2020

AHCA/NCAL National Quality Award Program

Silver – Achievement in Quality

Award Application Packet

TABLE OF CONTENTS

CHAPTER 1: OVERVIEW OF THE SILVER QUALITY AWARD

Thank you for your interest in the AHCA/NCAL National Quality Award Program. The Quality Award program provides a pathway for providers of long term and post-acute care services to journey towards performance excellence. The program is based on the core values and criteria of the Baldrige Performance Excellence Program.

Member centers may apply for three progressive award levels: Bronze – Commitment in Quality, Silver – Achievement in Quality or Gold – Excellence in Quality. Each level has its own distinct rigors and requirements for quality and performance excellence.

The second step in the program is the Silver Award. Organizations (single centers) are required to have received a Bronze Award before applying at the Silver level. Once the Silver Quality Award is achieved, organizations may move on to the Gold Award.

In addition to the Organizational Profile, Silver applicants respond to the basic and select overall item requirements within the seven Baldrige Criteria categories. This allows Silver applicants to focus on the Baldrige Criteria and provides a clear pathway for recipients moving toward Gold.

At all levels, applications are evaluated by trained Examiners who provide feedback on opportunities for improvement to support continuous learning.

This application packet includes important information about the Silver Award, eligibility requirements, and deadlines. **Applicants must read this packet in full.** Questions about the information included in this packet should be directed to qualityaward@ahca.org.

Applicants should also add qualityaward@ahca.org and smartsimple.com to their list of safe senders to help ensure they receive emails and notifications from the program.

A special thank you to our 2020 AHCA/NCAL National Quality Award Sponsors:

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Silver Application Process

Application Packets Available
August 1, 2019

Intent to Apply and Application Process Opens in
Quality Award Portal
September 19, 2019

Intent to Apply Deadline
November 7, 2019 at 8 P.M. EST

Application and Fee Deadline
January 23, 2020 at 8 P.M. EST

Application Evaluation
January 23, 2020 - June 8, 2020

Senior Examiner Review Session
June 8 - 10, 2020

Silver Award Notifications
June 25, 2020

Silver Feedback Report Distribution
August 14, 2020

CHAPTER 2: SILVER ELIGIBILITY REQUIREMENTS

Membership Requirements:

- Any long-term care organization that is a member in good standing of AHCA/NCAL may apply for the Silver Award.[1] *For consistency, the term "center" will be used throughout the application packet to denote all types of organizations.*

- If an organization is a non-member at the time of application, they will be ineligible to submit an application for the program.

- If an organization is a non-member at the time of award notification, they will be ineligible to receive the award and/or the associated feedback report. In addition, they will not receive a refund of their application fee.

- An applicant's membership to AHCA/NCAL must cover the scope of their application. For example, if a member is including both AL and SNCC services within the scope of their application, their membership must include both AL and SNCC beds.

Organizational Requirements:

- Multi-center corporations may not apply; however, their individual centers (organizations) may apply.

- Applicants with multi-levels of care may elect to apply for the entire organization or may apply for a distinct part of the organization. The distinct part of the organization must be a separately licensed level of care serving a particular market segment in a clearly defined physical location. In addition, the organization must declare that any award received is for the distinct part rather than for the organization as a whole.

- *ID/DD residential services providers only*: Unlike skilled nursing care centers (SNCC) and assisted living (AL) providers, ID/DD providers may apply for multiple home/sites in a single application.

- Applicants must have received at least *two* Medicare/Medicaid certification surveys (related to the survey requirements below) in order to be eligible to receive the award.

- If an organization is identified by CMS as a Special Focus Facility (SFF) at the time of award notification, they will be ineligible to receive the award. In addition, they will not receive a refund of their application fee. As stated below, applicants that do not meet any of the survey eligibility criteria can apply and receive feedback but will not be eligible to receive the award.

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[1] Except in Florida, where SNCC non-members may apply to meet criteria for the FL Medicaid Value Based Purchasing program. Any non-member in FL should contact Debbie Franklin or visit https://www.fhca.org/ for more information.

Silver Survey Requirements:

Requirements for Skilled Nursing Care Centers

Skilled nursing care centers are **eligible to receive** the Silver award if they meet both of the following survey eligibility criteria. If applicants do not meet any of the following survey eligibility criteria, they can apply and receive feedback, but won't be eligible to receive the award.

Note that applicants must have received at least two Medicare/Medicaid certification surveys to be eligible to receive the award.

Survey Eligibility Criteria	Cycles Calculated	Reporting date	Data Source
Have no regulatory deficiencies at the **Immediate Jeopardy or Substandard Quality of Care**[2] level on any Medicare/Medicaid certification survey[3]	Cycle 1 and Cycle 2 (Includes standard and complaint surveys)	December 1, 2019 or prior to award notification	Nursing Home Compare
Have a weighted two cycle[4] **survey score** that is equal to or below 60 points	Weights: Cycle 1 = 2/3 and Cycle 2 = 1/3	Posted as of December 1, 2019[5]	Nursing Home Compare

Requirements for Intermediate Care Centers for Individuals with Intellectual Disabilities

ICFs/IID are **eligible** to receive the Silver award if they meet the following survey eligibility criteria:

- The count of the Conditions of Participation Deficiencies on their two most recent standard surveys prior to the application deadline (January 23, 2020) is <u>below</u> their State Average Conditions of Participation Deficiencies[6] for the past two fiscal years (October 2017 to September 2019).
- Special consideration is provided for applicants exceeding the state average by less than 1 point.

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[2] As of November 28th, 2017, A SNCC is marked substandard quality of care (SQC) if it receives a deficiency in Quality of Care (F684 – F700), Quality of Life (F675– F680), Resident Rights (F550, 558, 559, 561, 565, or 584), Freedom from Abuse, Neglect, and Exploitation (F600-F610), Behavioral Health Services (F742-F745), Pharmacy Services (F757-F760), Administration (F850) or Infection Control (F883) at scope and severity level of F, H, I, J, K, or L. "G" is not considered substandard care because it is isolated in nature. Deficiencies prior to November 28, 2017 will be defined as SQC using the older definition.

[3] This includes any regulatory inspection conducted per Federal "OBRA" regulations, including but not limited to, standard (annual), complaint, life safety, or Federal surveys.

[4] Cycle one 1 refers to the most current standard survey and the most recent 12-month window for complaint surveys. Cycle two refers to the second most recent standard survey and the most recent 13-24 month window for complaint surveys. For more information on CMS's survey scoring methodology, see the Technical User's Guide for Nursing Home Compare's Five Star Quality Rating System (Link).

[5] Applicants may contact qualityaward@ahca.org if they have a survey occurring ***prior to*** December 1, 2019 that has not been published to Nursing Home Compare by December 1, 2019 that they would like to have considered for the survey score eligibility calculation. Applicants must contact Quality Award staff no later than 1-week post notification.

[6] For the purpose of the Quality Award Program, Conditions of Participation Deficiencies are defined as W102, W122, W158, W195, W266, W318, W406, and W459.

CHAPTER 3: SILVER APPLICATION DEADLINES AND FEES

	Intent to Apply	**Application and Fee**
Deadline	November 7, 2019 at 8 p.m. EST	January 23, 2020 at 8 p.m. EST
Fee	$150	$800 with Intent to Apply $1,350 without Intent to Apply
Mandatory?	No *(applicants who submit the Intent to Apply will pay a reduced application fee and receive extra educational resources)*	Yes
How to Submit	Log into the Quality Award Portal to submit the fee. No paperwork or application is required.	Log into the Quality Award Portal to start working on an online application form or upload a PDF of the application and pay the fee online.
Forms of Payment Accepted	All major credit cards (cash, checks or money orders are not accepted.) Payment(s) must be made online in the Quality Award Portal.	
Fine Print	All payment(s) are non-refundable and non-transferable.	

CHAPTER 4: QUALITY AWARD APPLICATION POLICIES

Membership Requirements:

- An applicant's membership to AHCA/NCAL must cover the scope of their application. For example, if a member is including both AL and SNCC services within the scope of their application, their membership must include both AL and SNCC beds.

Deadlines:

- **All program deadlines are final- no exceptions will be made.**
    - Late Intent to Apply submissions will not be accepted for any reason.
    - Applications and payments must be submitted before the deadline in order to be considered. Late submissions will not be accepted for any reason.
    - Exceptions will <u>not</u> be made for applicants who fail to submit any of the above by the deadline due to technical issues not related to AHCA/NCAL.
    Program deadlines are listed on page 6.

Intent to Apply:

- If submitting an Intent to Apply (optional), the payment type must match the application type (i.e. SNCC, AL, SNCC/AL) to receive the discounted application fee.

Application and Payment Submission:

- All Silver Intent to Apply submissions, applications and payments must be submitted online using the [Quality Award Portal](#). No other forms of submission will be accepted.
- A successful application submission will <u>immediately</u> generate a confirmation page and confirmation email. The confirmation email is the **only** proof of submission.
    - If a submitted application is reopened for revision, it must be re-submitted for award consideration.
    - A payment receipt is not the same as the application confirmation email and will <u>not</u> be accepted as proof of application submission.
- A successful payment submission will <u>immediately</u> generate an emailed receipt from PayPal. A payment receipt is the **only** proof of payment submission.
    - The scope of the application must match the payment type (i.e. SNCC, AL, AL/SNCC).
- A successful application and payment submission will generate all three of the following prior to the deadline:
    - A status of "submitted" in the Quality Award Portal.
    - An email from qualityaward@ahca.org confirming the application submission
    - A separate email from PayPal confirming payment submission

If you do not receive any of the above, your application has not been submitted successfully. Please contact [Quality Award staff](#) for assistance.

Technical Requirements:

- AHCA/NCAL reserves the right to disqualify any application and supporting document that does not adhere to the technical requirements and submission format laid out on pages 10-14.
- Supporting documents must be uploaded in a PDF to the Quality Award Portal and are also required to follow the technical requirements laid out on pages 10-14.
- Disqualified applications will not receive a feedback report or a refund of their fee(s).

Originality:

- All Quality Award applications must be written by staff member(s) within the applicant organization (single center) submitting the application.
- Applicants are cautioned against using language drawn verbatim from corporate or other documents not originating from the single center submitting the application (mission and related statements exempt).
- If applications are found to have sections of identical or near-identical language as another submitted application, it will be deemed as non-original.
- Applications deemed non-original will be disqualified and the organizations involved will be ineligible to apply for two subsequent years.

Recertification Policy:

- Recipients of the AHCA/NCAL National Quality Award must abide by the recertification policy.

Confidentiality:

- AHCA/NCAL will not disclose applicant information to anyone outside the applicant organization, parent company, or their state affiliate.
- Only the names of applicants who receive the award will be disclosed publicly.

CHAPTER 5: SILVER APPLICATION SUBMISSION INSTRUCTIONS

All Silver Intent to Apply submissions, applications and payments must be submitted online using the Quality Award Portal. No other forms of submission will be accepted.

To access the Quality Award Portal, visit ahcancal.smartsimple.com.

All first-time users must establish a log-in to gain access to the system. Instructions for first-time users are available on the website.

Once you log-into the system, you must request access to your center/corporation's portal. Access is granted by your organization. If your organization is a first-time user of the system without a defined corporate account administrator, your request will be granted by AHCA/NCAL staff.

The Quality Award Portal allows applicants to submit their Intent to Apply payment, write and submit their Silver application and submit the Silver application fee.

