



**NATIONAL QUALITY AWARD PROGRAM**  
*Inspiring Excellence Since 1996*

2020

# AHCA/NCAL National Quality Award Program

## **Bronze - Commitment to Quality**

### Award Application Packet

*for*

Skilled Nursing Care Centers (SNCC) &  
Intellectual and Developmental  
Disabilities (ID/DD) Residential  
Services Providers

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*Questions about the contents of this publication may be directed to  
[qualityaward@ahca.org](mailto:qualityaward@ahca.org). For additional information about AHCA visit  
[www.ahcancal.org](http://www.ahcancal.org).*

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## CHAPTER 1: OVERVIEW OF THE BRONZE 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 first step in the program is the [Bronze Award](#). Organizations (single centers) are required to start their Quality Award journey at the Bronze level; once this award is achieved, organizations may move to the [Silver Award](#). Following the achievement of the Silver level, organizations are eligible to then apply for the [Gold Award](#).

The Bronze criteria are based on the Organizational Profile section of the Baldrige Health Care Criteria for Performance Excellence. The objective of this award level is to provide a context for understanding your organization and its approach to performance improvement. Through the Bronze criteria, you will assess your organization's environment, relationships, and performance improvement system. By responding to these criteria, you will consider the integration of your mission, strategy, key performance measures, and system for improvement which may result in clearer priorities and better preparation for future goals. This will also provide a strong foundation for the Silver Award level.

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 Bronze 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](mailto:qualityaward@ahca.org).

Applicants should also add [qualityaward@ahca.org](mailto: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:**





## Determining Your Application Type

The criteria in this Bronze application packet are specific to Skilled Nursing Care Centers (SNCC) and Intellectual and Developmental Disabilities (ID/DD) residential services providers. To access the criteria for Assisted Living communities, please download the *Bronze Application Packet for Assisted Living Providers*, available on the [Bronze website](#).

If you are unsure of which criteria to use, please review the chart below to determine the criteria that is most appropriate for your organization:

<b>Use the Bronze Application for AL Providers if your organization is a(n):</b>
<ul style="list-style-type: none"><li>• Assisted Living (AL) standalone provider</li><li>• A combined center (both Assisted Living and Skilled Nursing Care Center) that is <i>only</i> applying for the Assisted Living portion</li></ul>
<b>Use the Bronze Application for SNCC &amp; ID/DD if your organization is a(n):</b>
<ul style="list-style-type: none"><li>• Skilled Nursing Care Center or combined center (both Assisted Living and Skilled Nursing Care Center) applying <i>only</i> for Skilled Nursing portion</li><li>• Combined center applying for both SNCC &amp; AL</li><li>• Veteran's Home</li><li>• Continuing Care Retirement Community (CCRC)</li><li>• ID/DD center or ID/DD group home-only organization*</li><li>• A combined center that is <i>only</i> applying for Intermediate Care Facility for Individuals with Intellectual Disability or Related Condition (ICF/IID) or ID/DD group home portion*</li></ul>

\*Criteria for these two organization types require applicants to complete all sections within the application where the statement ***“ID/DD residential services providers only”*** appears.



## Bronze Application Process





## CHAPTER 2: BRONZE ELIGIBILITY REQUIREMENTS

### Membership Requirement:

- Any long-term care organization that is a member in good standing of AHCA/NCAL may apply for the Silver Award.<sup>1</sup> *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 multiple 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 *one* Medicare/Medicaid certification survey (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.

<sup>1</sup> 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.



