# Editing Key Themes Comments: 3 Examples

*2019 Teams (especially Scorebook Editors) and Technical Editors:*

*The following examples are adapted from an Examiner Preparation training exercise.*

*The key themes are from the* [2017 Arroyo Fresco Community Health Center Case Study Feedback Report](https://www.nist.gov/sites/default/files/documents/2017/07/19/2017-arroyo-fresco-community-health-center-case-study-feedback-report.pdf)(PDF file*), with common violations of the Comment Guidelines added in the “before” examples to promote learning.

Also note that the fictitious applicant’s process and results scoring band descriptors are provided above the examples to enable checking of alignment of key themes with scores.*

 **Example 1—Process Strength Key Theme**

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.

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.

**Team Draft before Scorebook or Tech Editing:**

* Demonstrating organizational agility, AF’s Financial Performance, Learning, Organizational Excellence, Clinical Utilization, and Satisfaction (FOCUS) framework (Figure P.2-3) 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. In fact, AF demonstrates excellent business sense in its use of the FOCUS framework, as this best practice 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 8.1-1) 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.

**Sample Feedback to Improve Comment:**

1. Re: the “Accurate” Comment Guideline: It appeared that the acronym FOCUS is not spelled out correctly. Checking the application reveals that FOCUS stands for **F**inancial Performance, **O**rganizational Learning, **C**linical Excellence, **U**tilization, and **S**atisfaction. In addition, checking the application for Figure 8.1-1 (suspicious because there’s no category 8 in the Criteria) shows that it’s supposed to be Figure 4.1-1.
2. Re: the “Appropriate” Comment Guideline: References to “good business sense” and a “best practice” reflect opinions rather than Criteria language. However, it is acceptable to use the words “good” and “excellent” to describe the organization’s maturity in relation to the scoring descriptors.

By the way, the reference to a Baldrige core value (organizational agility) is acceptable because this is a strength key theme. (Plus, the Baldrige core value is part of a relevance statement at the end, whereas the nugget in the first sentence solely references the organization’s key factors.)

*Note from Baldrige Program: the reason Baldrige core values are not used in the nugget of OFI key themes is because doing so may give the applicant the impression that the team was evaluating the organization against these Criteria core concepts/values rather than specific Criteria requirements.*

**Improved Comment after Scorebook or Tech Editing:**

* 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.

**Example 2—Process OFI (Opportunity for Improvement) Key Theme**

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.

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.

**Team Draft before Scorebook or Tech Editing:**

* AF does not reflect the Baldrige core value of “valuing people” due to opportunities to enhance its relationships with key partners, including inpatient hospitals and other health care providers. For example, it is unclear how AF communicates with key partners beyond their inclusion in strategic planning; what’s more, stakeholders such as residents of neighborhoods near AF facilities, are not invited to some planning events along with AF’s identified key partners. Nor is it clear how AF systematically determines which key processes will be accomplished internally and which by partners; for instance, partner hospitals could better provide some services. 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. Further, AF’s approach to business continuity does not appear to account for its reliance on partners. Finally, there is a lack of evidence of innovation in AF’s approaches to some partners. Deployment of key approaches to key partners—and refinement and innovation of these approaches—may strengthen AF’s core competency of collaborative relationships and better address patient and community needs for effective, high-quality care. Enhancing these relationships is important because partners are identified by AF as critical to its ability to provide comprehensive care.

**Sample Feedback to Improve Comment:**

1. Re: “Actionable” Comment Guideline: The nugget in first sentence makes it seem that the organization was evaluated against a Baldrige core value rather than directly against Criteria requirements. The comment also has too many relevance pieces.
2. Re: “Aligned” Comment Guideline: The organization’s band 4 scoring for process items does not align with wording about “lack of evidence of innovation in AF’s approaches to some partners” and “lack of refinement and innovation of these approaches”—language which isn’t in scoring descriptors until band 6. (But note that it would be acceptable to use some language from descriptors one scoring range up to help the applicant see what it needs to do to improve to the next level.)
3. Re: “Accurate” Comment Guideline: Checking application reveals that neighborhood residents are not among AF’s identified key partners.
4. Re: “Appropriate” Comment Guideline: The reference to residents’ exclusion from planning events is prescriptive, and the statement suggesting that partner hospitals “could better provide some services” also goes beyond the Criteria requirements and reflects an opinion.

**Improved Comment after Scorebook or Tech Editing:**

* 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.

**Example 3—Results Key Theme**

AF scored in band 3 for results items (7.1–7.5). 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.

**Team Draft before Scorebook or Tech Editing:**

* 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. In addition, results presented are not showing good performance or beneficial trends in most areas of importance to the organization’s mission. 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 health care partners such as Green Gateway. 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, including the employee child care center. Without results in these areas, AF could fail to make 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. Tracking such results will enable the organization to mitigate these strategic challenges and attain long-term success.

**Sample Feedback to Improve Comment:**

1. Re: “Actionable” Comment Guideline: First sentence lacks clear nugget, with a second key point introduced in next sentence. Also, there are 2—too many—relevance pieces at end.
2. Re: “Aligned” Comment Guideline: Band 3 results scoring doesn’t align with comment wording about not “showing good performance or beneficial trends in most areas of importance…”—this language isn’t in scoring band descriptors until band 5.
3. Re: “Accurate” Comment Guideline: Green Gateway cannot be a health care partner, and the employee child care center is not a treatment service.
4. Re: “Appropriate” Comment Guideline: one relevance statement is too negative in tone (don’t use word “fail”), and the other inappropriately predicts success. (Change “will” to “may” or “could.”)

**Improved Comment after Scorebook or Tech Editing:**

* 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.