Please note that Silver applicants have two options to submit their application:

- **Submit Online Form**: Select this option to submit your application by responding to the criteria questions in the online form. The online form already includes the submission format that applicants are required to follow and instead of a page limit, has an equivalent character count limit built-in. The online form also has an option of attaching a supporting PDF document with graphs and charts as necessary.
    - Note that your attached PDF must meet the applicable technical requirements (see below for details). Applicants can also save their work in the Quality Award Portal, allowing applicants to use the online form to build their application over time.

- **Submit as a PDF (Upload PDF Application)**: Select this option to upload a PDF file containing the responses to the criteria. If you choose this option, you must adhere to all the technical requirements listed on pages 10 - 11. Be sure to only provide additional information and select individual results that relate to criteria requirements or that you consider important to the management of your organization. Do not attach comprehensive reports, such as pharmacy reports or the full CMS Nursing Home Compare Provider Rating Report.

For assistance on how to use the portal, please refer to the help documents on our Quality Award website. Help documents are available on the following:
- How to get access to the center/corporation
- User roles
- How to submit online form
- How to submit payment

For additional assistance, please contact program staff at qualityaward@ahca.org

Silver Technical Requirements & Guidelines

The following technical requirements are very important. They have been established to maintain fairness across applications and to allow for accurate review. Technical requirements vary based on the submission method selected – online form **or** PDF upload (see page 9 for details). The chart below outlines each requirement and how it is applied to each submission method.

AHCA/NCAL reserves the right to <u>disqualify</u> any application that does not meet the technical requirements. Disqualified applications will not receive a refund of their fee(s) or a feedback report.

Technical Requirement	Submit Online Form	Submit as a PDF
The application must respond to the 2020 Silver Criteria.	This is built into the online form.	Applicants must respond to the 2020 Silver Criteria, which can be found in Chapter 8.
The supporting document OR uploaded document must be submitted as a PDF.	Applicants should not submit a scanned PDF document.	Applicants should not submit a scanned PDF document.
Applicants must respond to all Criteria questions and label the Criteria as shown in the submission format (see pages 12-14).	All criteria and labels are built into the online form. Applicants simply need to fill in their responses to the Criteria questions. Supporting PDF documents must include relevant criteria codes.	Applicants will copy and paste the submission format (see pages 12-14) into a new Microsoft Word document, and add their responses next to the Criteria code (Criteria found in Chapter 8). Final version must be saved as a PDF document.
The application must be formatted to 8 ½ by 11-inch pages and be no more than 26 pages in length, not including the acronym page. For online applications, the supporting document is limited to 12 pages.	An equivalent character limit and a page limit for supporting PDF documents (with graphs and charts) is built into the online form, so online applications will adhere to the requirement. Supporting PDF documents must be on 8 ½ by 11-inch (standard size) pages.	Applicants must ensure their document meets this technical requirement.
Margins should be at least 1 inch all around.	Applicants must ensure their supporting PDF document meets this technical requirement.	Applicants must ensure their document meets this technical requirement.

Technical Requirements	Submit Online Form	Submit as a PDF
Times New Roman font in size 12 or Calibri font in size 11 should be used in running text.	This is built into the online form, so all online applications will adhere to the requirement. Applicants must ensure their supporting PDF documents also meet this requirement.	Applicants must ensure their document meets this technical requirement.
Font in tables should be a minimum of Times New Roman font in size 10 or Calibri font size 9.	This is built into the online form, so all online applications will adhere to the requirement. Applicants must ensure their supporting PDF documents also meet this requirement.	Applicants must ensure their document meets this technical requirement.
For online forms, the supporting document must only include figures, tables, graphs, and the glossary. Table references or brief explanations are permissible but extensive narrative should not be included.	Applicants must ensure their supporting PDF documents meet these requirements. Be sure that the information in the attachment is legible and easy to interpret.	Not applicable.

Additional Guidelines

AHCA/NCAL will not disqualify applicants for not meeting the following requirements; however, failure to adhere to them will reduce the readability of an application, which may have negative consequences during the review process. These guidelines apply to both applications created in the online form as well as those uploaded as PDFs.

- Pages of the application or supporting document should be numbered consecutively.
- Criteria should be responded to in prose (i.e. not extensive bulleted lists).
- Graphs and charts within the application should be legible when printed. Examiners are instructed to disregard graphs and charts that are unreadable when viewed at 100%.
- Appropriate breaks between paragraphs and using bolded text or other methods for clearer identification of Criteria codes is encouraged for readability.

Criteria Submission Format for the Upload PDF Application option:

Note that this is only for those applicants who choose the option of uploading a PDF document instead of completing the online application form.

Preface: Organizational Profile
P.1 Organizational Description:

P.1.a. Organizational Environment
P.1.a(1)
P.1.a(2)
P.1.a(3)
P.1.a(4)
P.1.a(5)

P.1.b. Organizational Relationships
P.1.b(1)
P.1.b(2)
P.1.b(3)

P.2 Organizational Situation:

P.2.a. Competitive Environment
P.2.a(1)
P.2.a(2)
P.2.a(3)

P.2.b. Strategic Context
P.2.b(1)

P.2.c. Performance Improvement System
P.2.c(1)

<u>Leadership</u>
1.1 Senior Leadership
     1.1a
     1.1b
     1.1c
     1.1d
     1.1e
1.2 Governance and Societal Contributions
     1.2a
     1.2b
     1.2c
     1.2d

1.2e

Strategy
2.1 Strategy Development
      2.1a
      2.1b
      2.1c
      2.1d
2.2 Strategy Implementation
      2.2a
      2.2b
      2.2c
      2.2d
      2.2e

Customers
3.1 Customer Expectations
      3.1a
      3.1b
      3.1c
      3.1d
3.2 Customer Engagement
      3.2a
      3.2b
      3.2c
      3.2d

Measurement, Analysis and Knowledge Management
4.1 Measurement, Analysis and Improvement of Organizational Performance
      4.1a
      4.1b
      4.1c
      4.1d
      4.1e
4.2 Information and Knowledge Management
      4.2a
      4.2b
      4.2c
      4.2d

Workforce
5.1 Workforce Environment
      5.1a

CHAPTER 6: SUMMARY OF KEY CHANGES TO 2020 CRITERIA

Every two years the Criteria for Performance Excellence are updated to reflect changes to the drivers of organizational competitiveness and long-term success. As the Baldrige framework and the Criteria evolve, they must balance two important considerations:[7]

- A need to reflect a national standard for performance excellence, educating organizations in all aspects of establishing an integrated performance management system.
- A need to be accessible and user-friendly for a variety of organizations at varying levels of maturity.

As the full Criteria for Performance Excellence is updated, AHCA staff review the Silver Award level criteria and make changes to keep the Silver level aligned with the Gold and Bronze Award levels. For applicants who are reapplying, below is a brief summary of the key changes made to the 2020 criteria relative to the 2018 and 2019 criteria. For applicants who are reapplying at the Silver level: a detailed table of criteria changes are available under resources on the Silver Quality Award webpage.

Basic and Overall Criteria Elements
When the separate elements of the basic and overall criteria expectations are counted, in 2019 the Silver Criteria reflected 21 basic elements and 63 overall elements. For 2020, the Silver Criteria reflect 23 basic elements and 54 overall elements.

Organizational Profile
Minor changes to reflect new criteria.

Categories 1 - 6
Minor text changes and changes to the Evaluation and Improvement (Learning) expectations in each of the 12 areas to address to make the intent clearer. A few previous criteria questions have also been removed and some new criteria questions have been added. 3.1 and 3.2 have the most substantive changes. Applicants should carefully read through all of the criteria requirements.

Category 7
All the required results are listed as basic level expectations. In prior versions of the criteria, some were listed as basic and some as overall level expectations. Suggestions are given for additional overall results that could be reported. A significant criteria change was made in 7.5 in that strategy implementation results are now a basic requirement in addition to key financial viability results.

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[7] Nist.gov. (2019). *Changes from the 2017–2018 Baldrige Excellence Framework.* [online] Available at: https://www.nist.gov/sites/default/files/documents/2018/12/14/changes-from-the-2017-2018-baldrige-framework.pdf [Accessed 6 May 2019].

CHAPTER 7: SILVER RECIPIENT SCORING THRESHOLD

To be recommended for a Silver award, an applicant must meet the following four requirements:
1. Receive a <u>minimum</u> total score of 300 points,
2. Score a <u>minimum</u> of 175 points in the process categories (Categories 1-6),
3. Score a <u>minimum</u> of 125 points in the results category (Category 7), and
4. Applicants cannot fail to report more than two required results (for SNCC or SNCC/AL), or more than one required result (for AL).

If any of the above criteria is not met (e.g. if the applicant scores over 300 points overall, but less than 175 points in the process categories OR an applicant meets all scoring criteria but misses more than two required results), they will not be recommended for a Silver award but will still receive a feedback report. Additional details on these criteria are included below:

- **Process Scoring Threshold (Categories 1-6) - 175 points:** This is reflective of an organization that demonstrates effective, systematic approaches generally responsive to the basic Criteria requirements, with some areas or work units in the early stages of deployment. The organization has developed a general improvement orientation and is beginning to work toward preventing problems in Category 1 - 6 items.

- **Results Scoring Threshold (Category 7) - 125 points:** This is reflective of results that are generally 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 data is in the early stages.

- **Required Results:** All required results are listed below and included within the Criteria.
    7.1– Health Care and Process Results
    - o 30-day Readmissions or Hospitalization Rates *(choose one)*
    - o Antipsychotic Rates
    - o Five-Star Quality Measure Rating*
    7.2– Customer Results
    - o Applicants can choose one of the following customer results:
        - Overall Customer Satisfaction
        - Customer Willingness to Recommend
        - CoreQ
    7.3– Workforce Results
    - o Staff Turnover or Staff Retention *(choose one)*
    - o Five- Star Staffing Measure Rating – Overall*
    - o Five- Star Staffing Measure Rating – RN*
    7.4– Leadership and Governance Results
    - o Five-Star Overall Rating*
    - o Five-Star Survey Measure Rating*
    7.5 – Financial, Market, and Strategy Results
    - o An appropriate measure for 7.5 (see Criteria)

Organizations that do not participate in the CMS Five-Star program, such as Assisted Living, select State Veterans Homes and ID/DD applicants, are not expected to provide Five-Star results, but must provide item-appropriate measures in its place.

If a required result cannot be obtained for any reason not identified above, applicants must contact program staff at qualityaward@ahca.org.

CHAPTER 8: SILVER – ACHIEVEMENT IN QUALITY CRITERIA

Important notes regarding the Silver Criteria:
- Within the criteria, you will find several words/phrases written in SMALL CAPS. This indicates that these terms are defined in the glossary (see Chapter 10). Applicants should review the terms in the glossary to gain a better understanding of the criteria and response required.

- Items in the notes that say "should" or "must" will be viewed as criteria requirements to which applicants must respond. Those notes that state "may" or "might" will remain optional suggestions of response content.

- Additionally, applicants should view the "Silver Series," a five-part webinar series to help Silver applicants understand the Criteria and apply it to their organization. The National Quality Award Silver Series is available on ahcancalED.

Preface: Organizational Profile

The **Organizational Profile** is a snapshot of your organization and its strategic environment. The Organizational Profile is the most appropriate starting point for writing an application. It is critically important as it sets the context for and allows you to address unique aspects of your organization in your responses to the Health Care Criteria requirements in Categories 1–7.