**Bronze Survey Requirements:**

**Requirements for Skilled Nursing Care Centers**

Skilled Nursing Care Centers are **eligible to receive** the Bronze 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 one Medicare/Medicaid certification survey to be eligible to receive the award.*

Survey Eligibility Criteria	Cycles Calculated	Reporting date	Data Source
Have no regulatory deficiencies at the <b>Immediate Jeopardy or Substandard Quality of Care</b> <sup>2</sup> level on any Medicare/Medicaid certification survey <sup>3</sup>	Cycle 1 (Includes Standard and Complaint Surveys)	December 1, 2019 or prior to award notification	Nursing Home Compare
Have a <b>survey score</b> that is equal to or below 60 points	Cycle 1 <sup>4</sup> (Includes Standard and Complaint Surveys)	Posted as of December 1, 2019 <sup>5</sup>	Nursing Home Compare

**Requirements for Intermediate Care Centers for Individuals with Intellectual Disabilities**

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

- The count of the Conditions of Participation Deficiencies on their most recent standard surveys prior to the application deadline (January 23, 2020) is below their State Average Conditions of Participation Deficiencies<sup>6</sup> for the past fiscal year (October 2018 to September 2019).
- Special consideration is provided for applicants exceeding the state average by less than 1 point.

<sup>2</sup> As of November 28<sup>th</sup>, 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.

<sup>3</sup> This includes any regulatory inspection conducted per Federal “OBRA” regulations, including but not limited to, standard (annual), complaint, life safety, or Federal surveys.

<sup>4</sup> Cycle one 1 refers to the most current standard survey and the most recent 12-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](#)).

<sup>5</sup> Applicants may contact [qualityaward@ahca.org](mailto: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.

<sup>6</sup> 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: BRONZE APPLICATION DEADLINES AND FEES

	<b>Intent to Apply</b>	<b>Application and Fee</b>
<b>Deadline</b>	November 7, 2019 at 8 p.m. EST	January 23, 2020 at 8 p.m. EST
<b>Fee</b>	\$75	\$425 with Intent to Apply \$700 without Intent to Apply
<b>Mandatory?</b>	No <i>(applicants who submit the Intent to Apply will pay a reduced application fee and receive extra educational resources)</i>	Yes
<b>How to Submit</b>	Log into the <a href="#">Quality Award Portal</a> to submit the fee. No paperwork or application is required.	Log into the <a href="#">Quality Award Portal</a> to start working on an online application form and pay the fee online.
<b>Forms of Payment Accepted</b>	All major credit cards (cash, checks or money orders are not accepted.) Payment(s) must be made online in the Quality Award Portal.	
<b>Fine Print</b>	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 not 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 8.*

### 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 Bronze 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 immediately 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 not be accepted as proof of application submission.
- A successful payment submission will immediately 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](mailto: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 laid out on page 12.
- 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 an application is 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.



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## CHAPTER 5: BRONZE APPLICATION SUBMISSION INSTRUCTIONS

All Bronze 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](http://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 Bronze application and submit the Bronze application fee.

For assistance on how to use the portal, please refer to the [help documents](#) on the [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](mailto:qualityaward@ahca.org)



## Bronze Technical Requirements

The following technical requirements are very important. Application technical requirements have been set forth in order to maintain fairness across applications and to allow for accurate review.

### Technical Requirements for the Online Application

AHCA/NCAL reserves the right to disqualify any application that does not adhere to the following technical requirement. Disqualified applications will not receive a refund of their fee(s) or a feedback report.

- Criteria responses must be written in Prose form. Do not response to any criteria exclusively with a list.

### Technical Requirements for Optional Supporting Document

AHCA/NCAL reserves the right to not consider any supporting document that does not adhere to the following technical requirements.

- The supporting document must be limited to figures, graphs, charts (all of which should be legible) and the glossary.
- The supporting document must be formatted to 8 ½ by 11-inch pages and be no more than 2 pages in length.
- Margins should be at least 1 inch all around.
- Times New Roman font in size 12 or Calibri font in size 11 should be used in running text.
- Font in tables should be a minimum of Times New Roman font in size 10 or Calibri font in size 9.
- 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%.
- The supporting document must be submitted as a .PDF file. Do not submit a scanned PDF document.
- Clear identification of Criteria codes, where relevant.



