEMATIC APPROACH, responsive to MULTIPLE REQUIREMENTS in 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%	<ul style="list-style-type: none"> 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
<p>0% or 5%</p>	<ul style="list-style-type: none"> • 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)
<p>10%, 15%, 20%, or 25%</p>	<ul style="list-style-type: none"> • 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)
<p>30%, 35%, 40%, or 45%</p>	<ul style="list-style-type: none"> • 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)
<p>50%, 55%, 60%, or 65%</p>	<ul style="list-style-type: none"> • 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 PATIENT and other CUSTOMER, market, and PROCESS requirements. (I)
<p>70%, 75%, 80%, or 85%</p>	<ul style="list-style-type: none"> • Good-to-excellent organizational PERFORMANCE LEVELS are reported, responsive to MULTIPLE REQUIREMENTS in the item. (Le) • Beneficial TRENDS have been sustained over time in most areas of importance to the accomplishment of your organization’s MISSION. (T) • Many to most TRENDS and current PERFORMANCE LEVELS have been evaluated against relevant comparisons and/or BENCHMARKS and show areas of leadership and very good relative PERFORMANCE. (C) • Organizational PERFORMANCE RESULTS are reported for most KEY PATIENT and other CUSTOMER, market, PROCESS, and ACTION PLAN requirements. (I)
<p>90%, 95%, or 100%</p>	<ul style="list-style-type: none"> • 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 PATIENT and other 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 some innovation, that result in improving the effectiveness and efficiency of key processes.
371–430	6		The organization demonstrates refined approaches responsive to the multiple 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 most Criteria items. It also demonstrates innovation, excellent deployment, and good-to-excellent use of measures in most areas. Good-to-excellent integration is evident, with organizational analysis, learning through innovation, and sharing of best practices as key management strategies.
481–550	8		The organization demonstrates outstanding approaches focused on innovation. Approaches are fully deployed and demonstrate excellent, sustained use of measures. There is excellent integration of approaches with organizational needs. Organizational analysis, learning through innovation, and sharing of best practices are pervasive.

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. Beneficial 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

2017 BALDRIGE AWARD APPLICANTS

Sector	Total Number of Award Applications	Number of Award Applicants Recommended for Site Visit
Health Care	12	
Nonprofit	4	
Education	5	
Business—Small Business	3	
Business—Service	0	
Business—Manufacturing	0	
Total	24	

BALDRIGE AWARD RECIPIENT CONTACT INFORMATION 1988–2016

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.