While the criterion questions in the Organizational Profile are similar to those in the Bronze application, there are some differences. You must update the content from your Bronze application to meet the requirements laid out below.

P.1 Organizational Description: What are your KEY organizational characteristics?
Respond to each of the following questions:

a. **Organizational Environment**
1) HEALTH CARE SERVICE Offerings: What are your main HEALTH CARE SERVICE offerings (see note)? What is the relative importance of each to your success? What mechanisms do you use to deliver your HEALTH CARE SERVICES?
2) MISSION, VISION, VALUES, and culture: What are your MISSION, VISION, and VALUES? Other than values, what are the characteristics of your organizational culture, if any? What are your organization's CORE COMPETENCIES, and what is their relationship to your MISSION?
3) WORKFORCE Profile: What is your WORKFORCE profile? What recent changes have you experienced in WORKFORCE composition or in your needs with regard to your WORKFORCE? What are your WORKFORCE or employee groups and SEGMENTS? What are the educational requirements for the different employee groups and SEGMENTS? What are the KEY drivers that engage them? What are your organized bargaining units (union representation), if any? What are your special health and safety requirements, if any?
4) Assets: What are your major facilities, equipment, technologies, and intellectual property?

5) Regulatory Environment: What are your KEY applicable occupational health and safety regulations; accreditation, certification, or registration requirements; industry standards; and environmental, financial, and HEALTH CARE SERVICE delivery regulations?

b. **Organizational Relationships**

1) Organizational Structure: What are your organizational leadership structure and GOVERNANCE structure? What structures and mechanisms make up your organization's leadership system? What are the reporting relationships among your GOVERNANCE board, SENIOR LEADERS, and parent organization, as appropriate?

2) PATIENTS/RESIDENTS, Other CUSTOMERS, and STAKEHOLDERS: What are your KEY market SEGMENTS, PATIENT/RESIDENT and other CUSTOMER groups, and STAKEHOLDER groups, as appropriate? What are their KEY requirements and expectations of your HEALTH CARE SERVICES, PATIENT/RESIDENT and other CUSTOMER support services, and operations, including any differences among the groups?

3) Suppliers, PARTNERS and COLLABORATORS: What are your KEY types of suppliers, PARTNERS, and COLLABORATORS? What role do they play in producing and delivering your KEY HEALTH CARE SERVICES and PATIENT/RESIDENT and other CUSTOMER support services, and in enhancing your competitiveness? What role do they play in contributing and implementing INNOVATIONS in your organization? What are your KEY supply-network requirements?

Notes:

P. Your responses to the Organizational Profile questions are very important. They set the context for understanding your organization and how it operates. Your responses to all other questions in the Silver Award Criteria should relate to the organizational context you describe in this profile. Your responses to the Organizational Profile questions thus allow you to tailor your responses to all other questions to reflect your organization's uniqueness.

P.1a(1). Health care service offerings are the services you offer in the marketplace. Mechanisms for delivering services to your Patients/Residents or other customers, might be direct or might be indirect, through contractors, collaborators, or partners.

P.1a(2). If your organization has a stated purpose as well as a mission, you should include it in your response. Some organizations define a mission and a

purpose, and some use the terms interchangeably. In some organizations, purpose refers to the fundamental reason that the organization exists. Its role is to inspire the organization and guide its setting of values.

P.1a(2). Your values are part of your organization's culture. Other characteristics of your organizational culture might include shared beliefs and norms that contribute to the uniqueness of the environment within your organization.

P.1a(3). Workforce or employee groups and segments (including organized bargaining units) might be based on type of employment or contract-reporting relationship, location (including telework), tour of duty, work environment, use of certain family-friendly policies, or other factors. Organizations that also rely on volunteers and unpaid interns to accomplish

their work should include these groups as part of their workforce.

Consider using a table to record your responses to the workforce segments, their educational requirements, and the key drivers of engagement.

P.1b(1). The Organizational Profile asks for the "what" of your leadership system (its structures and mechanisms). Questions in Categories 1 and 5 ask how the system is used.

P.1b(2). Customers include the direct users and potential users of your health care services (residents/patients), as well as referring health care providers and those who pay for your services, such as patients' families, insurers, and other third-party payors. Your organization may use another term for patient, such as client, resident, consumer, or member.

P.1b(2). Patient and other customer groups might be based on common expectations, behaviors, preferences, or profiles. Within a group, there may be segments based on differences, commonalities, or both. You might subdivide your market into segments based on health care service lines or features, service delivery modes, payors, volume, geography, or other defining factors.

P.1b(2). Patient/Resident, other customer, stakeholder, and operational requirements and expectations will drive your organization's sensitivity to the risk of service, support, and supply-network interruptions, including those due to natural disasters and other emergencies.

Consider using a table to record your responses to the patient/resident segments, and their key requirements and expectations.

P.1b(3). The term supply network, rather than supply chain, is used to emphasize the interdependencies among organizations and their suppliers. Your supply network consists of the entities that contribute to producing your health care services and delivering them to your patients/residents and other customers. For some organizations, these entities form a chain, in which one entity directly supplies another. Increasingly, however, these entities are interlinked and exist in interdependent rather than linear relationships.

P.2 Organizational Situation: What is your organization's strategic situation?
Respond to each of the following questions:

a. **Competitive Environment**
   1) Competitive Position: What are your relative size and growth in the health care industry or the markets you serve? How many and what types of competitors do you have?
   2) Competitiveness Changes: What KEY changes, if any, are affecting your competitive situation, including changes that create opportunities for INNOVATION and collaboration, as appropriate?
   3) Comparative Data: What KEY sources of COMPARATIVE and competitive DATA are available from within the health care industry? What KEY sources of COMPARATIVE DATA are available from outside the health care industry? What limitations, if any, affect your ability to obtain or use these data?

b. **Strategic Context**

   1) What are your KEY STRATEGIC CHALLENGES and ADVANTAGES?

c. **PERFORMANCE IMPROVEMENT SYSTEM**

   1) What is your PERFORMANCE improvement system, including your PROCESSES for evaluation and improvement of KEY organizational projects and PROCESSES?

Notes:

P.2a(3). Limitations of data availability might include lack of publicly reported data or a lag in data from government sources. Refer to the comparative data statement in chapter 9 for more information on relevant data comparisons. Generally, centers within a parent company are not considered a relevant comparison unless the "goodness" of the parent can be determined.

P.2b. Strategic challenges and advantages might be in the areas of business, operations, societal contributions, and workforce. They might relate to health care services or service features, quality and outcomes, finances, organizational structure and culture, emerging technology, digital integration, data and information security, brand recognition and reputation, your supply network, and the health care industry.

P.2c. This question is intended to set an overall context for your approach to performance improvement. The approach you use should be related to your organization's needs. Approaches that are compatible with the overarching systems approach provided by the Baldrige framework might include implementing a Lean Enterprise or Six Sigma System; using PDCA, PDSA or QAPI methodologies; using decision science, or employing other improvement tools.

Category 1 Leadership (120 points)

Respond to all of the following questions in the Basic Level as well as those in the Overall Level.

1.1 Senior Leadership (70 points)
Basic Level

1.1a HOW do your SENIOR LEADERS lead the organization?

Overall Level

1.1b HOW do SENIOR LEADERS deploy the VISION and VALUES through the organization (ie, WORKFORCE, PATIENTS/RESIDENTS, and other KEY CUSTOMERS)?

1.1c HOW do SENIOR LEADERS communicate with and engage the entire WORKFORCE and PATIENTS/RESIDENTS and other KEY CUSTOMERS?

1.1d HOW do SENIOR LEADERS' actions create an environment for success?

1.1e **LEARNING (Evaluation and Improvement):** HOW do you evaluate and improve the

approaches SENIOR LEADERS have in place to respond to Item 1.1 (Senior Leadership)?

Notes:

1.1. In long-term care organizations, the "Senior Leaders" generally include the administrator/executive director and his/her direct reports. In multi-center organizations, "senior leaders" of the parent company are generally not considered "senior leaders" of the applicant. Responses should be written reflective of the applicant "senior leaders".

1.1c. Organizations that rely on volunteers to accomplish the work should also have effective approaches in place to communicate with and engage the volunteer workforce.

1.1d. A successful organization is capable of addressing current business needs and, through agility and strategic management, of preparing for future business, market, and operating environment. In creating an environment for success, leaders should consider both external and internal factors. Factors might include risk appetite and tolerance, organizational culture, work systems, the potential need for transformational changes in structure and culture, workforce capability and capacity, resource availability, core competencies, and the need for technological and organizational innovation. Senior leaders' efforts to create success also includes the actions needed to achieve your strategic objectives (See Item 2.1) and action plans (See Item 2.2)

1.1e. You should describe how you evaluate and improve some of the key processes used by Senior Leaders to meet the expectations of item 1.1. Evaluations should be fact based, meaning they use valid data and evidence, and should be aimed at improving the effectiveness of processes. You should focus on the evaluation and improvement of the approaches themselves, not the outcomes of these approaches. In your response, describe the methodology and resulting improvement. An example of a fact-based methodology may be evaluating the effectiveness of senior leader communication through a specific question on the employee satisfaction survey.

1.2 Governance and Societal Contributions (50 points)
Basic Level
1.2a HOW do you govern your organization and make societal contributions?

Overall Level
1.2b HOW do you evaluate the PERFORMANCE of your SENIOR LEADERS?

1.2c HOW do you ensure ETHICAL BEHAVIOR in all interactions?

1.2d HOW do you actively support your KEY communities?

1.2e **LEARNING (Evaluation and Improvement):** HOW do you evaluate and improve the approaches you have in place to respond to Item 1.2 (Governance and Societal Contributions)?

Notes:

1.2. Societal responsibilities include the processes to ensure the organization is a good citizen and supports and improves its key communities. Key communities may include the neighborhood/town, local schools or universities, local health care providers, or non-profit organizations. Societal contributions include your approaches to provide support in these areas.

1.2b. The evaluation of senior leaders' performance might be supported by peer reviews, formal performance management reviews, reviews by external advisory boards, and formal or informal feedback from and surveys of the workforce and other stakeholders.

1.2e. You should describe how you evaluate and improve some of the key processes used by the organization to meet the expectations of item 1.2. Evaluations should be fact based, meaning they use valid data and evidence, and should be aimed at improving the effectiveness of processes. You should focus on the evaluation and improvement of the approaches themselves, not the outcomes of these approaches. In your response, describe the methodology and resulting improvement. An example of a fact-based methodology may be evaluating the effectiveness of ensuring ethical behavior through tracking corporate compliance program activity.

Category 2 Strategy (85 points)

Respond to all of the following questions in the Basic Level as well as those in the Overall Level.

2.1 Strategy Development (45 points)
Basic Level
2.1a How do you conduct strategic planning to develop your strategy?

Overall Level
2.1b HOW do you use data and information in your strategic planning process?

2.1c What are your organization's KEY STRATEGIC OBJECTIVES, their related GOALS, the timetable for achieving them, and how do they align to your STRATEGIC ADVANTAGES and CHALLENGES (found in P.2b)?

2.1d LEARNING (**Evaluation and Improvement**): HOW do you evaluate and improve the approaches you have in place to respond to Item 2.1 (Strategy Development)?

Notes:

2.1. This item deals with your overall organizational strategy, which might include changes in customer engagement processes and health care service offerings.