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## CHAPTER 6: BRONZE CRITERIA FOR SNCC & ID/DD PROVIDERS

### Important notes regarding the Bronze 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 7). 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.
- The [Bronze Series](#), a series of videos covering each question in the Bronze Criteria, is available on [ahcancalED](#). This series was developed to help applicants understand and meet the demands of the Bronze Criteria.
- Per the instructions above, all applicants will respond to the criteria listed below online using the [Quality Award Portal](#).

**BRONZE CRITERIA STARTS ON THE NEXT PAGE**





## ORGANIZATIONAL PROFILE

**P.1 Organizational Description:** What are your KEY organizational characteristics? Describe your organization’s operating environment and your relationships with KEY PATIENTS/RESIDENTS, CUSTOMERS, STAKEHOLDERS, suppliers, and PARTNERS.

Provide a response for each of the following questions:

### a. ORGANIZATIONAL ENVIRONMENT

1. Service Offerings: What are your main HEALTH CARE SERVICE offerings? What is the relative importance of each to your organizational success (e.g., skilled nursing, subacute, etc.)?  
*ID/DD residential services providers only:* What are your main active treatment and independent training offerings?
2. VISION and MISSION: What is your organization’s MISSION/VISION statement (verbatim) and the specific methods used to communicate it across your organization?
3. KEY Measures: What are your KEY ORGANIZATIONAL PERFORMANCE MEASURES (for example, customer satisfaction, human resource, financial, competitiveness, census and clinical measures)?
4. WORKFORCE Profile: What are your WORKFORCE or employee groups by position (e.g., professional nurse, nursing assistant, cook, dietary aide, housekeeper, QIPD), the desired number in each position, and a general description of the education level and/or professional requirements for each position? Use a table to provide your response.
5. Assets: What are your major equipment and technologies (e.g., computers, transfer equipment, automated dispensers, alarm devices, etc.)?
6. Regulatory Requirements: What is the regulatory environment under which your organization operates? What are the KEY bodies of regulation related to health care delivery, occupational health and safety, physical plant, payment, and reimbursement regulations?
7. What are your CORE COMPETENCIES and their relationship to your MISSION?

### b. ORGANIZATIONAL RELATIONSHIPS

1. CUSTOMERS: What are your principal CUSTOMER groups? In addition to RESIDENTS, identify up to three other principal CUSTOMER groups in the first column of the table below. In the second column, identify the important requirements that each of these principal CUSTOMER groups has of your organization. In the third column, identify the PROCESSES that your organization uses to learn of these important CUSTOMER requirements.

Principal Customer Groups	Requirements this Group has of your Organization	How your Organization Learned of these Requirements
1. Patients (Residents)	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	4.



2. Suppliers: What are the KEY types of suppliers of goods and services, including other health care providers? What are your KEY mechanisms for communicating with suppliers?
3. From the above, what are the most important types of suppliers of goods and services?
4. What are the limitations, special business relationships, or special requirements that may exist with some or all suppliers and PARTNERS?
5. Organizational Links: What are your organizational structures and KEY management links to the parent company if the applicant organization is owned by a parent organization? Respond “NA” if the applicant is not owned by a parent organization.

**Notes:**

**P.** Your responses to the Organizational Profile questions are very important. They set the context for understanding your organization and how it operates.

**P.1a(1).** Health care service offerings are the services you offer in the marketplace.

**P.1a(4).** Workforce or employee groups (including organized bargaining units) might be based on type of employment or contract-reporting relationship.

**P.1a(4).** Organizations that also rely on volunteers and unpaid staff to accomplish their work may include these groups as part of their workforce.

**P.1a(7).** Core competencies are your organization’s areas of greatest expertise. They are those strategically important capabilities that are central to fulfilling your mission or provide an advantage in your marketplace or

service environment. Core competencies are frequently challenging for competitors to imitate and frequently preserve your competitive advantage.

**P.1a(7).** Core competencies are one example of concepts that are woven throughout the Baldrige Criteria to ensure a systems approach to organizational performance management.