2.1a. Strategy development refers to your organization's approach to preparing for the future. This refers to your strategic planning process, including, if applicable, your participation in a parent company's strategic

planning process and modifications you make to adapt a parent company's planning process and strategic plans.

2.1c Strategic objectives define, in measurable terms, what your organization needs to achieve to be successful and should focus on your specific challenges, advantages, and opportunities (P.2b)—those most important to your ongoing success and to strengthening your overall performance and your success not and in the future.

2.1d. You should describe how you evaluate and improve some of the key processes used by the organization to meet the expectations of item 2.1. Evaluations should be fact based, meaning they use valid data and evidence, and should be aimed at improving the effectiveness of processes. You should focus on the evaluation and improvement of the approaches themselves, not the outcomes of these approaches. In your response, describe the methodology and resulting improvement. An example of a fact-based methodology may be using an after-action review of the process itself to evaluate timing, sequence, participants, and alignment with other key planning activities such as budgeting.

2.2 Strategy Implementation (40 points)
Basic Level
2.2a How do you translate your STRATEGIC OBJECTIVES into ACTION PLANS to implement your strategy?

Overall Level
2.2b What are your KEY ACTION PLANS and the MEASURES you use to track the achievement and effectiveness of your ACTION PLANS?

2.2c HOW do you ensure that financial and other resources are available to support the achievement of your ACTION PLANS?

2.2d HOW do you recognize and respond when circumstances require a shift in ACTION PLANS and rapid execution of new plans?

2.2e LEARNING (**Evaluation and Improvement**): HOW do you evaluate and improve the approaches you have in place to respond to Item 2.2 (Strategy Implementation)?

Notes:

2.2. The implementation of your strategic action plans is closely linked to other Criteria items. The following are some of the key linkages:

- Item 1.1d - how senior leaders create an environment for success
- Category 3 – how you gather customer knowledge as an input to your strategy/action plans
- Category 4 – how you measure and analyze data
- Category 5 – how you meet workforce capability and capacity needs resulting from action plans
- Category 6 – how you address changes to your work processes resulting from action plans

2.2c. Other resources to support the achievement of action plans may include staffing changes, additional training, equipment, technology, or facilities.

2.2e. You should describe how you evaluate and improve some of the key processes used by the organization to meet the expectations of item 2.2. Evaluations should be fact based, meaning they use valid data and evidence, and should be aimed at improving the effectiveness of processes. You should focus on the evaluation and improvement of the approaches themselves, not the outcomes of these approaches. In your response, describe the methodology and resulting improvement. An example of a fact-based methodology may be tracking the action plans implemented by the workforce through the performance management system.

Category 3 Customers (85 points)

Respond to all of the following questions in the Basic Level as well as those in the Overall Level.

3.1 Customer Expectations (40 points)
Basic Level
3.1a HOW do you listen to your current PATIENTS/RESIDENTS and other CUSTOMERS and HOW do you determine health care services to meet their needs?

Overall Level
3.1b HOW do you listen to former and potential PATIENTS/RESIDENTS and other CUSTOMERS to obtain actionable information?

3.1c HOW do you determine when changes need to be made to your health care service offerings?

3.1d **LEARNING (Evaluation and Improvement):** HOW do you evaluate and improve the approaches you have in place to respond to Item 3.1 (Customer Expectations)?

Notes:

3.1. Customer expectations refer to your processes for capturing patient/resident and other customer-related information. The goal is customer engagement. In listening to the voice of the customer, you might gather and integrate various types of patient/resident and other customer data, such as survey data, focus group findings, blog comments, and data from other social media, marketing information, and complaint data that affect other engagement decisions. The results obtained using these methods should be reported in item 7.2.

3.1b. Your listening methods might include social media and web-based technologies. Listening through social media may include monitoring comments on social media outlets you moderate and on those you do not control.

3.1c. In identifying your healthcare service offerings, you should consider all the

important characteristics of products and services. The focus should be on features that affect resident/patient and other customers' preference for and loyalty to you and your brand. Those features might include price, reliability, value, delivery, timelines, ease of use, and customer or technical support

3.1d. You should describe how you evaluate and improve some of the key processes used by the organization to meet the expectations of item 3.1. Evaluations should be fact based, meaning they use valid data and

evidence, and should be aimed at improving the effectiveness of processes. You should focus on the evaluation and improvement of the approaches themselves, not the outcomes of these approaches. In your response, describe the methodology and resulting improvement. An example of a fact-based methodology may be evaluating the effectiveness of your listening methods by comparing data collected through internal methods such as resident council, rounds, or suggestion boxes with those obtained through external systems, such as complaint or annual regulatory surveys.

3.2 Customer Engagement (45 points)
Basic Level
3.2a HOW do you build relationships with PATIENTS/RESIDENTS and other CUSTOMERS and determine satisfaction and ENGAGEMENT?

Overall Level
3.2b HOW do you enable PATIENTS/RESIDENTS and other CUSTOMERS to seek information and support?

3.2c HOW do you manage PATIENT/RESIDENT and other CUSTOMER complaints to resolve them promptly?

3.2d LEARNING (**Evaluation and Improvement**): HOW do you evaluate and improve the approaches you have in place to respond to Item 3.2 (Customer Engagement)?

Notes:

3.2a. Customer satisfaction can be considered to be meeting the customers' requirements and expectations. Customer engagement, on the other hand, is a higher level and refers to your customers' investment in or commitment to your brand and health care service offerings. Characteristics of engaged customers include retention, brand loyalty, willingness to make an effort to obtain health care services from you; and willingness to actively advocate for and recommend you and your health care service offerings.

3.2b. Processes for other customers to seek information and support may include potential customers and other stakeholders, such as discharge planners.

3.2c. Your response may also describe how complaint data are aggregated, analyzed, and used to improve your services.

3.2d. You should describe how you evaluate and improve some of the key processes used by the organization to meet the expectations of item 3.2. Evaluations should be fact based, meaning they use valid data and

evidence, and should be aimed at improving the effectiveness of processes. You should focus on the evaluation and improvement of the approaches themselves, not the outcomes of these approaches. In your response, describe the methodology and resulting improvement. An example of a fact-based methodology may be tracking complaint resolution timeframes

Category 4 Measurement, Analysis, and Knowledge Management (90 points)

Respond to all of the following questions in the Basic Level as well as those in the Overall Level.

4.1 Measurement, Analysis and Improvement of Organizational Performance (45 points)
Basic Level
4.1a. HOW do you use DATA to measure, analyze, and then improve organizational PERFORMANCE?

Overall Level
4.1b. What are the KEY PERFORMANCE MEASURES you use to track daily operations and overall organizational PERFORMANCE?

4.1c. HOW do you review your organization's PERFORMANCE? HOW do you use the review findings to identify priorities for continuous improvement?

4.1d. HOW do you use COMPARATIVE DATA to support fact-based decision making and assess your organization's relative performance?

4.1e LEARNING (**Evaluation and Improvement**): HOW do you evaluate and improve the approaches you have in place to respond to Item 4.1 (Measurement, Analysis, and Improvement of Organizational Performance)?

Notes:

4.1. Performance analysis includes examining performance trends; organizational, health care industry, and comparisons; cause-effect relationships; and correlations. This analysis should support your performance reviews, help determine root causes, and help set priorities for resource use. Data and information from the review of organizational performance should be used to support fact-based decisions that set and align the organizational direction (strategy) and resource use at the work unit, key processes (6.1a), departments, and organization levels.

4.1a. Your key performance results should be reported in Category 7. These may include measures related to operational performance, customer focus, financial metrics, etc.

4.1c. Organizational performance reviews should include review of key performance results, including those related to the strategic objectives and action plans identified in Category 2. In turn, the results

of your organizational performance reviews should inform your strategy development and implementation. Analyses should draw on all types of internal data and publicly mandated measures, when appropriate, and might also be informed by internal or external Baldrige-based assessments, such as the AHCA/NCAL National Quality Award program.

4.1d. Assessing relative performance may include comparisons to high performance, such as top quartile/decile of comparable organizations, or national and state averages of like organizations.

4.1e. You should describe how you evaluate and improve some of the key processes used by the organization to meet the expectations of item 4.1. Evaluations should be fact based, meaning they use valid data and evidence, and should be aimed at improving the effectiveness of processes. You should focus on the evaluation and improvement of the approaches themselves, not the outcomes of these approaches. In your response, describe the methodology and resulting improvement. An example of a fact-based methodology may be evaluating the effectiveness of the measures or analytical methods used to support decision making.

4.2 Information and Knowledge Management (45 points)
Basic Level
4.2a HOW do you manage your information and your organizational KNOWLEDGE ASSETS?

Overall Level
4.2b HOW do you ensure the availability, reliability, and quality of organizational DATA?

4.2c HOW do you identify and share internal and external best practices?

4.2d LEARNING (**Evaluation and Improvement**): HOW do you evaluate and improve the approaches you have in place to respond to Item 4.2 (Information and Knowledge Management)?

Notes:

4.2b. Data and information quality include accuracy, reliability, and completeness.

4.2d. You should describe how you evaluate and improve some of the key processes used by the organization to meet the expectations of item 4.2. Evaluations should be fact based, meaning they use valid data and evidence, and should be aimed at improving the effectiveness of processes. You should

focus on the evaluation and improvement of the approaches themselves, not the outcomes of these approaches. In your response, describe the methodology and resulting improvement. An example of a fact-based methodology may be evaluating the effectiveness of sharing best practices through a specific question on the employee satisfaction or work climate survey.

Category 5 Workforce (85 points)

Respond to all of the following questions in the Basic Level as well as those in the Overall Level.

5.1 Workforce Environment (40 points)
Basic Level
5.1a. HOW do you build an EFFECTIVE and supportive WORKFORCE environment?

Overall Level
5.1b HOW do you assess your WORKFORCE CAPABILITY and CAPACITY needs?

5.1c HOW do you recruit, hire and onboard new WORKFORCE members?

5.1d HOW do you prepare your organization and WORKFORCE for changing WORKFORCE CAPABILITY and CAPACITY needs?

5.1e LEARNING (**Evaluation and Improvement**): How do you evaluate and improve the approaches you have in place to respond to Item 5.1 (Workforce Environment)?

Notes:

5.1. Workforce refers to the people actively involved in accomplishing your organization's work. It includes permanent, temporary, and part-time personnel, as well as any contract staff you supervise. It includes team leaders, supervisors, and managers at all levels. For organizations that also rely on volunteers, workforce includes these volunteers.

A supportive environment might include services, facilities, and activities; career development and employability services; recreational or cultural activities; formal and informal recognition; non-work-related education; child and elder care; special leave for family responsibilities and community service; flexible work hours and benefits packages; outplacement services; and retiree benefits, including ongoing access to services.

5.1b. Workforce capability refers to your organization's ability to carry out its work

processes through its people's knowledge, skills, abilities, and competencies. Workforce capacity refers to your organization's ability to ensure sufficient staffing levels to carry out its work processes and successfully deliver health care services to patients/residents, including the ability to meet seasonal or varying demand levels. Your assessment of workforce capability and capacity needs should consider not only current needs, but also future requirements based on the strategic objectives and action plans identified in Category 2.

5.1d. Preparing your organization and workforce for changing capability and capacity needs might include training, education, frequent communication, consideration of workforce employment and employability, career counseling, and outplacement and other services.

5.1e. You should describe how you evaluate and improve some of the key processes used by the organization to meet the expectations of item 5.1. Evaluations should be fact based, meaning they use valid data and evidence, and should be aimed at improving the effectiveness of processes. You should focus on the evaluation and improvement of the approaches themselves, not the outcomes of these approaches. In your response, describe the methodology and resulting improvement. An example of a fact-based methodology may be evaluating the effectiveness of hiring and retention process by tracking the number of open positions or time to fill a vacant position.

5.2 Workforce Engagement (45 points)
Basic Level
5.2a HOW do you engage your WORKFORCE for retention and HIGH-PERFORMANCE?

Overall Level
5.2b HOW does your performance management system support HIGH PERFORMANCE?

5.2c HOW do you foster an organizational culture that is characterized by open communication and PATIENT/RESIDENT safety?

5.2d HOW do you assess WORKFORCE ENGAGEMENT?

5.2e HOW does your LEARNING and development system support the personal development of WORKFORCE members and your organization's needs?

5.2f LEARNING (**Evaluation and Improvement**): HOW do you evaluate and improve the approaches you have in place to respond to Item 5.2 (Workforce Engagement)?

Notes:

5.2. Understanding the characteristics of high-performance work environments, in which people do their utmost for their customers' benefit and the organization's success, is key to understanding and building an engaged workforce. These characteristics are described in detail in the glossary definition of high performance. Processes that address the drivers of workforce engagement (identified in the P.1a(3) enhance employee engagement.

5.2b. Performance management systems include compensation, recognition, and related reward and incentive practices, as well as promotions and bonuses that might be based on performance, skills acquired, adaptation to new work systems and culture, and other factors. Recognition can include monetary and nonmonetary, formal and informal, and individual and group mechanisms. Recognition systems for volunteers and independent practitioners who contribute to the organization's work should be included, as appropriate. Elements of the performance management systems should be tied back to strategic objectives, action plans, and other aspects of high performance.

5.2d. Other indicators to use in assessing and improving workforce engagement might include workforce retention, absenteeism, grievances, safety, and productivity.

5.2f. You should describe how you evaluate and improve some of the key processes used by the organization to meet the expectations of item 5.2. Evaluations should be fact based, meaning they use valid data and evidence, and should be aimed at improving the effectiveness of processes. You should focus on the evaluation and improvement of the approaches themselves, not the outcomes of these approaches. In your response, describe the methodology and resulting improvement. An example of a fact-based methodology may be using the PDSA/PDCA approach to validate and improve the correlation between the noted drivers of engagement and engagement results.

Category 6 Operations (85 points)

Respond to all of the following questions in the Basic Level as well as those in the Overall Level.

6.1 Work Processes (45 points)
Basic Level
6.1a HOW do you design, manage, and improve your KEY WORK PROCESSES used to deliver HEALTH CARE services?

Overall Level
6.1b What are your organization's KEY WORK PROCESSES used to deliver HEALTH CARE services, and HOW do you determine their KEY requirements?

6.1c HOW does your day-to-day operation of KEY WORK PROCESSES ensure that they consistently meet KEY requirements?

6.1d HOW do you pursue opportunities for INNOVATION?

6.1e **LEARNING (Evaluation and Improvement):** HOW do you evaluate and improve the approaches you have in place to respond to Item 6.1 (Work Processes)?

Notes:

6.1. Your key healthcare services and work processes are your most important internal value-creation services or processes. They might include health care service design and delivery, customer support, and business processes. Your key work processes are those that involve most your workforce and produce value for patients/residents and other customers, and stakeholders.

6.1e. You should describe how you evaluate and improve some of the key processes used by the organization to meet the expectations of item 6.1. Evaluations should be fact based, meaning they use valid data and evidence, and should be aimed at improving the effectiveness of processes. You should focus on the evaluation and improvement of the approaches themselves, not the outcomes

of these approaches. In your response, describe the methodology and resulting improvement. Examples of fact-based evaluation and improvement processes include QAPI, PDSA, PDCA, Lean or

similar methodologies. These may be aimed toward improving process performance and reducing variability.

6.2 Operational Effectiveness (40 points)
Basic Level
6.2a HOW do you ensure EFFECTIVE management of your operations?

Overall Item Requirement
6.2b HOW do you manage the cost and efficiency of your operations?

6.2c HOW do you provide a safe operating environment?

6.2d HOW do you ensure that your organization is prepared for disasters or emergencies?

6.2e LEARNING (**Evaluation and Improvement):** HOW do you evaluate and improve the approaches you have in place to respond to Item 6.2 (Operational Effectiveness)?

Notes:

6.2b. Managing costs might incorporate cycle time reduction, productivity improvement, error reduction and other efficiency factors.

6.2d. Disasters and emergencies might be related to weather, climate, utilities, security, or a local or national emergency. The extent to which you prepare for disasters or emergencies will depend on your organization's environment and its sensitivity to disruption of operations.

6.2e. You should describe how you evaluate and improve some of the key processes used

by the organization to meet the expectations of item 6.2. Evaluations should be fact based, meaning they use valid data and evidence, and should be aimed at improving the effectiveness of processes. You should focus on the evaluation and improvement of the approaches themselves, not the outcomes of these approaches. In your response, describe the methodology and resulting improvement. An example of a fact-based methodology may be evaluating the effectiveness of cyber-security methods or emergency drills and performing root cause analysis to make needed improvements.

Category 7 Results (450 points)

The ***Results*** category asks about your organization's PERFORMANCE in all KEY areas – health care and PROCESS RESULTS; customer RESULTS; workforce RESULTS; leadership and GOVERNANCE RESULTS; and financial, market, and strategy RESULTS. This category also asks about your organization's PERFORMANCE levels relative to other organizations.

Before completing this section, applicants should carefully read the Guidelines for Responding to Results items section, available in Chapter 9 of this document.

Important Notes:

1. Applicants must provide all required results. To receive the Silver award, applicants cannot fail to report more than two required results (for SNF or SNF/AL), or more than one required result (for AL) within their applications.

2. Exceptions to the required results are noted below:
   o Organizations that do not participate in the CMS Five-Star program, such as Assisted Living, select State Veterans Homes and ID/DD applicants, are not expected to provide Five-Star results, but must provide item-appropriate measures in its place.
   o If a required result cannot be obtained for any reason not identified above, applicants must contact program staff at qualityaward@ahca.org for consideration of an exception <u>before</u> the application is submitted.

3. For all required results, the term REQUIRED is to be written with the measure/figure.

4. Applicants are strongly encouraged to provide additional results related to areas of importance to the organization's mission and processes described in Categories 1-6. Providing the required results alone will not likely result in an award recommendation.

5. The source of the data is to be included on the graph/chart in the application for all results. If a data source for a result is not provided, that result may not get credit for comparative data. If "peer" group is utilized as the comparison group, define who is in the "peer" group (such as national average, state average, etc.).

6. The notes following the result items below contain both optional suggestions and mandatory requirements. Pay close attention to the wording to distinguish between the two. Remember, "should" and "must" are considered mandatory criteria requirements, while "may" or "might" are suggestions.

7. To receive credit, results must present current trend data over an appropriate timeframe and include at least three (3) data points.

8. Applicants should review Chapter 9 of the Silver application packet for complete guidelines in responding to results items and the comparative data statement.

7.1 Health Care and Process Results (120 points)
Basic Level
Provide your KEY HEALTH CARE and process effectiveness RESULTS.

7.1a As part of responding to the basic level, provide current data for the following three (3) required KEY HEALTH CARE RESULTS over appropriate time frames. Include appropriate comparative data.

> 30-day Readmission or Hospitalization Rates
> Antipsychotic Rates
> Five-Star Quality Measure Rating*

*Organizations that do not participate in Five-Star, such as AL, ID/DD and select State Veterans Homes, are not required to provide Five-Star data, but must provide an item-appropriate measure in its place.

7.1b As part of responding to the basic level, provide additional KEY process effectiveness RESULTS for your organization. These may include examples of increased process efficiency, timeliness, error reduction, or others. Applicants must provide a process effectiveness outcome, not an additional HEALTH CARE RESULT (see 7.1b note for guidance). Please describe the effectiveness measure and its related process.

Overall Level
Applicants should report additional health care results (see 7.1a note for guidance) that you have identified as important, which may include safety, emergency preparedness, and supply-network management results.

Notes:

7.1. Results reported in 7.1 should provide KEY information for analysis and review of your organizational PERFORMANCE (Item 4.1) and demonstrate use of organizational knowledge (Item 4.2). Some of the Quality Measures mandated by state survey agencies or by the Centers for Medicare and Medicaid Services should be included if your organization reports these MEASURES.

7.1 If COMPARATIVE DATA are provided, the source must be identified.

7.1a. Additional health care RESULTS should be provided, beyond the required measures. Results should relate to the KEY PATIENT/RESIDENT and OTHER CUSTOMER requirements and expectations identified in P.1b(2) based on information gathered in

Items 3.1 and 3.2. The MEASURES or INDICATORS should address factors that affect P A T I E N T S ' / RESIDENTS' and OTHER CUSTOMERS' preferences, such as those included in P.1 and Category 3.

7.1a. Applicants should compare against appropriate state and national averages. An assisted living – only application from a provider that is part of a multi-facility organization, may compare to other assisted living communities in their corporation (for 7.1a ONLY)

7.1a. Applications that address Assisted Living or Intellectual and Developmental Disability Residential (ID/DD) services only may choose to substitute non-healthcare

RESULTS. Applicants are still required to provide required results.

7.1b. PROCESS EFFECTIVENESS RESULT responses might include measures of accuracy (i.e., med-pass error rates), timeliness (i.e., meal tray delivery time), and efficiency (i.e., call light response time), associated with HEALTHCARE SERVICES AND WORK PROCESSES. MEASURES should relate directly or indirectly to KEY HEALTHCARE SERVICES AND WORK PROCESSES described in Item 6.1.

7.2 Customer Results (80 points)
Basic Level
Provide your KEY CUSTOMER-focused PERFORMANCE RESULTS.

As part of responding to the basic level, provide current data for the following required KEY PATIENT/RESIDENT and CUSTOMER RESULTS for PATIENT/RESIDENT and CUSTOMER satisfaction and ENGAGEMENT over appropriate time frames. Include appropriate COMPARATIVE DATA.

> Overall Customer Satisfaction
> or
> Customer Willingness to Recommend
> or
> CoreQ

Overall Level
Applicants should report additional important CUSTOMER RESULTS that you have identified as important, which may include customer engagement and dissatisfaction results.

Notes:

7.2. Customer satisfaction and engagement results reported in this item should relate to the patient/resident and customer groups and markets discussed in P.1b(2) and Category 3 and to the listening and determination methods and data described in Item 3.1.

7.2 CoreQ is a set of five measures for skilled nursing care centers (SNCC) and assisted living (AL) communities to use to assess satisfaction among patients, residents, and their families. Based on a core set of customer satisfaction questions to allow consistent measurement across long term and post-acute care settings, members can track their CoreQ scores in LTC Trend Tracker.

7.2 If comparative data are provided, the source must be identified

7.3 Workforce Results (80 points)
Basic Level
Provide your KEY WORKFORCE-focused PERFORMANCE RESULTS.

As part of responding to the basic level, provide current data for the following three (3) required KEY WORKFORCE RESULTS over appropriate time frames. Include appropriate COMPARATIVE DATA.