**P.1b(1).** Customers are the actual or potential users of your health care services. Other customers often include families of Patients/Residents.

Patient/resident and other customer groups might be based on common expectations, behaviors, and preferences.

**P.1b(2).** Communication mechanisms might involve in-person contact, e-mail, social media, or the telephone.

**P.2 Organizational Situation:** What is your organization’s strategic situation? Describe your organization’s competitive environment, KEY STRATEGIC CHALLENGES and ADVANTAGES, and your system for performance improvement.

Provide a response for each of the following questions:

**a. COMPETITIVE ENVIRONMENT**

1. Competitive Position: What is your organization’s position (relative size) within the local market environment? Include numbers and types of competitors.  
**ID/DD residential services providers only:** Are your competitors public, private or both?
2. Factors of Local Success: What are the principal factors that determine competitive success in the local market?
3. Data: What are your KEY sources of COMPARATIVE DATA from inside and outside the long-term care profession?



## b. STRATEGIC CONTEXT

1. Strategic Planning: What are at least two major STRATEGIC CHALLENGES or ADVANTAGES for your organization (e.g., entry into new markets or SEGMENTS; relationships or partnerships with Preferred Provider Networks; preparing for different expectations of the next generation of residents; human resource recruitment and retention; new alliances with suppliers, physicians, or other partners; introduction of new technologies; changes in the health care environment that impact the organization's delivery of services; or changes in strategy)?  
**ID/DD residential services providers only:** Other areas of consideration might include reimbursement rates; service delivery charges; changes in types of consumer services and supports that impact your organization's delivery of services; change in strategy; or other challenges or advantages.
2. What is the reason(s) why it is important that your organization address these STRATEGIC CHALLENGES or ADVANTAGES?

## c. PERFORMANCE IMPROVEMENT SYSTEM

1. What are the KEY elements of your PERFORMANCE improvement system? In your response, describe the KEY steps and/or tools that you typically use for PROCESS improvement or INNOVATION. To qualify for the Bronze Award level, you must be able to articulate the APPROACH you generally use to improve a PERFORMANCE outcome. This may be a methodology such as FOCUS-PDSA, Six Sigma's DMAIC, QAPI, or another APPROACH that has been developed or adopted by your organization from other resources.
2. What one HEALTH CARE RESULT did your organization improve by applying the KEY elements of your PERFORMANCE improvement system? The RESULT should be clearly clinical in nature, not merely a PROCESS RESULT that impacts a HEALTH CARE RESULT. Using the key steps and/or tools of your PERFORMANCE improvement system, describe the PROCESS by which this RESULT was improved, including what specific changes were made. Include data illustrating the improvement.  
**ID/DD residential services providers only:** Given the largely non-clinical nature of services provided, these centers may choose to report on improvement of a non-clinical resident-related RESULT in response to these criteria.
3. **ID/DD residential services providers only, not including ICFs/IID:** Because national survey performance is not considered in evaluation, please report briefly on a *second* quality improvement effort. This effort need not necessarily be clinical in nature. Describe the PROCESS by which improvement was attained, including what specific changes were made. Include DATA illustrating the improvement.

### Notes:

**P.2b.** Strategic challenges and advantages might relate to technology; health care services; finances; operations; organizational structure and culture; your parent organization's capabilities; Patients/Residents, other customers, and markets; reputation; the health

care industry; and people. Strategic advantages might include differentiators such as technology leadership, innovation rate, geographic proximity, accessibility, health care and administrative support services, cost, reputation for service delivery, and wait times for service.

## END OF BRONZE – COMMITMENT TO QUALITY CRITERIA





## CHAPTER 7: GLOSSARY OF KEY TERMS

The following key terms are taken directly from the Baldrige Health Care Criteria. Each term is followed by a definition. The terms included here are those presented in small caps in the Bronze Criteria in Chapter 6.

**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.***

**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 units.

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.