> Staff Turnover or Staff Retention *(choose one)*
> Five-Star – Staffing Measure Rating – Overall*
> Five-Star – Staffing Measure Rating – RN*

*Organizations that do not participate in Five-Star, such as AL, ID/DD and select State Veterans Homes, are not required to provide Five-Star data, but must provide an item-appropriate measure in its place.

Overall Level

Applicants should report additional important WORKFORCE RESULTS that you have identified as important, which may include workforce capacity, capability, climate, engagement, and development results.

Notes:

7.3. Results reported in this item should relate to processes described in Category 5.

7.3. Workforce results reported in this item should relate to the workforce groups and segments discussed in P.1a(3).

7.3 If comparative data are provided, the source must be identified

7.4 Leadership and Governance Results (80 points)
Basic Level

Provide your KEY senior leadership and GOVERNANCE results.

As part of responding to the basic level, provide current data for the two (2) following required senior leadership and GOVERNANCE RESULTS over appropriate time frames. Include appropriate COMPARATIVE DATA.

  Five-Star Overall Rating*
  Five-Star Survey Measure Rating*

*Organizations that do not participate in Five-Star, such as AL, ID/DD and select State Veterans Homes, are not required to provide Five-Star data, but must provide two item-appropriate measures in its place.

Overall Level

Applicants should report additional important leadership and GOVERNANCE RESULTS that you have identified as important, which may include leadership communication, legal, regulatory, accreditation, ethical, and societal results.

Notes:

7.4. Responses might address senior leader communication processes identified in Item 1.1. Survey results may include regulatory or accreditation processes from local, state, and federal agencies. Additional results may include those for fiscal accountability, legal compliance, ethical behavior, stakeholder trust, societal responsibility, support of key communities, strategic achievement, contribution to community

health, deficiencies, or measures from state nursing home survey performance tools.

7.4. Results for processes related to ethical behavior as described in Item 1.2 could be reported here.

7.4. Responses may address your organization's societal responsibilities described in Item 1.2 as well as support of

the key communities, also described in Item 1.2.

7.4 If comparative data are provided, the source must be identified

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7.5 Financial, Market, and Strategy Results (90 points)
Basic Level

Provide your current KEY financial viability and strategy implementation RESULTS. Include appropriate COMPARATIVE DATA.

Overall Level

Applicants should report additional important financial, marketplace performance, and strategy RESULTS that you have identified as important, which may include operating margin, days cash on hand, increase in market share, census relative to the local market, and completion of action plans.

Notes:

7.5. Responses might include aggregate measures of financial return, such as return on investment (ROI), operating margins, profitability, or profitability by market segment or patient/resident or Other Customer group. Responses also might include measures of financial viability, such as liquidity, debt-to-equity ratio; days cash on hand, asset utilization, cash flow, and bond ratings, as appropriate. Measures should relate to the financial measures reported in Item 4.1.

Market performance results might include market share or position, market growth, and new markets entered. Results should also align with the description of your market from the Organizational Profile.

If occupancy is provided as a market result, to be considered as such, it must be accompanied with an explanation identifying the factors that make occupancy a valid indicator of market performance and/or comparisons to local or appropriate markets.

For most comparisons, national and state averages generally carry more weight than local market comparisons. An exception to that is market performance comparisons where your local market is often the most appropriate comparison as long as the data set includes the entire market, and not select centers within the market.

Measures or indicators of strategy and action plan achievement should relate to the strategic objectives and goals you report in 2.1 and action plan performance measures you report in 2.2. This result should show the progress toward achieving the goals or future levels of performance. Some organizations use a Green-Yellow-Red scale to indicate the extent to which the objectives, goals and action plans are on track, moderately behind schedule, or in danger of failing.

7.5 If comparative data are provided, the source must be identified.

END OF SILVER – ACHIEVEMENT TO QUALITY CRITERIA

CHAPTER 9: GUIDELINES FOR RESPONDING TO THE SILVER CRITERIA

The guidelines given in this section are largely adapted from the [2019-2020 Baldrige Excellence Framework (Health Care)](#) and are offered to assist Silver applicants in responding most effectively to the requirements of the Silver Criteria.

The guidelines are presented in three parts:
- General Guidelines
- Guidelines for Responding to Process Items
- Guidelines for Responding to Results Items

Additionally, applicants should view the "[Silver Series](#)," a five-part webinar series to help Silver applicants understand the Criteria and apply it to their organization. The National Quality Award Silver Series is available on [ahcancalED](#).

General Guidelines

1. Read this entire application packet.

2. Review the category format and understand how to respond to the Basic and Overall components of each Criteria category.
Each item is classified as either PROCESS or RESULTS, depending on the type of information required. Basic and Overall item requirements are presented in question format.

3. Refer to the Silver Scoring Calibration Guidelines.
To respond most effectively to the Criteria, your organization will find it helpful to refer to the Silver Scoring Calibration Guidelines, which is the primary tool Senior (Silver) Examiners use to evaluate an application. The Silver Scoring Calibration Guidelines describe HOW organizations can demonstrate increasing accomplishment and improvement relative to the requirements of the Criteria. The Silver Scoring Calibration Guidelines will be available on the [Silver Award website](#) in October 2019.

The evaluation of PROCESS and RESULTS item responses includes a review of the Criteria item requirements in combination with the Silver Scoring Calibration Guidelines. Specifically, as a complement to requirements of the PROCESS items (Categories 1–6), the Silver Scoring Calibration Guidelines address the maturity of your APPROACHES, the breadth of DEPLOYMENT, the extent of LEARNING, and INTEGRATION with other elements of your performance management system. Similarly, as a complement to requirements of the RESULTS items (Category 7), the Silver Scoring Calibration Guidelines focus on the actual performance levels, the significance of the RESULTS TRENDS, relevant COMPARATIVE DATA, and INTEGRATION with important elements of your organization. Therefore, you need to consider both the Criteria and the Scoring Calibration Guidelines as you prepare your responses to all items.

4. Understand the meaning of KEY terms.
Many of the terms used in the Criteria have meanings that may differ somewhat from standard definitions or definitions used in your organization. Terms printed in SMALL CAPS can be found in the Glossary of Key Terms at the end of this document. Understanding these terms can help you accurately self-assess your organization and communicate your PROCESS and RESULTS to those reviewing your responses. Evaluation will be based on the definitions given in the Glossary of Key Terms.

5. Start by preparing the Organizational Profile.
The Organizational Profile is the starting point. While the Organizational Profile is similar to the Bronze Criteria that your organization has already successfully addressed, there are key differences between the Organizational Profile and Bronze Criteria, so your application must be appropriately updated to reflect the requirements within the Organizational Profile.
The Organizational Profile is intended to help applicants and Examiners understand what is most relevant and important to the organization and provides information for a table of expected results.

6. Criteria Notes
Items in the Criteria notes that say "should" or "must" will be viewed as Criteria requirements to which applicants must respond. Those notes that state "may" or "might" will remain optional suggestions of response content.

Guidelines for Responding to Process Items

The purpose of PROCESS items is to enable analysis of your organization's *most important* PROCESSES—the ones that contribute most to your organizational performance improvement and contribute to KEY OUTCOMES OR PERFORMANCE RESULTS. Evaluation and feedback depend heavily on the content and completeness of your item responses. For this reason, it is important to respond to these items by providing your KEY PROCESS information. Guidelines for organizing and reviewing such information follow.

1. Understand the meaning of "HOW."
PROCESS items include many questions that begin with the word "HOW". Responses should clearly address HOW the process works, rather than merely providing an anecdotal example of process success.

2. Write and review responses with the following ADLI guidelines in mind.
Responses should outline your KEY PROCESS information and address APPROACH, DEPLOYMENT, LEARNING, and INTEGRATION (ADLI).

- **(A) Show that APPROACHES are SYSTEMATIC.** SYSTEMATIC APPROACHES are repeatable and use DATA and information to enable LEARNING. In other words, APPROACHES are SYSTEMATIC if they build in the opportunity for evaluation, improvement, INNOVATION, and knowledge sharing, thereby enabling a gain in maturity.

  As you write your application and respond to the "HOW" or approach criteria, be sure to describe, step-by-step, what you do for that approach. Simply stating that you develop a

strategic plan each year doesn't show a systematic approach. An example of responding to 2.1a could be "In June and July of each year, departments heads prepare information from our current strategic plan, and gather resident satisfaction, employee engagement, and quality measure/clinical results. In August, the administrator leads a half-day meeting with the department head team in which we review last year's plan, the corporate objectives, current data, and complete a SWOT analysis. Based on this information the senior leader team selects the strategic objectives for the next year." Sometimes approaches are shown in a flow chart or simple diagram.

- **(D) Show DEPLOYMENT**. DEPLOYMENT information should summarize how your APPROACHES are implemented in different parts of your organization. DEPLOYMENT often can be shown compactly by using tables.

- **(L) Show evidence of LEARNING (Evaluation and Improvement).** PROCESSES should include evaluation and improvement cycles, as well as the potential for breakthrough change. Ideally, evaluation systems for the various processes should be SYSTEMATIC and fact-based PROCESS improvements should be shared with other appropriate units of the organization to enable organizational LEARNING. Include examples of what you changed in a process and explain why these changes were made.

  It is important to evaluate the actual processes that you are implementing, not to simply respond to information that you learn from the processes. For example, as you monitor the action plan progress (described in 2.2), you may realize that the processes to reduce falls are not effective. If you change the process of monitoring and/or preventing falls, that may be a good example of how you improved a work process (6.1) but doesn't describe how you evaluate the methods you use to implement action plans (2.2). An example of fact-based evaluation of strategy implementation may be to measure the number of completed action plans at the end of each strategic planning cycle.

  Wherever possible, the evaluation of your processes should be fact-based. For example, you may use retention or turnover reports to evaluate the effectiveness of your hiring process (5.1c), or there may be a question on the customer satisfaction survey that provides evaluation and feedback on how well you respond to complaints (3.2c). Examples of fact-based evaluation are provided in the notes for each of the 1.1-6.2 criteria. Also provide some detail about the nature of the evaluation – don't simply mention that you evaluate the specific process. Some extra details may include who, why, when, and how did you evaluate the process.

  As you have fact-based evaluation systems in place, then work to continuously improve those processes and describe what you did to improve based on the evaluation and when you implemented the improvement. For example, based on the evaluation of how you implemented strategy (2.2), an improvement could be to add an "action plan" update section to the monthly senior leader meeting to see if any action plans need to be modified, added, or stopped (an improvement to 2.2d). Based on monitoring the retention and turnover statistics each month in the QAPI meeting, you could decide to lengthen new employee orientation from one day to two days to focus more on

employee onboarding (5.1c). Finally, given the feedback from the specific question on the resident and family satisfaction surveys, you may decide to add to the policy that all complaints are acknowledged within 24 hours (3.2c).

- **(I) Show INTEGRATION**. INTEGRATION shows ALIGNMENT and harmonization among PROCESSES, plans, measures, actions, and RESULTS that generate organizational EFFECTIVENESS and efficiencies.

3. Show Focus and Consistency.

Applications should show focus and consistency in responding to all areas of the criteria. Three important things to keep in mind:

(1) The Organizational Profile should make clear, through full and complete responses to the criteria questions, what is most important to your organization.
(2) These important elements from the Organizational Profile should be reflected in robust processes described in responses to the questions within Categories 1-6.
(3) The results reported in Category 7 should be measures of these important elements mentioned in the Organizational Profile and throughout the application.

Respond fully to the basic and overall item requirements. Missing information will be interpreted as a gap in your PERFORMANCE management system.

4. Cross-reference when appropriate.

As much as possible, each item response should be self-contained. However, responses to items should be mutually reinforcing. It is appropriate to cross-reference rather than repeating information. In such cases, KEY PROCESS information should be given in the item requesting this information.

For example, WORKFORCE engagement and LEARNING systems should be described in Item 5.2. Discussions about WORKFORCE engagement and LEARNING elsewhere in your application would then reference but not repeat details given in your Item 5.2 responses.

5. Use a compact format.

Applicants should make the best use of the space available. Applicants are encouraged to use flowcharts and tables to present information concisely. The page limit/character count is designed to encourage your organization to consider what is most important in process design and reporting RESULTS.

Guidelines for Responding to Results Items

Although the Criteria focus on KEY ORGANIZATIONAL PERFORMANCE RESULTS, these RESULTS by themselves offer little *diagnostic* VALUE. For example, if some RESULTS are poor or are improving at rates slower than your competitors or comparable organizations, it is important to understand *why* this is so and *what* might be done to accelerate improvement.

The Criteria place a major emphasis on RESULTS. The following information, guidelines, and example relate to EFFECTIVE and complete reporting of RESULTS.

1. Focus on the most critical ORGANIZATIONAL PERFORMANCE RESULTS.
RESULTS reported should cover the most important requirements for your organization's success, highlighted in your Organizational Profile and in Categories 1-6.

Examiners develop a table of expected RESULTS from an application's Organizational Profile and responses to the process items. They compare this table against the RESULTS reported in Category 7. This comparison is the basis for the points awarded in this category.

2. Address all required RESULTS. For all required results, the term REQUIRED is to be written with the measure/figure.

Please note that these results are REQUIRED. Applicants must provide all required results. To receive the Silver award, applicants cannot fail to report more than two required results (for SNF or SNF/AL), or more than one required result (for AL) within their applications. Providing the required results alone will not likely result in an award recommendation.

> **7.1– Health Care and Process Results**
> o 30-day Readmissions or Hospitalization Rates *(choose one)*
> o Antipsychotic Rates
> o Five-Star Quality Measure Rating*
> **7.2– Customer Results**
> o Applicants can choose one of the following customer results:
> - Overall Customer Satisfaction
> - Customer Willingness to Recommend
> - CoreQ
> **7.3– Workforce Results**
> o Staff Turnover or Staff Retention *(choose one)*
> o Five- Star Staffing Measure Rating – Overall*
> o Five- Star Staffing Measure Rating – RN*
> **7.4– Leadership and Governance Results**
> o Five-Star Overall Rating*
> o Five-Star Survey Measure Rating*
> **7.5 – Financial, Market, and Strategy Results**
> o An appropriate measure for 7.5 (see Criteria)

Organizations that do not participate in the CMS Five-Star program, such as Assisted Living, select State Veterans Homes and ID/DD applicants, are not expected to provide Five-Star results, but must provide item-appropriate measures in its place.

If a required result cannot be obtained for any reason not identified above, applicants must contact program staff at qualityaward@ahca.org.

3. Include Data Sources

The data source is to be identified on the graph/chart in the application for all results. If a data source for a particular result is not identified, that result will not get credit for comparative data. If "peer" group is utilized as the comparison group, define who is in the "peer" group (such as national average, state average, etc.).

4. Note the meaning of the ITLeC (formerly LeTCI) dimensions from the Silver scoring calibration guidelines for reporting of results data:

- Integration (I) to show that all important RESULTS are included and segmented (e.g., by important PATIENT/RESIDENT or STAKEHOLDER, WORKFORCE, PROCESS, and HEALTH CARE SERVICE groups).
- Trends (T) to show directions of RESULTS, rates of change, and the extent of DEPLOYMENT.
- Performance Levels (Le) that are reported on a meaningful measurement scale.
- Comparisons (C) to show HOW RESULTS compare with those of other, appropriately selected organizations.

5. Include TREND data.

A minimum of three historical DATA points is required to ascertain a TREND and time intervals between data points. The time period should be meaningful for the specific measure(s) reported. TRENDS should represent historic and **current** PERFORMANCE and not rely on projected (future) PERFORMANCE. No minimum period of time is specified for TREND DATA, however time intervals between data points should be meaningful for the specific measure(s) reported. TRENDS might span five or more years for some RESULTS. For important RESULTS, new DATA should be included even if TRENDS and comparisons are not yet well established.

6. Use a compact format -- graphs and tables.

Most RESULTS should be reported compactly by using graphs and tables. Graphs and tables should be labeled for easy interpretation. RESULTS over time or compared with others should be "normalized" (i.e., presented in a way, such as using ratios, that takes into account different sized data sets).

7. Integrate RESULTS into the body of the text and interpret where appropriate.

Discussion of RESULTS, and the RESULTS (graphs, tables, etc.) themselves should be presented in close proximity to each other. TRENDS that show a significant adverse change should be briefly explained.

The following graph illustrates data an organization might present as part of a HEALTHCARE response. In the Organizational Profile, the organization has indicated the importance of decreasing rehospitalizations. Therefore, rehospitalization is a KEY measure.

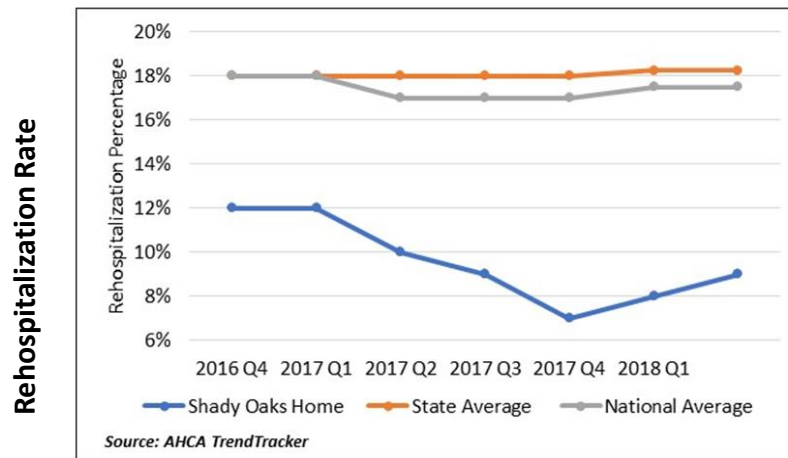Example: Figure 7.1-1 – REQUIRED

Figure 7.1-1 30-Day Rehospitalization *Required Result* ⬇

Source: LTC Trend Tracker

The graph above illustrates several characteristics of clear and EFFECTIVE RESULTS reporting.
- A simple figure number is provided for reference to the graph in the text.
- As a required result (rehospitalization), this title includes "REQUIRED".
- Both axes and units of measure are clearly labeled.
- TREND lines report data for a KEY organizational success factor—rehospitalization.
- RESULTS are presented for several years.
- An arrow indicates the direction of better performance.
- An appropriate comparison is shown clearly.

8. Interpret the graphed RESULTS.
The following comments would be appropriate for the graph shown in Figure 7.1-1.
- The Rehospitalization rate in Figure 7.1-1 is measured by the number of residents who go back to the hospital within 30 days. This measurement method is consistent with our comparison groups.
- The current overall organization performance level is good as compared to the state and national performance. Our organization shows an overall improvement TREND and favorable comparisons.

9. Stay focused on RESULTS.

Do not describe the PROCESS activity and changes that affected your PERFORMANCE in Category 7 Results. Such examples of improvements should be described in the appropriate Process Item in Categories 1 through 6. You may cross-reference to those items in explaining a significant trend as shown in the last bullet above.

10. Reference the Comparative Data Statement.

The comparative data statement on the following page contains important information on how to properly include comparisons. Comparisons are necessary for applicants to achieve higher scoring ranges, per the scoring guidelines. All must read the comparative data statement in full to be successful with the Silver application.

Comparative Data Statement for Silver Applicants

Applicants for the AHCA/NCAL National Quality Award Program at the Silver and Gold levels are encouraged to provide **relevant comparisons** for their results in Category 7. Providing relevant comparisons is necessary to achieve higher scoring ranges, per the scoring guidelines, as this is an indication of high-performing organizations that have objective ways to validate their good performance. Comparisons are likely not available for ALL important measures; however, applicants should provide comparisons for as many measures as possible.

The criteria require applicants to provide relevant, or appropriate comparisons – this means that not just any comparison will suffice. The information here provides direction to applicants on what is considered a relevant comparison.

What is a relevant comparison?

Examples of relevant comparisons include:

- Top quartile or top decile performance of similar organizations (i.e., SNCCs, ALs).
- National average performance of similar organizations (i.e., SNCCs, ALs).
- State average performance of similar organizations (i.e., SNCCs, ALs).
- Local market average performance:
    - Note that for most comparisons the national and state averages generally carry more weight than local market comparisons.
    - An exception is in the case of marketplace comparisons (Item 7.5) where your local market is often the most appropriate comparison if the data set includes the entire market and not select centers within the market.
- Baldrige recipients, Gold Quality Award recipients or recipients of a top-tier recognition level from a state Baldrige program within the last three years. The recipients you utilize for comparative purposes should be similar organizations, and you must include the timeframe of the comparison [e.g., 2017].
- For the five-star system, you must provide relevant comparisons **unless** your performance is at the highest rating possible (a rating of 5 stars) **or if** you are using just the survey component, which should only be compared to other SNCCs within the state.

When determining whether a comparison is relevant, some concepts to keep in mind include:

- The broader the base of comparison data, the more likely it is to be relevant (see exception noted above regarding marketplace comparisons).
- Comparisons to examples of high performance, such as top quartile/decile, demonstrate an organization's high performance more than comparisons to averages.
- Comparisons to the nation or state are more likely to be valid than comparisons to fewer specially–selected organizations.
- If a comparison with fewer specially–selected organizations is used, be sure to explain why the comparison should be considered valid (e.g., similar size, services, environment,

etc.). *While not assured to be considered valid, an explanation will allow Examiners to make an informed decision.*

What is NOT considered a relevant comparison?

- Centers within your parent company, **unless** the levels of "goodness" of the parent can be determined in the area under comparison. Exception: For 7.1a only; an assisted living – only application from a provider that is part of a multi-facility organization, may compare to other assisted living communities in their corporation, Examiners will consider this a valid comparison.
- Individual centers, **unless** their performance can be objectively established (see bullet 5 under the relevant comparisons).
- Internally-derived goals or targets **unless** the applicant provides valid evidence that the goal or target is good or excellent when compared with a relevant external level of performance.

When is it appropriate to NOT include a comparison?

When the organization's performance is at or near the extremes of possibility, such as achieving customer satisfaction rates of 99% or 100% or instances of falls at or near zero.

Why are comparisons important?

To truly understand and improve your organization's performance, you need to know where it stands relative to similar organizations. For example, to determine the effectiveness of your processes and systems, you must understand the results they are achieving. Comparing your organization to others may reveal organizational challenges to address, and advantages on which to capitalize. Comparative data are also necessary to support fact-based analysis and decision making regarding priorities and activities within the organization. The effective use of comparative data can also help identify areas for significant or breakthrough improvements.

CHAPTER 10: GLOSSARY OF KEY TERMS

The following key terms are taken from the Baldrige Health Care Criteria. Each term is followed by a definition. Subsequent sentences elaborate on this definition. The terms included here are those presented in SMALL CAPS in the Silver Criteria in Chapter 8.

ACTION PLANS. Specific actions that your organization takes to reach its short- and longer-term strategic objectives. These plans specify the resources committed to and the time horizons for accomplishing the plans. See also **STRATEGIC OBJECTIVES.**

ALIGNMENT. A state of consistency among plans, processes, information, resource decisions, workforce capability and capacity, actions, results, and analyses that support key organization-wide goals. See also **INTEGRATION.**

ANECDOTAL. In a response to a Health Care Criteria item, information that lacks specific methods; measures; deployment mechanisms; and evaluation, improvement, and learning factors. Anecdotal information frequently consists of examples and describes individual activities rather than systematic processes. For example, in an anecdotal response to how senior leaders deploy performance expectations, you might describe a specific occasion when a senior leader visited all of your organization's facilities. On the other hand, in properly describing a systematic process, you might include the methods all senior leaders use to communicate performance expectations regularly to all locations and workforce members, the measures leaders use to assess the effectiveness of the methods, and the tools and techniques you use to evaluate and improve the methods. See also **SYSTEMATIC.**

APPROACH. The methods your organization uses to carry out its processes.

BASIC REQUIREMENTS. The most central concept of a Health Care Criteria item, as presented in the item title question.

BENCHMARKS. Processes and results that represent the best practices and best performance for similar activities, inside or outside an organization's industry.

COLLABORATORS. Organizations or individuals who cooperate with your organization to support a particular activity or event or who cooperate intermittently when their short-term goals are aligned with or are the same as yours. See also **PARTNERS.**

COMPARATIVE DATA. "Comparisons" refer to your performance relative to appropriate comparisons, such as competitors or organizations similar to yours; your performance relative to benchmarks or industry leaders. "Relevant Comparisons" refer to competitors or organizations similar to yours. Sources of comparative data may include national surveys, published research on turnover rates, the federal Nursing Home Compare website, state health care associations, state databases for cost reports and census data, "secret shopper" initiatives, etc. ***Relevant comparisons should be external to your parent organization per the Comparative Data Statement on page 46.***

CORE COMPETENCIES. Your organization's areas of greatest expertise; those strategically important capabilities that are central to fulfilling your mission or that provide an advantage in your marketplace.

CUSTOMER. An actual or potential user of your organization's health care services. See also **STAKEHOLDERS.**

CUSTOMER ENGAGEMENT. Your patients'/residents' and other customers' investment in or commitment to your organization and health care service offerings. Characteristics of engaged customers include retention, brand loyalty, willingness to make an effort to obtain healthcare services from you; and willingness to actively advocate for and recommend you and your healthcare services offerings.

CYCLE TIME. The time required to fulfill commitments or complete tasks. Time performance and speed are important to improving competitiveness and overall performance. Cycle time refers to all aspects of time performance, such as time to report test results, fulfill orders, or introduce new health care technology; length of stays; call-light response and billing time; and other key measures of time. Improvement in cycle time might involve any or all of these.

DATA. Numerical representation of an organizational performance. See also **MEASURES AND INDICATORS.**

DEPLOYMENT. The extent to which your organization applies an approach in relevant work units and shifts throughout your organization.

EFFECTIVE. How well a process or a measure addresses its intended purpose.

ENGAGEMENT. See **CUSTOMER ENGAGEMENT or WORKFORCE ENGAGEMENT.**

ETHICAL BEHAVIOR. The actions your organization takes to ensure that all its decisions, actions, and stakeholder interactions conform to its moral and professional principles of conduct. These principles should support all applicable laws and regulations and are the foundation for your organization's culture and values.

EXCELLENCE. See **PERFORMANCE EXCELLENCE.**

GOALS. Future conditions or performance levels that your organization intends or desires to attain. See also **PERFORMANCE PROJECTIONS.**

GOVERNANCE. The system of management and controls exercised in the stewardship of your organization.

HEALTH CARE RESULT. A health care result is a measure of a specific clinical factor, either negative or positive, which is typically measured and expressed in terms of frequency of occurrence or prevalence of a condition within a population.

HEALTH CARE SERVICES. All services delivered by your organization that involve professional clinical/medical judgment, including those delivered to patients and to the community. Health care services also include services that are not considered clinical or medical, such as admissions, food services, and billing.

HIGH-PERFORMANCE. Ever-higher levels of overall organizational and individual

performance, including quality, productivity, innovation rate, and cycle time.

HOW. The systems and processes that your organization uses to achieve its mission requirements.

INNOVATION. Making meaningful change to improve health care services, processes, or organizational effectiveness and create new value for stakeholders. The outcome of innovation is a discontinuous or breakthrough change.

INTEGRATION. The harmonization of plans, processes, information, resource decisions, workforce capability and capacity, actions, results, and analyses to support key organization-wide goals. See also **ALIGNMENT.**

KEY. Major or most important; critical to achieving your intended outcome.

KNOWLEDGE ASSETS. Your organization's accumulated intellectual resources; the knowledge possessed by your organization and its workforce in the form of information, ideas, learning, understanding, memory, insights, cognitive and technical skills, and capabilities.

LEARNING. New knowledge or skills acquired through evaluation, study, experience, and innovation.

LEVELS. Numerical information that places or positions your organization's results and performance on a meaningful measurement scale.

MEASURES AND INDICATORS. Numerical information that quantifies the input, output, and performance dimensions of processes, programs, projects, services, and the overall organization (outcomes).

MISSION. Your organization's overall function. The mission answers the question, "What is your organization attempting to accomplish?"

ORGANIZATIONAL PERFORMANCE MEASURES. Organizational performance measures are output results obtained from processes and services that permit evaluation and comparison relative to goals, standards, past results, and other organizations. Performance might be expressed in non-financial and financial terms.

Patient/resident and other customer-focused performance refers to performance relative to measures and indicators of patients'/residents'/stakeholders' perceptions, reactions, and behaviors, and to measures and indicators of health care and service performance important to patients/residents/stakeholders. Examples of patient-/resident- and other customer-focused performance include patient/resident loyalty, customer retention, complaints, and customer survey results. Examples of health care performance include falls, pressure ulcers, weight loss, and use of psychotropic medications.

Financial performance refers to performance measured by cost and revenue, including asset utilization, and asset growth. Examples of financial performance include returns on investments, bond ratings, debt-to-equity ratio, returns on assets, operating margins, and other profitability and liquidity measures.

Market performance refers to portion of the available market the organization serves over time. Examples of market

performance may include occupancy with appropriate local market comparisons, or growth in services such as a specialty unit.

Operational performance refers to organizational, staff, and supplier performance relative to effectiveness and efficiency measures and indicators. Examples include cycle time, productivity, waste reduction, accreditation results, and legal/regulatory compliance. Operational performance might be measured at the work unit/department level, key process level, and organizational level.

OVERALL REQUIREMENTS. The most important features of a Health Care Criteria item.

PARTNERS. Key organizations or individuals who are working in concert with your organization to achieve a common goal or improve performance. Typically, partnerships are formal arrangements. See also **COLLABORATORS.**

PATIENT. The person receiving health care, including long-term care, preventive, promotional, acute, chronic, rehabilitative, and all other services in the continuum of care. Other terms used for patient include resident, client, member, consumer, and customer.

PERFORMANCE. Outputs and their outcomes obtained from health care services, processes, patients, and other customers that permit you to evaluate and compare your organization's results to performance projections, standards, past results, goals, and other organizations' results.

PERFORMANCE EXCELLENCE. An integrated approach to organizational performance management that results in

(1) delivery of ever-improving value to residents, other customers, and stakeholders, contributing to improved health care quality and organizational sustainability; (2) improvement of your organization's overall effectiveness and capabilities; and (3) learning for the organization and for people in the workforce.

PERFORMANCE PROJECTIONS. Estimates of your organization's future performance. See also **GOALS.**

PROCESS. Linked activities with the purpose of producing a product or service for a customer (user) within or outside your organization.

RESIDENT. See **PATIENT.**

PRODUCTIVITY. Measures of the efficiency of resource use. Although the term is often applied to single factors, such as the workforce (labor productivity), machines, materials, energy, and capital, the concept also applies to the total resources used in producing outputs. Using an aggregate measure of overall productivity allows you to determine whether the net effect of overall changes in a process—possibly involving resource trade-offs—is beneficial.

RESULTS. Outputs and outcomes achieved by your organization.

SEGMENT. One part of your organization's patient/resident, other customer, market, health care service offering, or workforce base.

SENIOR LEADERS. Your organization's senior management group or team.

STAKEHOLDERS. All groups that are or might be affected by your organization's

actions and success. Key stakeholders might include customers, the community, other health care providers, payers, and regulatory bodies.   See also **CUSTOMERS, COLLABORATORS**, and **PARTNERS.**

STRATEGIC ADVANTAGES. Those marketplace benefits that exert a decisive influence on your organization's likelihood of future success. These advantages are frequently sources of current and future competitive success relative to other providers of similar health care services.

STRATEGIC CHALLENGES. Those pressures that exert a decisive influence on your organization's likelihood of future success. These challenges are frequently driven by your organization's anticipated competitive position in the future relative to other providers of similar health care services.

STRATEGIC OBJECTIVES. The aims or responses that your organization articulates to address major change or improvement, competitiveness or social issues, and health care advantages. See **ACTION PLANS.**

SYSTEMATIC. Well-ordered, repeatable, and exhibiting the use of data and information so that learning is possible.

TRENDS. Numerical information that shows the direction and rate of change of your organization's results or the consistency of its performance over time. Ascertaining a trend requires a minimum of three historical (not projected) data points.

VALUE. The perceived worth of a program, service, process, asset, or function relative to its cost and possible alternatives.

VALUES. The guiding principles and behaviors that embody how your organization and its people are expected to operate.

VISION. Your organization's desired future state.

VOICE OF THE CUSTOMER. Your process for capturing customer-related information.

WORK PROCESSES. Your organization's most important internal value-creation processes.

WORK SYSTEMS. How your organization's work is accomplished, consisting of the internal work processes and external resources you need to develop and produce services, deliver them to your patients and other customers, and succeed in your marketplace. Work systems involve your workforce, your key suppliers and partners, your contractors, your collaborators, and other components of the supply chain needed to produce and deliver your health care services and carry out your business and support processes. Decisions about work systems are strategic. These decisions involve protecting and capitalizing on core competencies and deciding what should be procured from or produced outside your organization in order to be efficient and sustainable in your marketplace.

WORKFORCE. All people actively supervised by your organization and involved in accomplishing your organization's work, including paid employees (e.g., permanent, part-time, temporary, and telecommuting employees, as well as contract employees supervised by your organization), independent practitioners not paid by the organization

(e.g., physicians, physician assistants, nurse practitioners, acupuncturists, and nutritionists), health care students (e.g., medical, nursing, and ancillary), and volunteers, as appropriate. Your workforce includes team leaders, supervisors, and managers at all levels.

WORKFORCE CAPABILITY. Your organization's ability to accomplish its work processes through its peoples' knowledge, skills, abilities, and competencies.

WORKFORCE CAPACITY. Your organization's ability to ensure sufficient staffing levels to carry out its work processes and successfully deliver health care services to patients, including the ability to meet seasonal or varying demand levels.

WORKFORCE ENGAGEMENT. The extent of workforce members' emotional and intellectual commitment to accomplishing your organization's work, mission, and vision. An engaged workforce may also be described as people who do their utmost for their customers' benefit and the organization's success.